

LeDeG MIDWIFERY COLLEGE



HYBRID INNOVATIVE CURRICULUM

FOR

BACHELOR OF SCIENCE (BSC) DEGREE IN MIDWIFERY

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Acronyms

AMWTP	Accelerated Midwifery Training Programs
ANC	Antenatal Care
ARV	Antiretroviral
BEmONC	Basic Emergency Obstetric and Newborn Care
CBRHA	Community Based Reproductive Health Agent
CBTP	Community Based Training Program
CDC	Center of Disease Control
COC	Center of Competency
CPR	Contraceptive Prevalence Rate
CTG	Cardio-Tomography
DOCs	Direct Observation Clinical Skills
ECTS	European Credit Translation System
EHEECE	Ethiopian Higher Education Entrance Certificate Examination
FGC	Female Genital Cutting
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
ENA	Essential Nutrition Approach
EPA	Expanded Program of Immunization
FP	Family Planning
FPBL	Facilitation Problem Based Learning
HERQA	Higher Education Relevance and Quality Assurance
HSDP	Health Sector Development Plan
HRH	Human Resource for Health
HMIS	Health Management Information System
ICM	International Confederation of Midwives
IDDM	Insulin Dependent Diabetes Mellitus
IMNCI	Integrated Management of Newborn and Childhood Illness
ITN	Insect side Treated Net
IPT	Intermittent Preventive Treatment
IUD	Intra Uterine Death
LAM	Lactation Amenorrhea
LMP	Last Menstrual Period
MM	Maternal Mortality
MNCH	Maternal Newborn Child Health
MVA	Manual Vacuum Aspiration
NICU	Neonatal Intensive Care Unit
OPD	Out Patient Department
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Practical Examination
PMTCT	Prevention of Mother to Child Transmission
PBL	Problem Based Learning
TTP	Team Training Program
STI	Sexual Transmitted Infection
WHO	World Health Organization
VTC	Voluntary Counseling and Testing

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1. Background

1.1. Introduction

Ethiopia is the second populous nation in Africa with predominantly rural, young and impoverished population which is growing by 2.6 percent annually. Ethiopia is the home of a variety nations, nationalities and peoples with more than 80 different spoken languages. The average size of a household is 4.7. The pyramidal age structure of the population has remained predominately young with 44.9% under the age of 15 years, and over half (52%) of the population in the age group of 15 and 65 years. The population in the age group of over 65 years accounts for only 3% of the total. While the sex ratio between male and female is almost equal, women in the reproductive age group constitute 23.4% of the population.

The major health problems of the country remain largely preventable communicable diseases complemented by malnutrition. Over the last two decades, Ethiopia has made significant gains in family planning and reproductive health indicators as observed in the Ethiopian Demographic and Health Survey (EDHS) 2016. Between 2000 and 2016, total fertility rate (TFR) has declined from 5.5 to 4.6 children per woman and modern contraceptive use has increased from 2.9 percent to 42 percent. The 2016 EDHS reported that the maternal mortality ratio (MMR) seven years preceding the survey is 412/100,000 live births which is a significant decline from 871/100,000 live birth of the EDHS 2000 survey findings.

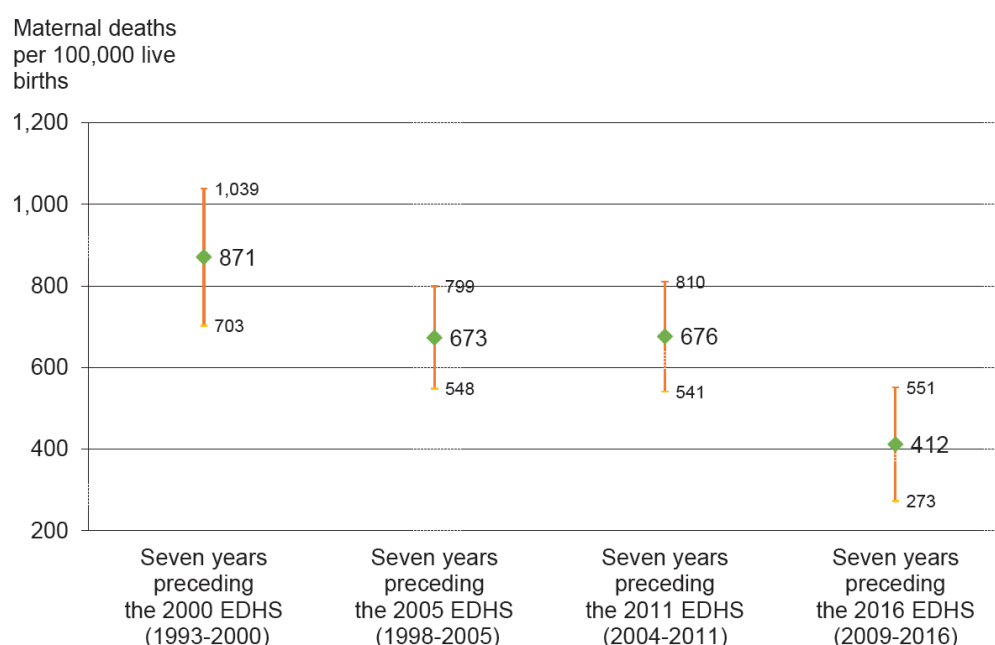
Ethiopia, similar to other countries in sub-Saharan Africa, has made the issue of maternal and child health a top priority. It has taken great initiatives to reduce the burden through an aggressive human resource for health strategy, including the Accelerated Midwifery Training Program, to increase the supply of midwives. Developing capable, motivated and supported health care workers is essential in achieving any country's national and global health goals. Indeed, it has been shown that properly trained and supported midwives at the community level are among the most effective interventions for addressing and reducing maternal and infant mortality.

But key challenges and system gaps remain including midwifery quality standards, lack of medical ethics and commitment, and skill upkeep and upgrading of midwives. Other challenges pertain to inequitable distribution of skills across the country, and a lack of fair and equitable access and empowerment of rural women to quality education. The role of midwives remains limited to anti-natal, delivery and post-natal care, when their role should be expanded to other areas, such as adolescent health, family planning, the prevention of harmful practices such as female genital cutting, nutrition and violence against women. A midwife should be a woman's life partner. Underlining these challenges is an under-resourced country where public sectors lack funds for basic tools and infrastructure in general, and where service delivery models are dependent on donor funding that are not sustainable in the future, due to the continuing decline of donor funds globally.

The founder of LeDeG Midwifery College, **Dr. Teguest Guerma**, is a highly experienced global health advocate and currently retired medical professional with extensive grassroots level experience in global public health, and an advocate for creating equal access to education for rural girls. Having seen the challenges of various models in her country, she has undertaken the important task of addressing key gaps in the health delivery system, by proposing a social enterprise model for establishing a Center of Excellence and a high quality Midwifery College in Ethiopia, that inspires, nurtures and puts vulnerable women and girls at

the center of the current development efforts in Ethiopia.

