

Regional Competency Assessment Tool

for Midwifery Educators and Midwives



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Foreword



The WHO South-East Asia Region has made significant progress towards ending preventable maternal and newborn deaths. Between 2000 and 2019, the Region reduced its maternal mortality rate by more than 57% and neonatal mortality rate by 60%. However, most countries of the Region must accelerate progress to meet national, regional and global Sustainable Development Goal (SDG) targets, and to fulfill the Region's Flagship Priorities on accelerating reductions in maternal, neonatal and under-five mortality, and on achieving universal health coverage.

Midwives educated and regulated according to international standards have been identified as a key profession for reducing maternal and newborn mortality and stillbirths, and saving an estimated 4.3 million lives annually by 2035. Midwives can avert more than 80% of all maternal deaths, stillbirths and neonatal deaths. They can optimize normal physiological processes, strengthen women's capabilities, provide interventions that both prevent and treat complications when needed, and enable timely access to multidisciplinary services for women and neonates.

Care provided by midwives trained to international standards – and who are licensed, regulated, fully integrated into health systems, and working in interprofessional teams – promotes the rights of girls, adolescents and women across community and facility settings, while also improving more than 50 other health-related outcomes, including sexual and reproductive health and rights, immunization, breastfeeding and tobacco cessation. The third State of the World's Midwifery Report (2021) highlights how midwives who do not have the full scope of midwifery competencies cannot provide the quality of care that international-standard midwives can. It is therefore essential that all countries of the Region implement international standards-based education for midwives.

This Self-assessment Midwifery Competencies tool is designed to guide Member States in assessing, developing and optimizing midwifery educator and practicing midwife competencies. At the same time as helping Member States identify and address competency gaps, the data obtained from the tool can highlight needs and stimulate policy discussion and evidence-based decision-making at national levels. The tool will also help enable countries to commit to investing in quality midwifery education to improve quality of care and ensure better health outcomes for all women, newborns and families.

As we celebrate the Decade of the Midwife (2021–2030), I encourage Member States and partners in the Region to utilize this resource, optimizing Region-wide access to high-quality midwifery care, while also accelerating implementation of WHO's Regional Strategic Directions for strengthening Midwifery. Together, we must continue to sustain and scale up the quality of midwifery education and care, to reduce preventable maternal and newborn deaths, and to accelerate towards our Flagship Priorities and the 2030 SDG targets.



Dr Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region



01

Competency assessment tools for midwifery educators and midwives

The Regional Strategic Directions for strengthening midwifery in the South-East Asia Region 2020–2024 [1] urges all Member States and partners to make use of resources to strengthen midwifery education and services across the Region. Thus, the competency assessment tools that have been developed for midwife practitioners and midwifery educators are designed to guide Member States to assess, enhance and strengthen midwifery educators and practising midwives' competency in an objective manner. Member States may wish to adapt this tool as per the national context.

One strategy to reduce maternal and neonatal mortality is the provision of midwifery care from preconception to the end of the six-week postpartum period. Evidence suggests that maternal deaths, stillbirths and neonatal deaths could be reduced by as much as 83% if the full package of midwifery care, including family planning and maternal and neonatal health interventions, was implemented [2]. Thus, the provision of care by midwives, who meet international standards [3] and are integrated into health systems in the context of multidisciplinary teams working in an enabling environment, can help to substantially reduce maternal and neonatal mortality and stillbirths [4].

A critical component of improving the quality of midwifery care is improving

the quality of, or building capacity in, midwifery education. The development and strengthening of the competency of those who teach is one important strategy to improve the quality of care provided by midwives and in turn reduce maternal and newborn mortality [5].

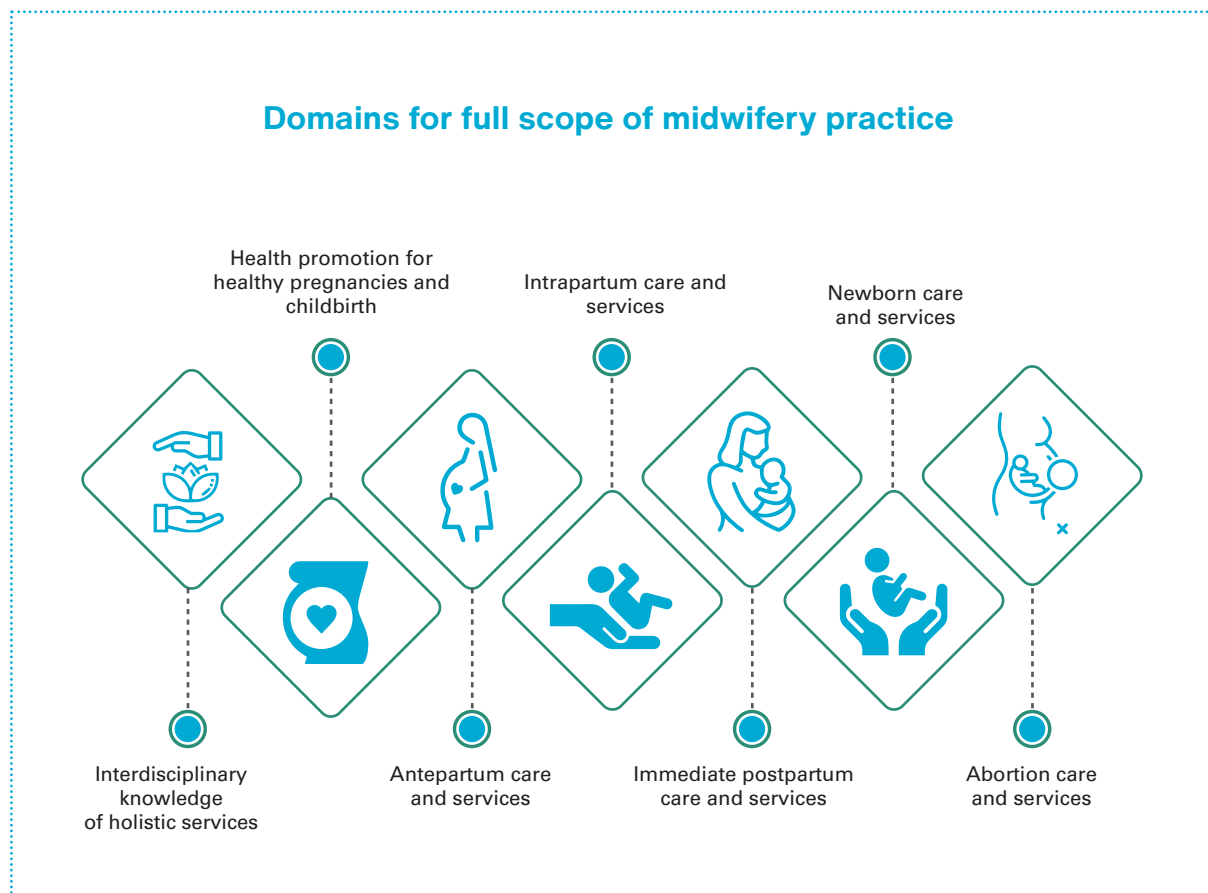
Many countries in South-East Asia are aspiring to professionalize midwifery. For example, Bangladesh recently moved from having nurses with or without a midwifery qualification providing maternal health care to supporting and introducing a "direct-entry" midwifery degree in an effort to provide a well-educated and high-quality midwifery workforce [6]. While India is making impressive strides to introduce a post-basic degree in midwifery [7], Nepal is moving towards a midwifery education programme leading to a bachelor's degree in midwifery science [8].

