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Building a new generation of midwifery faculty members in Bangladesh

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Abstract

This paper presents an initiative to build a new generation of midwifery faculty in Bangladesh, with the ultimate objective of providing insight into how to build capacity in the midwifery faculty to best utilize the existing academic, health care and policy environment. The initiative focuses on a promising approach that starts with a new generation of midwifery faculty who can lead a chain of change when separating midwifery teaching from nursing. The initiative identified four different interdependent components of equal importance, namely the initiation of master's and bachelor's degrees, development of accreditation guidelines and tools, and a mentorship programme. Building a new generation of midwifery faculty has the potential, despite challenges, to enhance retention, foster greater commitment for the institutions, increase research and contribute to the attainment of national goals.

Keywords: *Midwifery, Midwifery faculty, Midwifery education, Capacity building,* Bangladesh, South Asia

Introduction

Midwifery faculty members in Bangladesh have been part of a rapidly changing landscape in the existing nursing institutions and colleges, after the Honorable Prime Minister's call in 2010 to educate and deploy 3000 midwives. The Directorate General of Nursing and Midwifery (DGNM), Bangladesh Nursing and Midwifery Council (BNMC) are therefore committed to support the Ministry of Health and Family Welfare (MOHFW) in advancing quality and excellence in midwifery education. To date 800 midwives have graduated at a diploma level and are about to be deployed in the health system.

When midwifery education started in 2010, it was gradually embedded in 38 public nursing institutes. Only a few of the faculty members had any formal midwifery education or preparation to be a midwifery educator. The existing faculty therefore faced challenges navigating political and economic pressure to educate a new cadre of professionals. Complying with the national "world standard" diploma midwifery curriculum, the faculty's ongoing teaching and pedagogical preferences were challenged, as they lacked preparation to meet the World Health Organization's (WHO) core competences for midwifery faculty. Subsequently midwifery students were challenged to achieve the theoretical and clinical learning outcomes outlined in the national curriculum and syllabus.

The situation was not consistent with global efforts to align midwifery faculty preparation with twenty-first century competencies for midwives.^{3, 4} An assessment in 2016⁴ revealed that midwifery faculty members did not provide active input to the clinical site and seldom went there. The faculty were unable to address change within the clinical educational sites. Furthermore, hospital staff had limited knowledge of the clinical learning outcomes in the diploma midwifery curriculum, although it was assumed they would have such knowledge.

None of the faculty members at the institutions/colleges were exclusively teaching midwifery since it was embedded within nursing institutes. Clearly, the faculty faced challenges to perform additional tasks and faced difficulty in transitioning from teaching nursing to teaching midwifery. The new generation of midwifery faculty members in Bangladesh needed creative and innovative approaches to build their professional competence and confidence for today's midwifery education programmes. The generation gap between teachers and learners needed to be recognized, analyzed, and addressed to meet the needs of students. Furthermore, the midwifery faculty needed to learn the skills of providing an interactive, collaborative, integrative, challenging and empowering curriculum for midwifery students.

One way to think broadly of building a new generation of midwifery faculty in Bangladesh was to move beyond traditional capacity building⁶ to an innovative sustainable approach.⁷ This paper intends to briefly describe how to develop the professional competence of midwifery faculty so they are best able to contribute to the academic, health care and policy environment. Four interdependent components are of equal importance; initiation of master's and bachelor's degrees⁸, development of an accreditation guideline and tool, and a faculty mentorship programme.^{7,9,10}

Building the new generation of midwifery faculty: the essential components

Master's and bachelor's degrees

To prepare faculty members for a smooth transition from teaching nursing to teaching midwifery, two groups of 30 faculty members representing 25 of 38 institutes in Bangladesh were enrolled in a post graduate midwifery programme. Beginning in 2016 a cohort of 30 began studies in a web -based master's degree programme in Sexual and Reproductive Health and Rights (SRHR) offered by Dalarna University, Sweden and supported by UNFPA.¹¹ The program is provided on a part-time basis over 2 years. The first cohort of 30 faculty members completed the program at the end of 2017.

As students in a master's degree program, these faculty members learned about sexual and reproductive health, women's rights, teaching and learning strategies, leadership and management, research methodologies and current evidence relevant to reproductive health care. These new graduates will hold teaching and leadership positions in universities, in the health care system and within government. They will have the skills and knowledge to educate future midwives according to evidence based standards, plan and implement research projects, and become core professionals working for sustainable development in their geographical regions.