Figure 1: Maternal Mortality Trend in Ethiopia



According to Federal Ministry of Health's report, the major causes of maternal deaths in Ethiopia include: Obstructed labor (13 %), Ruptured uterus (12 %), Severe pre-eclampsia/eclampsia (11 %), Post-partum hemorrhage/retained placenta (7 %), Severe complications of abortion (6 %), Postpartum sepsis (5 %), Ante-partum hemorrhage (5 %); and Direct complications from other causes (9 %). Indirect causes such as HIV/AIDS (4 percent), anemia (4 %), malaria (9 %), and others contribute to about 21 % of the maternal deaths.

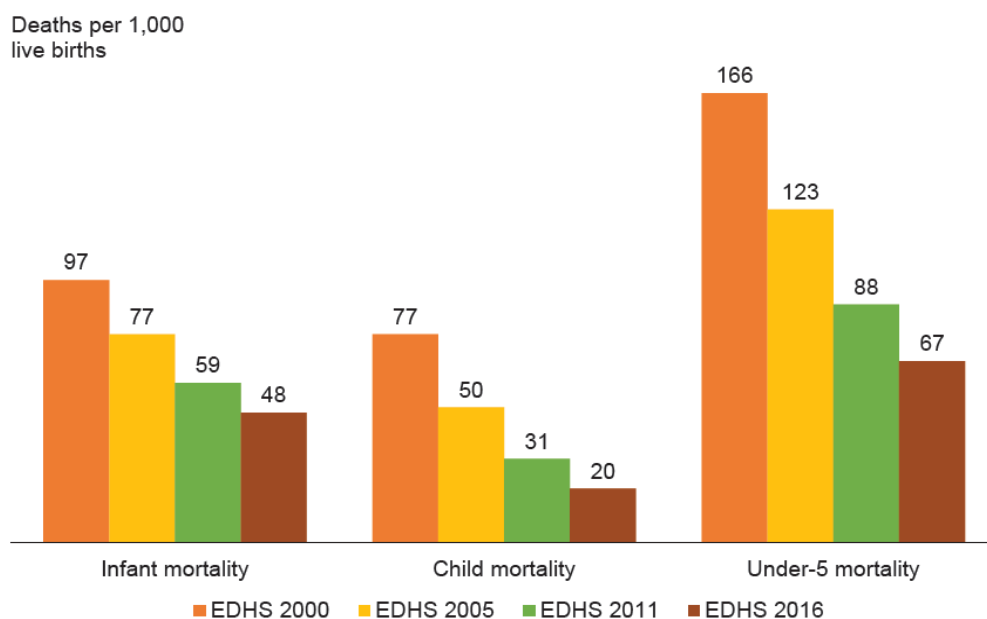
In Ethiopia, 85% of facility based maternal deaths are due to direct obstetric complications. It is also noted however that the EDHS (2016) showed just 26 % of deliveries occur at a health facility and 28% of deliveries are attended by skilled health workers and the main causes of home deaths have just begun to be recorded through the national Maternal Death Surveillance Review (MDSR).

Though Ethiopia officially met its MDG 4 Goal of reducing under-five mortality by 67 percent since 1990, the rate is still unacceptably high, and neonatal mortality rates (NMR) have remained stagnant since 2005. The EDHS 2016 reported NMR of 29/1000 live births which has also registered a decline from 37/1000 live births in 2011. Among the major causes of mortality in under-five children include pneumonia, malaria, diarrhea, and severe acute malnutrition.

The high maternal and neonatal mortality is primarily due to poor quality of, access to and utilization of evidence-based high impact maternal and newborn health services, such as inadequate skilled attendance at birth and emergency obstetric care. Factors contributing to these include: shortage of skilled health workforce, insufficient supply of medical equipment and consumables, distance to functioning health centers, weak referral systems, limited transport systems and lack of serviceable roads, out of pocket expenses, and cultural norms and traditional health seeking behaviors.

The focus on increasing skilled delivery coupled with the scale up of Essential Newborn Care (ENC) through the creation of Newborn Corners and operationalization of the Helping Babies Breathe module is helping to address birth asphyxia, one of the top three causes of neonatal deaths in Ethiopia. The recent development and scale up in the agrarian regions of Community Based Newborn Care (CBNC) allows for identification and management of neonatal sepsis at community level. Furthermore, the attention to the operationalization of Level 2 and level 3 Neonatal Intensive Care Units (NICU)'s in a number of hospitals throughout the country has helped in addressing the neonatal deaths secondary to preterm births and other high risk neonatal complications.

Figure 2: Child Mortality Trend in Ethiopia (200-2016)



Ethiopia's health problems, like those of other countries in the Sub-Saharan region, are dominated by communicable diseases and issues related to maternal and child health. Reducing maternal and infant mortality and morbidity to meet the global development goals, has been at the forefront of the Federal Ministry of Health's efforts. The Maternal Mortality Ratio is 412 per 100,000 live births (EDHS 2016). In spite of the important reduction from the 2011 ratio which was at 676 per 100,000 live births, there are still 4 maternal deaths per 1000 births, 3 in 10 women had 4 ANC visits for their most recent live births, 28% were delivered by skilled health workers or in a health facility and 17% of women reported having received post-natal care checkup in the first 2 days after their delivery. Neonatal and infant mortalities are also high despite of a clear progress during the past few decades. They are respectively 29 and 48 per 1000 live births. Maternal deaths represent 25 % of all deaths of women aged 15 to 49 from 2009 to 2016 (DHS 2016).

One of the major causes for the above situation is the inadequate number of the health workforce with the required skill mix not met in the training institutions. It is below World Health Organization (WHO)'s minimum threshold in Sub-Saharan Africa at 2.3 doctors, nurses, and midwives per 1,000 people. Indeed, according to the Demographic and Health Survey 2016, the vast majority of deliveries still take place at home in the absence of trained personnel with midwifery skills.

1.2. Midwifery Education in Ethiopia

Ethiopia, through its Human Resource for Health (HRH) Strategy 2009-2020, has been tirelessly working to avail adequate number of skilled birth attendants and improve the quality of medical education. Recognizing that midwives are the frontline workers for reducing maternal and infant deaths, Federal Ministry of Health (FMOH) initiated the Accelerated Midwifery Training Program (AMWTP) with a target of 9,866 midwives to be trained and deployed by 2020. The Health Sector Development Program IV (HSDP IV) strived to achieve a 1:6759 ratio of a midwife. Regardless of a tireless effort however, there were only 2,520 midwifery graduates in Ethiopia in 2012. They graduated from 46 training institutions across the country, an increase of 84% from 2008 (from 25 training institutions). Only 32 percent of the students were trained at the degree level, while the rest (68%) were trained at the diploma level. This much success has been registered with the lions share contribution from public health science colleges and only 7% of the graduates were from private health science colleges.