In order to develop the competency of midwifery educators and midwife practitioners, the WHO Framework for Action for strengthening quality midwifery education (2019) [9] suggests to accelerate the assessment of the capacity of midwifery educators and midwifery care providers. This to ensure that a strengthened education programme addresses identified gaps. To support such assessment, the document consists of two self-administrated tools; one to assess the confidence level of practising

midwives and the other to assess that of midwifery educators.

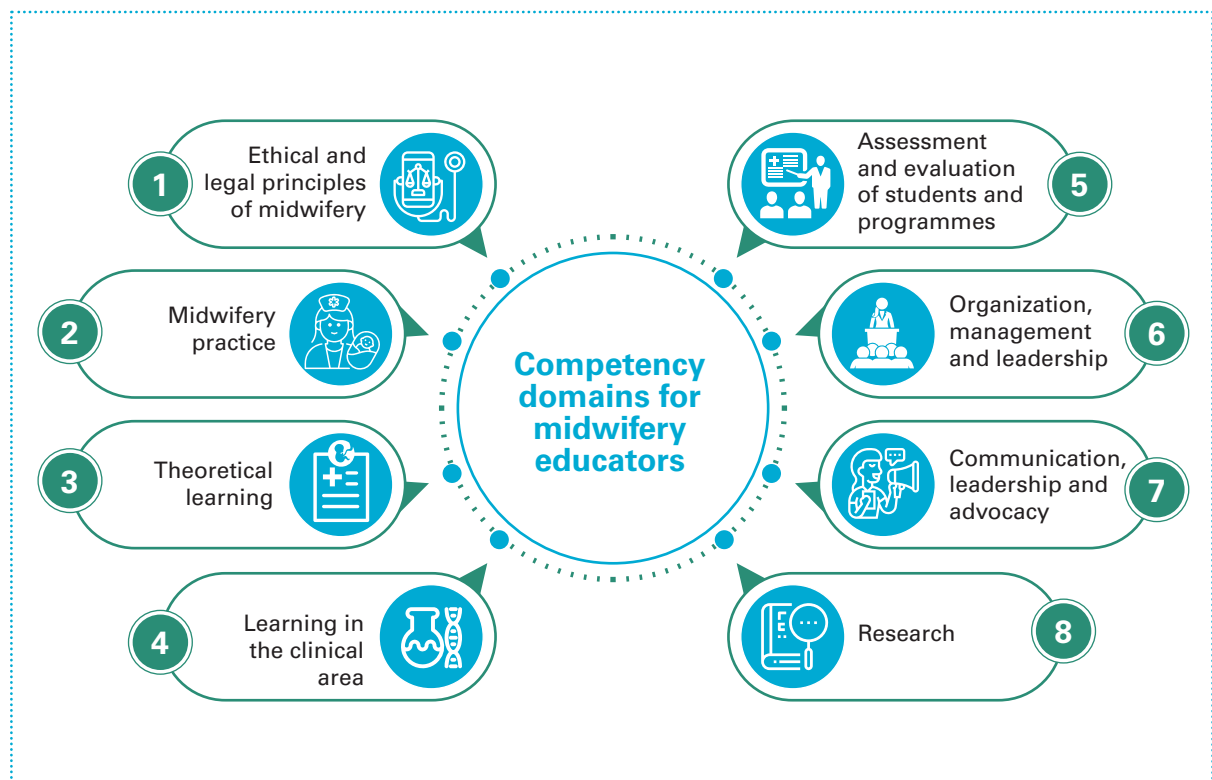
The competency assessment tool for midwives is based on the International Confederation Midwives (ICM) Essential Competencies of Midwifery Practice [10]. The seven domains for full scope of midwifery practice consist of: i) interdisciplinary knowledge of holistic services; ii) health promotion for healthy

pregnancies and childbirth; iii) antepartum care and services; iv) intrapartum care and services; v) immediate postpartum care and services; vi) newborn care and services; and vii) abortion care and services. This capacity assessment tool for midwifery practitioners includes 230 skill statements across the seven domains for which the respondents assess their confidence on a five-point Likert scale.



The tool for midwife educators has been adapted based on the WHO list of core competencies for midwifery educators [11]. It assesses confidence of midwifery educators across the eight competency domains for midwifery educators that are i) ethical and legal principles of midwifery; ii) midwifery practice; iii) theoretical learning; iv) learning in the clinical area;

v) assessment and evaluation of students and programmes; vi) organization, management and leadership; vii) communication, leadership and advocacy; and viii) research. The educator capacity assessment tool has nine competency domains with 97 skill statements for which the respondents assess their confidence on a five-point Likert scale.

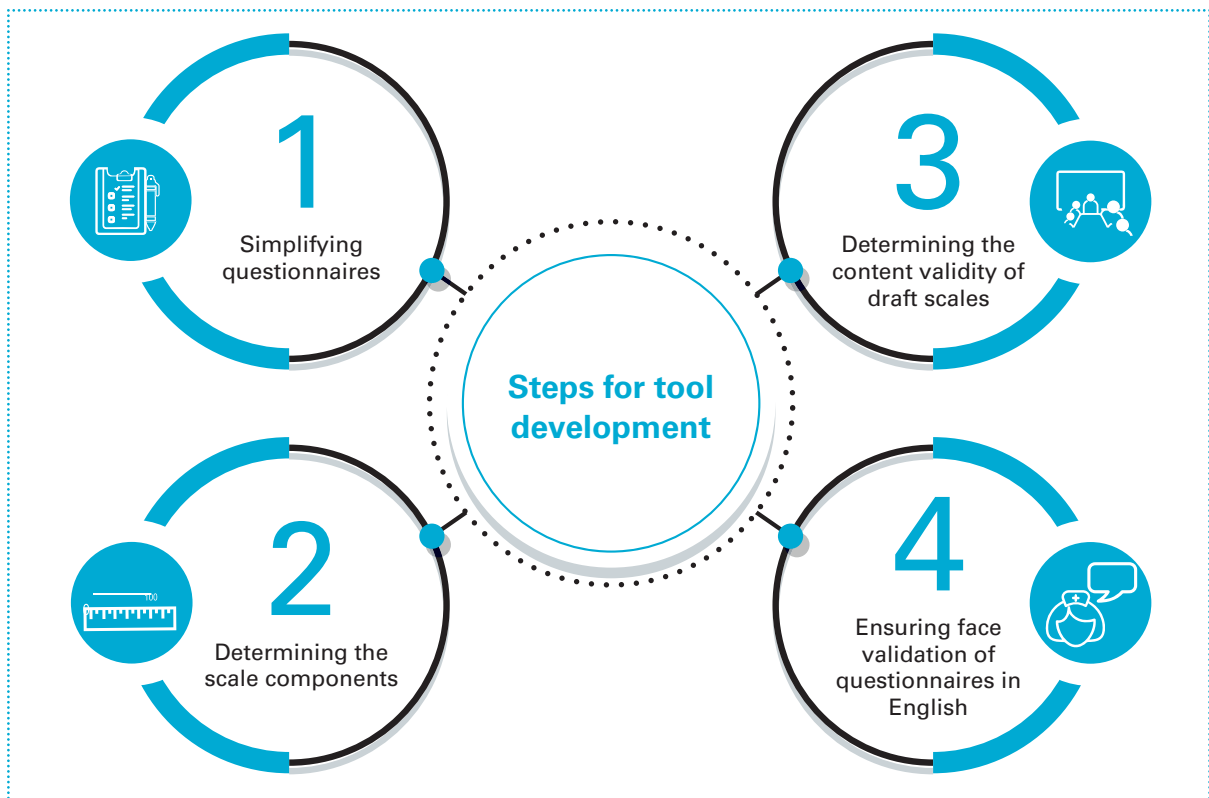




02

The tool development

Both the competency assessment tools were developed following a rigorous process:



