

DIPLOMA MIDWIFERY CURRICULUM



Directorate of Training and Professional Development
Ministry of Health
Republic of South Sudan

2011

Revised 2016

The Ministry of Health and Ministry of Higher Education of South Sudan duly acknowledges the financial support of UNFPA for developing and publishing the Curriculum for Diploma Midwifery Programme Curriculum. Several senior midwifery tutors, midwives, and medical doctors from various institutions within the Ministry of Health of South Sudan, as well as from the East, Central and Southern African College of Nursing (ECSACON), UNFPA, WHO, UNICEF, donors, and nongovernmental organizations (NGOs), contributed to the review and preparation of this document.

Table of Contents

ACRONYMS	5
ACKNOWLEDGEMENT	6
First revision – September 2014	7
1.1 DEFINITION OF THE MIDWIFE	8
2. PROGRAMME PHILOSOPHY	9
2.1 PROGRAMME PHILOSOPHY	9
3. CONCEPTUAL FRAMEWORK	10
4. VISION AND MISSION OF THE EDUCATION PROGRAMME	10
4.1 VISION	10
4.2 MISSION	10
5. PROGRAMME GOAL	11
6. PROGRAMME DESIGN	11
6.1 PROGRAMME DESCRIPTION	11
6.2 STRUCTURE OF THE CURRICULUM	12
6.3 REGULATORY BODY	12
6.4 PROGRAMME LEARNING OUTCOMES	13
7. THE CORE VALUES	14
7.1 THE COMPETENCIES OF ICM	15
7.2 COMPETENCY STATEMENTS	15
7.2.1. Competency # 1:	16
7.2.2. Competency # 2:	16
7.2.3. Competency # 3:	16
7.2.4. Competency # 4:	16
7.2.5. Competency # 5:	16
7.2.6. Competency # 6:	16
7.2.7. Competency # 7:	16
8. DURATION OF THE PROGRAMME	16
8.1 VACATION/CASUAL LEAVE	17
9. ENTRY REQUIREMENTS	17
9.1 MODE OF APPLICATION	17
9.2 STUDENT INTAKE AND EDUCATOR/STUDENT RATIO	18
10. TEACHING AND LEARNING METHODS	18
11. MINIMUM CLINICAL EXPERIENCE TO BE GAINED	20
12. ASSESSMENT OF KNOWLEDGE, SKILLS AND ATTITUDES	22
12.1 OBJECTIVE STRUCTURED CLINICAL EXAMINATION	23
12.2 ASSESSMENT OF CLINICAL PLACEMENT	25
12.3 END OF SEMESTER EXAMINATIONS	25

12.4	ACHIVEMENT GRADES.....	25
12.5	PASS/FAIL GRADES	25
12.5.1.	<i>RULES OF ASSESSMENTS</i>	26
12.6	MANAGEMENT OF ASSESSMENT	26
13.	ASSESSING QUALITY	26
13.1	QUALITY ASSURANCE	26
13.2	EVALUTIAON OF PROGRAMME BY STUDENTS.....	26
13.3	ASSESSMENT AND AUDITING OF CLINICAL PLACEMENTS	27
14.	TEACHING PERSONNEL.....	28
15.	REGULATIONS.....	28
16.	TABLE OF COURSES.....	29
17.	FIRST YEAR FIRST SEMESTER COURSES.....	32
18.	FIRST YEAR SECOND SEMESTER COURSES	56
19.	SECOND YEAR FIRST SEMESTER COURSES	72
20.	SECOND YEAR SECOND SEMESTER COURSES.....	93
21.	THIRD YEAR FIRST SEMESTER COURSES	108
22.	THIRD YEAR SECOND SEMESTER COURSES.....	127

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation Health Africa
ANC	Antenatal Care
APGAR	Appearance, Pulse, Grimace, Activity, Respiration
CBT	Competency Based Training
CHWs	Community Health Workers
CMW	Community Midwife
EBP	Evidence Based Practicing
ECSACON	East, Central and Southern African College of Nursing
EmONC	Emergency Obstetric and Neonatal Care
FIGO	International Federation of Gynecology and Obstetrics
GOSS	Government of Southern Sudan
HIV	Human Immunodeficiency Virus
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
IMC	International Medical Corps
IMR	Infant Mortality Rate
JCONAM	Juba College of Nursing and Midwifery
JTH	Juba Teaching Hospital
MCH	Maternal Child Health
MCHW	Maternal Child Health Worker
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NGO	Non Governmental Organization
NOPM	National Occupational Profile for Midwives
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PPH	Post Partum Hemorrhage
SBA	Skilled Birth Attendant
SS	Southern Sudan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

ACKNOWLEDGEMENT

Curriculum development is the work of many stakeholders. The Ministry of Health (MOH) South Sudan acknowledges the efforts, technical support and guidance of its partners for development of the Curriculum for the Diploma Midwifery Education Programme. Technical review and revisions were provided by personnel from the MOH, SMOH Central Equatoria, University of Juba, Juba College of Nursing and Midwifery, as well as UN agencies, International Confederation of Midwives, East, Central and Southern African College of Nursing (ECSACON), donors and other NGO partners.

Members from the following hospitals and NGOs contributed valuable ideas and technical support both directly and indirectly through participation in meetings and workshops:

Juba University

Juba Teaching Hospital (JTH)

Juba College of Nursing and Midwifery (JCONAM)

Catholic Health Training Institute (CHTI)

International Christian Medical and Dental Association (ICMDA)

International Medical Corps (IMC)

African Medical and Research Foundation (AMREF)

Management Sciences for Health (MSH)

Several reference materials were used in the development of the Curriculum, and selected texts presented in this document have been adapted from these documents:

***A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives.* The Hesperian Foundation: Berkley, CA, 2000**

***Basic Maternal and Newborn Care: A Guide for Skilled Providers.* JHPIEGO: Baltimore, MD, 2004**

Institute of Health Sciences Midwifery Program: Midwifery Curriculum, Transitional Islamic Government of Afghanistan: Ministry of Health, Human Resources Development Department, 2004

***Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors.* WHO: Geneva, 2000**

Strengthening Midwifery Toolkit 5, Developing a Midwifery Curriculum for Safe motherhood, WHO 2006

Three Year Regional Prototype Competency-Based Pre-service Midwifery Curriculum, WHO 2014

Revisions – 2014 - 2016

Since its implementation by the MOH in July 2011, the Diploma Midwifery Curriculum has contributed to successfully train more than hundred Midwives at Diploma level. Its utilization and implementation was supported by most of the Midwifery programmes. Rich of this experience, experts from different Institutions (JCONAM, CHTI, Maridi HSI, Yei HSI), NGOs (IMC, AMREF, CUAMM) and UN Agencies (UNFPA as lead agency and WHO) met with the MOH since September 2014 up to 2016 to revise its content. The main focus was to improve the initial version while aiming for quality and pursuing the commitment to refer to international standards such as ICM and WHO. This exercise was worthwhile and pointed out the importance even to pursue such revision on a regular basis.

The version presented below has some innovations (First Aid, Gynecology, Communicable Diseases, Complications in the Neonate, Minimum Initial Service Package (MISP) training, Clinical Management of Rape Survivors (CMR), etc.) and mostly improvement in the breakdown of hours, minimizing some and increasing others. Several course contents have been reviewed and adjusted. The presentation of the hours dedicated to Clinical Practice revisited and presented more as a whole to facilitate its implementation (e.g. one hour clinical practice of Sociology does not make really sense, however to include a Sociological assignment during Clinical attachment is definitely relevant).

This version will have to be implemented and assessed again, as is the life cycle of a curriculum.=

INTRODUCTION

Midwives are essential to promote sexual and reproductive health (SRH) in general and in particular to assist in the reduction of the maternal mortality and morbidity, as well as contribute to the reduction of the number of newborn deaths. The midwife is recognized as a principal protagonist in achieving these objectives and therefore priority must be given to the ensuring of the quality of education and training of midwives as well as to making sure that sufficient midwives are educated to meet the needs of the population, especially those in greatest need and for whom pregnancy and childbirth pose the greatest risk. The midwife ensures the delivery of culturally sensitive, gender responsive human rights based health services that are accessible, available and of acceptable quality to the people under her/his care.

The SRH and child health challenges in the Republic of South Sudan are enormous as shown by indicators in maternal mortality ratio (MMR), 2,024:100,000¹, and infant mortality ratio (IMR), 102:1,000¹, with majority of the deaths occurring in the rural areas. These high maternal and child mortality ratios have been linked to shortage of competent midwifery personnel. The situation depicted above clearly indicates a need for the education of diploma midwives to meet these challenges. The diploma midwifery curriculum is specifically designed for the education of diploma midwives who are essential to the delivery of comprehensive, gender sensitive and safe SRH care including maternal and child health services at all levels of health care delivery.

1.1 DEFINITION OF THE MIDWIFE

The definition of the midwife was adopted by the International Confederation of Midwives (ICM) and the International Confederation of Gynecologists and Obstetricians (FIGO) in 1972 and 1973 respectively, and later adopted by the World Health Organization (WHO). The last amendment was done in June 2011 by the ICM. The definition now reads as follows:

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

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

¹CBS Sudan 2007, Sudan Household Survey, estimates are averages adjusted for population size.

The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.”²

2. PROGRAMME PHILOSOPHY

2.1 PROGRAMME PHILOSOPHY

This midwifery programme is based on an acknowledgement of the uniqueness of the individual and promotes equal rights regardless of, race, religion and nationality. It is committed to a life cycle perspective of SRH with a special focus on women's and adolescents' health and the needs of newborns. This means that the education programme is not restricted to care during pregnancy, birth and the puerperium, but rather embraces the whole of a woman's life from babyhood to old age. It should be a woman-centered programme, which aims to promote safe motherhood and increase the students' awareness of family health, SRH issues and sexuality within a framework of human rights, gender and cultural sensitivity on an individual and community level.

Midwives believe that SRH and neonatal health is a human right and that an investment in SRH, maternal and child health safeguards the wellbeing of women, their families and the communities. Midwifery is an art and a science, based on scientific foundation, midwives believe in relevant lifelong education to sustain and develop that art and science of midwifery. In recognition of this, it is essential to underscore that each student must undergo a recognized course of preparation based on identified essential competencies for basic midwifery practice for the Midwifery graduate to become a skilled midwife.

The curriculum outlined in this document presupposes that both practice and education will be firmly hospital and community based. This is of the utmost importance; in the community the student midwife will be in contact with the people for whom s/he will provide services and also those with whom s/he needs to collaborate in her practice, for example, local leaders, women groups, schools, officials responsible for the provision of housing and so forth. Without a community basis to her/his training the future midwife risks being unable to grasp the realities of her clients' lives as they impact on the provision of reproductive health care. While most practical clinical experience will take place in the community and primary health facilities, experience in higher-level health facilities will also be required to ensure that the students are exposed to a wide range of experience and have the opportunity to learn effective life-saving skills.

²Adopted by the International Confederation of Midwives Council meeting, 15th June, 2011
Supersedes the ICM “Definition of the Midwife” 1972 and its amendments of 1990 and 2005.

Women require care in pregnancy, during childbirth and thereafter that is not only safe, but which also meets their individual psychological, emotional, physical, social and spiritual needs. The education of the midwife therefore needs to focus on meeting the holistic needs of the woman in a sensitive and competent manner, acting as her advocate and working in partnership with her and the family to promote a safe and satisfying experience of childbirth and motherhood.

The programme strive to prepare midwives who will be thinking and caring with a sound knowledge base and competent clinical skills, by using student-centered learning methods that will develop critical thinking and analytical and problem-solving skills. Students will be encouraged to reflect on their practice and take responsibility for their own learning, supported by educational and clinical staff. It is envisaged that the students will develop into life-long learners, capable of recognizing their own needs for continuing professional education and taking every opportunity to meet them. Finally, the curriculum also has a sound public health basis.

3. CONCEPTUAL FRAMEWORK

Midwifery practice consists of holistic SRH care, pre-pregnancy, ante partum, intrapartum, postpartum and neonatal care provided to meet the needs of adolescents, women, men and their families. The framework views the client (child, adolescent, woman and man) as central to the interaction of midwifery practice, the environment and the community.

Furthermore, the childbearing woman seen from a holistic point has interdependent physical, psychological, spiritual and social needs. Childbearing and rearing are presented as part of the continuum of a woman's life. During this period the woman requires the expertise of a competent midwife, who understands the gender relations and power dynamics that affect decision making abilities in the lives of the clients, and one who is working in collaboration with other health professionals, relevant multi-sectoral agencies, within a multidisciplinary team and with community participation as she provides quality midwifery care.

4. VISION AND MISSION OF THE EDUCATION PROGRAMME

4.1 VISION

To have competent midwives who will provide high quality, culturally appropriate, human rights and gender sensitive midwifery services to promote the SRHR of the people of the Republic of South Sudan.

4.2 MISSION

To establish conducive and sustainable education environment that will allow midwifery students and graduates to perform competently at their relevant levels and aspire for

attainment of higher knowledge, skills and attitudes in promoting sexual and reproductive health and rights, preventing complications during pregnancy, childbirth and during the post-partum period in all settings.

5. PROGRAMME GOAL

The Diploma Midwifery Programme goal is to prepare professionally competent and versatile midwifery practitioners who are capable of providing high-level SRH and neonatal care to individuals and families in homes, communities, health centers, hospitals and clinics in the rural and urban centers of the society.

The midwifery curriculum presented in this document will enable students to:

1. Become safe, competent practitioners who are able to practice autonomously to promote SRHR.
2. Be caring and sensitive and able to work alongside women and their families in the community and in health facilities adopting a partnership model to educate, advise, facilitate choice and respond to individual needs.
3. Adopt a cultural, human rights and gender sensitive approach to provision of SRHR
4. Develop the ability to work well within a multi-disciplinary team to promote SRHR.
5. Build up good relationships and liaise with community leaders and other relevant personnel in the community to increase the uptake of maternity care, promote SRHR education strategies and to organize a reliable transport system for urgent referrals.
6. Make a positive contribution to the reduction of maternal and infant mortality and morbidity by recognizing life-threatening conditions early and taking timely and skilled action.
7. Take responsibility for their own learning by taking in appropriate clinical and theoretical support given/provided and encouraging the skills of reflection, critical analysis and evaluation.
8. Undertake introspection of their clinical practice so as to enhance and improve their future care of women and their families.
9. Recognize that learning is a life-long process and take every opportunity to keep up-to-date with new knowledge and research findings and to enhance their practice with all available forms of continuing professional education.
10. Develop into midwives who value their profession and contribute to the development of the profession by advocating change, where necessary, and by conducting research aimed at improving the care given to women and their families.
11. Developing to effective managers of a case load and of health facilities.

6. PROGRAMME DESIGN

6.1 PROGRAMME DESCRIPTION

The programme is designed in accordance with the Essential Competencies for Basic Midwifery practice established by ICM in 2010³. Students who successfully complete the programme will be able to register⁴ as Diploma Midwives and have the required qualifications to work in the field of Midwifery in the Republic of South Sudan health sector. In the programme, special emphasis is given to SRHR and neonatal health; graduates are therefore expected to apply knowledge of socio-cultural varieties, ethical values, communicate for decision making according to SRHR care to adolescents, men and women prior pregnancy, during antenatal period, labour, delivery, postpartum period in accordance with the performance criteria described in the National Occupational Profile for Midwives⁵.

The programme will be carried out as per the curriculum developed based on the ICM Essential Competencies for Midwives. The curriculum gives details on the expected outcome, programme content, learning methods, competencies, evaluation and assessment of the courses.

6.2 STRUCTURE OF THE CURRICULUM

The midwifery curriculum is structured in courses of study over a three-year programme of 40 weeks per year.

The structure of the curriculum enables students, during their first year, to gain a sound foundation of knowledge, skills and understanding of their midwifery discipline midwifery, based on integrated theory and practice, combined with exposure to discussion of the values that underpin practice as a midwife. From there, the curriculum is structured as to present students with opportunities to gain increasingly analytical and critical thinking skills that can be applied to their midwifery practice, so that they are able, by their final year, to synthesize information and to evaluate care, based on the available evidence, and to make sound judgments and decisions. The curriculum provides the introduction for the student midwife to understand the culture, power dynamics and the environment her clients live in and how the same would affect their health seeking behaviours. The three year design of the curriculum, and particularly the manner in which it is to be implemented, enables the students to develop professional and ethical attitudes, increasingly sensitive communication skills and the ability to work effectively in partnership with adolescents, men, women and mothers and other health professionals involved in the care of mothers. Analysis of the curriculum will demonstrate how this progression of knowledge, skills and attitudes can be fostered as the student midwife moves from novice to competent practitioner, appropriately prepared to enter her/his chosen profession of midwifery, and possess an understanding of, and belief in the value of continuing to update her/his knowledge, skills and attitudes.

6.3 REGULATORY BODY

³ICM Official Document - Essential Competencies for Basic Midwifery Practice, adopted by the International Council 2010.

⁴Once the Regulatory Body has been established in South Sudan.

⁵Draft National Occupational Profile of Midwives

At present South Sudan is in the process of establishing a regulatory body for midwives and nurses;. The regulatory body will be responsible for licensing midwives to practice, maintaining a roll of licensed practitioners, monitoring the outcome of education programs, and offering guidelines on midwifery education, in-service training and practice. In addition, the regulatory body should be a partner in the academic processes of validation and accreditation of the educational program to ensure standardization, quality control, and an outcome of competent, caring midwives.

6.4 PROGRAMME LEARNING OUTCOMES

On successful completion of the programme, the newly qualified midwife will:

1. Utilize the midwifery model of care when providing SRHR and neonatal care.
2. Apply knowledge about the socio-cultural determinant and epidemiological context of maternal and newborn health.
3. Integrate gender and human rights in the provision of accessible, acceptable and quality midwifery information and services to clients and communities.
4. Identify and perform the fundamental ethical standards and values to which the midwifery profession is committed.
5. Communicate information to facilitate decision-making by the client.
6. Provide high quality midwifery care during labour and delivery; identify and manage obstetric and newborn emergencies and complications.
7. Provide high quality comprehensive focused Antenatal Care (ANC).
8. Provide high quality postpartum care for the women and the newborn.
9. Issue birth notification to every new-born and link them to a registrar for registration of birth.
10. Provide quality SRH services to adolescents, women and men.
11. Manage the operation of SRH units/health facility departments.
12. Maintain quality registration and recording of client information.
13. Promote the concept of exclusive Breastfeeding and immunization.
14. Demonstrate critical thinking skills in the management of SRH emergencies.
15. Apply knowledge about prevention of human immune virus (HIV),mother to child transmission (MTCT) and common communicable diseases in the region.
16. Conduct follow-up visits and provide domiciliary services to clients and families.
17. Utilize information, education and communication (IEC) to promote SRH needs of individuals, families and communities.
18. Conduct research on SRH issues affecting adolescents, women, men and children.
19. Utilize evidence-based approach in the care of individuals, families and communities.
20. Collaborate with community leaders, stakeholders and intersectoral team in SRH promotion.
21. Develop competencies and maintain professional development by keeping abreast with new ideas and technology through continuing education.
22. Managing SRH and neonatal care within the framework of the national health policy.
23. Supervise student midwives/other health workers in SRH and neonatal services.
24. Demonstrate kindness and empathy towards individuals, families and communities.
25. Contribute to the formulation of SRH plans and policies.

7. THE CORE VALUES

The curriculum is developed around six core values which are essential to midwifery practice and which can be clearly described and measured in appropriate ways.

These six core values are:

- Professionalism(Communication, Accountability, Advocacy)
- Leadership
- Knowledge
- Decision Making
- Critical Thinking
- Clinical Skills

Description of the core values components

Professionalism: Legal, ethical, theoretical and clinical standards which provide a framework for the midwifery profession and for the practice of each midwife. Midwifery professionalism in this curriculum also includes the notions of advocacy, accountability (respect for human rights) and communication. Gender, gender based violence and culture and how these variables influence the midwifery profession are included to make the profession relevant in modern times.

Leadership: Midwifery Leadership is about influencing, supporting, advocating for, empowering and educating others. It is not about power or coercion, rather it is a leadership model based on partnership and collaboration. A midwifery leader will work to bring about change, as effective leadership is the essential ingredient for positive social change (Richardson, 2000). Midwifery leaders will seek to advance the midwifery profession. To be midwifery leader requires good communication skills, vision and courage to advocate for and promote midwifery.

Knowledge: Midwifery has a specific body of knowledge in relation to pregnancy, intrapartum and postnatal including the newborn. In this curriculum the midwifery knowledge that is taught covers both the art and science of midwifery and is evidence and research based. Knowledge includes the linkage between the midwifery science and the ecological environment surrounding both the midwife and the clients she uses the knowledge on. As such, the knowledge integrates gender, gender based violence and culture and how these variables influence the midwifery profession.

Decision Making: To make safe decisions and develop sound professional judgment (about what has been, what is now and what may/could happen next) is at the heart of good midwifery practice. Therefore the process of decision-making in this curriculum follows the ICM framework:

1. Collect information in a systematic way for complete assessment
2. Assess and identify actual or potential problems

3. Plan of Care developed and carried out with an appropriate time frame, updating as necessary
4. Evaluate the effectiveness (at this point may return to first step to gather more information)

For the purpose of teaching this will be shortened to **CAPE model**

Critical Thinking: Critical thinking is the linking of theory to practice, assessment to planning and information to action. Critical thinking involves analysis, anticipatory thinking and being able to synthesize information and evidence so as to act appropriately and in a timely way. Inclusion of a gender module aims at supporting the midwife in the analysis. In this curriculum the “what and why” questioning of clinical practice will initially facilitate critical thinking. In the later part of the curriculum it is expected that students will readily question and link theory to clinical practice and act accordingly.