Cognizant of this fact, the HRH strategic plan of FMOH stipulated the need to strengthen midwifery training at BSc and Masters Levels, starting from 2014/15. According to FMOH's report in June 2014, the total number of midwifery professionals in Ethiopia had reached around 7,800, with a midwife to population ratio of 1:11,538. In Addis Ababa, there are currently a few private midwifery schools and a number of governmental training institutions, but current midwifery provision in the country remains limited, and the demand across the country continues to be high.

Although the number of midwives in Ethiopia is increasing, motivation and retention are the two most challenging factors. Evidence shows that poor working conditions, low salaries, lack of supervision and lack of opportunities for career development are the main demotivating factors. A comprehensive approach towards enhancing career development, and devising a retention mechanism by improving the working environment, housing in remote areas and remuneration, have been undertaken, as part of the measures to increase and improve health human resources in the country. Midwives believe that motivation can be improved through expanding continued educational opportunities, career development, and supporting practice in private wings within public facilities after working hours, as well as the introduction of hazard allowance.

Although there has been a considerable increase in the number of training opportunities, there are still some system level challenges such as overcrowded classrooms, limited practical training, poor learning materials, poor infrastructure and the non-conducive setting of training centers. Thus, concerns around the quality of pre-service education remain a critical gap to be addressed

Furthermore, currently the health system is decentralized and at the lowest level the community is served with health extension workers. Although this has allowed access to communities, there is a need for professional midwives who can handle basic emergencies and refer patients to district hospitals when necessary.

The close collaboration between FMOH and FMOE has enabled the quality improvement of midwifery education to be in the right track. The dedication of midwifery education institutions is significant in this process and the contribution of professional societies especially Ethiopian Midwifery Association (EMA) as well as other civil society organizations engaged in the training of Midwives needs to be upscaled. With due recognition of the achievements registered in the last two decades and also cognizant of the huge demand for the quality improvement of midwifery education in Ethiopia, there is a need for more work which LeDeG Midwifery College is determined to play a critical role as a center of excellence.

2. Vision, Mission and Values

The vision of LeDeG Midwifery College is to become 'A Centre of Excellence for high quality standard midwifery Education in Ethiopia

Mission

The school is committed to provide the highest quality midwifery education supported by highly qualified staff, for future midwives to become competent, ethical and compassionate care providers and life time partners to Women.

Core values

The core values of the college are:

- Academic excellence
- Innovation with ethics
- Integrity, accountability and transparency
- Care
- Diversity and mutual respect
- Gender sensitivity
- Customer service

3. Philosophy of LeDeG Midwifery College

LeDeG Midwifery College is founded on the philosophy that Midwifery care respects the unique physical, emotional, social, and cultural characteristics of each individual and recognizes the power of women. Giving life to a newborn is based on a partnership with women, provided with compassion, and respectful communication that demonstrates cultural humility. Maternal care fosters the belief that pregnancy and birth are normal physiologic processes to be respected and supported.

Midwifery education recognizes that education and continuing competency are lifelong pursuits and therefore the faculty is committed to providing opportunities for professional advancement for students through a variety of methods and tools. Action research will be used as one of the basic approaches of teaching and learning throughout the curriculum.

Our philosophy on Learning are as follows:

- Learning is a self-directed process for which the learner assumes primary responsibility
- The role of the midwifery teacher includes providing resources and support to facilitate learning

4. Rationale for a New Innovative Hybrid Curriculum

The Federal Ministry of Health (FMoH) developed the Health Sector Transformation Plan V (HSTP V) in which the government emphasized the need for universal primary health care

coverage. Human Resource for Health (HRH) is a corner stone for the health system to function well at all levels of the service delivery tier. According to the National HRH Strategy of Ethiopia, the number of midwives is expected to increase to 9,866 by 2020 in order to meet the health needs of the country.

It has been over half a century since midwifery education was initiated in Ethiopia. We honor the past to build the future. The education of future midwives in Ethiopia demands the continual evolution of practices and the adoption of new and innovative strategies. Societal changes contribute significantly to the shaping of midwifery education. Added complexities include the explosion of scientific discoveries and new knowledge, the mounting burden of chronic diseases and the challenges of serving rural and remote populations. These emerging issues influence the skill sets required of contemporary Ethiopian health professionals. We need to prepare the Ethiopian midwifery education system for the twenty-first century.

This curriculum preparation was based on review of existing nationally harmonized midwifery education curriculum and graduate profiles, review of national health policies and priorities, review of the current midwifery education in Ethiopia, international best practices and midwives' competencies, and in-depth review of global trends for midwifery education. The recently completed task analysis of midwives has also significantly helped to design a context relevant midwifery curriculum. The standard of international Confederation of Midwives has also been meticulously assessed and adapted.

5. The Curriculum Development

This curriculum guide is a structured document that delineates the philosophy, goals, objectives, learning experiences, instructional resources and assessments for midwifery education at Bachelor of Science in Ethiopia. Specifically, it is intended to produce a high caliber midwifery students through an articulation of what prospective midwives should know and be able to do. Moreover it supports teachers in knowing how to achieve these goals throughout the four (4) year study.

This section presents the curriculum model, the development process, the aim of the program, its objectives and the long term strategic plan of LeDeG Midwifery College.

5.1. Curriculum Model

According to O'neille (2010) Curriculum development encompasses how a curriculum is planned, implemented and evaluated as well as what people, procedures and processes are involved. It is the curriculum model that helps designers to systematically and transparently map out the rationale for the use of particular learning, teaching and assessment approaches.

Tyler (1949) identified four fundamental questions which, he suggested, should be answered in developing any curriculum and plan of instruction. These questions were:

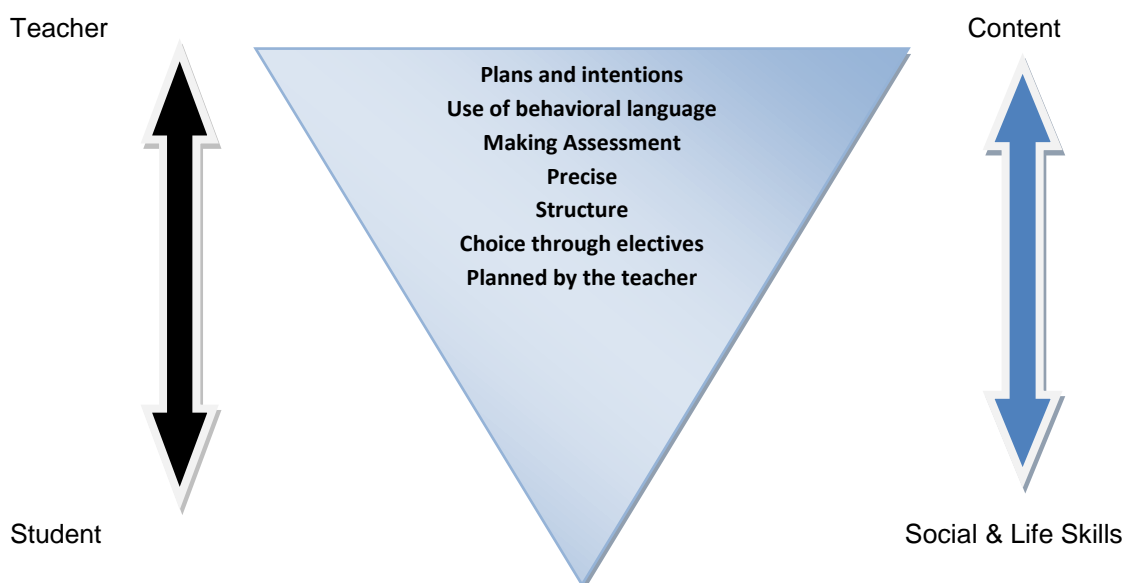
1. What educational purposes should the educational establishment seek to attain?
2. What educational experiences can be provided that are likely to attain these purposes?
3. How can these educational experiences be effectively organized?