1 Simplifying questionnaires: The research teams worked in collaboration with WHO experts to draft individual items covering all the skill statements under each competency, with the aim to ensure that each question was simple, non-ambiguous and comprehensive and asked the participants to rate only one concept/issue at a time. Although this strategy significantly increased its length, the questionnaire became simple to understand.

2 Determining the scale components: After a consultation with WHO, the need to restrict the questions to only hands-on skill statements was discussed and agreed upon. A decision was made to remove the individual questions on the “knowledge” required to perform each skill and collect the OVERALL knowledge score pertaining to a competency. This was carried out, keeping in mind the fact that instead of relying on skill-specific knowledge,

both practitioners and educators applied synthesized knowledge on practising each skill. A box with “0–100” knowledge score was introduced and questions pertaining to only practice (incorporating the positive attitude for performing the skill well) were retained. This resulted in 50% reduction in the size of the original tool.

- 3 Determining the content validity of draft scales:** The research team organized a content validation meeting for tool validation. Fifteen experts, invited from the fields of nursing, midwifery, obstetrics and gynaecology, paediatrics and public health, attended the meeting. The questions drafted in Step 1 mentioned above were converted into a tabular form, with the experts having the opportunity to individually mark each item as “not at all relevant” (1), “somewhat relevant” (2) and “very relevant” (3) to the project objective (measuring competence).

Once the experts had submitted their individual responses, a detailed item-wise discussion of questionnaire commenced, focusing more on the modifications needed in used terminology to further enhance the directness, simplicity and non-ambiguity of items. A content validity index (CVI) was developed for each item, based on the agreement among the experts regarding an item’s relevance (for this purpose, scores of “somewhat” and “very” relevant were taken as agreement by experts).

Items having 80% or higher CVI were retained as they were; items

having 60%–79% agreement were subjected to revisions – in line with the detailed inputs provided by the experts – and questions with CVI less than 60% were deleted. Most of the repetitive questions were, therefore, eliminated. The tool was contextualized for Indian midwifery. Instead of deleting skills, which were currently out of the scope of midwifery practice in India, an option for “not relevant” was added to capture the limitations in the scope of practice as compared to international standards.

- 4 Ensuring face validation of questionnaires in English:** The revised tools were shared with a representative sample of 15 midwives (eight educators, seven practitioners) from Gujarat and Karnataka as a face validation exercise. The midwives reviewed each question on the questionnaire following a “think-aloud” process, where the research team (with prior permission) documented the views/opinions/reflections of the midwives on individual questions. The midwives were asked to express how difficult or easy to understand each of the questions was. They suggested the more common terms that were used by midwifery educators or practitioners in the course of their day. This helped in further simplifying the questions and making them context-specific. One common response from all midwives was to ensure that the questionnaires were also available in local/regional languages, as not all midwives would necessarily understand the questions in English.

Keeping this feedback in mind, professional native language translators translated the questionnaires in English to Hindi, Assamese, Kannada, Gujarati and Telugu for testing within India (2019). The questionnaires were also translated to Bengali for its validation in Bangladesh (2020). All these translated questionnaires were shared with other independent translators to reverse translate for ensuring their linguistic validity. Research teams had the translated questionnaires face validated with a group of local midwives (educators and practitioners), who were not part of the study sample.

The local face validation activity posed several challenges as the vernacular terms for certain technical words differed from region to region. Therefore, after each local validation of the translated version, the tool comments were constantly compared to ensure that they still reflected the core meaning as expressed in the English tool and across all languages. This resulted in seven rounds of cross-validation and finalization of draft questionnaires for data collection.

Tool validation

The tools have been validated in India (2019–2020) and Bangladesh (2020). In India, 2016 educators and 2198 midwives across six states participated in the study and in Bangladesh, more than 50 educators and practising midwives took part.

The data were collected on CAPI tool (India)/Kobo collect tool (Bangladesh) electronically. An item-total score, item-domain score and domain-total score correlation was carried out to check the psychometric soundness of the tool. Keiser-Meyer-Olkein's (KMO) test and Bartlett's test of sphericity [12] were

performed to assess the sample adequacy for psychometric analyses.

For the educator tool, a total of 97 skill statements were formulated across nine competencies, with 20, 15, 10, 10, 8, 13, 7, 5 and 4 items respectively in competencies 1–9. CVI indices for all items ranged from 0.8 to 0.96 across all nine domains. The KMO and Bartlett's tests showed that sample was adequate for analyses. The competency-wise internal reliability of questionnaire ranged from 0.88 to 0.97.

For the practitioner tool, a total of 230 skill statements were included across seven competency domains, with 26, 32, 50, 55, 33, 23 and 11 items across competencies 1–7. CVI indices for all indices ranged from 0.80 to 0.95 across all domains. The KMO test and Bartlett's showed the adequacy of sample size for analysis. The internal consistency of the tool for each competency ranged from 0.94 to 0.98. Based on this, both the tools are psychometrically sound and can be used as a measure for self-assessment, of confidence across the international list of competencies for midwives as well as midwifery educators.

Interpreting the data collected through questionnaires

1. Researchers using the tool must remember that it is a self-assessment scale, where participants rate their confidence in performing each skill competently.
2. Each competency must be assessed independently from others. The researchers should:

- a. Calculate the total score for whole competence;
- b. Calculate the total scores for each domain under each competence; and
- c. Calculate the 50th percentile and 75th percentile to calculate the "low" confidence (<50th percentile); and suboptimal confidence (50th to <75th percentile) and "high" confidence (75th percentile or higher) for grouping the participants.

Utility of the questionnaires

The tools can be beneficial in multiple ways:

1. They can be used by Member States to assess strengths and weaknesses in midwifery educator competencies as well as level of competency among practising midwives. The results could guide the regulatory authorities and the governments on their capacity-

building efforts for midwifery educators and practitioners.

2. The questionnaires could be used to monitor ongoing performance of educators and regular self-assessment of competencies by educators themselves.
3. The practitioner tool could also be useful to assess confidence of students across all domains of competencies against international standards.
4. The educator tool could also be used as a feedback tool, filled in by students to rate the performance of their educators.
5. The tools could be of use for in-depth observation of midwifery educators and practitioners by researchers.

However, use of other methods of assessment alongside the self-assessment tools is recommended to limit response bias.