It is anticipated that having an academic progression for midwives will enhance the views of the public and other health professionals, including physicians about the abilities of midwives and lead to endorsement of their full scope of practice.³ Academic pathways that include Bachelor's, Master's and Doctoral degrees will ensure a chain of sustainability in midwifery education, regulation, practice, and research. Such an initiative aims at educating fully qualified midwives who provide quality women and newborn care.¹²

Midwifery education today is at the diploma level; in direct response to the National Strategic Directions for Midwifery in Bangladesh¹³, a Bachelor's degree curriculum has recently been developed. By increasing the academic level of midwives, midwives will not only be practitioners, but also be in a position to better reflect on their practice and develop an interest in contributing towards more evidence based care.¹⁴ In the transition from an undergraduate to a graduate degree, the demands on the new generation of midwifery faculty will increase. To ensure that faculty members are ready to provide the necessary support for the transition, those holding master's degrees have been included in working groups developing the Bachelor's degree curriculum and context specific accreditation guideline and tool. By utilizing the

master's degree holders in governmental working groups and in developing higher education for future midwives, these faculty members are taking the lead in creating sustainable development of a midwifery workforce in Bangladesh.

Accreditation guideline and tool

An important component to ensure quality education is to have an accreditation mechanism in place. A context specific accreditation guideline and tool were developed during 2017 to respond to the need for quality standards for midwifery education and clinical learning sites in Bangladesh. The guideline and tool have set standards for midwifery education that will support faculty who are working in the changing landscape of existing nursing institutions. This accreditation guideline and tool have been endorsed by government and the accreditation process will start in 2018. The context specific accreditation guideline and tool are recognized to bridge education with policy and practice 15, thus an interactive, collaborative and integrative approach was followed by engaging the 60 master's degree students in data gathering from 25 institutes, the data and findings provided a foundation for the development of the national accreditation guideline and tool.

Faculty mentorship

The literature clearly shows that mentorship means guidance, recognition, and reaching a certain goal together as mentee and mentor. Mentoring can apply to faculty and to midwifery students. Mentorship is about a trusting relationship and much less about monitoring and supervision.

A mentorship programme delivered by faculty members from Dalarna University, Sweden was introduced in Bangladesh with a twofold aim. One was to directly mentor faculty members who were enrolled in the master's degree programme in 2016 while they delivered the three-year midwifery diploma curriculum. The second aim was to develop a sustainable faculty mentorship programme to be utilized country wide, in which the masters' degree holders could mentor their colleagues on-line and in- person. For this purpose, foreign midwifery experts built the mentorship programme using a blend of on-site and web-based visits on a weekly basis. Nineteen senior midwifery faculty members from 10 nursing institutes were the first group to be mentored by Dalarna faculty. Sessions were outlined to orient the mentees on how to translate lesson plans into clinical and theoretical sessions. Based on identified needs, a four-day simulation based teaching-learning experience was developed with the aim of

acquiring in-depth knowledge and understanding of how to teach clinical components to midwifery students.

The mentorship programme was closely monitored and evaluated for its effectiveness, by the master's degree students as part of their research training and thesis writing. If the mentoring experience is successful, it will be scaled up in 2018. The newly graduated master's degree holders are well oriented to the curriculum content and pedagogic methodologies through the mentorship programme and are well equipped to become mentors for other faculty.

Conclusion and implications

We believe that building a new generation of midwifery faculty has the potential to enhance workforce retention, foster greater commitment for the institutes, increase pedagogic skills and research capacity and hence contribute to the goals of the government's commitment.

The four components of capacity building used in Bangladesh provide insights as to how a chain of change can be created through different activities. Specifically, the capacity building activities contribute towards:

- Innovative pedagogical development using internet based learning
- Creating a work culture in which research findings can be seen as key for the improvement of academic and health systems
- Bridging higher education and research (at Bachelor, Master's and Doctoral degree levels) with policy, regulation and practice
- Increasing the number of teachers with Bachelor's and Master's degrees in Sexual and Reproductive Health and Rights
- Facilitating long-lasting collaborative partnerships between academia in low resource settings and a foreign research institute for advanced study opportunities

Lessons learnt

To respond to the general non-acceptance and invisibility of midwifery as a separate profession in South Asia⁸, this innovative initiative seeks to build a new generation of midwifery faculty in Bangladesh. The initiative focuses on capacity building of midwifery faculty through enrolment in a master's degree programme and simultaneously engaging them in curriculum development, context specific accreditation guideline and tool development, and participation in a mentorship programme.

It is clear that there are many lessons to be learnt in order to continue improving faculty development. It is clear that ongoing work will be needed to support the new generation of

midwifery faculty to enable them to reach their full potential. A basic principle is to ensure that essential components are in place to accomplish a chain of change.

This paper describes the starting point of the long term effort required to achieve a sustainable and comprehensive profession of midwifery that anchors midwifery faculty as teachers, mentors, leaders and policy makers within academic and health care environments. The four components of the capacity building initiative in Bangladesh will be evaluated for long term effects. The findings and lessons learnt may be useful for other South Asia countries desiring to improve the quality of care for mothers and infants.

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