4. How can we determine whether these purposes are being

The Tyler rationale (as it has become known) continues to be much of the basis the recent curriculum development which has taken place.

There are slight simplistic version of two polarized curriculum models are those referred to by many authors as the 'Product Model' and the 'Process Model'. One emphasizes 'plans and intentions (The Product Model) and one which emphasizes activities and effects' (The Process Model)

Figure 3: Curriculum Development Model



The Product Model of Curriculum Development has been used in producing this innovative hybrid midwifery curriculum. This has been chosen over 'process' model for its relevance for competency based training with emphasis on learning outcomes. However, the team of curriculum development has considered the pitfalls of this model not to make prescriptive learning outcomes and give some level of flexibility for the instructor to make adjustments as appropriate.

5.2. The Process

The curriculum development process followed a multi-step, continuous and cyclical process. It started from a thorough evaluation of midwifery education at different levels, consulting with key players in midwifery education, to designing a new innovative hybrid midwifery program. A team comprising five (5) highly experienced midwifery professionals with experience in curriculum development has been set up by LeDeG Midwifery College Steering Committee in May 2016. The primary task of the team of experts has been to evaluate the status of midwifery education at Diploma and BSc level based on which to draft a new programme to produce high caliber midwives.

The core team identified and selected the necessary guidelines developed by the WHO, ICM, FMOH and FMOE as well as the existing curriculum of local colleges to be reviewed. The documents that were selected included the following: the FMOH approved Upgrading to BSC

curriculum, The AAU Harmonized BSC curriculum, Hamlin College of Midwifery curriculum, The Debre Tabor University Midwifery curriculum, FMOE Midwifery Occupational Standard (2011), WHO midwifery training toolkit and guidelines (2008), ICM midwifery training guidelines and packets and Midwifery Teaching Modules (WHO, ICM, FMOH).

Following the review of the above documents, the core team and the CEO agreed that it was necessary to conduct a rapid assessment on the experience, lessons learnt and the challenges faced by the government and nongovernmental schools during the implementation of their respective midwifery curriculum. The group focused mainly on the various teaching methods used by the schools (modular or mixed).

The team developed a data collection tool (structured questionnaire) and administered it to the four selected midwifery schools with long experience: Gondar University Midwifery department, Hawassa University midwifery department, Menelik the Second Health Science College and Hamlin Midwifery College. Two of these (Hawassa and Menelik) apply the modular/ harmonized midwifery curriculum, while Gondar University and Hamlin Midwifery College apply the mixed type of midwifery curriculum - the harmonized and the older midwifery curriculum. In addition, the core team consulted teachers of other midwifery schools, advisors in the FMOH and in the UNFPA Country Office.

The key findings of the assessment were about the challenges faced by the modular type of teaching as follows:

1) as theory sessions are not immediately followed by practical ones, the students forget what they have learned in theory by the time they get to the practical sessions; 2) the time allocated to theory is disproportionately higher than what is allocated to practicum; 3) Students have less time to exercise separately and this benefits the most active students rather than the medium and low level students 4) more time is allocated to supportive courses than to the key subjects relevant to students' competencies.

The assessment also acknowledged the Government's directive for schools to apply the modular method of teaching. But it noted the absence of standard modules and the various curriculum describe only the modules and courses. Teachers/tutors prepare their teaching notes without any preliminary training. This obviously affects the quality and standard of the teaching.

On the other hand, it was learnt that the curriculum that mixes the modular and the conventional methods used by Hamlin and Gondar Midwifery Schools, was able to address the above challenges. These schools are implementing the full curriculum, keeping the time allocated to the practical teaching higher and the total credit hours complying with HERQA's guidelines and ICM recommendations.

Based on all the above reasons, the team agreed to draft a mixed type of midwifery curriculum for LeDeG Midwifery College. It adapted it from all the assessed midwifery schools' curriculum but mostly from the ones from Hamlin and Gondar University Midwifery Schools. In addition the team looked at the Debre Tabor University Midwifery Department curriculum, which was found well designed and inspiring. However, considering that it is currently in a pilot phase, the team felt that we should wait for its evaluation before using it. It could be an ideal document to guide the future implementation of the modular teaching methodology at the national level and help to address all the challenges mentioned above.

5.3. Curriculum Aims

The curriculum of study is at a Bachelor degree level with a commitment to “competency based training” and as such will enable students to:

- Develop into competent and autonomous practitioners of midwifery, working in partnership with rural and urban women, their newborns, and their families; giving support, care, advice and education during pregnancy, labour and the postpartum period, and during the various phases of the reproductive life of women.
- Contribute to the reduction of maternal and infant mortality and morbidity, by the early detection of life threatening conditions and carrying out timely emergency measures, which may include referral to the appropriate level health facility.
- Be caring and sensitive practitioners, facilitating choice, in a culturally sensitive way, responding to individuals, working alongside community based health providers, families within rural communities and health facilities*.
- Work well in a multi-disciplinary team, liaising with community leaders to promote access and uptake of maternity services and coordinate the transport system for referral of emergency cases*.
- Be committed to lifelong learning, recognizing professional accountability in developing knowledge and practice.
- Be eligible for registration by a panel of assessors and be recognized as a certified (registered) Midwife by the Federal Ministry of Health*.