Background information of practitioners

		Name		Survey Code			
State							
District							
Institute name							
Type of institute (Public/private; Level of Health Facility)							
Respondent Id number							
Interview date		Day		Month		Year	
Name of investigator							
Code of investigator							
Signature of investigator							

Background information sheet for practitioners

Name of the researcher		Date	
No.	Details	Options	
1	Age (in years)		
2	Sex	Male	
		Female	
		Any other please specify	
3	Please mention your highest qualification	BSc nursing	
		Diploma in midwifery	
		General nursing and midwifery	
		Nurse practitioners in midwifery	
		Post-basic BSc	
		Master's programme	Mention specialization
		Other	
4	Please list the various training programmes attended by you in the last 3 years		
5	How many months/years of total clinical experience do you have?	No experience Yes Months:	Years:
6	How many months/years of clinical experience do you have in midwifery?	No experience Yes Months:	Years:
7	Roughly how many childbirths do you attend per month?		



Self-assessment of midwifery competencies of clinical midwives

Competency assessments for skills of midwifery educators and clinical midwives

Please read the description given below carefully before responding to the questionnaire

This questionnaire has been adapted from the list of essential midwifery competencies provided by the International Confederation of Midwives (ICM). There are seven domains of competencies in the form of tables. In addition, questions have been included to capture characteristic features of current policy/situation/practice. For each competency, there is a box given where you can mark your SELF-ASSESSMENT IN GENERAL about your existing knowledge of underlying theories, concepts, models of practice and published evidence related to midwifery.

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

Based on assessment of my own knowledge in general, I rate my knowledge of obstetrics, neonatology, social sciences, public health and ethics needed to provide high-quality, culturally relevant and appropriate care for women, newborns and childbearing families as:

Rate your knowledge on a scale of 0 to 100 in the above box, where 0 denotes no knowledge and 100 denotes complete knowledge.

Item no. A	Skill statements Midwives have the requisite knowledge and skills related to obstetrics, neonatology, social sciences, public health and ethics that form the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
A01	I can accurately assess the social determinants of health and illness in my community		
A02	I can accurately assess the community determinants of health and illness in my community		
A03	I can identify gaps in my ward/ labour room for quality care		
A04	I can engage with appropriate authorities to ensure that my clinical area is well-prepared		
A05	I can engage women and families in health promotion activities/ discussions		
A06	I can effectively control/prevent infection in my clinical area		
A07	I take responsibility for making clinical decisions for women/ newborn babies		
A08	I can identify cultural practices important for women (religious beliefs, rituals, etc.)		
A09	I can identify the social reasons behind why some women can take independent decisions and some cannot		
A10	I can engage in health education discussions with and for women and their families		
A11	I can use appropriate communication and listening skills when interacting with women		

Continued

Continued

Item no. A	Skill statements Midwives have the requisite knowledge and skills related to obstetrics, neonatology, social sciences, public health and ethics that form the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
A12	I can assemble the instruments needed to care for women and newborn babies (e.g. baby tray, delivery tray, ambu bag, etc.)		
A13	I can use the instruments needed to care for women and newborn babies		
A14	I can maintain and care for the instruments used in obstetric and newborn care (e.g. proper cleaning, storage, repair, etc.)		
A15	I can record my clinical observations in medical documents		
A16	I can report the services provided based on my clinical observations		
A17	I can interpret medical reports		
A18	I can plan follow-ups required by women/newborn babies based on medical reports		
A19	I comply with all local reporting regulations for birth and death registration in my country		
A20	I know what procedures/services are legally allowed for midwifery practice and can practise within the legal framework in my country		
A21	I can identify cases of:		
	– Domestic violence		
	– Rape	Rape	

Continued

Continued

Item no. A	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	– Genital mutilation – male/female (cutting off the clitoris of girls)		
A22	I can refer the victims of rape/domestic violence/genital mutilation to appropriate agencies for further services		
A23	I can effectively campaign/advocate for normal labour and birth		
A24	I can empower women to ask for normal physiological labour and birth		

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

- a. Are you allowed to prescribe family planning method independently to couples in your care?
Yes No
- b. If yes, which methods can you independently prescribe? (Tick all that apply):
 Barrier method
 Steroidal method
 Mechanical method
 Chemical method
 Emergency contraception

- c. Based on my own assessment of my knowledge, in general, I rate my knowledge regarding theories and principles for providing **high-quality and culturally sensitive health education and services to all in the community to promote healthy family life, planned pregnancies and positive parenting** as:

~~~~~  
*Please refer to the instructions given on page 9 on how to fill the box.*  
 ~~~~~

Item no. B	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	GENERAL EXAMINATION		
B01	I can collect a comprehensive reproductive health history		
B02	I can collect history about the following areas:		
	– Sexual growth and development (e.g. sexual activity with partner)		
	– Male reproductive anatomy and physiology (e.g. infertility)		
	– Female reproductive anatomy and physiology		
	– Menstrual history		
B03	I can perform a complete general physical examination of pregnant women		
B04	I can identify deviations from normal anatomy/physiology		
B05	I can perform commonly required laboratory tests/order relevant laboratory tests based on physical examination findings (example: urine test, haematocrit/ESR and other tests)		
B06	I can accurately interpret the findings of commonly required laboratory tests		
B07	I can identify the key signs of a specific disease during a physical examination (e.g. anaemia, jaundice, high blood pressure, etc.)		

Continued

Continued

Item no. B	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
B08	I can accurately interpret the findings of specific tests required		
B09	I can take accurate preventive measures in case of exposure to HIV for myself and co-workers		
FAMILY PLANNING			
B10	I can carry out appropriate counselling for couples on the following topics:		
	– Pre-natal counselling		
	– Counselling on male family planning methods		
	– Counselling on female family planning methods		
	– HIV test-related counselling		
	– Counselling for HIV-positive couple/man/woman		
B11	I can identify from couples' responses the cultural/social issues that will influence their decision-making processes		
B12	I can make my counselling sessions culturally sensitive		
B13	I provide comprehensive advice to a couple on side effects associated with different family planning methods		
B14	I can prescribe the family planning method selected by a couple		
B15	I can insert an intrauterine device		

Continued

Continued

Item no. B	Skill statements Midwives provide high-quality and culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
B16	I can remove an intrauterine device		
B17	I can insert a contraceptive implant		
B18	I can remove a contraceptive implant		
B19	I can perform cervical cytology test (PAP smear)		
B20	I can perform HPV test		
B21	I can use the microscope to perform simple screening tests		
B22	I can perform acetic acid visualization of the cervix		
B23	I can interpret findings from an acetic acid test		
B24	I can perform a colposcopy test for cervical cancer screening		
B25	I can interpret findings from a colposcopy test		

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

a. The regulations guiding midwifery care presently allow me to prescribe drugs. Yes No

b. If yes, I can prescribe the following drugs (indicate by placing a tick next to the drug group):

Antibiotic Anticonvulsant

Antimalarial Antihypertensive

Antiretroviral

Any other (please specify here) _____

c. Based on assessment of my own knowledge in general, I rate my knowledge needed for providing high-quality **antenatal care to maximize health during pregnancy, including early detection and treatment or referral of selected complications** as:

Please refer to the instructions given on page 9 on how to fill the box.