Clinical Skills: A clinical skill is a task which is performed to a specific level of competency. Midwifery has a set of clinical skills within the midwife’s scope of practice and these clinical skills are taught, practiced and assessed in this curriculum.

The competencies are sequenced in a progressive way throughout the curriculum and they will be assessed in clinical practice, laboratory/skill practice and classroom settings. In midwifery practice competencies are not separate but to enable the student to cope with the complex nature of midwifery they are addressed separately in the early stages of the programme. As the programme advances the foundation competencies are increasingly integrated.

7.1 THE COMPETENCIES OF ICM

The seven competencies for practice of the International Confederation of Midwives are:

1. Social, epidemiologic and cultural context of maternal and newborn care
2. Pre-pregnancy care and family planning
3. Provision of care during pregnancy
4. Provision of care during labour and birth
5. Provision of care for women during the postpartum period
6. Postnatal care of the newborn
7. Facilitation of abortion-related care

7.2 COMPETENCY STATEMENTS

A competency is a combination and integration of knowledge, skills and attitudes, which result in effective performance. These essential competencies for basic midwifery practice 2010 are based on ICM’s values, vision, strategies and actions and used by midwives who attend to the health needs of adolescents, women and childbearing families.

Throughout this curriculum the term “competencies” is used to refer to both the broad

statement heading each section, as well as the knowledge, skills and behaviours required of the midwife for safe practice in any setting.

7.2.1. Competency # 1:

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

7.2.2. Competency # 2:

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

7.2.3. Competency # 3:

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

7.2.4. Competency # 4:

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

7.2.5. Competency # 5:

Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

7.2.6. Competency # 6:

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

7.2.7. Competency # 7:

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

8. DURATION OF THE PROGRAMME

The programme will have duration of three years, in total 120 weeks (3,840 hours), which are divided in six semesters including theoretical (~ 40%) and practical (~ 60%) education

exercises.

8.1 VACATION/ LEAVE

- (a) A *maximum* of 6weeks' vacation shall be allowed at the end of each semester.
- (c) Sick leave shall be according to the Institutional Rules and Regulations
- (d) Any days leave taken in excess of the above (sick leave), shall be made up in full according to the Programme requirements
- (d) Any student who interrupts the training at any time or is absent for a continuous period of 20 days within a semester, excluding days off, will be discontinued.
- (e) Any student who interrupts the training at any time or is absent due to sickness for a total of 20 days within a semester may be allowed to repeat a semester.

ENTRY REQUIREMENTS

- Minimum age of 18 years
- Maximum age of 30 years
- Open to Female and Male students
- Republic of South Sudan Certificate of Secondary Education with an average of 60% pass in science subjects (Biology, Chemistry, Physics and Maths) in addition the students should have a pass in English language
- Kenyan Certificate of Secondary Education with a C in science subjects (Biology, Chemistry, Physics or Maths) and English.
- Ugandan Certificate of Secondary Education with a mean grade of credit O level or A level, in science subjects (Biology, Chemistry, Physics or Maths) and English.
- Ethiopia: grade 10, GPA 2 and C in science subjects (Biology, Chemistry, Physics or Maths) and English
- An entry test will be required to assess literacy skills and comprehension, including English language skills, mathematics ability, biology, chemistry and general knowledge.

9.1 MODE OF APPLICATION

Individuals who wish to be admitted into the midwifery education programme should apply to the Directorate of Training and Professional Development, Ministry of Health. Prospective students who meet the entry requirements shall be given joining instructions to prospective schools. The selection committee lead by the Ministry of Health reserves the right to take affirmative action towards females to facilitate their access to higher education.

9.2 STUDENT INTAKE AND EDUCATOR/STUDENT RATIO

The maximum number of Students admitted annually shall be determined by the capacity of the Institution and the availability of clinical practice sites. As interactive adult educating/learning and assessment strategies will be used throughout the course, which will include the requirement for clinical supervision. The educator/student ratio should be up to the international standards (1 Tutor: 10-15 Students).

10. TEACHING AND LEARNING METHODS

The teaching and learning strategies will be congruent with the principles of adult education, based on the rationale that both educator and student will bring prior knowledge and experience to contribute to the educative process. Active student participation, facilitated by midwife educators (who will have a role both in the college setting and in practice), and by clinical instructors (in practice) will be the norm.

The emphasis in the college-based components will be on interactive approaches and a wide variety will be used. While there will be a place for the didactic lecture, it will constitute a relatively minor proportion of the curriculum. In the practice settings, students will be expected to learn from their experience of care-giving, initially under close supervision; and time and space will be set aside on a planned and regular basis, so that students can reflect, together with their clinical instructors and/or lecturers, upon their experience, and discuss how care is underpinned by theory learned in the classroom, including research-based information. This supervision will be continuous at first, while the student is mainly observing or practicing skills that are at the least complex end of the continuum of a qualified midwife's work. As the student progresses in her/his education, s/he will be expected to conduct assessment of the mother and of the newborn, to plan and give care, and ultimately to evaluate the care given. S/he will also be responsible for the practice of management, leadership and supervision, gradually assuming the role and functions of a qualified midwife. All Theory and Practice Assessment Strategies will be appropriate to the academic and practice level of the programme and to the adult learning approach.

A variety of learning methods, which complement the learning approach described in the previous section, is included in the learning resource package. A description of each learning method is provided below.

Illustrated Lectures

Lectures should be used to present information about specific topics. The lecture content should be based on, but not necessarily limited to, the information in the recommended reference manual/text book/other written materials.

There are two important activities that should be undertaken in preparation for each lecture or interactive presentation. First, the learners should be directed to read relevant sections of the resource manual (and other resource materials, if and when used) before each lecture. Second, the teacher should prepare for lectures by becoming thoroughly familiar with the technical

content of a particular lecture.

During lectures, the teacher should direct questions to learners and also encourage them to ask questions at any point during the lecture. Another strategy that encourages interaction involves stopping at predetermined points during the lecture to discuss issues/information of particular importance.

Case Studies

The purpose of the case studies included in the learning resource package is to help learners practice clinical decision-making skills. The case studies can be completed in small groups or individually, in the classroom, at the clinical site, or as take-home assignments.

The case studies follow the clinical decision-making framework presented under Foundation Topics. Each case study has a key that contains the expected responses. The tutor should be thoroughly familiar with these responses before introducing the case studies to learners. Although the key contains the “likely” responses, other responses provided by learners during the discussion may be equally acceptable. The technical content of the case studies is taken from the recommended reference manual/text book/other written materials.

Role Play

The purpose of the role-plays included in the learning resource package is to help learners practice interpersonal communication skills. Each role-play requires the participation of two or three learners, while the remaining learners are asked to observe the role-play. Following completion of the role-play, the teacher uses the questions provided to guide discussion.

Each role-play has a key that contains the likely answers to the discussion questions. The teacher should be familiar with the answer key before using the role-plays. Although the key contains “likely” answers, other answers provided by learners during the discussion may be equally acceptable.

Skills Practice Sessions

Skills practice sessions provide learners with opportunities to observe and practice clinical skills, usually in a simulated setting. The outline for each skills practice session includes the purpose of the particular session, instructions for the teacher, and the resources needed to conduct the session, such as models, supplies, equipment, learning guides, and checklists. Before conducting a skills practice session, the teacher should review the session and ensure that s/he can perform the relevant skill or activity proficiently. It will also be important to ensure that the necessary resources are available and that an appropriate site has been reserved. Although the ideal site for conducting skills practice sessions may be a learning resource center or clinical laboratory, a classroom may also be used providing that the models and other resources for the session can be conveniently placed for demonstration and practice. The first step in a skills practice session requires that learners review the relevant learning guide, which contains the individual steps or tasks, in sequence (if necessary), required to perform a skill or activity in a standardized way. The learning guides are designed to help

learn the correct steps and the sequence in which they should be performed (skill acquisition), and measure progressive learning in small steps as the learner gains confidence and skill (skill competency).

Next, the tutor demonstrates the steps/tasks, several times if necessary, for the particular skill or activity and then has learners work in pairs or small groups to practice the steps/tasks and observe each other's performance, using the relevant learning guide. The teacher should be available throughout the session to observe the performance of learners and provide guidance. Learners should be able to perform all of the steps/tasks in the learning guide before the teacher assesses skill competency, in the simulated setting, using the relevant checklist (see Skill Assessments with Models under Assessment Methods). Supervised practice should then be undertaken at a clinical site before the teacher assesses skill competency with patients/clients, using the same checklist.

The time required to practice and achieve competency may vary from hours to weeks or months, depending on the complexity of the skill, the individual abilities of learners, and access to skills practice sessions. Therefore, numerous practice sessions will usually be required to ensure achievement of competency before moving into a clinical practice area.

Clinical Simulations - OSCE

A clinical simulation is an activity in which the learner is presented with a carefully planned, realistic recreation of an actual clinical situation. The learner interacts with persons and things in the environment, applies previous knowledge and skills to respond to a problem, and receives feedback about those responses without having to be concerned about real-life consequences. The purpose of clinical simulations is to facilitate the development of clinical decision-making skills.

The clinical simulations included in the learning resource package provide learners with the opportunity to develop the skills they need to address rare or life-threatening situations. Clinical simulation may, in fact, be the only opportunity learners have to experience some rare situations and therefore may also be the only way that a teacher can assess learners' abilities to manage these situations.

Clinical simulations should be as realistic as possible. This means that the models, equipment, and supplies needed for managing the particular complication involved in the simulation should be available to the learner.

Learners will need time and repeated practice to achieve competency in the management of the complex situations presented in the simulations. They should be provided with as many opportunities to participate in simulations as possible. The same simulation can be used repeatedly until the situation presented is mastered.

11. MINIMUM CLINICAL EXPERIENCE TO BE GAINED

The following is an outline of the minimum clinical experience that students should have

during their programme:

- Conduct a minimum of 100 antenatal examinations in a variety of settings, including some examinations on admission to hospital and completion of records; identify any abnormal signs or symptoms and take appropriate and timely action.
- Conduct a minimum of 50 supervised deliveries, care for a minimum of 100 women in the first stage of labour.
- Assist at least 3 breech deliveries.
- Assist a minimum of 3 vacuum extractions and realize 1 under supervision
- Perform at least 5 medio-lateral episiotomies.
- Suture the perineum, following an episiotomy or First/second-degree tear, on at least 20 women.
- Witness and assist in 5 Caesarean Section.
- Assess the condition (including APGAR score) of the newborn at birth and resuscitate, as required.
- Examine 50 newborn babies, noting any abnormal conditions, and take appropriate and timely action.
- Conduct a minimum of 50 postnatal examinations, identify any abnormal signs or symptoms and take appropriate and timely action.
- Care for at least 50 postnatal women and their newborn infants, giving appropriate health education and advice, and providing the support, midwifery care and prophylactic treatments, which are required.
- Assist mothers with breast feeding, as appropriate, and give correct advice and care to women who develop breast problems.
- Give emergency care, under supervision, to women with obstetric and gynecological problems, eg. abortion, ectopic pregnancy, ante and postpartum hemorrhage, prolonged labour, pre-labour rupture of the membranes, obstructed labour, retained placenta, eclamptic fits, puerperal sepsis
- Perform 10 Manual Vacuum Aspiration (MVA) procedures under supervision.
- Management of shock, Cardio-pulmonary resuscitation (CPR) on a model.
- Liaise with the community in order to have an effective system to ensure that rapid referral is possible when complications occur and to make arrangements for referral, when required.
- Liaise with the community to give information about the health services which are available and devise and implement strategies to increase the uptake of care by a skilled attendant.
- Provide health education in the community and first level health facilities to pregnant women, families and adolescents, with emphasis on good nutrition, healthy life- styles, immunizations, the avoidance of harmful practices, the prevention of sexually transmitted diseases/infections and unwanted pregnancies.
- Liaise with schools, churches, mosques, women's groups and places of employment to provide appropriate SRH, gender and GBV education.
- Provide information and counseling on safe sex and contraceptives method mix at family planning clinics and provide women with the method of their choice and follow-up care.
- Insert a minimum of 10 Intra Uterine Devices (IUD).

- Perform appropriate screening tests and give appropriate prophylactic treatments and/or immunizations, as required, e.g. for STDs, tetanus toxoid, anti-malarials, mebendazole, vitamin A if in deficient areas, iron/folate.
- Liaise with other health care professionals in the community to monitor the health and well being of mothers and their infants, the uptake of care and devise strategies together to further improve the quality of care and health facilities.
- Liaise with traditional birth attendants, spiritual healers and other untrained personnel in the community who are involved in care before, during or after childbirth in order to encourage safe practices, the acceptance of training opportunities where they exist, information on the early recognition of complications and the promotion of early referral when complications arise.

12. ASSESSMENT OF KNOWLEDGE, SKILLS AND ATTITUDES

As this is a course programme, there will be **formative** (assessments during the courses) and **summative assessments**, on completion of each semester. Semester six (last semester) the summative assessment will cover the entire programme (final qualifying examination – National Exam) in order to assess the overall learning and to demonstrate the integration of knowledge, skills and attitudes.

The Continuous Assessment Tests (CATs) should constitute **40%** while **the Final Qualifying Examinations** constitute **60%** of the marks.

The National Health Professional Examination Board (NAHPEB) of the MoH consisting of Principals, Tutors, Clinical instructors and Representatives of the countries statutory bodies shall oversee the implementation and declaration of the final qualifying examination.

The assessments for the Diploma Midwifery Programme are competency based. The assessments are varied in their nature and range from OSCE to poster presentations.

The assessments are as follows:

- Poster presentation
- OSCE – Clinical simulation
- Case summary verbal presentation
- Scenario based viva voca
- Written examination
- Clinical practice assessments
- Assessment of teaching sessions
- Role Play
- Clinically based viva voca
- Case studies
- Portfolio
- Written tests

Some of the course assessments can be by group presentations. In such instances all students will be expected to take a full part in the investigative work, preparation of the material for the presentations and in the actual presentations to the audience. They will all be expected to take part in the discussion and analysis following the presentations.

Formative assessment - Continuous Assessment Tests (CATs)

The CATs shall constitute 60% of the total marks in each subject and the total contribution to the final qualifying examinations which student must attain in order to sit a final examination. The CATs will include all course work tests, clinical placements and community placements. The pass mark at the **end of the semester** will be 50% in Theory and 60% in Practice.

12.1 OBJECTIVE STRUCTURED CLINICAL EXAMINATION

For assessing the clinical work Objective Structured Clinical Examination (OSCE) is used. OSCE is designed to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures / prescription, exercise prescription, joint mobilisation / manipulation techniques and interpretation of results.

OSCE usually comprises a circuit of short (the usual is (5–)10 minutes although some use up to 15 minute) stations, in which each candidate is examined on a one-to-one basis with one or two impartial examiner(s) and either real or simulated patients (actors). Each station has a different examiner, as opposed to the traditional method of clinical examinations where a candidate would be assigned to an examiner for the entire examination. Candidates rotate through the stations, completing all the stations on their circuit. In this way, all candidates take the same stations.

OSCE is designed to be:

- **Objective** - all candidates are assessed using exactly the same stations (although if real patients are used, their signs may vary slightly) with the same marking scheme. In an OSCE, candidates get marks for each step on the mark scheme that they perform correctly, which therefore makes the assessment of clinical skills more objective, rather than subjective, which is where the examiners decide whether or not the candidate fails based on their subjective assessment of their skills.
- **Structured**- stations in OSCEs have a very specific task. Where simulated patients are used, detailed scripts are provided to ensure that the information that they give is the same to all candidates, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the candidate is given a very specific task to complete. The OSCE is carefully structured to include parts from all elements of the curriculum as well as a wide range of skills.

OSCE is designed to apply clinical and theoretical knowledge. Where theoretical knowledge is required, for example, answering questions from the examiner at the end of the station, then the questions are standardised and the candidate is only asked questions that are on the mark sheet and if they are asked any others then there will be no marks for them. Assessors may be clinical instructors, midwifery tutors and, for some skills, e.g. those necessary for life-saving, medical staff.

The examiner does the marking in OSCEs. Occasionally written stations, for example, writing a partograph, are used and these are marked like written examinations, again usually using a standardized mark sheet. One of the ways an OSCE is made objective is by having a detailed mark scheme and standard set of questions. The examiner can vary the marks depending on how well the candidate performed the step. At the end of the mark sheet, the examiner often has a small number of marks that they can use to weight the station depending on performance and if a simulated patient is used, then they are often asked to add marks depending on the candidates approach. At the end, the examiner is asked to rate the candidate. This is then used to determine the individual pass mark for the station.

Grade D - Fail

Do not demonstrate the minimum level of practice competence. Normally adopts an uncritical, unquestioning approach to practice with reliance on traditional approaches to care. Gathers evidence to inform practice from a limited and unimaginative range of sources. Reproduce this information without transforming it. Conveys the ability to communicate at an adequate level ensuring professional and client safety, demonstrates understanding and application of midwifery knowledge in relation to clinical practice.

Grade C - Pass

Demonstrates the ability to practise competently within recognised professional constraints, and is able to analyse and explain their practice at a fundamentally descriptive level. Applies research evidence to support decisions in a satisfactory but uncritical manner. Gathers relevant evidence to inform practice from original sources with some ability to question its application to clinical situations. Confidently applies midwifery knowledge when providing individualised care. Demonstrate some evidence of ability to reflect on and in practice. Can communicate clearly and coherently.

Grade B–Credit

Able to analyse and evaluate their and others' practice. Bases decision-making upon questioning and evaluation of research-based evidence. Collects evidence from a wide range of sources. Appreciates principles of good practice, and can convey this to others in a meaningful and relevant way. Demonstrates the ability to synthesise and utilise research-based evidence, informing their appreciation of professional issues and dilemmas that may arise in practice. Considerable evidence of ability to engage in reflective practice and to communicate effectively in a wide range of situations.

Grade A - Distinction

Demonstrates ability to develop an independent interpretation of practice and to set it in a broader context. Collects evidence from a wide range of relevant sources and clinical experience to inform safe, competent and innovative practice. Demonstrates the ability to synthesise and evaluate research- based evidence, which informs their capability to question and challenge existing models of practice. Successfully exhibits the qualities of an independent and reflective practitioner, embracing their role within the multi-disciplinary team, and demonstrating the ability to communicate in a competent, coherent and professionally articulate manner.

12.2 ASSESSMENT OF CLINICAL PLACEMENT

Clinical placement work will be assessed on a continuous basis and the students' competencies will be assessed at appropriate intervals during the programme. Assessors may be clinical instructors, midwife tutors and, for some skills, e.g. those necessary for life-saving, medical staff. The assessor will use various tools for assessment of clinical practice combined in a portfolio. The portfolio includes:

- Clinical skills checklist
- Log Book of numbers to achieve
- Log Book of reflections on practice
- Lecturer's Progress Log

12.3 END OF SEMESTER EXAMINATIONS

Probation time: first year Students will have to sit a pass or fail, with 50% pass mark at the end of the first year, first semester. Failing to succeed at this exam will require the student to leave the Health Science Institution assuming that s/he did not demonstrate the initial abilities to pursue pre-service education studies. If the student fails the exam s/he has the possibility to re-do the first semester and re-sit the exam.

There shall be end of semester examination covering all courses, which shall be conducted for a duration not exceeding three (3) hours but not less than two (2) hours. Practical examinations (OSCEs) shall be conducted within a period of one (up to two hours), whereby 40 minutes will cover practical and 20 minutes will be for oral examination and evaluation.

12.4 ACHIEVEMENT GRADES

The pass mark for all theoretical examinations shall be 50%. The achievement grades will be interpreted as follows:

- A = 80% and above
- B = 70 - 79%
- C = 60 - 69%
- D = 50 - 59% (Fail in Practice)
- E = 49% below (Fail)

Clear written criteria and well-formulated assessment tools will be required for each assessment. Written assessments should be marked using well-prepared guidelines and, to ensure marking consistency the assessments should be marked by a second person that preferably does not know the mark given by the first marker. Alternatively, to check for marking consistency, a second marker should mark a sample of all students' scripts.

12.5 PASS/FAIL GRADES

In order to successfully complete the programme of study, the student is required to

satisfactorily fulfill the following:

- The student must have passed all the written and oral assessments with a minimum mark of 50%. Grades based on the student's knowledge will be according to the marking criteria. A mark below **50% is considered FAIL.**
- The student must have achieved professional basic skills for midwifery practice in each clinical assessment with a minimum mark of 60 %. A mark below **60% is considered FAIL.**
- If a final student fail the practical he will have to re-do a 6months clinical placement

12.5.1. RULES OF ASSESSMENTS

All candidates must meet the requirement of at least 90% of contact hours per course of both practical and theory and when this is not met the candidate shall be required to repeat the semester in question when next offered. A candidate found in any examination malpractice or gross professional misconduct shall be discontinued

Two attempts shall be allowed for each assessment. A student who fails after two attempts should be discontinued. The policy of back grouping will apply to students who need more time in order to cope with the demands of the programme.