5.4. Objectives

The overall objective of the Innovative Hybrid Midwifery Education Programme is:

- To contribute to the quality formation of holistic, competently skilled and accountable midwife professionals who are prepared to practice autonomously and confidently in the challenging setting of resource poor, remote rural and urban health facilities.
- To train 100 midwives with eLearning in continued education starting 2021/22
4 sponsor the training of girls from the rural area with 100% of the college net income

The specific objectives of this curriculum is to enable midwifery students to:

Knowledge and understanding
1. Demonstrate knowledge of the factors affecting communication between midwives and their clients and other health professionals, and be able to use this knowledge to evaluate and develop their own communication skills.
2. Demonstrate sound knowledge of anatomy, physiology and microbiology and how these affect and are affected by the childbearing process; are able to use this knowledge in the assessment of women’s needs and the planning of effective midwifery care for women and their babies at all stages of the child bearing process; and be able to apply this knowledge for women

seeking care in family planning and other areas of women's health.
3. Demonstrate their knowledge about the social and cultural factors which affect women's beliefs about and experiences of childbearing and be able to use this knowledge in practicing women centered and individualized midwifery care .
4. Describe the complex ethical, legal and professional frameworks that govern and guide midwifery practice and be able to apply this knowledge to specific clinical situations in order to determine best practice.
5. Demonstrate a comprehensive knowledge of the research process; are able to analyze research and evidence-based midwifery care; are able to use this knowledge to critically analyze and evaluate different care strategies and facilitate safe and individualized childbirth experiences for women and their families.
6. Demonstrate a sound knowledge of the cultural and social factors influencing infant feeding and the health implications of these practices; use this knowledge to develop effective strategies to promote successful breastfeeding and support families in safe feeding practices.
7. Identify deviations from normal births resulting in complicated midwifery scenarios; use this knowledge to assess complex, unexpected and emergency situations and determine appropriate midwifery care activities to achieve the best outcome for women and their babies.
8. Demonstrate knowledge of leadership and health service management, and use this knowledge to critically evaluate existing services, management processes with midwifery care settings while also developing strategies to improve and increase the acceptance of midwifery services among rural communities.
9. Demonstrate knowledge a of the major health issues affecting local populations and of current public health strategies to tackle these issues and be able to critically evaluate such strategies within the midwifery sphere of practice.
Clinical practice skills
1. Plan for care for women, their newborns and their families
2. Assess the health, progress and needs of pregnant women, mothers and their babies in partnership with women and their families.
Make a plan for the birth including discussing preparedness based on this assessment and evaluate the effectiveness of the care provided.
2. Provide care for pregnant women mothers and their babies, demonstrating the safe application of appropriate midwifery skills including BEmONC interventions and emergency procedures including timely referral when necessary.
3. Apply universal safety precaution in all appropriate situations and demonstrate infection prevention strategies such as decontamination and sterilization of equipment.
4. Give competent and compassionate counseling to women and their partners about prevention of mother to child transmission of HIV and carry out appropriate testing and treatment (and prophylaxis) when necessary.
5. Maintain accurate and detailed records (including the signature of the reporting midwife) of all midwifery care given and of relevant communications with clients, other healthcare professionals and ambulance drivers, including recording all activities in the appropriate register and completing summarized reports for the Woreda health office.
6. Prescribe and administer appropriate medications to childbearing women and their
7. Provide family planning services
8. Effectively communicate information about care options to women (and their families where appropriate) in a way which enables them to make informed decisions about their care in all areas of midwifery care and reproductive health.

9. Create and effectively utilize opportunities to promote the health and wellbeing of women and their families
10. Prioritize the midwifery workload for effective time management
11. Apply skills of reflection and problem solving to new situations, assessing their own learning professional development needs.
Attitudes and Personal Attributes
1. Demonstrate compassionate , respectful and ethical maternal care
2. Maintain privacy and confidentiality for all clients in their care.
3 Assess own needs for learning and development

6. Action Plan

In line with the vision, mission, objectives and strategies of LeDeG Midwifery College, the following action plan has been developed to meet the key milestones in the initial years following the expected inauguration of the College in January 2018.

Table 1: Milestone Table

Description of Key Activity	Timeline	Remark
Inauguration of the college	December 2017	
Staff recruitment	October 2017	
Marketing and student recruitment	December 2017	
Student enrollment	January 2018	
Class Commencement (BSc, regular)	February 2018	
Class Commencement (BSc upgrading)	March 2018	Using FMOH Curriculum
First Batch Graduation	January 2021	100 midwives

7. Program Requirement

7.1. Admissions Requirement

I. Enrollment for Direct Entry to The Bachelor of Science in Midwifery is subject to the fulfillment of the following requirements. Thus to register as a prospective student, s/he must	
1	Be a legal resident of the Federal Democratic Republic of Ethiopia
2	Have successfully completed study from preparatory school and achieved the necessary matriculation points for that specific year (for direct entry only)
3	Pass both the interview and written entrance examination of the College <ul style="list-style-type: none"> • demonstrating a reasonable level of English language and General Sciences
4	Demonstrate interest in becoming a midwife
5	Have a background in the natural sciences, as per the Ministry of Education's directive (for Direct Entry only)
6	Be medically fit (will undergo a medical examination)
7	Certified that they have good character, sufficient for safe and effective practice as a midwife
8	Be at least 18 years of age
9	sponsored students should be willing to go back and serve their respective communities for at least 2 years
	Applicants from rural areas who comply with these criteria will be granted sponsorships by the College, donor organizations, NGOs and individual donors
II. Enrollment for Upgrading from Level IV Midwifery to The Bachelor of Science in Midwifery is subject to the fulfillment of the following requirements. Thus to register as a prospective student,	
1	Present their original Diploma and transcript
2	Pass the COC examination (Certificate of Competency)
3	Pass the Ethiopian Higher education entrance certificate examination (EHEECE)
4	Have completed 2 years of service
	Students from rural areas will be sponsored by the College, donor organizations, NGOs and individual donors

These requirements are subject to change in accordance with any changes within the MOE/HERQA guidelines

7.2. Graduation Requirements

The College awards the degree of Bachelor of Science (BSc) in Midwifery to those matriculated students who have completed an approved total of 142 credit hours and who, by vote of the college academic committee, are certified as having fulfilled all degree requirements. Matriculated students may fulfill their degree requirements while classified as either full-time or part-time students for individual academic semesters. The following BSc degree requirements must be fulfilled so as to be eligible for graduation:

◆ General education courses: 11 credit hours	}	Total: 146 credit hours
◆ Supportive courses: 41 credit hours		
◆ Professional courses: 94 credit hours		

- Obtained a minimum CGPA (cumulative grade point average) of >2.
- Is able to pass the school's comprehensive exam, both in theory and practice, Can pass the comprehensive exam, in order to sit for the external examination administered by external examiners (Ministry of Health).
- If not able to pass both the internal and/or external exam, she/he will be delayed for a minimum of 3 months and then shall sit for the re-exam.
- Has not scored an "F" grade in any course, and should not score a "D" grade in any practicum or professional course.
- Successfully passes and completes the internship/professional practice program.
- Has carried out a student research project on a selected and agreed-upon topic of a research problem and scored a minimum of "C" grade in his/her thesis report.

7.3. Degree Nomenclature

Upon the successful completion of this program, the graduate will be given:

THE DEGREE OF BACHELOR OF SCIENCE IN MIDWIFERY (BSc MIDWIFERY) in English and “(የባችለር ሳይንስ ዲግሪ በሚድረጃ)” in Amharic.