Item no. C	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
C01	I can accurately identify signs and symptoms of pregnancy		
C02	I can accurately collect the antenatal history of a woman in my care		
C03	I can accurately perform a test to confirm pregnancy (urine pregnancy test)		
C04	I can accurately calculate the estimated date of birth (using LMP and/or USG findings)		
C05	I can diagnose an ectopic pregnancy		
C06	I can accurately measure maternal vital signs (pulse, respiration, temperature, blood pressure)		

Continued

Continued

Item no. C	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
C07	I can accurately identify the following parameters to assess maternal nutrition:		
	– Pallour		
	– Capillary filling time		
	– Weight and weight gain		
	– Signs of nutritional deficiency		
	– Signs of substance abuse (alcohol, smoking, other)		
C08	I can advise a woman on correct nutritional intake, including iron-folic acid, calcium and zinc supplementation		
C09	I can successfully provide de-worming treatment (administer medicine for worms) to women during pregnancy		
C10	I can help the woman in developing a culturally sensitive and affordable diet plan		
C11	I can perform an accurate abdominal examination including:		
	– Fundal height		
	– Abdominal girth		
	– Fetal position		
	– Fetal lie		
	– Assessment of pelvic adequacy		
	– Multiple gestation		

Continued

Continued

Item no. C	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	– Oligo/polyhydramnios		
	– Intrauterine growth restrictions		
	– Locating and auscultating fetal heart rate		
C12	Identification of signs of complications		
C13	I can accurately use the Doppler to check fetal heart sounds		
C14	I can accurately identify deviation from normal for ALL the above-mentioned parameters		
C15	I can independently perform an ultrasound examination		
C16	I can identify/evaluate the parameters from an ultrasound examination		
C17	I can accurately perform pelvic assessment for cephalo-pelvic disproportion		
C18	I can counsel the woman and her family on:		
	– Progression of normal pregnancy		
	– Key signs to note and report to care providers		
	– Identify Braxton Hick contractions		
	– Breast changes during pregnancy		
	– Assessment of daily fetal movement		

Continued

Continued

Item no. C	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	– Identify the danger signs during pregnancy		
	– How and when to contact a health-care provider		
	– Common ailments during pregnancy		
	– Managing common ailments of pregnancy at home		
	– Basic preparation for labour (breathing exercise, positions, non-pharmacological comfort measures, etc.)		
	– Birth preparedness and complication readiness		
	– Basic parenting skills		
	– Breastfeeding		
C19	I can identify the following complications in a woman for:		
	– Haemorrhage during pregnancy (abortion)		
	– Haemorrhage during late pregnancy (placenta previa)		
	– Pre-eclampsia		
	– Eclampsia		
	– Gestational diabetes		
	– Malaria		
	– Psychological stress		
	– Antenatal depression		
	– Fear of childbirth		

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

- a. I wait for _____ hours between two per vaginal examinations
- b. I delay the cord clamping for _____ minutes.
- c. Based on assessment of my own knowledge in general, I rate my

knowledge of theories and principles that support the provision of **high-quality, culturally sensitive care during labour, conducting a clean and safe birth and handling select emergency situations to maximize the health of women and their newborns** to be as:



~~~~~  
*Please refer to the instructions given on page 9 on how to fill the box.*  
 ~~~~~

Item no. D	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
D01	I can follow infection-control procedures based on national/ local guidelines during intrapartum care (e.g. protocols related to washing, waste disposal, sterilization of surfaces and equipment)		
D02	I can take specific history and maternal vital signs in labour (BP, temp, pulse, resp)		
D03	I can perform focused physical examination during labour		
D04	I can calculate the time of uterine contractions		
D05	I can assess the effectiveness of uterine contractions		

Continued

Continued

Item no. D	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
D06	I can perform complete/accurate pelvic examination for dilatation, descent, presenting part, position, membranes status and pelvis for vaginal birth		
D07	I can monitor progress of labour using partograph or similar tool for recording		
D08	I can provide physical and psychological support to a woman and family and promote normal birth		
D09	I can help with the presence of a birth companion during labour and birth		
D10	I can ensure adequate hydration, nutrition and non-pharmacological comfort measures in labour/birth		
D11	I can provide bladder care, including performance of urinary catheterization, when indicated		
D12	I can identify abnormal (e.g. prolonged) labour patterns and initiate appropriate and timely intervention and/or referral		
D13	I can stimulate or augment uterine contractility, without drugs such as oxytocin		
D14	I can prepare for birth (woman and partner/family, equipment, labour room, etc.)		

Continued

Continued

Item no. D	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
D15	I can administer local anaesthetic to perineum for episiotomy or perineal repair		
D16	I can perform an episiotomy		
D17	I can perform appropriate hand manoeuvres for a head birth		
D18	I can perform appropriate hand manoeuvres for face and breech deliveries		
D19	I can clamp and cut the cord correctly		
D20	I can manage prolapsed cord till the doctors arrive and/or awaiting transfer		
D21	I can manage malpresentation while requesting medical attention and/or awaiting transfer		
D22	I can manage shoulder dystocia while requesting medical attention and/or awaiting transfer		
D23	I can manage fetal distress while requesting medical attention and/or awaiting transfer		
D24	I can manage cord around the baby's neck at birth		
D25	I can conduct active management of the 3rd stage of labour, administer uterotonic drug within a minute of birth of infant		
D26	I can inspect placenta and membranes for completeness		

Continued

Continued

Item no. D	Skill statements Midwives provide high-quality, culturally sensitive care during labour, conduct a clean and safe birth and handle select emergency situations to maximize the health of women and their newborns	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
D27	I can perform fundal massage to stimulate postpartum uterine contraction and uterine tone		
D28	I can provide a safe environment for the mother and infant to promote attachment (bonding)		
D29	I can estimate and record maternal blood loss		
D30	I can inspect the vagina and the cervix for lacerations		
D31	I can repair 1st and 2nd degree vaginal tears or episiotomy, if needed		
D32	I can manage postpartum bleeding and haemorrhage, using appropriate techniques and uterotonic agents		
D33	I can administer prescribed drugs or drugs as per the national protocols and guidelines		
D34	I can perform manual removal of the placenta		
D35	I can perform aortic compression		
D36	I can identify signs of shock		
D37	Initiate management of shock		
	– Intravenous		
	– Oxygen		
	– Warmth		
	– Position		

Continued

Continued

Item no. D	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
D38	I can insert an intravenous line		
D39	I can draw blood for laboratory testing		
D40	I can arrange for timely referral/transfer of women with serious complications to a higher-level health facility		
D41	I can perform adult cardio-pulmonary resuscitation		
D42	I can identify cervical lacerations and provide first-level care before referral		
D43	I can provide HIV regime to HIV-positive women as per national guidelines		
D44	I can document diagnosis and care in appropriate registers		
D45	I can provide respectful maternity care to EVERY woman during labour and childbirth:		
	– I respect the woman’s integrity		
	– I respect her privacy at all times		
	– I seek permission before I touch the woman		
	– I regularly inform the woman about the progress of labour		
	– I seek the woman’s input in planning her care		
	– I respect the newborn baby’s integrity and privacy		

Continued

Continued

Item no. D	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	Midwives provide high-quality, culturally sensitive care during labour, conduct a clean and safe birth and handle select emergency situations to maximize the health of women and their newborns		
	– I avoid unnecessary discomfort to the woman during any procedure		
	– I can provide opportunities for women to express their needs and choices during labour		