The re-sit is not a right. The Examination Board/education committee has the right to refuse an individual student the re-sit opportunity if there is written evidence demonstrating poor progress or attendances have been unsatisfactory and if the student has received a formal warning and has not shown significant improvement. **The marks awarded on a re-sit will be 50% regardless of the actual marks achieved provided that the programme module has been passed on re-sit.**

12.6 MANAGEMENT OF ASSESSMENT

Continuous assessment shall be the responsibility of the institute's education committee. The National Health Professional Examination Board (NAHPEB) of MoH shall be responsible for the final examination.

13. ASSESSING QUALITY

13.1 QUALITY ASSURANCE

To assess quality in education, measuring what is provided and then comparing this to what is expected on a regular basis, is needed for quality assurance. If this evaluation reveals deficiencies or weaknesses, for example, poor staffing levels, poor standards of teaching or inadequate resources, genuine attempts must be made to correct the problems.

13.2 EVALUTIAON OF PROGRAMME BY STUDENTS

The students should have planned opportunities to evaluate the programme at regular intervals

throughout the course. Methods of evaluation may include: informal group discussion between students and teaching staff, written comments and/or questionnaires, informal interviews with a random selection of students.

The evaluation should include all aspects of the course, including the experience and supervision in clinical areas, the mentoring system, teaching staff and methods of learning, availability of appropriate resources, conduct of assessments and strategy, support given to students and facilities available to them during their programme.

Data obtained from evaluations should go minimally to the Principal, Head of Department of the College offering the course, as well as to those responsible for the day-to-day management of the programme (the Programme Management Team). This team is required to respond to evaluations, student feedback with appropriate decisions regarding the ongoing development of the programme. Finally evaluation reports are kept on file for use as evidence when the time comes for re-accreditation of the programme, formal validation visits/inspections or for curriculum review.

13.3 ASSESSMENT AND AUDITING OF CLINICAL PLACEMENTS

Specific tools should be devised for an annual audit of clinical areas where students are allocated for experience. Minimum requirements should be identified for student placements and these can be identified from the information obtained from the audits. Choice of placements for students will then depend on the outcome of the audits, together with previous students' evaluations of the placements, if they have been used for past students.

Clinical sites (i.e., hospitals and clinics) should be assessed and selected based on the following criteria.

- *Caseload*; Patient/client mix and volume, are there sufficient patients/clients in sufficient numbers for learners to gain the clinical experience needed?
- *Equipment, supplies, and drugs*, does the facility have the necessary equipment, supplies, and drugs, in sufficient quantities, to support the learning process?
- *Staff*, are staff members at the site qualified and willing to accept learners and participate in the learning process? Do they use up-to-date, evidence-based practices for pregnancy, childbirth, and newborn care? Do their practices reflect the knowledge and skills described in this curriculum? Is there a need to update their knowledge and skills? Do they use correct infection prevention practices?
- *Transportation*, is the site within easy access for learners and teachers? Do special transportation arrangements or accommodation need to be made?
- *Other training activities*, are there other training activities at the site that would make it difficult for learners to gain the clinical experience they need?

14. TEACHING PERSONNEL

Tutors for this programme will be required to have a qualification of at least one level higher than the diploma.

15. REGULATIONS

The student who has been selected to join the Diploma Midwifery Programme should report for the commencement date of the programme. If the student cannot arrive for the official commencement date they must arrive within 15 days of the official commencement in order to be accepted for the course.

Any student who is admitted in this programme is required to adhere to the school regulations approved by the Ministry of Health.

16. TABLE OF COURSES

FIRST YEAR – FIRST SEMESTER min.20 weeks (TOTAL NO. OF HOURS – 640)

Course Code	Course Title	Number of Hours				Credits
		Th/H per week	Total Hours - Theory	Total Hours Practice	Total Hours-Practice	
GS 111	Communication and Study Skills	2	40	20	Incl. in 200hrs	5.3
BMS 111	Introduction to Information Communication Technology	-	-	40	(40)	2.6
BMS 112	Anatomy & Physiology I	5.5	110	40	(200)	13.6
BMS 113	Basic Life saving skills	1	20	40		3.3
PMS 111	Foundations in Midwifery Practice	5	100	60		14
GS 112	Psychology	2	40	20		5.3
GS 113	Sociology	1	20	20		3.3
GS 114	Microbiology	1.5	30	40	(40)	5.6
Sub Total : 640		18	360	280		53

FIRST YEAR – SECOND SEMESTER 20 weeks (TOTAL NO. OF HOURS – 640)

Course Code	Course Title	Number of Hours				Credits
		Th/H per week	Total Hours Theory	Total Hours Practice	Total Hours Practice	
BMS 121	Anatomy, Physiology (II) and Embryology for Midwives	5	100	40	(280)	12.6
PMS121	Nutrition in midwifery	2	40	40		6.6
PMS 122	Midwifery Care I – Normal Pregnancy incl. PMTCT (pre-requisite BMS 121)	4	80	100		14.6
BMS 122	Pharmacology I	3	60	60		10
BMS 123	Primary Health Care	4	80	40		10.6
Sub Total : 640		18	360	280		54.4

GS = General Subject
Subject

BMS = Basic Midwifery Subject

PMS = Professional Midwifery Subject

Th/H = Theory hours per week

Total Hours Practice = Regrouped clinical practice hours

10 Theory Hours = 1 Credit

15 Practical Hours = 1 Credit

TOTAL HOURS FOR FIRST YEAR 1,280 hours

SECOND YEAR – FIRST SEMESTER 20 weeks (TOTAL NO. OF HOURS – 640)

Course Code	Course Title	Number of Hours				Credits
		Th/H per week	Total Hours Theory	Total Hours Practice	Total Hours Practice	
PMS 211	Midwifery Care II –Normal Labour	3	60	160	(380) Incl. 80 for FP	16.6
PMS 212	Midwifery Care III – Normal Postpartum and Newborn Care	2	40	140		13.3
BMS 211	Pharmacology II	2	40	0		4
BMS 212	Epidemiology	2	40	0		4
BMS 213	Communicable Diseases	1	20	0		2
PMS 213	Family Planning	3	60	80		11.3
	Sub Total : 640	13	260	380		

SECOND YEAR – SECOND SEMESTER 20 weeks (TOTAL NO. OF HOURS 640)

Course Code	Course Title	Number of Hours				Credits
		Th/H per week	Total Hours Theory	Total Hours Practice	Total Hours Practice	
PMS 221	Sexual and Reproductive Health and Rights	3	60	80	(240)	11.3
PMS 222	Midwifery Care IV- Complications in pregnancy	4	80	160		18.6
BMS 221	Child Health (under 5)	3	60	100	(100)	12.6
GS 221	Introduction to Research	2	40	20	(20)	5.3
PMS 223	Seminar	1	20	20	(20)	3.3
	Sub Total : 640	13	260	380		51.1

GS = General Subject BMS = Basic Midwifery Subject PMS = Professional Midwifery Subject

Th/H = Theory hours per week Total Hours Practice = Regrouped clinical practice hours

10 Theory Hours = 1 Credit

15 Practical Hours = 1 Credit

TOTAL HOURS FOR SECOND YEAR 1,280 hours
--

THIRD YEAR – FIRST SEMESTER 20 weeks (TOTAL NO. OF HOURS – 640)

Course Code	Course Title	Number of Hours				Credit
		Th/H per week	Total Hours Theory	Total Hours Practice	Total Hours Practice	
PMS 311	Midwifery in Community I (incl. Boma Health Initiative)	2	60	120	(300)	12
PMS 312	Midwifery Care V – Complications in Labour, Delivery and Purperium	3	60	180		18
PMS 313	Complications in the Neonate	2	40	40	(40)	6.6
PMS 314	Gynecology	2	40	80	(80)	9.3
PMS 315	Research project I	2	20	40	-	5.3
Sub Total : 680		11	220	460		

THIRD YEAR – SECOND SEMESTER 20 weeks (TOTAL NO. OF HOURS – 640)

Course Code	Course Title	Number of Hours				Credits
		Th/H per week	Total Hours Theory	Total Hours Practice	Total Hours Practice	
PMS 321	Sexual and Reproductive Health and Rights Incl. Clinical Management of Rape (CMR)	2	40	200	(280)	17.3
PMS 322	Midwifery in Community II Incl. Minimum Initial Services Package (MISP)	1	20	160		12.6
GS 311	Principles of Management and Leadership	2	40	20	(20)	5.3
GS 312	Teaching methodologies	1	20	20	-	3.3
PMS 324	Research Project II	1	20	100	(80)	8.6
Sub Total :640		7	140	500		47.1

GS = General Subject
Subject

BMS = Basic Midwifery Subject

PMS = Professional Midwifery Subject

Th/H = Theory hours per week

Total Hours Practice = Regrouped clinical practice hours

10 Theory Hours = 1 Credit

15 Practical Hours = 1 Credit

TOTAL HOURS FOR THIRD YEAR 1,320hours
TOTAL DIPLOMA MIDWIFERY PLAN 3,880 hours

17. FIRST YEAR, FIRST SEMESTER COURSES

Course Title : Communication and Study Skills

Course Code	: GS111
Placement	: 1 st Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 1 hour/week
Total	: 60 hours
Credits	: 5.3 Credits

Course Description/ Outline

Effective communication between midwife and client is a critical component in determining client satisfaction with care. This course prepares the students to effectively communicate, counsel women, their families and communities. Opportunities will be provided for students to critique their own communication, interpersonal and counseling skills and those of their peers in a supportive constructive way. A basic knowledge of education and methods of teaching and learning will also be introduced to assist the students to develop effective health education and study skills.

Course aim

The course aims to develop awareness among the students of own and others' coping strategies and to be able to apply the principles of effective communication, counseling and teaching skills for health education when working with adolescents, women and their families. It will also enable the student to become a good teacher/facilitator to effectively promote SRH in the communities. In addition this module intends to help the students develop effective study skills, improve reading comprehension, discover their own personal study style and learn the best way to prepare for exams.

Course Objectives

By the end of this course the students will be able to:

1. Describe study skills that enable them to take effective notes and study for objective, subjective, and performance evaluations.
2. Demonstrate critical thinking for decision-making and problem solving.
3. Describe different ways of communication and their impact on the relationship between the midwife and an adolescent, woman, man, family and the community.
4. Demonstrate interpersonal skills for effective verbal, non-verbal communication.

Content

Unit I: Introduction - Communication

- Introduction to communication skills, Verbal communications, Non-verbal communications, or body language
- The Principles of effective communication
- Barriers to effective communication

- Communication skills: use of open/closed questions, body language of a communicator, communicator's use of language, communicating without words (non verbal), use of touch
- Listening skills: active listening, being comfortable with silence
- Therapeutic communication: confidentiality, ethical guidelines for therapeutic communication, therapeutic communication as not advising or telling; maintaining hope but not giving false reassurance; therapeutic communication strategies - reflecting, support of the counselor, being empathetic but not overwhelmed
- Teaching and learning methods which are appropriate for health education, e.g. giving information, effective use of visual aids, encouraging questioning, promoting discussion, demonstration, drama, simulation and gaming.
- Awareness of own strengths and weaknesses in communication with clients and colleagues

Unit II: Study Skills – Learning Fundamentals

- Memory
 - Definition
 - How to improve memory in learning
- Reading
 - Identify different reading style
- Time Management
 - Definition and implementation
- Study Environment
 - Learning environment, conducive and non-conducive
- Test Taking
 - Preparedness and aim for efficiency
- Critical Thinking
 - Definition
 - Application in medical science, in Midwifery
- Researching, use of internet
- Writing
 - Taking notes and summarizing

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 2

Teaching and learning methods

Group work, role-play, drama, demonstration, lecture/discussion/seminars, tutorials, individual work, reflection, presentations

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Assessment methods

1. *Role play* will be used to assess communication and counseling skills focusing on the student's listening skills, her ability to pay undivided attention to the client, to be nonjudgmental and to communicate effectively demonstrating respect and sensitivity.
2. *Teaching session*: The student will present a short 15 minutes teaching session on chosen and health promotion subject to a community group of own choice.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical mentoring, support and assessments. The questionnaires will be analyzed by the Programme Management Team and the findings circulated to all relevant personnel.

Course Title : Introduction to Information Communication Technology

Course Code	: BMS 111
Placement	: 1 st Year 1 st Semester
Theory Hours	: 0 hour/week
Practical Hours	: 2 hours/week
Total	: 40 hours
Credits	: 2.6 Credits

Course Description/ Outline

The increasing need for application of information communication technology (ICT) to all spheres of human endeavor makes it important that the midwife keeps abreast of ICT and its application to health care.

Course aim

The course is designed to introduce the student to ICT and its importance to health care delivery.

Course Objectives

At the end of the course, the student will be able to:

1. Demonstrate basic use of Word, Excel and Power Point
2. Demonstrate the use of computer files
3. Demonstrate the use of Internet
4. Explain the use of computer in health care
5. Familiarize with social media: pros and cons

Content

Unit I: Basic computer skills

- Introduction to the Windows operating System.
 - Data Storage in a computer
 - Folder Management
 - File management
- Microsoft Word, PowerPoint.
- Internet and email
- Computer use for data creation and processing: Microsoft Excel (Spreadsheets).
 - Data creation
 - Data transmission
 - Data processing and analysis
- Basic information on usage of social media : pros and cons

Unit II: ICT in Health care

- Electronic/digital devices:
- Diagnostic devices: Ultra sound scan, CT scan, MRI Fluoroscopy etc.
- Monitoring devices: - Oximeter, Cardiac monitor etc

- Information search: - research, evidence-based care etc

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies

Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency # 7

Teaching and learning strategies

Group work, demonstration, and individual computer work

Course assessments

Assessors

Midwife tutors and other tutors involved in the course

Timing of assessments

All assessments will take place during the course.

Assessment methods

1. *Practical exam in computer lab*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Anatomy and Physiology I

Course Code	: BMS 112
Placement	: 1 st Year 1 st Semester
Theory Hours	: 5.5 hours/week
Practical Hours	: 2 hours/week
Total	: 150 hours
Credits	: 13.6 Credits

Course Description/ Outline

This course includes the definition of anatomical terms, correlation of human biologic structure with normal physiologic function. It deals with basic regulatory mechanisms which promote homeostasis; familiarization with some physiological parameters which serve as indicators for the organism's state of health.

Course aim

The course aims to develop knowledge among the students in normal anatomy and physiology of the body. The student midwife will understand that the functions of each part of the human body are interdependent.

Course Objectives

At the end of the course, the student will be able to:

- 1.Explain the organization of the human body, its physiology, preservation and protection
- 2.Relate the structural adaptation of the organs to their functions in normal and pathological conditions.
- 3.Identify the anatomical location of different organs of the body using scientific procedures according to anatomical structure.
- 4.Describe the function/s of different organs and systems of human body using systematic approach according to different scientific methodologies.
- 5.Utilize the knowledge of anatomy and physiology in the care of clients.

Content

Unit I: Organization of the Human Body

- The basic unit of the human body- Cell
- Cell division (mitosis and meiosis)
- Properties of animal cell
- Systems of the human body
- The scope of Genetics
- Concept of adaptation and homeostasis
- Cavities and regions of the body
- Body tissues, membranes and their characteristics

Unit II: Reproductive System

- Menstrual cycle
- Structure and function of the female reproductive organs
- Structure and function of the male reproductive organs

Unit III: Endocrine System

- Structure and functions of the glands
- Hormonal control/feedback mechanism
- Endocrine glands (pituitary, thyroid, parathyroid, adrenal, thymus gland and pineal body)

Unit IV: Urinary System

- Functions of the urinary system
- Macroscopic and microscopic structure and functions of the urinary organs
- Physiology of urine formation
- Fluid and electrolyte balance

Unit V: Structure and Functions of Musculo -Skeletal System

- Anatomical terms e.g. proximal, distal, medial etc.
- The anatomical structure of the human body
- Bones of the body
- Development, structure and composition of bones
- Types of articulation of the skeletal system e.g. synovial joints
- Types, characteristics and composition of the muscular system

Unit VI: Blood and Cardio-Vascular System

- The structure and functions of the heart and blood vessels
- Functions of the heart and blood vessels
- Formation and composition of blood
- Blood Groups, ABO and Rhesus incompatibility
- Blood circulation, blood volume, maintenance of blood pressure, pulse and heart beat
- Blood clotting mechanism

Unit VII: Lymphatic System

- Structure and functions of the lymphatic system
- Lymph circulation

Unit VIII: Digestive System

- Organs of digestion, their structure and functions
- Digestion and metabolism of carbohydrates, protein, fats in the human digestive system

- Functions of vitamins (water or fat soluble) and minerals in the body
- Heat production in the body
- Basal metabolic rate

Unit IX: Respiratory System

- Structure and functions of organs of respiration (Nose, pharynx, larynx, trachea. Bronchi, lungs etc.) and accessory organs
- Mechanism/physiology of respiration (carriage of oxygen in blood, carbon dioxide in blood, gaseous exchange)
- The buffer system
- Nervous control of respiration

Unit X: Nervous system.

- Structure and functions of the nervous system
- Classification of the nervous system (central, peripheral and autonomic nervous system)
- Mechanism of nervous control in human body
- Mechanism of touch

Unit XI: Special Senses

- Structure and functions of the Ear: mechanism of hearing
- Structure and functions of the Eye: mechanism of vision
- Structure and functions of the Nose: mechanism of smell
- Structure and functions of the Taste buds: mechanism of taste

Unit XII: Integumentary System

- Structure and functions of skin

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1

Teaching and learning strategies

Group work, demonstration, micro-teaching, video play, lecture/discussion/seminars, individual work, reflection, presentation.

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination, which will be at the end of the semester.

Assessment methods

1. *Practice exam in skills lab:* The student will demonstrate her/his skills during an anatomical exhibition at the skills lab. The assessment will measure student's ability to identify the different anatomical parts and knowledge of the subject matter; mini OSCE
2. *Written exam:* The student will sit a written exam including anatomical graphs for demonstration of anatomical knowledge.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching and learning methods, tutors, resources available, clinical experience, clinical mentoring and support and assessments. The questionnaires will be analyzed by the Programme Management Team and the findings circulated to all relevant personnel.

Course Title : Basic Life Saving Skills

Course Code	: BMS113
Placement	: 1 st Year 1 st Semester
Theory Hours	: 1 hour/week
Practical Hours	: 2 hours/week
Total	: 60 hours
Credits	: 3.3 Credits

Course Description/ Outline

The purpose of this unit is to enable the student to gain knowledge on First Aid, develop skills and attitudes necessary to prevent injuries, diagnose, manage, refer and rehabilitate casualties.

Course aim

This course introduces the student to the fundamentals of an emergency response in an unexpected situation where the patient(s) is injured and/or unconscious. It presents the basic principles that will enable the student to respond adequately with the First Aid measures before the patient(s) can be refer to a unit of care or a health facility.

Course Objectives

At the end of the course, the student will be able to:

1. Define and describe the principles of First Aid
2. Describe the clinical features, causes and first aid measures for loss of consciousness
3. Identify guidelines for lifting and transporting patients with various injuries
4. Identify methods of bandaging and immobilisation of various injured body parts
5. Explain how to prevent and respond to accidental fire
6. Demonstrate how to safely lift and carry injured patients
7. Demonstrate the assembly of necessary equipment and the application of bandages
8. Demonstrate how to immobilise a patient with fractures
9. Demonstrate an ability to offer CPR
10. Explain how to promote basic health component of individual

Content

Unit I: Introduction

- Definition of First Aid
- Causes and clinical features of common injuries requiring first aid
- General First Aid measures

Unit II: Different Techniques

- Examination of patient with loss of consciousness
- Lifting and transporting casualties
- Different methods of bandaging and immobilization of various injured body parts
- Prevention and management of accidental fire
- Application of various types of dressings
- Ability to handle a CPR (Cardiopulmonary Resuscitation)
- Explain how to maintain safety of individual in move from First Aid to PHCC or hospital

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies Competency # 1, Competency # 3 and Competency # 7

Teaching and learning methods

Lectures, small group discussions, self-directed learning, role play, demonstration and practice.

Course assessments

Assessors

Midwifery tutors and clinical instructors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination, which will be at the end of the semester.

1. *Practical exam in skills lab–mini OSCE:* The student will demonstrate her/his basic First Aid skills, ideally the course should be taught by the South Sudan Red Cross and validate by them, after successful completion they will issue a First Aid certificate.

2. *Written exam:* The student will sit a quiz exam

Evaluation

Students will be invited to evaluate the course by informal discussions during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical mentoring and support and assessments. The questionnaires will be analyzed by the Programme Management Team and the findings circulated to all relevant personnel.

Course Title : Foundations in Midwifery Practice

Course Code	: PMS111
Placement	: 1 st Year 1 st Semester
Theory Hours	: 5 hours/week
Practical Hours	: 3 hours/week
Total	: 160 hours
Credits	: 14 Credits

Course Description/ Outline

This course is the base for the practice of midwifery and for further professional education. The module introduces students to essential concepts and theoretical development in midwifery upon which professional practice is based. Various models of midwifery practice are introduced and the balancing of the midwife as an autonomous practitioner with the need for teamwork in a multidisciplinary setting is introduced. In addition the course will include an introduction to midwifery, including the responsibility of midwives and their role in safe motherhood.