8. Career Ladder

Midwives may pursue the following career path:

- MSc in Clinical midwifery
- MSc in Midwifery Education
- PhD in Midwifery
- Reproductive health/Maternity nursing
- MPH Public Health
- MSc in Neonatology
- MSc in Pediatrics
- MA Gender and Development
- MA Social Sciences
- MSc in Integrated Emergency Surgery and Obstetrics (ISO)
- Other related and appropriate stream

9. Graduate Profile

A graduate of LeDeG Midwifery College will be distinguished by the ability to:

- Identify normal and abnormal anatomy and physiology of human body. More emphasis is put on the reproductive system.
- Evaluate patient history, physical examination, laboratory results, and additional diagnostic data.
- Diagnose normal and high-risk pregnancies, provide efficient care, managing minor and major complications of pregnancy and refer them accordingly.
- Evaluate patient history, physical examination, laboratory results, and additional diagnostic data.
- Develop appropriate obstetric and gynecological care plan consistent with the overall medical nursing regimen.
- Conduct clean and safe delivery, and handle selected emergency situations to maximize the health of women and their newborns.
- Provide comprehensive postnatal care for women.
- Provide care for the new born and infant.
- Conduct surveillance, provide preventive care, manage common problems of children, and refer risk cases.
- Identify drugs and anesthetic agents in obstetrics & gynecology.
- Provide integrated Family Planning services, and manage related complications arising from the use of various types of contraceptive methods.
- Diagnose and treat sexually transmitted infection.
- Identify obstetrical and gynecological instruments, functions and related problems.
- Work harmoniously with community based reproductive health agents (CBRHA) and health extension workers.
- Diagnose common gynecological problems, prepare for and assist in cases of elective operation.
- Diagnose and manage abortions effectively and provide post abortion care.
- Be involved in research and intervention to increase the quality of care and in reproductive health.
- Describe the concept of primary health care and discuss the midwife's role in the implementation of the relevant program in accordance with health management.
- Recognize personal and professional attributes, demonstrating ability to interact on a professional level.

- Practice and demonstrate standard infection prevention techniques at all levels of health care settings.
- Provide HIV counseling and testing during ante partum, intrapartum, and immediate postpartum period for mothers.
- Provide ARV prophylaxis for mothers and newborns to prevent HIV mother-to-child transmission (PMTCT) and treat pregnant women with ARVs.
- Counsel mothers and care givers on infant feeding.
- Counsel mothers on nutrition
- Perform and evaluate ultrasound results for diagnostic and therapeutic purposes in midwifery practice.
- Function within a legal and ethical framework, accepting responsibility and accountability for his or her own practice.
- Actively participate in the prevention of violence against women and child abuse.
- Participate in the prevention of harmful practices such as female genital cutting and teenage pregnancy.
- Actively participate in the teaching/learning activities of health professional training.
- Appreciate continuing learning for personal and professional enrichment.
- Provide high quality, culturally sensitive health education and services to all individuals, family or the community, in order to promote healthy family life, planned pregnancies and positive parenting
- Provide Adolescents and youth Sexual Reproductive Health (AYSRH)
- Provide respectful and compassionate care

10. Academic Grading System

Assessment grades are on a scale of A to F. Within each grade A to C, you may be awarded + or –; there is no D+,D-, F+ & F- grade.

Table 2: Academic Grading System

Grade	Points	Numerical Score	Standard
A+	4	>95	EXCELLENT
A	4	90 – 94.9*	EXCELLENT
A-	3.66	86 – 89.9*	VERY GOOD
B+	3.33	82 – 85.9*	VERY GOOD
B	3	77 – 81.9*	GOOD
B-	2.66	73 – 76.9*	GOOD
C+	2.33	69 – 72.9*	GOOD
C	2	63 – 68.9*	SATISFACTORY
C-	1.66	60 – 62.9*	SATISFACTORY
D	1	51 – 59.9*	UNSATISFACTORY
F	0	<50	FAIL

Students will be notified through the Student Information System (SIS), after the results are confirmed by the Academic Committee of LeDeG Midwifery College.

11. Student Assessment

Assessment plays a central role in the education process: it determines much of the work students undertake, it affects their approach to learning and is an indication of which aspects of the course are valued most. To meet this purpose, LeDeG Midwifery College will use different forms of written exams, practical presentations, coursework assignments, progress tests, materials preparation, research projects, laboratory work, field work or a combination of two or more of these methods. All assignments submitted for assessment must be written in English, as per the requirement of HERQAA. In each semester, students will be given details of the assessment for that semester's courses by the lecturers concerned and prior information on exam dates, locations and times will be provided.

Purpose of Assessment: the purpose of assessment is to motivate students to learn, create learning opportunities, give feedback to students and teachers, provide academic grade and ensure that the minimum quality standards are met.

Types of Assessment: the two commonly used assessment methods will be applied at LeDeG Midwifery College: (1) formative assessment, which is mainly intended to help the student learn. Formative assessment is most useful part through the module and will involve giving students feedback which they can use for continuous learning and improve performance. The findings of formative assessment will not be used to make pass/fail decisions; (2) Summative assessment is intended to identify how much has been learned. Summative assessment is used to make a pass/fail or promotion decision.

There are a set of criteria that need to be applied in the choice for pertinent type of student assessment for different learning outcomes. These includes reliability, validity, feasibility, affordability etc

Reliability and Validity of Student Assessment
<p>Reliability is the reproducibility or consistency or generalizability of assessment scores. An assessment result is said to be reliable when students get the same score if they re-take the exam. Similarly, for essay type and performance assessment, assessment scores are reliable, if the same results are obtained with different assessors. Reliability of assessments can be improved by increasing the number of questions (or cases in clinical performance examination), aiming for middle difficulty questions, writing clear and unambiguous questions and increasing the number of assessors.</p>
<p>Validity is the ability of an assessment to measure what it is supposed to measure. Validity is not about the method which refers to the evidence presented to support or refute the meaning or interpretation assigned to assessment results. Simply put, assessment results are valid if they accurately distinguish competent from incompetent students and if the student who gets “A” grade is actually an “A” student, a student who gets a “B” grade is actually a “B” student, a student who gets an “F” grade is actually an “F” student, etc. Examples of factors that affect validity in written assessment are too few written questions to sample the content adequately, preparing questions from some chapters, mismatch of assessment questions with content covered in the curriculum, poorly constructed questions, too difficult or too easy questions, rater subjectivity and cheating. For performance (clinical) assessment, too few cases or observations to generalize performance, unrepresentative cases, rater bias, flawed rating scales/checklists and indefensible pass/fail cut off points are threats to validity. Note that reliability is a necessary but not sufficient condition for validity.</p>