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

- a. Based on assessment of my own knowledge in general, I rate my knowledge of theories and principles for the provision of **comprehensive,**

high-quality and culturally sensitive postpartum care for women to be as:

~~~~~  
*Please refer to the instructions given on page 9 on how to fill the box.*  
 ~~~~~

Item no. E	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
E01	I can perform a comprehensive postpartum physical examination		
E02	I can screen women for the following postpartum complications such as:		
	– Postpartum shock		

Continued

Continued

Item no. E	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	– Haemorrhage		
	– Sepsis		
	– Haematoma formation		
	– Postnatal eclampsia		
	– Urinary retention		
	– Incontinence of faeces or urine		
	– Obstetric fistula		
	– Episiotomy wound gaping		
E03	I can screen all postnatal women for signs of depression		
	ADVICE GIVEN TO WOMEN		
E04	I can counsel postnatal women/ couple/family on:		
	– Emotional support required in postnatal period		
	– Physical self-care (including hygiene, safer sex)		
	– Physical neonatal care (hygiene, maintaining body temperature, etc.)		
	– Warning signs and symptoms to be reported to care providers		
	– Physiological changes expected in postnatal period		
	– Regaining perineal muscle strength		

Continued

Continued

Item no. E	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	– Women’s nutritional needs in postnatal period (including iron-folic acid supplementation)		
E05	I can counsel for lactation and breastfeeding		
E06	I can initiate and support effective breastfeeding within the first hour of birth		
E07	I can assess the signs of breast engorgement, nipple sores/ cracked nipples, etc.		
E08	I can effectively help the woman to manage breast-related complications (compresses, breast pumps, nipple cover, etc.)		
E09	I can effectively teach the women how to express and store breast milk		
E10	I can counsel the couple grieving after the loss of a newborn		
E11	I can counsel the family after a maternal loss		
E12	I can accurately assess for:		
	– Involution of uterus		
	– Nature of lochia		
	– Nature of postpartum bleeding		
	– Signs of postnatal infection		
	– Signs of thrombophlebitis		

Continued

Continued

Item no. E	Skill statements Midwives provide comprehensive, high-quality and culturally sensitive postpartum care for women	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
E13	I can provide first line of treatment for postpartum complications		
E14	I can provide emergency care to/ stabilize and refer a woman with postpartum complications		
E15	I can perform manual vacuum aspiration for late-onset postpartum haemorrhage		

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

- a. Based on assessment of my own knowledge in general, I rate my knowledge of theories and principles that support the provision of **high-**

quality, comprehensive care for the essentially healthy infant from birth to two months of age to be as:

~~~~~  
*Please refer to the instructions given on page 9 on how to fill the box.*  
 ~~~~~

Item no. F	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
F01	I can follow infection-control procedures based on national/ local guidelines during newborn care (e.g. protocols related to washing, waste disposal, sterilization of surfaces and equipment)		
F02	I can provide immediate care to a newborn, including cord clamping and cutting, drying, clearing airways and ensuring that breathing is established		
F03	I can assess the immediate condition of a newborn (e.g. APGAR scoring or other assessment method of breathing and heart rate)		
F04	I can promote and maintain the normal newborn body temperature through covering (blanket, cap), environmental control and promotion of skin-to-skin contact		
F05	I can begin emergency measures for respiratory distress (newborn resuscitation)		
F06	I can begin emergency measures for hypothermia		
F07	I can begin emergency measures for hypoglycaemia		
F08	I can give appropriate care to a low-birth weight baby, including kangaroo mother care		
F09	I can identify complications of low-birth weight and refer		

Continued

Continued

Item no. F	Skill statements Midwives provide high-quality, comprehensive care for the essentially healthy infant from birth to two months of age	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
F10	I can perform a screening/ physical examination of a newborn for congenital defects		
F11	I can provide routine newborn care, as per local guidelines and protocols (e.g. identification, eye care, screening tests, administration of vitamin K, birth registration)		
F12	I can position infant to initiate breastfeeding as soon as possible after birth and support exclusive breastfeeding		
F13	I can transfer the at-risk newborn to an appropriate emergency care facility		
F14	I can educate parents about the normal growth and development of an infant and young child, and how to provide for the day-to-day needs of the normal child		
F15	I can assist parents to access community resources available to the family		
F16	I can support parents during transport/transfer of newborn or during times of separation (e.g. NICU admission)		
F17	I can support and educate parents, who have given birth to multiple babies (e.g. twins, triplets), about special needs and community resources		

Continued

Continued

Item no. F	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
F18	I can provide care to the baby born to an HIV-positive mother (e.g. administration of ARV and appropriate feeding)		
F19	I can document newborn diagnosis and care in appropriate registers		
F20	I provide appropriate postpartum family planning care		
F21	I can insert postpartum IUCD		
F22	I can provide timely immunization services to newborns and infants, according to the national guidelines		
F23	I can educate women and families about timely and complete immunization of newborns and infants, based on national guidelines		

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

- a. Based on assessment of my own knowledge in general, I rate my knowledge of policies, theories and principles with regard to providing

a range of individualized, culturally sensitive and abortion-related care services for women needing or going through termination of pregnancy/ miscarriage, according to the national guidelines, to be as:

~~~~~  
*Please refer to the instructions given on page 9 on how to fill the box.*  
 ~~~~~

b. Do regulations allow you to provide abortion services?

Yes No

c. If yes, which methods of abortion services can you provide independently? (tick all that apply)

d. Medical abortion

Vacuum aspiration

Any other (please specify)

Item no. G	Skill statements	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
G01	I can assess the gestational age in a woman requiring abortion services		
G02	I can counsel the women seeking abortion services on		
	– Choice to abort		
	– Choice to continue pregnancy		
	– Methods of obtaining abortion		
	– Post-abortion sexual activity and family planning		
G03	I can collect comprehensive medical history to identify contraindications to a method of abortion (medical, aspiration)		
G04	In case of abortion, I can assess for:		
	– Involution of uterus		
	– Self-care (including hygiene)		
	– Abortion-related complication (sepsis, perforation)		
	– I can prescribe and/or dispense contraceptives to a couple		
	– I can perform manual aspiration of the uterus up to 12 completed weeks of pregnancy		

Background information sheet for educators

Name of the researcher		Date	
No.	Details	Options	Please (✓) or write your answer in this column as appropriate
1	Age (in years)		
2	Sex	Male	
		Female	
3	Please mention your highest academic qualification		
4	Please mention the type of programme you are teaching in	BSc nursing	
		Direct entry midwifery	
		Any other	
5	Have you undergone any induction training for becoming a teacher?	No	Yes
6	If you answered 'yes' to 5, please mention when and where in the next column		
7	Please list the various training programmes attended by you in the last 3 years		
8	How many months/years of total clinical experience do you have?	No experience	Have experience
		If you have experience, specify months/years in next column	____ Y ____ M
9	How many months/years of clinical experience do you have in midwifery?	No experience	Have experience
		If you have experience, specify months/years in next column	____ Y ____ M
10	Roughly, when was the last childbirth you assisted independently?	_____ months back _____ years back	



04

Self-assessment of midwifery competency of educators

Competency assessments for midwifery skills of providers and tutors

Please read the description given below carefully before responding to the questionnaire

This questionnaire has been adapted from the WHO midwifery educator core competencies (2014). There are nine domains of competencies with many skills and behaviours under each. Skill statements from each competency domain are given as separate table with competency headings. Before each table, questions have been included to capture characteristic features of current policy/situation/practice. For each competency, you will find a box where you can mark your SELF-ASSESSMENT IN GENERAL about your existing knowledge of underlying theories, concepts, models of practice and published evidence related to midwifery.