Course aim

This course introduces the student to the fundamentals of midwifery and rules and regulations governing the practice of midwifery. It highlights the concepts and principles that govern its practice and focuses on the roles of national and international organizations concerned with midwifery practice.

Course Objectives

At the end of the course, the student will be able to:

1. Describe the history, ethics, philosophy and trends in Midwifery.
2. Explain the basic concepts, theoretical frameworks and tools relevant to Midwifery practice.
3. Describe the relevant legal, ethical and other codes of practice impinging on midwifery
4. Describe the Midwifery Model of Care
5. Describe the Midwifery codes of practice
6. Describe the application of the woman-centered model of care
7. Describe the importance of quality care in midwifery practice
8. Demonstrate the acquisition of the basic midwifery practice skills

Content

Unit I: Introduction

- Definition of the Midwife and of Midwifery,
- Global history and trends of Midwifery
- Midwifery history in the Republic of South Sudan
- The characteristics of Midwifery as a profession
- Definition of Midwifery Model of Care

Unit II: Concepts and Tools in Midwifery

- Woman centered care; develop partnership
- Basic needs of clients/patients
- Concept of health –illness continuum
- Assessment, diagnosis, planning, implementation, evaluation
- Problem-solving techniques that can be applied in Midwifery practice (trial and error, systems approach and initiative problem solving)
- Introduction to quality assurance
- Reporting and Recording in Midwifery
- Concept of Health Management Information System
- Techniques of rehabilitation

Unit III: Perspectives of Midwifery Practice

- Philosophy of midwifery practice ; philosophy of care
- Structure of the health system in South Sudan- roles of the Midwife
- Health team in midwifery practice
- Rights and obligations of a midwife
- Confidentiality
- Duties and responsibilities of a midwife – Code of conduct

Unit IV: Ethical and Legal issues

- Ethics in midwifery practice
- Role of a professional association: SSNAMA
- Midwifery legislation, Nursing and Midwifery Acts/Decrees as they affect midwifery practice
- Regulations regarding scope of practice of the Registered Midwife
- Midwifery in private practice
- Current issues in midwifery practice
- Patients' bill of right

Unit V: Quality care

- Definition and elements of Quality Care
- Technical competencies of care providers in midwifery practice
- Factors that enhance quality care midwifery practice. e.g. code of ethics, infrastructures, facilities, equipment, staffing
- Continuity of care: record keeping, progress and handover note

Unit VI: Basic Nursing Care

- General cleaning and disinfection
- Bed-making concertina method
- Patient positioning
- Bed-bath, oral care
- Care of bed ridden, Oxygen administration, Nasogastric tube insertion

Unit VII: Basic skills in Midwifery Practice

- Basic principles in maternity care
 - Respect of cultural diversity and privacy
 - History taking
 - Observation and clinical examination
 - Vital signs: procedures, including pain assessment
 - Assessing basic needs/problem of patient
 - Implementing basic care appropriately
 - Evaluating basic patient care

Unit VIII: Infection Prevention and Control

- Aseptic technique, sterilization, disinfection
- Concept of aseptic technique including decontamination
- Sterilization of instruments, equipment and material (physical, chemical)
- Methods of disinfection-concurrent, terminal etc.
- Content of packs for various procedures (injection, dressing packs etc)
- Use of masks, gloves and gown.
- Catheterization, bladder irrigation etc.

Unit IX: Universal precautions

- Safe handling and disposal of medical waste
- Principles of isolation and barrier care
- Various types of isolation
- Universal precautionary measures- disposal of infected material & specimens
- Impact of environment of disposal of medical waste
- Active protection of the environment in waste management

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and learning methods

Group work, drama, demonstration, micro-teaching, video play, lecture/discussion/seminars, individual work, reflection, presentation

Clinical practice

Clinical practice should take place in the health facility/community and supervised by experienced instructors who are responsible for supporting, teaching and assessing the students in clinical practice. The application of theory to practice should be encouraged and the students are also expected to **reflect** on their practice, thereby actively learning from their experience.

The practical experience may run parallel with theoretical sessions, or the course may start with a block of theory followed by a practice block and end with a theoretical block

when the students would give presentations on selected areas of their practice and provide the solutions to the problems outlined in their study guides.

It is suggested that students come back to the educational institution at regular intervals during practice, e.g. for one day every week or two weeks, to enable further teaching and learning to take place and relate theory to practice. This will also assist with ongoing assessment of progress and for the tutors to discuss the students' clinical experience.

Course assessments

Assessors

Midwifery tutors and clinical instructors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination, which will be at the end of the semester.

3. *Practical exam in skills lab - OSCE:* The student will demonstrate her/his basic midwifery skills at the skills lab.

4. *Written exam:* The student will sit a written exam.

Evaluation

Students will be invited to evaluate the course by informal discussions during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical mentoring and support and assessments. The questionnaires will be analyzed by the Programme Management Team and the findings circulated to all relevant personnel.

Course Title : Psychology

Course Code	: GS112
Placement	: 1 st Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 1 hour/week
Total	: 60 hours
Credits	: 5.3 Credits

Course Description/ Outline

This course supports students to examine the principles of human behavior, learning, perception, motivation, language and communication. The course will help students understand human behaviour and how this affects client's decision making to access midwifery care and use the knowledge to provide midwifery care to individuals, families and communities.

Course Aim

The aim of the course is to facilitate greater understanding of the principles of human behavior generally and the application of these to midwifery practice in particular. Specific relevant behavior concepts will be identified and their use in solving clients' problems will be demonstrated.

Objectives

At the end of the course, the student will be able to:

1. Define relevant terms and concepts in psychology.
2. Define Gender and GBV concepts
3. Demonstrate skills in counseling to assist client/patient to develop methods suitable for solving their problems.
4. Utilize behavioral science principles in all aspects of care thereby increasing client/midwife rapport.
5. Describe trends in human growth and development
6. Discuss theories of personality and application to midwifery practice
7. Identify stimuli that are stressors and describe the effects on the clients, the student midwives, midwives and other members of the health team.

Content

Unit I: Introduction to Psychology

- Definition of concepts
- Schools of thought and branches of psychology
- Importance of psychology in midwifery practice
- Theories of behavior change
- How groups influence decision and behaviour

Unit II: Growth and development

- Principles of growth and development

- Factors influencing growth and development
- Theories of psycho-sexual development
- Complex issues for children at different stages

Unit III: Personality

- Theories of personality
- Personality development
- Self-esteem; body image; stigma; stereotypes; discrimination incl. Gender differences
- Attitudes and behaviors related to SRHR

Unit IV: Psychological Processes

- Perception
- Motivation
- Learning – Factors that include learning
- Memory
 - Definition,
 - Level of memory

Unit V: Stress and Coping

- Causes of stress
- Effects of stress
- Stress and crisis management, individual responses
- Post-traumatic stress
- The experience of loss
- Resilience

Unit VI: Psychology and child bearing, readiness for pregnancy

- Factors affecting adjustment to the new-born
- The importance of attachment, and the social rituals used to integrate the infant into the family
- Parenting styles
- The importance of play
- Social development - attachment and separation
- Social processes of health care

Unit VI: Psychological Measures

- Methods of counseling; counseling strategies e.g. behavior change
- Attitude
- Assessment of Child Development (context specific)

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies

Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency # 7

Teaching and learning methods

Group work; role play, drama, demonstration, micro-teaching, video play, lecture, discussion, seminars, individual work, reflection, presentation, pre and post clinical conferences

Course assessments

Assessors

Midwifery tutors and Clinical Instructors involved in maternal and child health

Timing of assessments

All the final written examination will be at the end of the semester.

Assessment method

Written examination to test essential theoretical knowledge. The examination should be based on clinical problems, so the holistic thinking of the student can be evaluated. Critical thinking and analysis should be important criteria in assessment.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Sociology

Course Code	: GS113
Placement	: 1 st Year 1 st Semester
Theory Hours	: 1 hours/week
Practical Hours	: 1 hour/week
Total	: 40 hours
Credits	: 3.3 Credits

Course Description/ Outline

The course provides the students with the knowledge of sociological and cultural concepts and their influence in SRHR.

Course aim

The aim of the course is to facilitate better understanding of social and cultural, gender issues related to the midwifery practice and SRHR as they impact on the individual, the family and community.

Course Objectives

At the end of the course, the student will be able to:

1. Identify the nature and relevance of culture in midwifery practice.
2. Explain the influence of gender norms, socialization, agents in midwifery practice
3. Describe the role of Government as an institution of health care delivery
4. Define relevant terms and concepts in gender, GBV and sociology
5. Identify cultures from different angles to appreciate and respect them while providing midwifery care.

Content

Unit I: The Nature of Culture

- Concepts in sociology
- Culture: nature, purpose and relevance in midwifery practice
- Influence of culture on health and illness
- Religion, beliefs and practices
- Child, family and society
- Sex and Gender
- Socialization process
- Decision making
- Gender Based Violence (GBV)
- Root causes of Gender inequalities and GBV
- Role of men in midwifery care
- Traditional and scientific beliefs relating to midwifery practice
- Individual concepts and group influence
- Cultural factor affecting acceptance and utilization of Health care services

Unit II: Sociological Perspectives

- Social process
- Social stratification
- Social change
- Population dynamics

Unit III: The adaptive process

- Socialization
- Agents of socialization
- Social institutions
- Inter and intra professional relationship: team work, collaborative activities

Unit IV: Group Structure

- Leadership (basics) as part of a social dynamic
- Group dynamics :
 - Interpersonal and group relations
 - Inter group tensions, prejudice and stereotype
- Conflict management
- Reconciliation

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 4, Competency # 5, Competency # 6
and Competency # 7

Teaching and learning strategies

Problem-based learning, group work; role play, drama, demonstration, micro-teaching, video play, lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in maternal and child health

Timing of assessments

All assessments will take place during the course, apart from the written examination, which will be at the end of the semester.

Assessment method

Written examination to test essential theoretical knowledge. The examination should be based on clinical problems, so the holistic thinking of the student can be evaluated. Critical thinking and analysis should be important criteria in assessment.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire,

which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Microbiology

Course Code	: GS114
Placement	: 1 st Year 1 st Semester
Theory Hours	: 1.5 hours/week
Practical Hours	: 2 hours/week
Total	: 70 hours
Credits	: 5.6 Credits

Course Description/ Outline

The course of microbiology covers bacteria, viruses, fungi, and protozoa. Students are introduced to cellular structure, growth, protein synthesis, and replication, and learn the role of microorganisms in human disease, the stages of infection, and diagnosis. The role and action of antibiotics, sterilization, and antimicrobials are also covered.

Course aim

In the study of microbiology, the midwife student acquires the knowledge of different types of organisms, their relevance in midwifery practice and the application of microbiology to disease control.

Course Objectives

At the end of the course, the student will be able to:

1. Describe the basic topic of microbiology
2. Describe the mode of transmission, causes and the treatment of specific infections
3. Utilize the knowledge of disease processes in the control of infections
4. Interpret results of laboratory findings
5. Demonstrate Universal Precautions and application of aseptic technique (revision)

Content

Unit I: Introduction

- History of Microbiology
- Key terminologies
- Classification /nomenclature
- Growth and multiplication of micro-organisms
- Relevance of microbiology to midwifery practice
- Structure, function and Multiplication of Microorganisms

Unit II: Infection and Disease Control

- Sources of infection
- Infection process
- Transmission of infection
- Lesions produced by bacteria in the body
- General principles in the control of infectious diseases
- Quarantine, contact tracing, case control, isolation and notification (revision)

Unit III: Immunity

- Principles and practice of Immunology
- General body resistance to infection
- Types of body defense mechanisms against microorganisms
- Concepts of natural and acquired immunity
- Vaccination and immunization
- Specific and non-specific immunity
- Active and passive
- Abnormal immune response
- Auto immune response
- Anaphylaxis
- Serum sickness
- Acquired immune Deficiency Syndrome (AIDS)
- ABO and RH system

Unit IV: Diagnostic Procedures

- Isolation of micro-organisms from different environments
- Identification of the different organisms
- Specific differences between organisms
- Exposure, incubation and examination of specimen under various test conditions.
- Examination of normal flora.

Unit V: Environmental Aspect of Microbiology

- Introductory entomology and parasitology
- Environmental sanitation and parasitic infections
- Sewage and waste disposal, water and air pollution
- Microbiological tests of food, milk and water in the environment
- Classification of parasites, protozoa, common worms, ova in the environment

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and learning methods

Problem-based learning, group work; role play, drama, demonstration, micro-teaching, video play, lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences.

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Study questions*: The students are given study questions. The instructor evaluates each answer for correctness and explains the questions that were incorrect.
2. *OSCE - Clinical Skills*: Student must demonstrate systematic knowledge of each skill.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

18. FIRST YEAR, SECOND SEMESTER COURSES

Course Title : Anatomy, Physiology (II) and Embryology for Midwives

Course Code	: BMS 121
Placement	: 1 st Year 2 nd Semester
Theory Hours	: 5 hours/week
Practical Hours	: 2 hour/week
Total	: 140 hours
Credits	: 12.6 Credits

Course Description/ Outline

This course builds on the student's already acquired knowledge of anatomy and physiology with special application to Midwifery. Physiological indices are used to explain pathological changes in relation to anatomical landmarks in the mechanism of childbirth. This course will cover the menstrual cycle, conception, embryology, pregnancy, fetal skull, puerperium, lactation, fertility, menopause and miscarriage.

Course aim

The course aims to develop detailed knowledge among the students of the reproductive system and embryology, including structure and function of the human body.

Course Objectives

At the end of the course the student will be able to:

1. Revise the structure and functions of the female and male reproductive system
2. Explain the menstrual cycle
3. Describe structure and function of the foetal skull
4. Describe structure and function of the lactating breast and its relationship with the reproductive organs
5. Demonstrate an understanding of menopause and the effects on the woman physically and emotionally

Content

Unit I: Anatomy and Physiology of Female Reproductive Organs

- Explain anatomical terminologies
- Female reproductive organs (revision)
- Bony pelvis
- Pelvis floor (changes during pregnancy, labour and puerperium)
- Menstrual cycle/menstruation (revision,)
- Oogenesis - Influence of related hormones on reproductive organs at puberty, pregnancy and menopause
- Anatomy and physiology of the breast; changes in breast during pregnancy, labour and puerperium
- Physiology of lactation

- Menopause

Unit II: Affiliated Organs

- Urinary system
- Rectum
- Structure and functions
- Changes during pregnancy, labour and puerperium

Unit III: Anatomy and Physiology of the Male Reproductive Organs

- External organs-penis and scrotum (revision)
- Internal organs –testis, excretory duct
- Spermatogenesis
- Andropause

Unit IV: Foetal Development

- Fertilization and implantation
- Embryonic development
- Placenta formation
- Placenta at term (structure and functions)
- Abnormalities of the placenta
- Foeto-placental exchange
- Foetal circulation
- Circulatory changes at birth
- The foetal skull

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3 and Competency # 6

Teaching and learning strategies

Demonstration, micro-teaching, video play, lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences

Course assessments

Assessors

Midwife tutors and other tutors involved in the course will assess the students.

Timing of assessments

All assessments will take place during the course

Methods of assessment

1. *Practical exam in skills lab*: The student will demonstrate her/his skills during an anatomical exhibition at the skills lab. The assessment will measure student's

ability to identify the different anatomical parts and knowledge of the subject matter.

2. Group Work: Students will work together (grp 3-4) developing a visual poster

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, teachers, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Nutrition in Midwifery

Course Code	: PMS 121
Placement	: 1 st Year 2 nd Semester
Theory Hours	: 2 hours/week
Practical Hours	: 2 hours/week
Total	: 80 hours
Credits	: 6.6 Credits

Course Description/ Outline

This course will cover basic components of human nutrition. Aspects that will be covered are: human growth, development during the prenatal, infancy and physiological and cultural aspects in relation to nutrition.

Course aim

This course aims to prepare the student midwives to understand human nutrition, the cultural and psychosocial factors influencing eating habits to enable them promote the health of individuals. The knowledge acquired in this course would be applied in the provision of health promotion diets according to individual need.

Course Objectives

By the end of the course, the student will be able to:

1. Identify basic food elements and nutrients
2. Explain the role of food in the maintenance of health.
3. Explain nutritional requirements during pre-conception, pregnancy, post-partum and while lactating
4. Discuss gender norms related to female nutrition and effects on midwifery care
5. Explain the nutritional needs of the newborn including proper ties of breast milk and infant formula, and methods of infant feeding
6. Discuss the health benefits of breast feeding for mother and infant, and safe formula feeding according to maternal choice

Content

Unit I: Introduction

- Definition of nutritional terms
- Classification of food
- Nutrition and the chemical components of food
- Functions and utilization of food nutrients
- Local food items with high nutritional value

Unit II: Nutritional needs

- Changing food needs during the life cycle (children, adolescents, pregnant women, women and men)
- Infant nutrition
 - Breast-feeding and breast milk
 - Composition of breast milk

Factors that affect the quality and quantity of breast milk
Breast-feeding techniques
Baby friendly Initiative: Exclusive breast-feeding

- Infant formula/ supplementary feeding
Types of infant formula e.g. cow, goats etc.
Use and preparation of infant formula
- Introduction to family diet- complementary feeding
- Factors affecting complementary feeding e.g. poverty, ignorance, taboos, gender norms
- Factors affecting the choice of food e.g. body needs, gender based, cultural and ethnic background
- Religion, socio-economic status availability of food, geographical area and health status.

Unit III: Nutritional Management

- Methods of food storage and preservation
- Household budgeting
- Teaching and supervision of food handlers in the home, school, health centers and the public eating-places.
- Self-sufficiency, food security; impact of poverty on food access
- Role of Government, organizations, communities and families in food production

Unit IV: Dietetics – Malnutrition

- Nutritional assessment
- Nutritional requirement in special conditions
- Essential Nutritional Action (ENA) to prevent malnutrition (WHO)
- Malnutrition and use of nutritional supplements; WHO and UNICEF standards on Moderate Malnutrition (MM)
- Preparation of diet for sick individuals

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3 and Competency # 6

Teaching and learning methods

Problem-based learning, group work; role play, drama, demonstration, micro-teaching, video play, lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences.

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Scenario based viva voca*
2. *Study Questions* – Problem based learning

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Midwifery Care I – Normal Pregnancy

Course Code	: PMS 122
Placement	: 1 st Year 2 nd Semester
Theory Hours	: 4 hour/week
Practical Hours	: 5 hours/week
Total	: 180 hours
Credits	: 14.6 Credits
Pre-requisite	: BMS 121

Course Description/ Outline

This course is designed to equip midwifery students with skills; knowledge and attitude in order to provide high quality focused Antenatal Care (ANC). The student will acquire the competencies to give effective antepartum care to women during normal pregnancy.

Course aim

The overall aim of this module is to enable the student acquire the competencies to give good preconception and antenatal care to women with a normal pregnancy.

Course Objectives

At the end of the course, the student will be able to:

1. Conduct a full and accurate medical history from the woman and identify factors, which may have an adverse effect on maternal and/or fetal health.
2. Perform a full physical examination of the woman in a systematic manner, using the correct techniques; identify any deviations from the normal.
3. Calculate the estimated date of delivery
4. Perform an abdominal examination on the pregnant woman
5. Discuss with the woman and her family the most appropriate place for birth and advise about arrangements for the birth.
6. Recognize danger signs during pregnancy and act accordingly
7. Demonstrate knowledge of all the tests and investigations, which may be required in pregnancy
8. Give appropriate care and support to the HIV-positive woman and the newborn including PMTCT interventions

Content

Unit I: Normal pregnancy

- Conception
- Signs of pregnancy: presumptive, probable and positive
- Diagnosis of pregnancy
- Calculation of gestational age, estimate date of delivery (EDD)
- Placental hormones in pregnancy
- Adaptation of the female body during pregnancy
- Psychological and emotional aspects of pregnancy

Unit II: Prenatal care

- Aims and objectives of prenatal care
- Process of pre-natal care
- Implementation of the national maternal health programme –Focus ANC
- History taking – record keeping
- Physical examination in pregnancy, including abdominal examination at different stages of pregnancy
- Laboratory investigations required in pregnancy
- Assessment of the physical and psycho-social needs, current workload of the pregnant woman and recommendations
- Nutritional needs during pregnancy
- Immunizations and other recommended prophylactic treatments
- Appropriate health education to promote a healthy life-style in preparation for pregnancy and practices to avoid; preparation for lactation
- Recognition of deviations from normal pregnancy and action(s) to take
- Identification of danger signs during pregnancy and action plan
- Care plan based on the findings of all examinations and tests

Unit III: Pharmacology and immunization

- Teratogenic drugs during pregnancy (see Pharmacology I)
- Prophylactic treatments: iron and folic acid treatment, malaria prevention, tetanus toxoid, Mebendazole®, Vitamin A (post-partum)
- PMTCT (Prevention Mother To Child Transmission) interventions; consider feeding options on PMTCT
- HIV/Aids drugs and treatment

Unit V: Ethical and cultural issues

- Ethical and cultural issues related to pregnancy, gender, culture and religion
- Ethical issues related to obstetric care and procedures and priorities of resources when the health of the fetus and/or mother is at risk.