Student Assessment Methods

The following methods will be used for summative type of student assessment

- 1. Problem Based Assessment (PBA) progressive assessment:** is a continuous assessment of students' performance during PBL tutorials with regards to content, process and professionalism. To improve reliability of the score, this assessment strategy will be guided by a checklist. The checklist may assess competencies in four areas: knowledge of basic, clinical, public health and psychosocial sciences, information gathering skills, reasoning skills, participation and communication skills, cooperation and teambuilding skills.
- 2. Direct observation of clinical skills (DOCs):** The purpose of DOCs or mini-clinical evaluation exercise is to assess clinical skills while a student interacts with patients in different settings. Typically it takes 15-20 minutes and the assessor follows the student with a checklist and gives feedback at the end. The DOCs offers students immediate and ongoing feedback about their observed clinical skills and performance (interviewing skills, physical examination skills, and professionalism, clinical judgment, counseling skills, organization/efficiency and overall clinical competence). This method will be used in all years of the training and there will be at least two DOCs to be performed by a student in each module or clinical rotation. This assessment method enables one to follow the progress of the student and will be used for formative assessment.
- 3. Objective Structured Clinical Examination (OSCE)** is a performance-based exam. During the exam, students are observed and evaluated as they go through a series of 8 or more stations. It allows assessment of multiple competencies. It is Objective, because examiners use a checklist for evaluating the trainees; structured, because every student sees the same problem and performs the same tasks in the same time frame; and Clinical, because the tasks are representative of those faced in real clinical situations. These increase the reliability and validity of the assessment. OSCE is a standardized means to assess history taking, physical examination skill, communication skills, ability to summarize and document findings, ability to make a differential diagnosis or plan treatment, clinical judgment based on patient's notes and procedural skills. OSCE may use manikins and simulators, standardized patients and real patients.
- 4. Structured long cases:** structured long case assessment presents the student with a complete and realistic clinical challenge thereby enabling the evaluator to see the complete picture of the student's ability in addressing the challenges. The use of multiple cases improves reliability of the examination, which is a major weakness in the traditional long case. Additional improvements to the traditional long case that would improve reliability are observing the student-patient interaction and using checklist and increasing the number of examiners.
- 5. Standardized oral exam:** standardized oral examination is a type of performance assessment using realistic patient cases for questioning the examinee. The examiner begins by presenting to the examinee a clinical problem in the form of a patient case scenario and asks the examinee to manage the case. Questions probe the reasoning for requesting clinical findings, interpretation of findings, and treatment plans. In efficiently designed exams each case scenario takes three to five minutes. One or two faculty serve as examiners and students can be tested on several different clinical cases. Oral exam will be part of the summative assessment in clerkship II.

- 6. Written Exam:** written assessments may include different item formats such as multiple choice questions, matching, true-false, essay and short answer. Written assessment methods will help to evaluate knowledge and understanding of basic, clinical, public health and psychosocial sciences and professionalism and ethics. An important point to remember is to ensure written exams assess higher order knowledge in addition to recall and comprehension. Written assessments would be parts of both as formative and summative assessment in premedical, pre-clerkship and clerkship.
- 7. Logbook:** documentation serves as evidence of scope of patient care and community experience to meet requirements or specific learning outcomes. Maintaining logbook will encourage students to make use of all possible learning opportunities for clinical/procedural skills and community skills to fulfill minimum requirement. Regular review of logbook can be used to help the student track what procedures or experiences must be sought to meet requirements. The logbook document should be counter signed by faculty. The number reported in a logbook may not necessarily indicate competence. Logbook will be part of the formative assessment throughout the medical curriculum.
- 8. Portfolio:** portfolio is a collection of papers and other forms of evidence that learning has taken place. It provides evidence for learning and progress towards learning objectives. Reflecting upon what has been learned is an important part of constructing portfolio. In addition to products of learning, the portfolio can include a statement about what has been learnt, its application, remaining learning needs, and how they can be met. Portfolio helps to assess learning outcomes including those that are not easy to assess with other methods like personal growth, self-directed learning, reflective ability, self-assessment of personal growth and professionalism. Portfolio allows assessment of progress towards learning outcomes by using chronological work samples collected at different points in time. Portfolio will be part of the formative assessment throughout the duration of the medical training and can be used as a summative assessment during internship.
- 9. Global Rating:** Global Rating is an assessment of general categories of ability (e.g. patient care skill, medical knowledge, interpersonal and communication skills, professionalism, etc.) retrospectively based on general impression over a period of time and derived from multiple sources of information. The purpose is to evaluate knowledge, skill and attitude over a period of time at the end of a rotation thereby helping the evaluation of the student's efforts across time. Global rating will be part of both formative and summative assessment of students throughout the duration of the medical curriculum.
- 10. 360⁰ Evaluation:** 360⁰ evaluation consists of measurement tools completed by several people in a student's sphere of influence. Evaluators usually are faculty, other members of the health care team, peers, patients, families and community members. 3600 evaluations can be used to assess interpersonal and communication skills, teamwork ability, management skills, decision-making, professional behaviors and some aspects of patient care. It will be used as part of the summative assessment in Community Based Training program (CBTP), team training program (TTP), clerkship I and II and internship.

11. Human Resource Profile

The following list and number of highly qualified and experienced professionals will be recruited to deliver the school curriculum in a concerted effort.

Table 3: Human Resource Plan

TYPE OF QUALIFICATION	NUMBER	MINMUM YEAR OF EXPERIENCE
BSC in Midwifery	4	3
MSc in midwifery	2	3
MSc Maternity and Reproductive Health	1	2
PhD in midwifery/ PHD in maternity & RH	1	2

12. Teaching and Learning Methods

A careful selection of appropriate teaching and learning methods is of critical importance in a competency or outcomes-based curriculum. With due consideration of the high standard that LeDeG midwifery students need to acquire, instructors, the management and the academic committee shall keep in mind these features in appraising and revising teaching and learning methods during implementation and revision of the curriculum:

- **Alignment.** The selected methods are closely aligned with the intended learning outcomes across the three learning domains (knowledge, skills and attitude) and the expected level of performance by the learner thereby maximizing the chances that learners will master the required knowledge, skills and attitude.
- **Learner focused.** In terms of learning, the activities of the learner are the ones that ultimately determine the likelihood of competency development. Methods that emphasize learner activities are selected to this end.
- **Variety.** One size does not fit all. What might be considered as the best teaching and learning method for a certain learning outcome may not be so for another learning outcome. In addition, using different methods is likely to stimulate and motivate learners. Hence, a variety of teaching and learning methods are suggested to be used in the curriculum.
- **Collaborative.** Where possible, methods that encourage collaboration and cooperation among learners are proposed.

The main teaching and learning methods to be applied in the implementation of the curriculum are described below.