Competency 1: Midwifery educators create an environment that facilitates learning

Please answer the following questions

1. Do you ever get involved in revising/adapting/updating midwifery curriculum for your students?
Yes No

2. Is there a curriculum committee in your institute? Yes No
 - a. When was the last meeting of the committee held? _____ months ago _____ years ago _____ Do not know
3. Based on assessment of my own knowledge in general, I rate my knowledge regarding **creating an environment that facilitates learning** that forms the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families as:

Please refer to the instructions given on page 9 on how to fill the box.

Please read every statement carefully and answer the questions related to your awareness and confidence for each knowledge/skill statement.

	Competency 1: Midwifery educators create an environment that facilitates learning	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	Skills		
A01	I can develop my teaching sessions with knowledge of theories of learning		
A02	I can engage students in active learning		
A03	I can use the following teaching approaches reflecting midwifery theory and practice:		
	– Problem-based learning		
	– Case studies/case narratives		
	– Group discussions		
	– Seminars/workshops		
	– I update the syllabus every academic year		
A04	I prepare a structured lesson plan for each session		
A05	I can use appropriate AV aids (classroom, lab, clinical setup)		
A06	I advocate for adequate clinical equipment made available for my students for clinical practice		
A07	I can plan for clinical experience to suit learning needs of students		
A08	I can guide my students to develop a clear, cognitive understanding of concepts		
A09	I can guide my students in applying their knowledge to hands-on practice		

Continued

	Competency 1: Midwifery educators create an environment that facilitates learning	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
A10	I can inculcate correct attitude/ professional behaviour among my students		
A11	I can facilitate their ability to practise procedures independently		
A12	I can treat midwifery students as adult learners		
A13	I can facilitate their ability to hold polite and assertive communication with ward staff and women		
A14	I can inculcate in them a sense of professional pride		
A15	I can inculcate in them a habit of critical self-evaluation		
A16	I can inculcate in them the habit of self-learning		

Competency 2: Midwifery educators create an environment for effective clinical teaching of midwifery care

4. Are you involved in planning clinical placements for your students?
Yes No
5. Is there a designated clinical supervisor for your students at the clinical site? Yes No
6. Do you have meetings on student clinical learning/performance with the staff/professionals present at the clinical site? Yes No
7. If yes, when was the last meeting held? _____

8. Based on assessment of my own knowledge in general, I rate my knowledge regarding **creating an environment for effective clinical teaching of midwifery care** that forms the basis of high-quality, culturally relevant and appropriate care for

women, newborns and childbearing families as:

Please refer to the instructions given on page 9 on how to fill the box.

	Competency 2: Midwifery educators create an environment for effective clinical teaching of midwifery care	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
	Skills		
B01	I can plan clinical posting for my students		
B02	I can use hospital census data to determine the number of students to be posted for getting required experience (as per the council in my country norms)		
B03	I can gain cooperation from staff nurses for allowing students to practise		
B04	I can gain cooperation from residents/physicians/obstetricians for allowing students to practise		
B05	I can help the student build trust with women		
B06	I can arrange for appropriate personal protective equipment for my students		
B07	I am trained to provide clinical supervision to students		

Continued

Continued

	Competency 2: Midwifery educators create an environment for effective clinical teaching of midwifery care	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
B08	I can protect the women and babies from any harm during students' practice		
B09	I can provide constructive criticism/remedial measures to my students on their clinical competence		
B10	I can delegate work among students for optimum service to women/babies/families		
B11	I can establish an open student-teacher relationship while maintaining professional boundaries		
B12	I can create a non-judgemental learning environment in my sessions		
B13	I can demonstrate a new skill in a clinical setup before having students practise it		
B14	I can demonstrate appropriate communication (respectfulness, assertiveness)		
B15	I can be patient with students requiring additional educational inputs		

Competency 3: Midwifery educators are responsible for conducting regular monitoring, evaluation and assessment of programmes and students

9. Have you received education about the principles and methods of assessing performance of students?

Yes No

10. Are there guidelines for assessing student performance from the council in your country?

Yes No

11. Do you have flexibility to design assessments of knowledge and skills of students in the classroom, laboratory and clinical area?

Yes No

12. What are the various tools used for ongoing assessment of a student's performance? E.g. checklists for health education, casebooks, etc. Please mention in the table.

13. Based on assessment of my own knowledge in general, I rate my knowledge regarding **conducting regular monitoring, evaluation and assessment of programmes and students**, which form the basis of high-quality, culturally-relevant and appropriate care for women, newborns and childbearing families, as:

~~~~~  
*Please refer to the instructions given on page 9 on how to fill the box.*  
 ~~~~~

	Competency 3: Midwifery educators are responsible for conducting regular monitoring, evaluation and assessment of programmes and students	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
C01	I am able to assess students' learning after each session, for example, planning an exercise		
C02	I regularly test my students' learning outputs through appropriate tests		
C03	I can follow the council of my country's norms for pass/fail marks for students		
C04	I can treat my students equally while evaluating them		
C05	I can use structured checklists to assess my students' performance on critical, essential and desirable steps in procedures		
C06	I can judge my students' proficiency in performing a procedure		
C07	I can adjust my teaching methods to the changing proficiency levels among my students		
C08	I can take responsibility for my students' development as professional midwives		

Competency 4: Midwifery educators maintain current knowledge and skills regarding midwifery theory and practice based on the best evidence available

14. Are you required to assist/attend any childbirth OR practise clinical midwifery as part of your job description? Yes No
15. Approximately when did you last attend a childbirth? (Please tick in the table below)
- | | |
|---------------------------|--------------------------|
| Less than or 1 month ago | <input type="checkbox"/> |
| Less than or 6 months ago | <input type="checkbox"/> |
| More than 1 year ago | <input type="checkbox"/> |
| More than or 5 years ago | <input type="checkbox"/> |
16. As per your knowledge, does the council in your country have regulatory guidelines for midwifery practice? Yes No
17. Have you undergone an in-depth pedagogical (teaching-related) training before becoming a midwifery tutor? Yes No
18. I fulfil the council's requirements/regulations to be a midwifery tutor. Yes No
19. Do you know about any international standards/list of essential competencies for a midwifery practice? Yes No
20. Are you aware of any national/international standards/essential list of midwifery tutor competencies? Yes No
21. Are you able to keep yourself updated on the latest evidence-based practices in midwifery? Yes No
22. If yes, then please mention the name of the last journal you have read for the same. _____

23. Are you able to attend the required numbers of workshops/in-service education to maintain your licence? Yes No
24. Based on assessment of my own knowledge in general, I rate my knowledge regarding **maintaining current knowledge and skills regarding midwifery theory and practice based on the best evidence available** that form the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families as:
-
- ~~~~~
- Please refer to the instructions given on page 9 on how to fill the box.*
- ~~~~~

	Competency 4: Midwifery educators maintain current knowledge and skills in midwifery theory and practice based on the best evidence available	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
D01	In general, I still perform clinical duties alongside my teaching responsibilities		
D02	In general, I can provide pre-pregnancy care to women		
D03	In general, I can provide care to women in the antenatal period (including complications)		
D04	In general, I can provide care to women in the intrapartum period (including complications)		
D05	In general, I can provide care to women in the postpartum period (including complications)		
D06	In general, I can provide care to women with regard to neonatal health (including complications)		
D07	In general, I can provide care to women with regard to the family planning care (including complications)		
D08	I can demonstrate the latest evidence-based midwifery practices during laboratory sessions		
D09	I can demonstrate the latest evidence-based midwifery practices during clinical sessions		
D10	I adjust my personal practices in line with the latest emerging evidence		

Competency 5: Midwifery educators participate in formulating policies and programme outcomes and in designing and implementing curricula

25. Based on assessment of my own knowledge in general, I rate my knowledge regarding **formulating policies and programme outcomes and**

designing and implementing curricula that form the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families as:



Please refer to the instructions given on page 9 on how to fill the box.