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies Competency # 1, Competency # 2 and Competency # 3

Teaching and learning methods

- *Problem-based learning*
The students should work in groups of 2-3 persons. For each topic area one or several problems are identified according to the aims of the curriculum and previous knowledge of the students. The problems identified and previous knowledge made up the basis for further penetration into the matter. The results should be presented to the whole class in seminars, case studies or projects.
- *Case studies*, for presentation by the students and discussion to explore issues raised in the cases, including knowledge of the subject and evaluation of the care given, skills of critical analysis and decision-making, any ethical questions and

communication skills

- *Role play*, focusing on attitudes, ethical questions, communication and counseling skills
- *Simulation* of certain procedures on model or scenarios
- *Demonstration of skills*
- *Reflection on incidents* in practice which are recorded by the students in their diaries

Assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Assessment methods

1. *Case studies*: developed by the students based on antepartum care experience in the community. The student is required to identify a relatively healthy pregnant woman from a health facility for domiciliary antepartum care. The student will make a minimum of three domiciliary antepartum visits making the following assessments on each visit: physical and abdominal examination, family support, food and sanitation including assessment for home delivery. The student is also required to conduct a health education sessions on identified problems. The student develops a case study providing details of the findings and plan of care; and a case study for seminar presentation
2. *Role Play*
3. *Clinical skills* and personal professional development will be continuously assessed in clinical areas. Specific clinical assessments will include:
 - taking histories, documenting information, correlating data and identifying relevant information and discussing the findings with the assessor
 - conducting full antenatal examinations and discussion of the finding performance or simulation of at least 3 life-saving skills (students will have no prior knowledge of the life-saving skills selected for their assessments).

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Pharmacology I

Course Code	: BMS 122
Placement	: 1 st Year 2 nd Semester
Theory Hours	: 3 hours/week
Practical Hours	: 3 hours/week
Total	: 120 hours
Credits	: 10 Credits

Course Description/ Outline

This course will cover basic components of pharmacology. Aspects that will be covered are: preparation and administration of drugs, drug administration and calculations.

Course aim

To equip the student with a basic knowledge and skills of pharmacology to enable her function effectively in homes, communities and health care institutions. It provides the student with the required knowledge of the use and effect of drugs for the prevention, diagnosis and treatment of disease conditions.

Course Objectives

At the end of this course, the student will be able to:

1. Define relevant terminologies and abbreviations used in pharmacology
2. Describe drug classification, sources and basic preparations
3. Utilize correctly the rules and regulations guiding the administration of drugs in the health care
4. Describe the role of a midwife in the storage, administration and record keeping of drugs and the legal consideration
5. Demonstrate correct knowledge and skills in calculation of drugs and intravenous fluids
6. Demonstrate the correct procedure for preparing and administering medications

Content

Unit I: Introduction

- History of pharmacology
- Importance of pharmacology in midwifery
- Definition, scope, terminologies and abbreviations used in pharmacology

Unit II: General Information about drugs

- Sources of drug: Traditional and modern medicine
- Generic and brand names
- Classification and composition of drugs
- Introduction to the National Drug policy and Essential drug list

Unit III: Preparation and Administration of drug

- Preparation of drugs

- Principles and routes of drug administration
- Calculation of dosages-tablets, lotions, solutions, injections and infusions
- Handling and storages of drugs
- Principles of clinical pharmacology
- Dosage individualization
- Midwives responsibility in administration of drug
- Legal implication in the storage, administration and record keeping of drugs
- Drug abuse and addiction: definition and scope.

Unit IV: Mechanism of drug actions

- Pharmacokinetics principles: absorption, distribution, metabolism and excretion
- Pharmaco-dynamics: actions, interactions, adverse drug reactions
- Pharmaco-genesis - Idiosyncrasies
- Effect of age, diet, occupation and disease on drug disposition
- Teratogenic drugs during pregnancy

Unit V: Drug Administration

- Types of drugs in common use – antibiotic etc.
- Rules of drug administration: general and controlled drugs
- Routes of administration of drug
- Trolleys/tray for administration of medications: oral medication, injections, infusions, inhalations etc.
- Dilution of lotions, disinfectants and decontaminants.
- Administration of drugs
- Giving of injections and intravenous fluids
- Recording of drug prescriptions and drug administration

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 3, Competency # 5, Competency # 6 and Competency #7

Teaching and learning strategies

Problem-based learning, group work, role play, drama, demonstration, micro-teaching, lecture/discussion/seminars, tutorials, individual work, reflection, presentation

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course

Methods of assessment

1. Practical exercise - including calculation of correct dosages of drugs

2. Case presentations

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Primary Health Care

Course Code	: BMS123
Placement	: 1 st Year 2 nd Semester
Theory Hours	: 4 hours/week
Practical Hours	: 2 hours/week
Total	: 120 hours
Credits	: 10.6 Credits

Course Description/ Outline

The course includes concepts of public, personal, and community health. Current health issues in South Sudan; health indicators affecting family health and SRHR; health education and counseling and health assessment; the Basic Package of Health Services will be covered during the course.

Course aim

The purpose of this course is to enable the student to acquire knowledge in Primary Health Care and Community Based Health Care. It provides opportunity for the student to acquire skills and attitudes for working efficiently in Primary Health Care settings and to meet the health needs of individuals, families and communities.

Course Objectives

At the end of the course, the student will be able to:

1. Explain the concepts of Primary Health Care (PHC) and its implementation worldwide
2. Describe the levels at which PHC activities are carried out
3. Describe the common operational problems in implementing PHC and Community Based Health Care
4. Describe the South Sudanese Health Care System
5. Demonstrate the ability to conduct basic community diagnosis
6. Provide preventive, curative and rehabilitative services to individuals, families and the community.
7. Describe the health, gender and GBV -related problems in the community
8. Demonstrate the ability to give feedback to the community on identified health problems and formulate appropriate strategies to deal with them.

Content

Unit I: Introduction

- Historical perspectives: Alma Ata Conference, Bamako Initiative
- Organization and scope of Primary Health Care Services
- Multidisciplinary, inter-sectorial approach to Primary Health Care: Team approach.
- Universal Health Coverage – Health for All
- From Millennium Development Goals to Sustainable Development Goals
- Boma Health Initiative for South Sudan

Unit II: Community participation

- Community structure: Decision making structure of a community
- Family patterns
- Staffing in primary health care system
- The role of primary health care workers:
 - 1) Clinical Officers
 - 2) Community Midwives/Nurses/Midwives (enrolled and diploma)
 - 3) Maternal and Child Health Workers (MCHW)
 - 4) Village Midwives and Traditional Birth Attendants (TBA)
- Midwife's roles at PHC level
- Involvement of the community

Unit III: Information, Education and Communication (IEC) - Public Health

- Community Mobilization
 - Rationale and Role
 - Advocacy
 - Steps in community mobilization
- Development committee in Primary Health Care Services.
 - Composition and functions of Development Committees such as
 - Village development committee
 - Health Facility Development Committee
 - District development committee
 - Local Government Area Primary Health Care Development Committee
- Others : State Implementation Committee
 - National Policy Implementation Committee
- Community Diagnosis
 - Roles and Rationale for Community Diagnosis
 - Methods and steps used in Community Diagnosis
- Situational Analysis
 - Instrument used in situational analysis
 - Steps in conducting situational analysis
- Health Education
 - Principles of Health Education
 - Guidance and Counseling/Behavioural Change Communication
 - Principles of teaching and learning
 - Communication skills and group dynamics in Primary Health Care

Unit IV: Clinical Skills in Primary Health Care

- Use of standing orders /Midwife Clinical Protocol
- General history taking
- Reporting and Recording
- Physical examination

- Nutritional assessment
- Socio-economic assessment
- Diagnostic skills

Unit V: Components (8) of Primary Health Care - PHC approach

- Education concerning prevailing health problems
 - Identification of prevailing health problems
 - Methods of prevention and control
- Promotion of food supply and proper nutrition
- Provision of safe water and basic sanitation
 - Provision of safe water
 - Basic sanitation
 - Waste disposal
 - Identification and management of environmental health hazards in the home and community
- Overview of Maternal and child health care including family planning
- Immunization against major communicable diseases
 - Diseases preventable by immunization
 - National Programme on immunization (EPI)
 - Cold chain system
- Factors affecting Immunization coverage:
 - National Immunization Policy
 - National Immunization Agency
 - National Immunization Day
 - Market Based Health Care Service
 - School Based
 - House to House
 - Administration of immunization
 - Follow up of defaulters
 - Evaluation of immunization service
- Treatment of common (local) diseases and injuries using standing orders
 - Recognition of emergency conditions
 - Two way referral system
 - Diagnostic services and treatment of common disease and injuries in community and health care settings:
 - Tuberculosis, HIV/Aid, Malaria, diarrheal diseases,...
 - Dental health
 - Provision of integrated health care services
- Provisions of essential drugs (introduction – see Pharmacology II)
 - Essential drugs-policy and rationale
 - Identification of essential drugs in primary health care
 - Supply of drug - procurement, storage and distribution, Pre-packing of drug
 - Drug revolving fund/cost recovery system
- Accessibility, availability and quality of care

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2

Teaching and learning strategies

Problem-based group work; role play, drama, demonstration, , lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences

Course assessments

Assessors

Midwifery tutors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Method of assessment

- 1. Practical exam.* The student must demonstrate thorough skills.
- 2. OSCE - Clinical Skills:* Student must demonstrate systematic knowledge of each skill.
- 3. Poster presentation *
- 4. Written test*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

19. SECOND YEAR, FIRST SEMESTER COURSES

Course Title : Midwifery Care II – Normal Labour

Course Code	: PMS 211
Placement	: 2 nd Year 1 st Semester
Theory Hours	: 3 hours/week
Practical Hours	: 8 hours/week
Total	: 220 hours
Credits	: 16.6 Credits

Course Description/ Outline

The course prepares the student to function as a competent midwife in the hospital and/or in the community with women presenting in normal labour, applying assessment skills and clinical judgment based on the framework for decision making. Current research evidence underpinning care of women during labour will be critically analysed for application prepare the student to be competent at providing high quality care to women in normal labour and delivery.

Course aim

This course aims to provide the student with an in-depth study of midwifery management of the normal processes of all stages of labor, delivery and care of the mother and neonate in the immediate postpartum period, with an emphasis on preparing students for in or out-of hospital birth practice or Primary Health Care Center (PHCC)

Course Objectives

At the end of the course, the student will be able to:

1. Provide competent, safe and culturally sensitive care to women, the fetus and their families during all stages of labour
2. Monitor and record accurately the maternal and foetal condition and the progress of labour using a partogram and other relevant records, as well as recognize deviations from the normal
3. Conduct a clean, safe birthing technique, only intervening when it is necessary for the safety or benefit mother or fetus
4. Explain the importance of record keeping of all details of all the stages of labour and decision making

Content

Unit I : Review of Obstetric Anatomy and Physiology

- The pelvic floor muscles
- The fetal skull including diameters
- The pelvis: normal and abnormal
- External and internal genitalia

Unit II: First stage of labour

- Physiology of first stage of labour

- Care and management of first stage of labour
 - History taking and physical examination (revision)
 - Vaginal examination
 - Conditions of vulva and vagina
 - Cervical dilatation
 - State of membranes and liquor
 - Confirmation of presentation/presenting part
 - Malpositions and outcomes
- Use of partograph
 - Components of partograph
 - Plotting, interpretation of findings/diagnosis
 - Planning and implementation
 - Evaluation and action(s)
- Relief of pain in labour
 - Natural way(s) to relief pain, mobility
 - Types of analgesia
 - Routes and timing for administration of analgesics
 - Possible effects of analgesics and anesthesia on mother and baby
- Importance of continuous monitoring and documentation of progress in labour
- Psychosocial support during labour
- Position and mobility, hydration, bladder care
- Universal precautions to prevent infection during labour

Unit III: Second, Third Stage of Labour and Immediate Postpartum

- Second stage of labour:
 - Definition
 - Signs
 - Physiology
 - Mechanism of labour
- Management:
 - Assessment
 - Diagnosis
 - Accurate record keeping
 - Positions in labour
 - Preparation for delivery: equipment, environment
 - Mechanism of normal labour
 - Conduct of normal delivery
 - Variety of positions during delivery: squatting, ...
 - Delivery technique: care of perineum
 - Episiotomy-Indication, types, procedure, repair
 - Perineal lacerations; definitions, types, causes, management
 - Repair of perineal and cervical lacerations
 - Prevention of perineal and cervical lacerations
 - Psychological support
- Immediate care of the baby:
 - Initiation and maintenance of respiration

Assessment of baby using APGAR Score
Clamping and cutting of umbilical cord
Provision of warmth
Initiation of breast-feeding,
First Examination of baby (head to toe)
Measurements: weight, length, head circumference
Identification of baby

- Third stage of labour:
 - Definition
 - Signs of third stage of labour
 - Physiology of the third stage of labour
 - Mechanism of placental separation
 - Methods of placental delivery
 - Active management of third stage of labour
 - Immediate postpartum care and management
 - Universal precautions to prevent infection during third stage of labour
 - Examination of the placenta and membranes, assessment of blood loss and safe disposal of them
- Immediate postpartum:
 - Definition
 - Monitoring blood loss; Misoprostol ®(revision)
 - Inspection of perineum (vagina and cervix) and repair
 - Initiation of lactation
 - Monitoring status of mother and baby
 - Identification of complications

Competencies

*This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 4, Competency # 5 and Competency #6*

Teaching and learning methods

Problem based learning, group work, lecture/discussion, tutorials, seminar presentations, case studies, role-play, and demonstrations / return demonstrations.

Assessments

Assessors

Midwifery tutors and other tutors involved in the course will assess the students.

Timing of assessments

All assessments will take place during the course.

Assessment methods

1. *Continuous assessment on intrapartum care:* The student will be assessed on knowledge, attitudes, skills and practices of monitoring women in the first stage of labour and the use of the partogram, care and management during the second and third stages of labour. The student providing total care for a minimum of 10

women during labour; 5 in the hospital labour ward and 5 in the community (community health centre). The mentors will assess the students using a continuous assessment approach to measure the student's ability to provide individualized care for women in labour, knowledge, attitudes, skills and practices in the use of the partogram including interpretation of recorded data, independent decision making about care and ability to take appropriate quick actions for team approach to care when required.

2. *Viva voce* will be used to assess theory of intrapartum care.

3. *OSCE – Practical examination in skills lab*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Midwifery Care III – Normal Postpartum and Newborn Care

Course Code	: PMS 212
Placement	: 2 nd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 7 hour/week
Total	: 180 hours
Credits	: 13.3 Credits

Course Description/ Outline

The course emphasizes the care of the mother and child during the puerperium. The course will develop competencies in the student for providing care and management for mothers in the postpartum period and effective care to the neonate/infant. The emphasis will be on the ongoing health promotion for optimal health, family planning (FP), discharge planning, and assessment of the mother, family and community participation and appropriate utilization of the referral system. The focus is on the normal physiological adaptation and development that provides a base for assessment and care of the neonate/ infant. Additional emphasis is on problem identification, application of appropriate care processes and evaluation of the effectiveness of the interventions for a sick infant and the family. The student explores the models of care, available evidence underpinning and the psychosocial aspects of caring for the sick infant.

Course aim

To facilitate the student to acquire competencies for providing quality postpartum care for the mother and in early detection of complications which may occur and to provide quality neonatal care for promotion of health.

Course Objectives

At the end of the course, the student will be able to:

1. Describe the process and management of normal puerperium
2. Describe the physiology and care of the newborn
3. Demonstrate competencies in providing postnatal care
4. Detect early any deviations from the normal and take appropriate and timely action
5. Provide family planning counseling to assist the mother in making an informed choice on a contraceptive method
6. Discuss the role of family in family planning decision making
7. Develop a discharge plan in collaboration with the mother and the family for providing community follow-up assessment and care for the mother and the neonate

Content

Unit I: Puerperium - Mother

- Definition of normal puerperium

- Physical and physiological changes that occur during puerperium
- Identification and management of the needs of the mother within the first 10 days of safe delivery
- Care of the perineum
- Observation of lochia
- Examination of fundal height
- Assessment of vital signs
- Anatomy of the breast
- Physiology of lactation
- Care and management of the mother
- Counseling on breast feeding
- Psychosocial support
- Maternal – child attachment
- Parenting
- Nutritional needs
- Health education and counseling: nutrition, exercises and rest, hygiene, family planning
- Postpartum health problems
- Discharge plan
- Postpartum clinics and follow-up home visits

Unit II: Complications of Puerperium

- Breast problems: severe engorgement, sore or cracked nipples, mastitis, breast abscess
- Uterus
 - Sub-involution: Definition, causes, management
- Perineum (care)
 - Laceration/Tear
 - Episiotomy
 - Infected wound
- Venous thrombosis
- Thrombo-phlebitis
- Urinary problems: infection, retention and incontinence
- Thrombo-embolic disorders
- Postpartum mental disorders: post partum blues, depression, puerperal psychosis
- Loss and grief

Unit III: Newborn

- Adaptation fetus to infant
- Immediate Care of the newborn
 - Resuscitation (ABC of resuscitation)
 - Assessment using APGAR score
 - Examination Provision of appropriate environment
 - Concept of interaction and parenting
 - Care of umbilical cord

Observation of: vital signs, cry, colour, weight, bowel and meconium, passing urine

Immunizations at birth

- Civil Rights and Vital Statistics (CRVS)
 - Birth notification and Birth registration
 - Information to parents on importance of registering births
 - Issuance of birth notification
 - Linkage to a birth registration point
- Management of baby up to 6 weeks
 - Feeding pattern
 - Nutritional status
 - Growth monitoring
 - Immunizations
 - Referral to child welfare clinic
- Infant Nutrition (revision)
 - Physiology of lactation
 - Exclusive breast-feeding
 - Advantages of breast feeding
 - Demand feeding, rooming in
- Ten (10) steps to successful breast feeding
- Common breast feeding difficulties
- Possible problems of the new born
 - Neonatal jaundice
 - Postnatal convulsions
 - Caput succedaneum
 - Cephalhaematoma*
 - Erb's Palsy

Unit IV: Postpartum complications affecting the neonate/infant

- Birth asphyxia
- Birth injuries
- Hypothermia and hyperthermia
- Hypoglycaemia and hyperglycaemia
- Hyperbilirubinaemia**
- Neonatal infections

Unit V: Abnormal Conditions of the Newborn

- Birth injuries
 - Internal e.g. intracranial injuries
 - Visceral injuries
 - External e.g. cephal-haematoma*
 - Nerve
 - Bone
 - Muscle
 - Soft tissue
- Congenital and Genetic malformations

- Spinal bifida
- Hydrocephaly
- Anencephaly
- Muscle-skeletal disorders
 - Talipes equinovarus
 - Congenital hip dislocation
 - Polydactyl
- Soft tissue Abnormalities
 - Congenital heart diseases
 - Frenulum Lingua
 - Hypospadias and epispadias
 - Ambiguous genitalia
 - Umbilical hernia
 - Diaphragmatic hernia
 - Obstruction of the alimentary tract
 - Atresia of the Oesophagus
 - Pyloric stenosis
 - Obstruction of the duodenum and small intestine
 - Imperforate anus
 - Cleft lip and cleft palate
- Chromosomal abnormalities
 - Trisomy 13
 - Trisomy 18
 - Trisomy 21 (Down's syndrome)
 - Phocomelia
- Inborn errors of metabolism
 - Phenylketonuria
- High Risk Infants:
 - Diagnosis and management:
 - Pre-term and post-term infants
 - Respiratory distress syndrome
 - Baby of diabetic mother
 - Baby of HIV+ mother
 - Baby of Hepatitis B + mother
- Haemolytic and hemorrhagic diseases of the newborn
- Infections e.g. Ophthalmia neonatorum
 - Pemphigus Neonatorum
 - Omphalitis
 - Tetanus Neonatorum
 - Respiratory Infections
 - Jaundice**

Competencies

*This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 5 and Competency #6*

Teaching and learning methods

Problem-based learning, seminars, case studies, lecture/discussion, reflection and supervised clinical attachment.

Assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

- 1. Postpartum examination of the mother:* This assessment will require the student to conduct an examination on a recently delivered mother before discharge. This will be a mother following caesarean section and/or with raised blood pressure and/or diabetes mellitus. The assessment will take place during the clinical attachment period of the module. The student will be assessed on competencies for performing a postpartum examination and her ability to identify care needs of the mother.
- 2. Discharge Plan of (high) risk mother or newborn:* For this assessment the student will be required to discuss a discharge plan with the mother on whom she had performed a postpartum examination. The student, together with the mother and a family member will construct a discharge plan providing details of the process of continuity of care for the woman and her infant in the community. The family member will be of the woman's choice. The student will prepare the family member for the role in providing care and support for the mother and the baby when discharged home.
- 3. Assessment of postpartum mother and infant: Home visit:* The student will conduct an examination of the mother and her infant during a home visit. The mother is identified from the health facility and a plan is discussed with the mother to facilitate home visit. During the home visit the student will be assessed on communication skills with the mother and her family, postpartum examination of the mother and the infant, ability to identify needs and take appropriate action and health education teaching skills.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Pharmacology II

Course Code	: BMS 211
Placement	: 2 nd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 0 hours/week
Total	: 40 hours
Credits	: 4 Credits

Course Description/ Outline

The course is designed to provide the student with the required knowledge of the use and effect of drugs for the prevention, diagnosis and treatment of SRH and related disease conditions.

Course aim

To equip the students with the basic knowledge of pharmacology to enable her/him function effectively in homes, communities and health care institutions

Course Objectives:

At the end of the course the student will be able to:

1. Discuss the concept of National drug policy and the essential drug register
2. Identify the various types of drugs used in midwifery clinical practice
3. Describe the action, effects, indications contraindication and side effects of the drug and give the right explanation to the client (patient)
4. Administer drugs correctly to the patient according to the role of medication
5. Advise other health workers and the community about the correct use of medicines using drug administration rules
6. Perform correct calculations of drug dosage in the metric system and administer the right amount of the drug according to the medication administration protocol

Content

Unit I: Essential Drugs

- National Drug Policy in the context of National health Policy
- Historical background and objectives of the National Drugs Policy
- Concept of Essential Drugs
- Advantages and limitations of essential drug programme
The role of midwife in the implementation of Essential Drug
- Role of the National Formulary in Rational prescribing
- Drugs information, interaction and Adverse Reaction Monitoring (ARM)
- Patient Education and Counseling with regards to self-medication, compliance and non-compliance

Unit II: Drugs used in Midwifery

- Pregnancy
- Labour
- Puerperium

- Neonatal period
- Drugs to be carried, prescribed and administered independently by the midwife according to the Republic of South Sudan Midwifery council

Unit III: Drugs used for other conditions

- Anti-inflammatory drugs
- Antibacterial, anti-parasitic and antifungal drugs, anti-protozoa, antiretroviral (PMTCT) -revision
- Drugs acting on special senses (Eyes, Ear, Nose, Skin etc)
- Cytotoxic
- Obstetrics anesthetics
- Restorative drugs such as: Minerals and Vitamins-Haematemics
- Psychogenic drugs
- Antiseptics and disinfectants
- Nutrients and Related drugs
- Urinary tract agent
- Antiepileptic
- Anti depressants and anti psychotic drugs
- General and local anesthetics drug
- Endocrine drugs
- Respiratory tract drugs
- Antihypertensive

Unit IV: Review of Drug Calculation (student centered approach –tutorial)

- Calculation of dosages

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency # 7

Teaching and learning methods

Problem-based learning, group work; role play, drama, demonstration, micro-teaching, lecture/discussion/seminars, tutorials, individual work, reflection, presentation

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Practical exercise* - including Calculation of Correct dosages of drugs

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Epidemiology

Course Code	: BMS 212
Placement	: 2 nd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 0 hour/week
Total	: 40 hours
Credits	: 4 Credits

Course Description/ Outline

This course is designed to equip midwifery students with knowledge about the socio-cultural determinants and epidemiological context of maternal and newborn health, health seeking behaviors and other SRHR issues. It contains both the theoretical part and practical activities.

Course aim

The course aims to equip the students with skills to be able to interpret **National data** on maternal and newborn health, Family Planning, Adolescent and Youth and other related SRH issues.

Course Objectives

At the end of this course, the student will be able to:

1. Demonstrate knowledge of the determinants of maternal and perinatal health
2. Demonstrate knowledge of current unresolved issues in maternal and perinatal health
3. Describe what works/does not work for major maternal and perinatal health problems
4. Propose programmatic options for dealing with maternal and perinatal health problems in low resources populations

Content

Unit I: Brief Introduction

- Definition of Epidemiology
 - Dr John Snow
- Definition of Rate, Ratio, Proportion
- Measures of fertility
- Measure of mortality
- Definition of: Incidence, prevalence, communicable, epidemic, control, prevention, resistance and surveillance
- Epidemiological study design in Sexual and Reproductive Health (SRH)

Unit II: Maternal Health

- Maternal Mortality globally and in South Sudan

- Maternal morbidity
- Risk factors affecting maternal health
- Safe motherhood initiative
- Neonatal mortality
- Perinatal Mortality Ratio
- Infant Mortality Ratio
- Stillbirth Rate
- Adolescent and Youth, teenage pregnancy : incidence, prevalence
- Gender Based Violence (GBV): incidence, prevalence

Unit III: Locally endemic diseases

- Identification of locally and Sub Saharan region endemic diseases
- Factors responsible for spread and routes of transmission;
- Principles of epidemiologic investigation: surveillance, notification and record keeping of vital Statistic
- Epidemiological approach of communicable and non-communicable diseases

Competency

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1

Teaching and learning strategies

Problem-based learning, group work, lecture/discussion/seminars, tutorials, individual work, reflection, presentation

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Poster presentation – Group Work*

Evaluation

Students will be invited to evaluate the module by informal discussion at approximately two weekly intervals during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, teachers, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Communicable Diseases

Course Code	: BMS 213
Placement	: 2 nd Year 1 st Semester
Theory Hours	: 1 hour/week
Practical Hours	: 0 hour/week
Total	: 20 hours
Credits	: 2 Credits

Course Description/ Outline

This course will contribute to the understanding of comprehensive knowledge and development of skills for the prevention and management of common communicable diseases. It assists students to assess the need to develop health education for the rural community.

Course aim

The course aims to equip the students with to acquire knowledge on communicable diseases, develop skills and attitudes to enable her/him to promote health, prevent illness, diagnose, and rehabilitate patients/clients suffering from communicable diseases.

Course Objectives

At the end of this course, the student will be able to:

1. Develop an appreciation of the basic concept and theory regarding communicable disease control
2. Cope with patients with communicable diseases and avoid risk of contamination to self and others in the environment
3. Handle laboratory specimen for specific diagnosis
4. Name the prevention and control measures of each communicable disease
5. Develop the ability to educate groups of patients on the control of communicable diseases
6. Describe methods of surveillance and the control of outbreaks

Content

Unit I: Introduction to communicable disease

Definition and description
Classification and time course of disease

Unit II: Transmission and control

Chain and mode of disease transmission
Classification of infectious agents
Reservoir and types (meaning)
Periods of communicability and incubation
Water / food borne disease

Prevention and control of faecal oral transmitted disease
Definition of faeces transmitted diseases, mainly through soil/dug/etc
Airborne diseases
Prevention and control of vector/arthropod born disease

Unit III: Common Communicable Diseases: definition, cause / predisposing factors, patho-physiology, clinical features, diagnosis, specific and general management

- Tuberculosis
- Leprosy
- Poliomyelitis
- Whooping cough
- Measles
- Chicken pox
- Mumps
- Bacillary dysentery
- Amoebiasis
- Cholera
- Typhoid and paratyphoid fever
- Brucellosis
- Rabies
- Leishmanias – Kala Azar
- Ebola

N.B. (a) May include additional diseases relevant in a specific area and/or in a worldwide pandemic

(b) Sexually Transmitted Diseases including HIV/Aid are presented under others courses

Unit IV: Outbreak control

Competency

This course contributes to the achievement of the following ICM Midwifery competencies

Competency # 1; Competency #3

Teaching and learning strategies

Lecture/discussion/seminars, individual work, reflection, presentation

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course

Timing of assessments

All assessments will take place during the course.

Evaluation

Students will be invited to evaluate the module by informal discussion at approximately two weekly intervals during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, teachers, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Family Planning

Course Code	: PMS 213
Placement	: 2 nd Year 1 st Semester
Theory Hours	: 3 hours/week
Practical Hours	: 4 hours/week
Total	: 140 hours
Credits	: 11.3 Credits
Pre-requisite	: BMS 212 - Epidemiology

Course Description/ Outline

This course focuses on family planning as an integral part of primary health care. It provides the students with the knowledge, attitudes and skills of the principles and practice of family planning services. It further highlights the health benefits of family planning to the individual, family, the community and the society at large. This course will take place in the community and hospital clinics and includes theoretical studies and clinical training. Clinical practice will continue at intervals throughout the midwifery programme, thus the student should be competent in all aspects of fertility regulation. Completion of the previous course on communications, counseling and health education should help the student in communicating with clients in this course on Family Planning related issues.

Course aim

To facilitate the student to acquire an appropriate level of knowledge, skills and attitude about contraceptives, their effectiveness, side effects and requirements for follow-up care.

Course Objectives

At the end of the course, the student will be able to:

1. Educate, counsel and motivate individuals, families and communities on the benefits of family planning
2. Describe all contraceptives, their effectiveness, side effects and requirements for follow-up care.
3. Counsel the woman or the couple about fertility regulation and accept their informed choice of method.
4. Demonstrate competence in providing various methods of contraception, and of teaching clients about their use.

Content

Unit I: Introduction to Family Planning

- Definition of Family Planning
- History of family planning: national and international
- Legal and Rights aspect of family planning
- The socio-economic, cultural, religious beliefs, myths, misconceptions and custom which affect clients' acceptance of family planning
- Health education and counseling in family planning
- Male, Community Leaders involvement in family planning

- Human rights aspects of FP: decision making, choice, method mix etc
- Purpose of Family Planning
- Adolescents and Family Planning
- Advantages and disadvantages of family planning

Unit II: Data collection for family planning clients

- History taking and utilizing of data (e.g. social, family, medical, surgical, menstrual, Obstetrical, Gynecological and contraceptive)
- Examination of the female reproductive organs
- Clinical investigations
- Physical examinations: elements and techniques, including pelvic examination
- Identification of client requiring laboratory investigations
- Laboratory investigations: collection of specimens e.g. High vaginal swab, pap smear, urine specimen blood sample, semen specimen
- Interpretation of results related to the following:
 - Pregnancy test
 - Pelvic inflammatory diseases
 - Tumours
 - Sexually transmitted infections
 - Cervical erosion
- Identification and referral of infertile couples

Unit III: Family Planning Methods

Emphasize for each method: method of administration, mode of action, advantages and disadvantages, effectiveness, side effects, indication and contradictions, complications, client instruction

- Hormonal: oral, injectables, intra-uterine device (IUD), implants e.g. Norplant®, Jadelle®
- Intrauterine Contraceptive Devices (IUCD): technique of insertion and removal
- Barrier methods: diaphragm, condoms, foaming vagina tablets, foam, jellies, creams
- Natural family planning
- Surgical method: tubal ligation and vasectomy
- Post-abortion family planning recommendations
- Post-partum family planning recommendations
- Referral of clients with major complications and associated problems
- Follow-up: Schedule appointments, defaulters
- Record keeping and reporting:
 - Methods
 - Maintenance
 - Utilization

Unit IV: Management of Family Planning Services

- Community analysis including catchment areas and site
- Youth Friendly family planning services : awareness raising, accessibility, confidentiality
- Determination of the required resources: human and material
- Organization of the family planning clinic:
 - Patient flow
 - Supply and storage of family planning commodities
- Management process:
 - Assessment
 - Planning
 - Implementation
 - Monitoring and Evaluation tools e.g. interview of clients and community
- Budgeting
- Research and utilization of findings in family planning
- Linkage of family planning with other reproductive health service
 - Sexual transmitted infection

Competencies

This course contributes to the achievement of the following ICM competencies

Competency # 1, Competency # 2, Competency # 5 and Competency # 7

Teaching and learning methods

Problem-based learning, seminars, case studies, lecture/discussion, reflection, role play, supervised clinical attachment.

Assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Family Planning Assessments* The student is assessed on ‘the art’ of counseling for family planning and competencies in insertion of IUD and implant. The assessment focuses on integration of knowledge, attitudes, skills and practices development and will take place in the family planning clinic. Theoretical knowledge on family planning will be assessed by a 15 minutes viva voce following IUD and implant insertions.
2. *Role Play*
3. *Case Scenarios*
4. *Study Questions*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

20. SECOND YEAR, SECOND SEMESTER COURSES

Course Title : Sexual and Reproductive Health and Rights

Course Code	: PMS 221
Placement	: 2 nd Year 2 nd Semester
Theory Hours	: 3 hours/week
Practical Hours	: 4 hours/week
Total	: 140 hours
Credits	: 11.3 Credits

Course Description/ Outline

This course focuses on Sexual and Reproductive Health and Rights (SRHR). It will provide the student with in-depth knowledge, skills and attitudes on issues affecting SRHR. Completion of the previous courses on communications, counseling and health education should help the student to effectively communicate with clients on SRHR issues.

Course aim

The course in SRHR I is designed to acquaint the student with the components and the strategies put in place to improve the quality of SRH services and to increase awareness about SRHR including maternal health issues in the community. It lays emphasis on the improvement of women's health in general and specifically on reducing maternal and infant morbidity and mortality.

Course Objectives

At the end of the course the student will be able to:

1. Identify the components of SRHR
2. Demonstrate appropriate competencies in discussing SRHR education with adolescents, women, men and communities
3. Demonstrate knowledge about epidemiology related to STI/STDs, and HIV, the transmission of infection and strategies required to control the spread of infection.
4. Demonstrate knowledge of the sexually transmitted diseases, signs and symptoms, methods of diagnosis, treatment and follow-up care
5. Demonstrate knowledge of HIV & Aids effects on pregnancy and childbirth, appropriate care for persons affected/living with HIV and AIDS.

Content

Unit I: Components of Sexual and Reproductive Health and Rights

- Definitions of SRH
- Concepts of Sexual and Reproductive Health and Rights (ICPD Cairo)
- The importance of SRH
- Components of reproductive health.
 - Safe motherhood
 - Prenatal care

Safe delivery by skilled personnel
 Essential obstetric care
 Prenatal and neonatal care
 Breastfeeding
 Family planning
 Information, education and communication
 Prevention and management of infertility and sexual dysfunction in both male and female
 Abortion

- Factors affect SRH
- SRHR and Women + adolescents
- Prevention and treatment of reproductive tract infections
 - Sexually transmitted infections, Human immune - deficiency virus and Acquired Immune deficiency syndrome
- Adolescent reproductive and sexual health, sexual maturation, responsible and safe sex.
- Homosexuality, Bi-sexuality, Trans sexuality (HBT)
- Risky sexual behavior
- Consequences of risky sexual behaviour.
- Elimination of harmful practices such as female genital mutilation, violence against women, widowhood rites etc.
- Screening for reproductive health cancers (Prostate, breast, cervix) and management of reproductive conditions associated with andropause and menopause.
- Gender equity, meeting reproductive right issues of men (male involvement, responsibilities and participation)
- Girl child education
- Status of women – Human Rights
- Reproductive rights
- Information, Education and Counseling

Unit II: Sexual Transmitted Infections (STI) (causes, symptoms, diagnosis, treatments)

- Bacterial Vaginosis (BV)
- Chlamydia
- Gonorrhoea
- Hepatitis, Viral
- Herpes, Genital
- HIV/AIDS
- Human Papillomavirus (HPV)
- Pelvic Inflammatory Disease (PID)
- Syphilis
- Genital warts
- Trichomoniasis
- Other STIs

- STIs and Pregnancy
- STIs and Infertility
- Adolescents and STI
- Mother to Child transmission
- STI in South Sudan and worldwide
- Cervical cancer
- STI Vaccine

Unit III: Skills Acquisition focused on Sexually Transmitted Diseases

- Interpersonal communications in clinical management
 - Conducive environment for history taking
 - Use of simple language that is understood by clients/patients
 - Asking open-ended questions
 - Observing clients (facial, physical expressions)
 - Record keeping and reporting
- Health promotion, prevention and treatment of diseases
- Public health action(s)

Unit IV: Provision of Quality Care

- Provision of health information, education and counseling to clients/patients with SRH needs across the ages.
- Management of clients/patients with SRH problems

Unit V: The Rights aspect

- Reproductive rights and status of women in society
- Legal right to safe abortion
- Moral responsibility and the transmission of infection (including right of client, confidentiality versus public good)
- Midwife's legal rights and responsibilities
- Midwife's attitude, affecting the clients SRH

Unit VI: Management

- Documentation of information on patient records and interpretation of the findings
- Maintaining confidentiality
- Maintenance and efficient filing of patient records
- Assessment of the need for STI treatment and VCT in the community
- Organization of supplies of pharmaceuticals and other devices in use at a SRH clinic
- Maintenance of equipment in good working order
- Cleanliness of the environment, equipment and high standards of hygiene to prevent cross- infection and to protect health workers (revision)
- Evaluation of the effects of SRH on individuals and in the local community

Competencies

*This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2 and Competency # 7*

Teaching and learning methods

Problem-based learning, student led seminars, discussions, tutorials, case studies, focus group discussion in the community with different groups, role plays, field visits based on learning outcomes, reflection, post clinical conferences, workbooks on selected community issues, workshops facilitated by mentors and midwifery educators.

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Community profile*; for this assignment the student will conduct a community profile during her/his attachment at a community health center. Using mobile clinics and the village health posts to reach out to the community, the student will be required to use a workbook to collect information on determinants of SRH and how SRH care services –human resources; planning, coordination, networking and implementation of maternal and child health care are responsive to the needs of childbearing women and their families. The student will pay particular attention to what the community says about accessibility of SRH services to adolescents, childbearing women and cultural/traditional practices and gender issues.
2. *Practical assessment - OSCE*

Evaluation of course

Evaluation will be by questionnaire at the end of the course and will focus on both the theoretical studies and the clinical experience obtained during the course. The responses will be analyzed by the tutors, clinical supervisors and the Programme Management Team.

Course Title : Midwifery Care IV – Complications in Pregnancy

Course Code	: PMS 222
Placement	: 2 nd Year 2 nd Semester
Theory Hours	: 4 hours/week
Practical Hours	: 8 hours/week
Total	: 240 hours
Credits	: 18.6 Credits

Course Description/ Outline

This course is designed to equip midwifery students with skills, knowledge and attitude in order to detect the onset of complications in pregnancy and to take the relevant and timely action.

Course aim

This course is designed to prepare the students to recognize conditions, which suggest deviation from normal during pregnancy. It highlights the midwives roles and responsibilities in early diagnosis appropriate intervention and timely referral as necessary.

Course Objectives

By the end of the course, the student will be able to

1. Identify any deviations from the normal and take appropriate action.
2. Perform any life-saving skills, which may be required in pregnancy.
3. Explain the importance of developing with the community effective means of transport in case of immediate referral
4. Describe the management of obstetrical disorders
5. Describe the medical conditions that complicate pregnancy
6. Explain mal-positions and mal-presentations of the fetus
7. Demonstrate the ability to develop and implement a care plan under supervision, for a women with major complication in pregnancy requiring medical/obstetric treatment

Content

Unit I: Special conditions during pregnancy

- Grande multiparty
- Teenage pregnancy
- Obstetric conditions of pregnancy: bad obstetric history, mole pregnancy, post term pregnancy
- Intrauterine death-causes, diagnosis, prevention, investigations and treatment
- Medical conditions of pregnancy: malaria, tuberculosis, hyperemesis gravidarum, diabetes, cardiac disease, urinary tract infection
- PMTCT in pregnancy (revision)
- Decision making framework, Structural abnormalities e.g. Abnormal pelvic

Cephalo-Pelvic Disproportion (CPD)

Retroverted gravid uterus

- Social and Psychological conditions
 - Poverty
 - Single parenthood or unsupported mother
 - Psychosis or other mental disorders
 - Domestic violence
 - Gender Based Violence (GBV)
 - Harmful practice
- Risk conditions/factors:
 - Malpresentations ; malpositions
 - Female Genital Mutilation (FGM)
 - Bleeding and anemia
 - Multiple pregnancy
 - Intra-uterine death
 - Pregnancy induced, hypertension,
 - Hydraminios, oligoamnios
 - Hyperemises gravidarum etc.

Unit II: Complicated pregnancy

- Abnormalities in reproduction physiology: chronic inflammatory processes
 - Malformations, benign tumours, hormonal insufficiency
- Pathophysiology and care during a complicated pregnancy: anemia
- Bleeding during pregnancy
- Early pregnancy: abortion, ectopic pregnancy, late pregnancy: abruption of placenta, placenta praevia coagulation disorders
- Hypertensive disorders of pregnancy: pre-eclampsia and eclampsia
- Infective conditions in pregnancy; prevention of cross infection
- Mal-presentations and mal-positions
- Multi-fetal pregnancy (multiple pregnancy)
- Preterm and pre-labour rupture of membranes
- Concurrent systemic diseases affecting pregnancy e.g. diabetes mellitus, cardiac disease, malaria, tuberculosis etc.
- HIV in pregnancy(revision)
- Malaria in pregnancy
- Reporting and referral

Unit III: Management of the risk factor/conditions

- Proper screening for the factors and the conditions at antenatal clinic or during home visit, Health education/Counseling
- Referral system
- Follow-up
- Involvement of family and community members in managing the conditions

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies Competency # 1, Competency # 2 and Competency # 3

Teaching and learning methods

Problem-based learning, student led seminars, discussions, tutorials, case studies, focus group discussion in the community with different groups, role plays, field visits based on learning outcomes, reflection, post clinical conferences, workbooks on selected community issues, workshops facilitated by mentors and midwifery educators.

Course assessment

Assessors

Midwifery tutors, clinical instructors, medical staff, and other tutors involved in maternal and child health will assess the students

Timing of assessments

All assessments will take place during the course, apart from the written examination which will be at the end of the semester.

Methods of assessment

1. *Clinical Simulations- OSCE*

2. *Written exam*

Evaluation of module

Evaluation will be by questionnaire at the end of the course and will focus on both the theoretical studies and the clinical experience obtained during the course. The responses will be analyzed by the teachers, clinical supervisors and the Programme Management Team.