	Competency 5: Midwifery educators participate in formulating policies and programme outcomes and in designing and implementing curricula	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
E01	I can pre-plan required logistics for a future session		
E02	I can represent midwifery education amidst a multidisciplinary team (other faculties from nursing education, medical education)		
E03	I am capable of being part of collaborative implementation of course		
E04	I can apply the curriculum to assess the actual-versus-desirable pace of learning		
E05	I can identify the updating required in the curriculum implementation		
E06	I can adjust the learning pace to remain "on-track" by modifying teaching-learning activities		

Continued

Continued

	Competency 5: Midwifery educators participate in formulating policies and programme outcomes and in designing and implementing curricula	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
E07	I am able to identify gaps in the quality of midwifery education currently provided to students		
E08	I can develop an alternative midwifery education implementation plan to bridge gaps		

Competency 6: Midwifery educators are effective communicators and function as advocates, change agents and leaders

26. Based on assessment of my own knowledge in general, I rate my knowledge regarding **effective communication, advocacy, change**

and leadership that form the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families as:

Please refer to the instructions given on page 9 on how to fill the box.

	Competency 6: Midwifery educators are effective communicators and function as advocates, change agents and leaders	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
F01	In general, I can express myself clearly to my students/colleagues/clinical staff and others		
F02	I have command of written communication		
F03	I have command of public speaking		
F04	I can demonstrate an effective health education session for my students		
F05	I can demonstrate being sensitive to the cultural diversity of women/families/students/staff		
F06	I can apply my knowledge of cultural diversity to safeguard the rights of women/families/students/staff		
F07	I am sensitive to the gender nuances in clinical and classroom situations		
F08	I can prepare an action plan for change		
F09	I can lead the change by setting an example		
F10	I can demonstrate the characteristics of a leader (integrity, vision, creativity, perseverance etc.)		
F11	I carry out advocacy for the rights of midwifery women/neonates/families/students/staff		

Competency 7: Midwifery educators incorporate and promote ethical aspects of midwifery care in teaching/learning activities by being consistent role models

27. Are there formally defined ethical principles for midwifery practice in your country that you are aware of?
Yes No
28. Do you consciously incorporate and promote any ethical principles for midwifery care in teaching/learning?
Yes No
29. Do you have the necessary experience to answer ethics-related queries from students? Yes No

30. If the answer to questions 21 or 22 is YES, please read each statement in the table below and answer the questions given.

31. Based on assessment of my own knowledge in general, I rate my knowledge regarding **incorporating and promoting ethical aspects of midwifery care in teaching/learning activities by being a consistent role model**, which forms the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families, as:

Please refer to the instructions given on page 9 on how to fill the box.

	Competency 7: Midwifery educators incorporate and promote ethical aspects of midwifery care in teaching/learning activities by being a consistent role model	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
G01	I am aware of and use international ethical principles related to midwifery practice in students' education		
G02	I am aware of and use national ethical principles related to midwifery practice in students' education		
G03	I can formulate and use case studies focusing on ethical dilemmas during my teaching sessions		

Continued

Continued

	Competency 7: Midwifery educators incorporate and promote ethical aspects of midwifery care in teaching/ learning activities by being a consistent role model	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
G04	I can initiate a discussion on ethical dilemmas amidst my students		
G05	I can identify and discuss ethical dilemmas in a clinical setup		
G06	I can demonstrate the resolution of an ethical dilemma in the clinical setup		
G07	I can demonstrate ethical principles of midwifery in theory and clinical setup		
G08	I can demonstrate the principle of no harm to women and newborns (non-maleficence)		
G09	I can demonstrate the principles of beneficence for mothers, newborns and their families (protect and defend the right of mothers, prevent harm and remove conditions that will cause harm)		
G10	I can demonstrate the following core ethical behavioural skills:		
	– Obtaining informed consent for all clinical procedures from mothers		
	– Assessing their decision-making capacity		
	– Discussing resuscitation status and use of life-sustaining treatments		
	– Breaking bad news and effective communication		

Competency 8: Midwifery educators incorporate and promote legal aspects of midwifery care in teaching/learning activities by being consistent role models

32. Are there formally defined legal guidelines/regulations for midwifery practice in your country that you are aware of (what a midwife is allowed to do and not do)? Yes No
33. Do you consciously incorporate any legal regulations of midwifery care in teaching/learning? Yes No
34. Are you aware of any international legal regulatory guidelines for midwifery practice? Yes No

35. Based on assessment of my own knowledge in general, I rate my knowledge regarding **incorporating and promoting legal aspects of midwifery care in teaching/learning activities by being a consistent role model**, which forms the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families, as:

Please refer to the instructions given on page 9 on how to fill the box.

	Competency 8: Midwifery educators incorporate and promote legal aspects of midwifery care in teaching/learning activities by being consistent role models	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
H01	I know the national guidelines and legal framework for midwifery practice		
H02	I can incorporate the legal principles of midwifery into my teaching sessions		
H03	I can initiate a discussion on legal dilemmas amidst my students		
H04	I can identify legal dilemmas in a clinical setup		
H05	I can demonstrate how to report a legal dilemma to appropriate persons for action		
H06	I can ensure that my students practise midwifery within the regulations applicable to my country		

Competency 9: Midwifery researchers promote the use of research and use it to inform midwifery education and practice

36. Are you engaged in any research project? Yes No
37. Have you published any article in your career?
38. If yes, how many? Please give the number _____
39. Based on assessment of my own knowledge in general, I rate my

knowledge regarding **incorporating and promoting legal aspects of midwifery care in teaching/learning activities by being a consistent role model**, which forms the basis of high-quality, culturally relevant and appropriate care for women, newborns and childbearing families as:

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*Please refer to the instructions given on page 9 on how to fill the box.*  
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	Competency 9: Midwifery researchers promote the use of research and use it to inform midwifery education and practice	Not aware (NA) of this skill/not relevant (NR) (Please write NA or NR)	How confident are you to perform this skill independently? 1: Not confident 2: Little confident 3: Somewhat confident 4: Quite confident 5: Very confident (Please mark your self-rating)
I01	I can use online resources to find research and clinical guidelines relevant to midwifery		
I02	I can interpret and apply the published research using qualitative and quantitative approaches		
I03	I can guide my students on different research methodologies		
I04	I demonstrate and encourage the spirit of scientific inquiry		

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