Course Title : Child Health (under 5)

Course Code	: BMS 221
Placement	: 2 nd Year 2 nd Semester
Theory Hours	: 3 hour/week
Practical Hours	: 5 hours/week
Total	: 160 hours
Credits	: 12,6 Credits

Course Description/ Outline

This course focuses on the developmental needs of the growing child and the midwife role in meeting these needs. It highlights some diseases common to the 0-5 year age group, and the health services available for maintaining the health of the child through the stages of development up to adolescence. It further enables the midwife appraise the important role of the home in the development of the child into a responsible citizen.

Course aim

The course aims to introduce the concepts of growth and development of the child, from conception to young adult. It also aims to equip the student with the knowledge, skills and attitude related to the recognition and management of the diseases common to the 0 - 5 year age group.

Course Objectives

At the end of the course, the student will be able to:

1. Describe the stages of growth and development
2. Explain commonly occurring disease of 0-5 years
3. Manage the commonly occurring diseases
4. Discuss the health services in the community for the child
5. Discuss the development and maturation of the adolescent

Content

Unit I: Growth and development of the Child

- The child as an individual
- Stages of normal growth and development
- Factors influencing in child growth and development
- Physical, social, psychological, nutritional and clothing needs
- Importance of play and necessary play materials at different ages
- Feeding methods and practices
- Negative factors in child growth and development
- Inhibitions of normal growth and development
- Behavioral problems of the child e.g. thumb sucking, fear, temper tantrums, bed wetting, aggressiveness, lies telling etc.

Unit II: Commonly occurring diseases in the 0-5 year age group

- Malaria
- Malnutrition
- Anaemia
- Tetanus
- Upper respiratory tract infections/pneumonia
- Measles
- Whooping cough
- Diarrheal diseases
- Meningitis

Unit III: Integrated Management of Childhood Illnesses (IMCI)

- The concept of IMCI
 - Definition, rationale, advantages, components
 - Selection and use of appropriate case
 - Management charts and recording forms
- Assessment of general danger signs
- Assessment and classification of a child 2 years up to 5 years
 - Cough or difficult breathing
 - Diarrhea, Fever, Ear problem
 - Malnutrition and anemia, immunization and vitamin status
 - Other problems; mothers health
- Identification and treatment
 - Treatment priorities
 - Pre-referral treatment
- Treatment of the sick child 2 years up to 5 years
 - Urgent referral
 - Children who do not need urgent referral
 - Pre-referral treatment
 - Appropriate oral drugs (dosage and schedules)
 - Appropriate information, education and communication
 - Immunizations
 - Counseling the mother/parents
- Assessment and classification of sick infant 1 week up to 2 months
 - Bacterial infections
 - Diarrhea
 - Feeding problems and low weight
 - Counseling mother about breast-feeding problems
 - Immunization status
- Identification of appropriate treatment for the sick infant
 - Infants that need urgent referral
 - Pre-referral treatment
 - Those who do not require referral
- Counseling mother on home care of the sick infant
- Follow up care for sick infant 1 week to 2 months

- Assessment and classification of a child 3 months up to 2 years
 - Cough or difficult breathing
 - Diarrhea, Fever, Ear problem
 - Malnutrition (revision) and anemia, Immunization and vitamin status
 - Other problems; mothers health
- Identification and treatment
 - Treatment priorities
 - Pre-referral treatment
- Treatment of the sick child 3 months up to 2 years
 - Urgent referral
 - Children who do not need urgent referral
 - Pre-referral treatment
 - Appropriate drugs (dosage and schedules)
 - Appropriate information, education and communication
 - Immunizations
- Counseling the mother
- Follow up care for sick child 3 months up to 2 years

Unit IV: Available Health Services

- Child health clinic
- National Programme on Immunization (revision)
- Control of diarrhoeal disease (Oral Rehydration Therapy)
- School health
- Adolescent Friendly Health Services

Competencies

*This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 6 and Competency #7*

Teaching and learning methods

Problem-based learning, group work; role play, drama, demonstration, micro-teaching, video play, lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Child Health Assessment* For this assessment the student will be placed at a child health clinic to gain experience and will be required to identify a child who is five years of age or below for examination. The student will examine the child to

assess general health status, nutrition, growth and development and weight; give treatment and health education based on child and family needs. The clinical instructors/midwifery educators will assess the student's skills in monitoring growth and development of a child; and communicating relevant and appropriate health messages to the parents about child care. This will be followed by 15 minutes viva voce.

2. *Practical assessment:* The student will be placed in the adolescent friendly clinics and will be assessed on the counseling skills, history taking, critical thinking, health education, physical examination and the relevant management.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Introduction to Research

Course Code	: GS 221
Placement	: 2 nd Year 2 nd Semester
Theory Hours	: 2 hours/week
Practical Hours	: 1 hour/week
Total	: 60 hours
Credits	: 5.3 Credits

Course Description/ Outline

This course focuses on introduction to evidence based practice (EBP) and research. The course provides the student with a basic understanding on EBP and the scope of Research in Midwifery practice, evaluating research findings and using evidence to inform clinical practice.

Course aim

To equip students with knowledge and skills on basic research for the purpose of promoting evidence based practice.

Course Objectives

At the end of the Course the students will be able to

1. Define and explain the concept of research and evidence based practice
2. Explain the importance and scope of research in midwifery clinical practice
3. Describe the steps in the research process
4. Describe the different approaches and designs to research
5. Appreciate the significance of applying ethical principles in the conduct of human research

Content

Unit I: Definition and Concept of research

- Historical overview
- Introduction to Research
- Common Research terminologies
- Overview on Evidence Based Practice
- Importance of Research & EBP in Midwifery

Unit II: Reviewing the Literature

- Purposes of literature review
- Steps in the literature review process
- Accessing evidence from the literature
- Critiquing evidence using simple frameworks

Unit III: Ethical Principles in the conduct of human research

- Subjects/participants/respondents for research

- Ethics and regulations in human research
- Ethics committees/review boards
- Consent/Informed consent
- Confidentiality
- Privacy/anonymity etc

Unit IV: Types of research

- Quantitative and Qualitative

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency #7

Teaching and learning strategies

Tutorials, presentations; Focus Group Discussions, face to face interviews, case- studies, seminars

Assessments

Assessors

Midwifery tutors, and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Conduct and present:* a literature review based on evidence on one midwifery / neonatal topic.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching, support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Seminar

Course Code	: PMS 223
Placement	: 2 nd Year 2 nd Semester
Theory Hours	: 1 hour/week
Practical Hours	: 1 hour/week
Total	: 40 hours
Credits	: 3.3 Credits

N.B. should be scheduled early in the semester to allow the student to provide a comprehensive continuum of care.

Course Description/ Outline

This course is designed to equip midwifery students with knowledge and skills about oral reporting. The student is to present a brief description of a minor case study from her/his clinical placement and a class discussion will follow each presentation.

Course aim

The course is designed to give the student midwife an opportunity to present an oral report concerning a case study.

Objectives

By the end of the course, the student will be able to

1. Provide a comprehensive continuum of care to a selected pregnant woman
2. Demonstrate an ability to give an oral report of a case study, events that occurred during ante-partum, intra-partum or postpartum care of clients
3. Demonstrate an ability to participate fully in peer review discussions

Content

Unit I: Introduction

- Explanation on the content of the Seminar
- Definition of Case study
- Deontological approach of a real case as a Student
- Supervision and timetable for the follow up

Unit II: Continuum of care

- Screen a pregnant woman willing to be followed
- Present informed consent
- Follow up during Focus ANC
- Manage the delivery and early postpartum
- Follow up during the postpartum up to 45 days

Unit III: Case study presentation

- Obstetrical analyze of the case : exams, investigations, health education

- Submit to a group of peers some points of analysis and suggestions on the demarche of continuum of care

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency # 7

Teaching and learning strategies

Reflection, presentation, case study

Course assessments

Assessors

Midwifery tutors and other tutors involved in the course; health professionals form the clinical practice

Timing of assessments

All assessments will take place during the course.

Method of assessment

1. Practical-Presentations

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

21. THIRD YEAR, FIRST SEMESTER COURSES

Course Title : Midwifery in Community I

Course Code	: PMS 311
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 3 hours/week
Practical Hours	: 6 hours/week
Total	: 180 hours
Credits	: 12 Credits

Course Description/ Outline

The course is designed to enable students identify the basic concepts and principles of midwifery practice in the community. It provides in-depth knowledge in the care of individuals and expectant families in the community. It also examines the utilization of available resources in planning, administration and management of midwifery services. In addition, it explores the midwife's role as a member of the health team within the community outlining the scope and limitations of practice.

Course aim

To advance the student's knowledge and understanding of SRH issues impacting on the community, SRH and maternity services for management including monitoring and evaluation of SRH, maternal and child health services to improve health outcomes.

Course Objectives

At the end of the course, the student will be able to:

1. Utilize/apply the concepts and principles of advocacy for community mobilization
2. Describe the principles of Primary Health Care in the provision of community midwifery services
3. Utilize information, education and communication strategies/counseling, to eliminate harmful traditional practices
4. Identify the referral systems components necessary for effective midwifery practice

Content

Unit I: Community (revision)

- Community
 - Definition
 - Community Structure: Family, Political, Cultural, Social and Economic
 - Community Dynamics, Gender and GBV
 - Role of community leaders, youth and women leaders, TBAs, Traditional Healers, Spiritualist (etc) in maternal health services
- Advocacy
 - Definition
 - Steps and Skills
 - Advocacy visit
- Health services activities in community practice

- Health assessment, Health diagnosis
- Community mobilization: definition
 - Steps and skills
 - Methods of community mobilization
 - Application of skills of advocacy in community mobilization
 - Boma Health Initiative for South Sudan: community anchored health system; roles:
 - Health promotion
 - Selected treatment packages
 - Support Community Management Information System
 - Vital Statistics

Unit II: Management in Primary Health Care

- Principles and theories of management
- Management of resources: human, money, time, space etc.
- Accounting system: budgeting, books of accounts etc
- Formulation of health communities and village health committees, district/ward -, neighborhood health Committees, local government primary health implementation/committee
- Formation of health plans and policies
- Zoning of local government areas
- Mapping and numbering of houses
- Placement of home based records
- Overview Monitoring and evaluation: logic framework, concept
- Primary Health Care information system; Health Management Information System (HMIS)

Unit III: Community Midwifery Services

- Review of component/functions of Primary Health Care
- Mode of operation of primary health care in maternal/child health including family Planning
- Organization of midwifery services in the community / Domiciliary midwifery
 - Antenatal screening and selection of patients for home delivery
 - Home delivery (Delivery kit and contents)
 - Puerperium
 - Storage and administration of drugs
- Role of men, family and community in midwifery services
- Recognition and management of obstetric emergencies in the community
- The role of the midwife as a member of the health team

Unit IV: Assessment tools and methods

- Quality assurance: Definition, components, dimensions
- Methods for sustaining quality care in community midwifery practices

Staffing, equipment, standard of practice continuous midwifery education, peer support, evaluation, mentorship

- Use of midwifery clinical protocols
- Application of quality assurance in patient care

Unit V: Harmful Traditional Practices (HTP)

- Definition, classification: beneficial and harmful
- Types related to Midwifery Practice
 - Female genital mutilation-Types, implications for midwifery practice, Implications of Early marriage Delivery practice (hot bath, potassium pap etc)
 - Nutritional taboos
 - Force feeding
 - Eneama for newborn, use of traditional herbs on the cord
- Types relate to Human Rights abuse
- Contributory factors to HTP
- Strategies for elimination of HTP

Unity VI: Referral System (revision)

- Scope of practice in the community
- Recognition of obstetric conditions that warrant referral to other health facilities (secondary, tertiary)
- Collaboration with other related sectors in the community. For example agriculture, works, utility, housing, education, information etc.

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency #7

Teaching and learning methods

Problem-based learning, group work; role play, drama, demonstration, micro-teaching, video play, lecture/discussion/seminars, tutorials, individual work, reflection, presentation, pre and post clinical conferences, community visits

Course assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course

Assessment methods

1. *Case study*: assess the development of clinical decision-making skills, using the case study keys as a guide. Assessment can be conducted on an individual basis or in small groups.

2. Clinical Simulations- OSCE

- 3. Community diagnosis:* assess the student ability to undertake a community diagnosis. When possible and relevant the assignment will refer to the native community of the student otherwise a suitable alternative will be agreed on with the student. It will demonstrate his/her ability to step out and conduct an objective analysis of a familiar context using the tools presented during the course.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Midwifery Care V – Complications in Labour, Delivery and Puerperium

Course Code	: PMS 312
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 3 hours/week
Practical Hours	: 9 hours/week
Total	: 240 hours
Credits	: 18 Credits

Course Description/ Outline

This course builds upon the student's competencies acquired in the preceding courses and facilitates development of specific life saving skills in the student. The module offers the student an opportunity to learn how to recognize and manage complications effectively and be competent in life-saving skills. It also enhances the student's communication skills and collaboration with other health professionals in maximizing optimal care outcomes for the woman and/or the infant.

Course aim

This course aims to develop competencies in the student required for life saving skills critical in reducing maternal and neonatal deaths and improving the quality of life. The student to function as a competent midwife in the hospital and/or in the community with women presenting in complicated labour, applying assessment skills and clinical judgment based on the framework for decision making.

Course Objectives

On successful completion of this module the students will be able to:

1. Detect complications early, take appropriate action and timely refer a woman and/or infant for management at higher level of the health care system
2. Explain the different obstetric and neonatal complications and their impact on the health status of the mother and/or the infant
3. Apply knowledge, attitudes, skills and practices in caring and managing a mother and/or an infant with a life threatening condition in a competent and timely manner
4. Document all details of the birth and findings

Content

Unit I: Complications in labour and delivery

- Preterm labour
- Prolonged rupture of the membranes
- Abnormal uterine action
- Prolonged and obstructed labour
- Ruptured uterus
- Cord presentation and prolapse
- Intrapartum hemorrhage: Ruptured uterus, placenta praevia

- Fetal distress in labour
- Postpartum hemorrhage: Primary and secondary
- Retained placenta and manual removal; placenta accreta, increta and percreta
- Fever during labour and after childbirth
- Precipitate labour
- Induction
- Active management of the third stage of labour
- Recognition and management of intercurrent systemic diseases and infectious diseases in labour.
- Adult and neonatal (revision) resuscitation (CPR)
- Pharmacology for emergency obstetric and neonatal care (revision)
- Rapid initial assessment and management of shock, including taking blood samples, starting IV and bladder catheterization
- Blood transfusion

Unit II: Mal-positions and Mal-presentations and their Management

- Understanding obstructed labour; fistula prevention
- Detecting and managing unsatisfactory progress in labour
- Transverse lie
- Oblique lie
- Breech
- Face
- Brow
- Compound Presentation
- Unstable lie
- Occipito posterior positions
- Shoulder dystocia

Unit III: Abnormal Labour

- Definition
- Types of Abnormal labour
- Abnormal uterine action such as
 - Hypertonic uterine action
 - Incoordinate uterine action
 - Constriction ring
- Precipitate labour
- Cervical Dystocia
- Prolonged labour
- Discuss the management of each of the types enumerated above

Unit IV: Complications of the neonate

- Asphyxia neonaterum
- Acute respiratory distress syndrome (ARDS)
- Ophthalmia neonaterum

- Hypoglycemia
- Neonatal jaundice
- Hypothermia
- Hemorrhagic disease
- Neonatal sepsis
- Fetal distress

Unit V: Complications of puerperium

- Secondary postpartum hemorrhage
- Puerperal pyrexia, sepsis
- Puerperal psychosis
- Deep venous thrombosis (DVT)
- Breast complications
- Severe anemia
- Amniotic fluid embolism
- Disseminated intravascular coagulation (DIC)
- Eclampsia

Unit VI: Obstetric Emergencies/ Life Saving Skills

- Post Partum hemorrhage: types, causes and management
- Manual removal of placenta
- Vaginal and cervical inspection
- Obstructed Labour/Ruptured Uterus
- Cord Prolapse
- Maternal and Fetal Distress
- Sepsis and Obstetric shocks and their management
- Amniotic fluid embolism
- Overview of maternal mortality (revision)
- Maternal death audits, legal and regulatory framework; Maternal Death Surveillance and Response (MDSR)

Unit VII: Surgical Interventions

- Preparation of labour room for delivery
- Preparation of theatre for surgical interventions
 - Use and care of various instruments
 - Trays and trolleys for theatre
 - Surgical Procedures
- Forceps delivery
 - Dangers to mother and child
 - Role midwife before and after forceps delivery
- Vacuum extraction
 - Indications and contra-indications
 - Preparation for procedure
 - Dangers to mother and child

Management of vacuum extraction

- Caesarian section
 - Types e.g. elective or emergency
 - Indications and contra-indications
 - Pre-operative Care
 - Procedure (role of the midwife)
 - Post-Operative care
- Episiotomy, perineal and cervical lacerations: revision (on repair)

Unit VIII: Other Complications in Pregnancy and Childbirth

- Abdominal pain in early pregnancy
- Abdominal pain in later pregnancy and after childbirth
- Difficulty in breathing in pregnancy
- Loss of fetal movements

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and learning methods

Problem-based learning, seminar presentations, lecture/discussion, case studies, demonstrations, simulations, role play, clinical practice.

Assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination which will be at the end of the semester.

Methods of assessment

1. *OSCE - Life saving skills*; The student will be assessed on clinical performance using checklists (done/not done/ incorrectly done) and objective structured clinical evaluation (OSCEs) through observation of simulated practice on emergency obstetric and neonatal care and/or life saving skills. The following skills will be assessed during the course to measure level of competencies. Students will work with assigned mentors or other professionals who will be responsible for teaching, guiding and assessing their competencies in the following areas:

- Insertion of an intravenous cannula and setting up and maintaining an infusion

- Addition and correct administration of drugs to intravenous infusion (e.g. antibiotics, magnesium sulphate, oxytocin)
- Management of eclamptic fits and subsequent emergency care of the patient
- Breech delivery
- Vacuum extraction
- Active management of the third stage of labour
- Management of primary postpartum hemorrhage including bimanual and aortic compression
- Manual removal of the placenta and membranes
- Exploration of the uterus and removal of retained products of conception
- Manual vacuum aspiration (MVA) for emergency post abortion care
- Suturing of tears of the genital tract
- Management of secondary postpartum hemorrhage
- Recognition and management of shock including septic shock
- Emergency management of severe infection
- Management of puerperal sepsis
- Cardio pulmonary resuscitation of adults and neonates

2. *Written examination*; a two-hour written examination composed of short answer questions and scenarios will be held at the end of the course. The examination will be used to assess the student's knowledge, comprehension, application and critical analysis and current evidence in practice; drugs used and applied ethical principles.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Complication in the Neonate

Course Code	: PMS 313
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 2 hours/week
Total	: 80 hours
Credits	: 6.6 Credits

Course Description/ Outline

This course is designed to build on the student's knowledge of newborn health in developing skills for the provision of care to sick new-born's

Course aim

The aim of this course is to provide the student midwife with appropriate skills and attitudes for the provision of care to the sick new-born within the current cultural context.

Objectives

By the end of this course, the student will be able to:

1. Apply knowledge of normal physiology of the newborn in managing the sick newborns
2. Describe the physiological adaptation of the newborn to the extra-uterine life, system per system
3. Demonstrate skills to assess and examine the newborn since the first minute of life till the first month
4. Identify high risk newborn and give relevant care
5. Diagnose complications and/or life threatening complications and take appropriate decisions according to her knowledge and abilities; this could include emergency response through referral pathway

Content

Unit I: Revision of the healthy newborn

Physiology of the newborn

Adaptation to independent life:

- Thermoregulation
- System cardio-respiratory

Unit II: Life threatening complications / management

Neonatal infection and management of neonatal infection

- Sepsis, meningitis, pneumonia, etc

- Diarrhoea
- Pus or lesions/eyes
- Red foul smelling umbilicus
- Abdominal distension
- Swollen limb or joint
- Cerebral dysfunction / irritation / haemorrhage
- Acute respiratory distress

Unit III: Metabolic disorders in the newborn, identification and management

- Jaundice (revision)
- Inborn errors of metabolism (bleeding)
- Hypoglycaemia
- Baby of diabetic mother

Unit IV: Family integration / family centred care

- Holistic care of the neonate
 - Care of infants born of HIV-positive mother; ARV prophylaxis (National PMTCT guideline)
- Supporting the family with a neonate that has life threatening complication or an abnormality
- Teaching and supporting parents in specific care
- Counselling

Unit V: Newborn resuscitation –with practical

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies

Competency # 1, Competency # 2, Competency # 5, Competency # 6

Teaching and learning methods

Lectures, Case studies

Assessment

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination which will be at the end.

Methods of assessment

1. *Written exam and quiz*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Gynecology

Course Code	: PMS 314
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 4 hours/week
Total	: 120 hours
Credits	: 9.3 Credits

Course Description/ Outline

This course is designed to build on the student's knowledge of the female reproductive system and expand into the area of gynaecology. This will include abnormal hormonal cycle, abnormalities of the female reproductive system, abnormal uterine bleeding; common carcinoma of the reproductive tract; areas and the impact of related diseases. The student will learn of common gynaecological conditions; assessment and examination of these women; the medical and/or surgical management of these problems. Students will cover the preparation and post-operative care of the woman undergoing surgery. Basic procedure and techniques in the operating room will also be covered in this unit.

Course aim

The aim of this course is to provide the student midwife with the opportunity to create awareness on the major causes affecting women during the length of their lives.

Objectives

By the end of this course, the student will be able to:

1. Identify abnormalities of the female reproductive tract
2. Review the management of miscarriage
3. Discuss common causes of infertility
4. Discuss gender GBV in infertility;
5. Explain male involvement in SRHR
6. Identify common benign disorders of the breast and its management
7. Identify carcinoma of the reproductive organs including the breast
8. Discuss common gynaecological problems such as fibroids; abnormal uterine bleeding
9. Discuss the menopause and common disorders associated
10. Demonstrate an understanding of pre and post operative care of the woman undergoing gynaecological surgery
11. Discuss and demonstrate the techniques for gynaecological operating procedures

Content

Unit I:

Congenital anomalies of the female reproductive tract

- Approach to the Gynaecologic client
- Role of the midwife in Gynaecologic care
- Embryology of the urogenital system and congenital anomalies of the female genitalia (revision)
 - Vaginal atresia
 - Bi-cornet uterus
 - Imperforated hymen
- Genetic disorders and sexual chromosome abnormalities
- Gynaecological assessment, diagnostic, common procedures

Unit II:

Trauma of the genital tract

- Vaginal
- Rectal
- Prolapsed of uterus

Fistula causes and management of fistula

- Different types of obstetrics fistula : vesicovaginal (VVF), urethrovaginal (UVF), rectovaginal (RVF)
- Common causes
- Chirurgical treatment
- Holistic approach of care for fistula patients
- Prevention

Bleedings in early pregnancy

- Abortion
 - Definition
 - Incidence – context specific
 - Causes
 - Classification of abortion
 - Management of abortion
 - MVA, Medical Abortion
 - Metalic curettage (D/C & E/C)
- Post abortion care (revision; see SRHR)
- Ectopic pregnancy
- Gestational trophoblastic disease (GTD)

Gynaecological infections

- Definition of Sexually Transmitted Infections – STIs : Syndromic approach (revision)
 - Anogenital warts, chlamydia, genital herpes, gonorrhoea, HIV, hepatitis B, hepatitis C, pubic lice, syphilis, and trichomonas.
- Diagnosis : swab collection, urine and blood sample
- Pelvic Inflammatory Disease (PID)

Common causes of abnormal uterine bleeding

- Dysfunctional bleeding
- Utero Vaginal prolapse (UVP)
- Dysfunction of the genito urinary tract

Physio-pathology of benign and malignant growths

- Cysts and tumours of the ovary
- Cancer: uterus, fallopian tubes, cervix, perineum
- Pelvic masses
- Screening: Investigations and treatments for cancers of reproductive tract, Pap smear

Breast disorders

- Incidence
- Breast examination
- Diagnostic and screening technique
- Condition affecting nipple
- Breast pathologies:
 - a. Infection
 - b. Cysts benign and malignant
 - c. Discharges
 - d. Cancer

- Treatment and oncologic treatment
- Surgery - reconstructive breast surgery
- Disease of the male breast.

Unit III:

Female cycle -Menopause

- Common symptoms
- Menopausal problems and management
- The role of the midwife in counselling; identification and management of menopause

Infertility

- Primary and secondary infertility
- Causes, predisposing factors and diagnostic procedures; treatment
- Role of the midwife in counselling and management of infertility
- Social impact of infertility
- Gender and GBV issues in infertility

Unit IV:

Common surgical procedures in Gynaecology

- Hysterectomy; salpingectomy; myomectomy
- Laparotomy; biopsy; hysteroscopy, colporaphy

Preparation of the woman before; during and after surgery (revision)

- Care post operative
- Providing care during surgery
- Providing post surgical care (checklist)

Working in the operating room:

- Procedures and surgical asepsis
- Assisting in surgery; equipment related to surgery e.g. utensils; solutions; suture materials

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies

Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency # 7

Teaching and learning methods

The students will obtain data from the community on gender issues and on religious and cultural beliefs related to reproductive health by observation, interviews and discussions with community and religious leaders, men, women and family groups, visits to schools, women's groups, places of employment and health facilities.

Lectures, Problem-based learning, Case studies, Case studies incidents written up by students in their reflective diaries will be discussed in small groups.

There will be emphasis on the development of good communication and interpersonal skills during discussion and presentations.

Assessment

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination which will be at the end.

Methods of assessment

1. *Written exam and quiz*
2. *Case study* : present and develop Gynecology situation and critically analyze the context, the type of intervention and the outcome

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Research Project I

Course Code	: PMS 315
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 1 hour/week
Total	: 60 hours
Credits	: 5.3 Credits

Course Description/ Outline

The course is designed to introduce the student to the theories, principles and techniques of Evidence Based Practice (EBP) and its promotion within midwifery. Evidence-Based Practice (EBP) is a thoughtful integration of the best available evidence, coupled with clinical expertise. The first part of the course is devoted mainly to assisting students to gain skills in developing a research proposal. The students will be required to implement the proposal during the second part of the course.

Course aim

To enable students to have the resources to develop a simple research proposal

Course Objectives

At the end of the course the student will be able to:

1. Formulate a relevant research question
2. Identify articles and other evidence based resources that answer the question
3. Critically appraise the evidence to assess its validity
4. Develop a preliminary research proposal

Content

Unit I: Basic steps in the Research Process

- Hypothesis and Research questions
- Research design
- Population, Sample and sampling techniques:
- Data Collection
- Data analysis and presentation of findings
- Interpretation and discussion of findings
- Dissemination/communication of the findings for publication or conferences

Unit II: Develop a preliminary research project

- Determine a research question
- Develop a research proposal
- Presentation of the research proposal

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and Learning Methods

Seminars, discussions, tutorials, group work and presentations

Assessments*Assessors*

Midwifery tutors, clinical instructors and other tutors involved in maternal and child health will assess the students

Timing of assessments

All assessments will take place during the third year, first semester.

*Methods of assessment**1. Seminar – Project Presentation***Evaluation**

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel

22. THIRD YEAR, SECOND SEMESTER COURSES

Course Title : Sexual and Reproductive Health & Rights (incl. CMR)

Course Code	: PMS 321
Placement	: 3 rd Year 2 nd Semester
Theory Hours	: 2 hours/week
Practical Hours	: 10 hours/week
Total	: 240 hours
Credits	: 17.3 Credits

Course Description/ Outline

This course will address gender issues as they relate to sexual reproductive health and rights in order to develop a greater awareness of the stance on these issues and also the attitudes held by members of the community in their placement areas. The inequalities between men and women will be explored including their consequences on the health status of all members of the community.

Course aim

The aim of this course is to provide the student midwives with the opportunity to create awareness in the promotion and advocacy in SRHR within communities.

Course Objectives

By the end of this course, student will be able to:

1. Discuss Gender related issues in SRHR
2. Describe the effects of Gender related issues on SRHR
3. Explain the strategies on how to overcome gender inequality in the community
4. Demonstrate high competencies while providing care to survivors of sexual violence (CMR)
5. Discuss the human right FP protocol
6. Discuss male involvement in SRHR
7. Demonstrate ability to provide post abortion holistic care
8. Understand the development and needs of adolescents

Content

Unit I: Gender related issues in SRHR

- Definition of Gender (revision)
- Gender prescribed roles (revision)
- Human rights and Legal frameworks –international, regional and national
- The situation of the girl child and the status of women in society
- Gender based violence – Root causes, effects (Physical, psychological and sexual)
 - Violence against women and children sexual harassment
 - human trafficking and prostitution
 - sexual abuse

- economic abuse
- lack of communication
- Effects of gender related issues on SRHR
 - Poverty
 - Psychological disturbances (high stress levels, depression, suicidal)
 - Unwanted/unplanned pregnancies/abortions
- Gender inequalities in reproductive health issues
 - Economic structures and policies relating to gender issues
 - The burden of poverty on women
 - Management of natural resources
 - Access to health services
 - Power and decision making
- Strategies to overcome gender based violence
 - Gender based legislation
 - Ownership of property
 - Registration of births
 - Right to education, child marriages
 - Ownership of land
 - Job/employment opportunities
 - Issues related to inheritance
 - Legislation to protect girls and women from abuse
- Advocacy for equal opportunities for men and women
- Family Health clinics for abused individuals
- Special courts for abused people
- Health services for sexually abused individuals
 - post-exposure prophylaxis against HIV infection and STIs
 - post abortion services (MVA)
 - emergency contraception
- Gender sensitive health services/provisions including family planning
- Counseling services for abused individuals/individuals presenting with post traumatic distress syndrome.
- Male involvement in SRH issues

Unit II: Clinical Management of Rape Survivors

- STEP 1 – Making preparations to offer medical care to rape survivors
- STEP 2 – Preparing the survivor for the examination
- STEP 3 – Taking the history
- STEP 4 – Collecting forensic evidence
- STEP 5 – Performing the physical and genital examination
- STEP 6 – Prescribing treatment
- STEP 7 – Counselling the survivor
- STEP 8 – Follow-up care of the survivor

Unit III: Post abortion care

- Basic concepts for delivering post abortion care

- Professional and Legal aspects related to post abortion care
- Patient-provider interaction and communication
- Treatment plan for each state
- Manual vacuum aspiration (MVA)
- Pain management of MVA
- Patient referral Infection prevention and MVA instrument processing
- Post abortion counseling, management of breastfeeding
- Recommendations for family planning

Unit IV: The Adolescent

- Normal growth and development, from childhood to young adult
- Normal psycho-social development
- The Convention on the rights of a child
- Balance between Family-Life-Education
- Substance abuse
- Legal sexual maturity; legal independence; facts in South Sudan
- Adolescent/youth friendly health services
- Teenage pregnancy

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and learning methods

The students will obtain data from the community on gender issues and on religious and cultural beliefs related to reproductive health by observation, interviews and discussions with community and religious leaders, men, women and family groups, visits to schools, women's groups, places of employment and health facilities.

Problem-based learning, Focus group discussion in the community with different groups, Case studies, Seminar presentations, Role play, Project work, Tutorials, Modified lectures, Reflection. Case studies incidents written up by students in their reflective diaries will be discussed in small groups.

There will be emphasis on the development of good communication and interpersonal skills during discussion and presentations and students will be expected to show respect for the views of others, even when they differ from their own. The emphasis on the development of appropriate attitudes and good communication and interpersonal skills will assist the students when working in the community.

Assessment

Assessors

Midwifery tutors, clinical instructors and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course, apart from the written examination which will be at the end.

Methods of assessment

- 1. Role Play*
- 2. Case Scenarios*
- 3. Study Questions*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Midwifery in Community II

Course Code	: PMS 322
Placement	: 3 rd Year 2 nd Semester
Theory Hours	: 1 hour/week
Practical Hours	: 8 hours/week
Total	: 180 hours
Credits	: 12.6 Credits

Course Description/ Outline

The theoretical course in Midwifery in the Community II increases the knowledge of sciences that students have completed in the previous courses. It offers new theoretical knowledge of the disciplines that is necessary for the provision of midwifery care for women and newborns, their families and the community. The practical preparation enables students to improve existing skills in midwifery during pregnancy, childbirth and puerperium, as well as the care for the newborn, their families and communities.

Course aim

To prepare the student midwife for the role of SRH care provider in the community; s/he will be able to perform managerial functions, to organize and manage health institutions and human resources.

Course Objectives

By the end of the course, the student will be able to:

1. Organize, manage and implement individual midwifery care independently
2. Offer comprehensive SRH care to the clients and their families as part of community care
3. Demonstrate applied skills related to SRH in community care, home care, in outpatients' health facilities and health centers, and in the centers offering antenatal classes
4. Familiarize with responses during crisis or disaster (MISP)

Content

Unit I: Response in Emergency: Minimum Initial Service Package (MISP)

- Obj. 1 : ensure health cluster/sector identifies agency to lead the implantation of the MISP
- Obj. 2 : Prevent sexual violence and assist survivors
- Obj. 3 : Reduce transmission of HIV
- Obj. 4 : Prevent excess of maternal and neonatal morbidity and mortality
- Obj. 5 : Plan for comprehensive RH services integrated into primary health care

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency #7

Teaching and learning methods

Practical placement in the Community

Course assessments

Assessors

Experienced clinical midwives will act as instructors. Medical practitioners and midwife tutors will also be involved in the assessment.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Case study*: assess the development of clinical decision-making skills, using the case study keys as a guide. Assessment can be conducted on an individual basis or in small groups.

2. *Clinical Simulations- OSCE*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, teachers, resources available, clinical experience, clinical teaching and support and assessments.

Course Title : Principles of Management and Leadership

Course Code	: GS 311
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 2 hours/week
Practical Hours	: 1 hour/week
Total	: 60 hours
Credits	: 5.3 Credits

Course Description/ Outline

The course is designed to introduce the student to the theories, principles and techniques of management and teaching as related to midwifery education and practice. It explores the national health policies and management issues for SRH, midwifery and child health services. It strengthens the student's capacity for effective management and leadership. The teaching and learning processes will provide the student with opportunities to critically examine her own leadership and management styles and competencies. The emphasis is placed on professional ethics, the midwife's responsibility for her own action in practice and performance in accordance with expected professional standards.

Course aim

To equip the student with knowledge of leadership styles, management theories/skills and supervisory practices to be able to effectively contribute to policy formulation, implementation, monitoring and evaluation; and to manage client driven midwifery and child health care services.

Course Objectives

At the end of the course the student will be able to:

1. Discuss the basic principles of management in organizing, administering and controlling health care services
2. Demonstrate the ability to apply the principles of learning and teaching in organizing health talks/programmes for clients, families and communities
3. Delegate work and monitor performance of team members under her supervision
4. Critically evaluate the existing quality control and cost effective strategies for appropriate delivery of reproductive health and midwifery services at all settings
5. Critically discuss the relevance of ethics and legal aspects for midwifery practice and application of these to promoting professional standards.

Content

Unit I: Introduction to leadership and management

- Philosophy and principles of management and leadership
- Theories of management
- Leadership vs. management
- Leadership styles
- Strategic planning and management

Unit II: Elements of management

- Planning
 - Types of planning
 - Decision making process
- Organizing
 - Structure of organization
 - Interdepartmental relationship and communication
 - Staffing
- Management of resources; human, material, time etc.
- Directing
 - Leadership
 - Delegation of responsibility
 - Authority and accountability
 - Motivation
- Supervision, responsibility
 - Accounting/budgeting
 - Discipline
 - Job performance, evaluation

Unit III: Application of principles of management to midwifery practice

- Organization of Health facility
- Role of the midwife in the management of the clinic
- The politics of health services
- Quality control and improvement cycle
- Job description
- Staff recruitment, selection, delegation, supervision and performance appraisal
- Disciplinary procedures
- Resource management
- Ethics, legal aspects, leadership and management
- Professional bodies and organizations (revision)
- Health policy
- Health and development
- Procurement of drugs and equipment
- Resource management
- Ward and community health clinic management

Unit V: Principles of Leadership

- Promote a common vision e.g MoH recommendations
- Show by example high professional competences and adequate behavior
- Appreciate his/her own strength and limitations while pursuing self-improvement
- Accept responsibilities
- Develop the potential of his/her colleagues
- Make sound and timely decisions
- Advocate for Quality of Care for women and newborns
- Present stress management options and consider welfare of his/her team

Unit VI: Quality Assurance and Risk Management

- Review of quality assurance
- Risk management
 - Basic concepts
 - Common risk categories for midwives
 - Elements of risk management
- Incident Report and Anecdotal notes
- Maternal Death Surveillance and Response (MDSR) (new)

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and Learning Methods

Seminars, discussions, role-play, group work and presentations. Supervised clinical attachments and workbook records of learning experiences.

Assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in maternal and child health will assess the students

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Seminar*; The student will be attached to maternity wards and/or community health centers for a period of 10 days to take a management and leadership roles (under supervision) and will be required to use a workbook to record daily activities. The student will be assessed on his/her ability to analyze the workbook and to present it as a seminar to the peers, midwifery educators and mentors in the classroom; his/her ability to discuss own strengths and weaknesses, challenges, lessons learnt and recommendations for future practice.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Teaching methodologies

Course Code	: GS 312
Placement	: 3 rd Year 1 st Semester
Theory Hours	: 1 hour/week
Practical Hours	: 1 hour/week
Total	: 40 hours
Credits	: 3.3 Credits

Course Description/ Outline

The course is designed to introduce the student to the theories, principles and techniques of teaching as related to midwifery education and practice. The teaching and learning processes will provide the student with opportunities to explore different basic methodology of teaching. The emphasis is placed on professional ethics, the midwife's responsibility for her own action in practice and performance in accordance with expected professional standards.

Course aim

To equip the student with knowledge of teaching methodologies to be able to effectively deliver health education and promote good quality of care by being able to use different teaching methodologies within different contexts and in front of different audiences always considering the outmost benefit of women and newborn.

Course Objectives

At the end of the course the student will be able to:

1. Demonstrate the ability to apply the principles of learning and teaching in organizing health talks/programmes for clients, families and communities
2. Critically discuss the relevance of ethics and legal aspects for midwifery practice and application of these to promoting professional standards
3. Be able to use alternative teaching methodologies and evaluate his/her performance as well as the client satisfaction

Content

Unit I: Principles of Teaching and learning

- Theories and principles of teaching and learning
- The learning environment
- Methods and techniques of teaching and learning
- Approaches to adult teaching and learning
- Teaching skills for health professional
- Role of the teacher/facilitator

Unit II: Teaching methodologies

Advantage and disadvantage for each methodology:

- Lecture
- Role play
- Small group discussion
- Microteaching

Unit III: Methods of evaluation and assessment

- Forms of assessment: oral / written, formal / informal
- Reporting; record keeping
- Evaluation: formative / summative
- Self-evaluation; group feedback

Unit IV: Developing teaching lesson plan and visual aids

- Know your audience: profile (age, gender, literacy, level of education, culture, language,...)
- Objectives of the lesson; context of the lesson within a master plan; pre-requisite
- Subject: updated information (Evidence Based Practice,...)
- Chose the optimum teaching methodology
- Adequate preparation : setting, access, deliverable(s)
- Assessment
- Evaluation / self-evaluation; ways of improvement

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5, Competency # 6 and Competency # 7

Teaching and Learning Methods

Seminars, discussions, role-play, group work and presentations. Supervised clinical attachments and workbook records of learning experiences.

Assessments

Assessors

Midwifery tutors, clinical instructors and other tutors involved in maternal and child health will assess the students

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Seminar*; The student will be assessed on knowledge and skills on various

- teaching and learning methodologies. He/she will be required to demonstrate to peers (may be 1 st year Student under the supervision of a Tutor) a mini-project in health education using alternative teaching methodologies, at least one, and avoiding Lectures.
2. *Or the student will be assessed in a real setting (ANC e.g.) giving class to a group of expecting mothers on health education using alternative teaching methodologies and under the supervision of a Tutor or a Clinical Instructor. Theoretically this intervention will have to be developed and sequenced as course.*

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching and support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.

Course Title : Research Project II

Course Code	: PMS 324
Placement	: 3 rd Year 2 nd Semester
Theory Hours	: 1 hour/week
Practical Hours	: 10 hours/week
Total	: 120 hours
Credits	: 8.6 Credits
Pre-requisite	: GS 221 Introduction to Research & PMS 315 Research Project I

Course Description/ Outline

The course is designed to introduce the student to the theories, principles and techniques of Evidence Based Practice (EBP) and its promotion within midwifery. Evidence-Based Practice (EBP) is a thoughtful integration of the best available evidence, coupled with clinical expertise. The first part of the course is devoted mainly to assisting students to gain skills in developing a research proposal. The student will be required to implement the proposal during the second part of the course.

Course aim

To equip students with the knowledge and skills required to conduct a small research project relevant to their practice.

Course Objectives

At the end of the course the student will be able to:

1. Conduct a small research project based on the research proposal
2. Disseminate findings from their project as appropriate.
3. Discuss the application of evidence and the findings from Students' project for clinical practice

Content

Unit I: From preliminary research to research project (pre-requisite)

- Identify Population, sample and sampling techniques:
- Collect data
- Analyze data analysis and present the findings
- Interpret and discuss the findings

Unit II: Writing a project report and Dissemination

- Develop a project report
- Identify plans for dissemination as appropriate
- Discuss the potential application

Competencies

This course contributes to the achievement of the following ICM Midwifery competencies
Competency # 1, Competency # 2, Competency # 3, Competency # 4, Competency # 5,
Competency # 6 and Competency # 7

Teaching and learning strategies

Tutorials and presentations;

Assessments

Assessors: Midwifery tutors, and other tutors involved in the course.

Timing of assessments

All assessments will take place during the course.

Methods of assessment

1. *Conduct and present:* a literature review based on evidence on one midwifery / neonatal topic.

Evaluation

Students will be invited to evaluate the course by informal discussion during its implementation. At the end of the course all students will complete a questionnaire, which will include questions on the content, teaching methods, tutors, resources available, clinical experience, clinical teaching, support and assessments. The Programme Management Team will analyze the questionnaires and the findings circulated to all relevant personnel.