- **Interactive lecture:** Lecture is an efficient way to integrate and present information from multiple sources on complex topics. An additional advantage of lectures is that it gives students a chance to follow and model the way an expert thinks, reasons and asks questions. Lecture is appropriate for teaching knowledge objectives. Recognizing the limitations of didactic lecture, interactive lecture is suggested to be used in this curriculum during the first five years. Lectures can be made interactive by enhancing them with engagement of learners - mentally and physically using questions, brainstorming, discussion, think-pair-share, debate, role play, case study, providing opportunities for reading, talking, listening, writing and reflecting, and other learner activities.,
- **Problem-based learning, (PBL):** PBL is a method of learning in which learners first encounter a problem followed by a systematic, learner-centered inquiry and reflection process. As applied to education for the health professions, PBL is a method designed to help students learn the sciences basic to midwifery at the same time as

they develop the reasoning process used by midwife and other health professionals in their clinical practice. The problem comes first without advance readings, lectures, or preparation and the problem serves as a stimulus for the need to know. Problem-based learning is designed to develop integrated, context-specific knowledge base; decision-making/critical thinking process and skills; self-directed, life-long learning skills; interpersonal, collaboration, and communication skills; constructive self and peer assessment skills; professional ethics and behavior. PBL is suggested to be used till midwifery professional practice time. During these years, written hypothetical cases will be used while during clerkship real clinical cases seen in the clinical settings will be used to facilitate PBL tutorials. Typically a PBL tutorial involves a group of 5 to 8 students discussing and analyzing a common patient problem in two meetings over a week, each meeting lasting 2-3 hours. In the first meeting, learners identify problems, generate hypotheses and explaining mechanisms. The days until the next meeting are time for independent self-study of learning issues identified. During the second meeting, students will discuss the learning issues and apply what they have learned to the problem. The best PBL tutor is an individual with broad subject matter expertise and good facilitation skills.

- **Role play:** In a role play, learners play out different roles or parts - such as of a patient and provider - in a simulated situation. Role play addresses knowledge, skills and attitude objectives. Role plays promote learning through behavior modeling, observation, feedback, analysis and conceptualization. They are also often useful for exploring, discussing and influencing behaviors and attitudes of learners, as well as for helping learners develop skills such as history-taking, physical examination and counseling. It is also useful for teaching management and supervision skills.
- **Case study6, 8:** Case studies present realistic scenarios/situations that focus on a specific issue or problem, which may be related to diagnosis or treatment of patients, interpersonal skills or any of a wide range of managerial or organizational problems. Learners typically read, study and react to the case study individually or in small groups. Case studies are important to teach higher order knowledge objectives (application, analysis and synthesis) and critical thinking skills.
- **Simulated practice (clinical skills lab):** Simulated practice is the use of simulated person, device or set of conditions for instructional purpose. The learner is required to respond to the situation as he or she would under natural circumstances. Simulation takes various forms. Simulation can be static (like using anatomical models that closely resemble the human body or parts of it) or automated using advanced computer technology. Some are individual, prompting solitary performance, or interactive, involving groups of people. In medical education, simulation complements patient-based education and is best employed to prepare learners for real patient contact. It allows them to practice and acquire patient care skills in a controlled, safe and forgiving environment. Simulations are used to develop psychomotor, procedural and clinical decision-making skills. Simulation also aids development of communication and teamwork skills as well as the ability to respond to medical emergencies systematically. Simulated teaching facilitates learning under the right conditions including, but not limited to, learners receiving feedback on their performance, learners having the opportunity for repetitive practice and simulation being an integral part of the curriculum. Clinical skills lab is suggested to be used during pre-clerkship and clerkship years of the medical curriculum.
- **Clinical practicum:** Clinical practicum or clinical teaching is the use of direct patient or client experiences to develop and practice knowledge, skills and attitude required for healthcare delivery or patient care under the supervision of a skilled clinical instructor or preceptor. These skills include generic skills (communication skills, mental and physical examination skills and basic clinical testing and procedural skills), problem-based clinical skills (skills related to patient complaints or diagnoses), discipline-specific clinical skills (such asepsis in surgery) and continuum of care skills. Clinical learning opportunities include placements at a variety of clinical and

community settings for outpatient emergency care, acute care (outpatient and inpatient), operation theatre, chronic care (outpatient and institutional), palliative and end of life care, wellness and preventive care, and population-based healthcare (community, public health). Outpatient departments are appropriate to practice interviewing, interpersonal and counseling skills as well as clinical skills. Inpatient departments are good to teach patient management, practice healthcare delivery skills including documentation of care plan and treatment given and demonstrate management of rarely seen conditions. Clinical teaching and learning uses a variety of techniques including observation, demonstration, role-modeling, practice, coaching, feedback, discussion and reflection. Clinical teaching starts in the first year with weekly hospital and primary health care visits and runs throughout the medical curriculum increasing in complexity, level of involvement and responsibility.

- **Community-based learning:** Community-based education refers to learning activities that take place outside academic hospitals in the community setting. These settings include, but are not limited to, family homes, primary health care networks (health post, health center, and primary hospital), clinics, outreach sites, schools and prison facilities. Uses of community-based education include increasing the willingness and ability of doctors to work in rural and underserved communities thereby contributing to the solution of inequity in health service delivery; enhancing learning (like PBL) by providing opportunities for students to learn in situations similar to those in later professional lives and opportunities to elaborate on previously acquired knowledge; equipping students with competencies that they would never learn adequately otherwise, e.g., leadership skills, ability to work in a team, the capability to interact with the community, the need for continuity of care, the effect illness has on a family and the early signs of disease and spectrum of health problems; offering an opportunity to learn and work with other health professionals; keeping the curriculum responsive to changing needs of the community; rendering opportunities for partnerships between the community, the university and the government. In the midwifery curriculum, there are three main modalities for community-based learning, namely, weekly community/primary health care visits, yearly community-based training program and team training program during internship. During year 1 to 3, every Friday students will have weekly community/primary healthcare visits in nearby urban and peri-urban areas. Depending on student number and logistics, students may be distributed among different community-learning sites. Similarly, in years 1 to 3, students will have a 4 week block community attachment at the end of each academic year in rural communities (community-based training program). In the fourth year, professional midwifery practice 8 weeks placement in a primary hospital or health center with other health professions students (team training program).
- **Laboratory practice:** Students will have opportunities for demonstration, guided practice and coaching in labs to deepen their understanding and apply principles and methods of basic and clinical sciences.
- **Portfolio-based learning:** Portfolio, is collection of products collected by the student that provides evidence of learning and achievements related to a learning plan. Portfolio develops self-directed learning and reflective ability. It provides personal and professional educational evidence for student learning, contextualizes learning, links experience with personal interpretation, enhances interactions between students and teachers, allows students to receive feedback, stimulates the use of reflective strategies and expands understanding of professional competence. The basic structure of the portfolio may include a title page (giving student's name, year of training and name of the mentor), contents page (listing what is in the portfolio with page references), a list of learning objectives (whose achievement the evidence in the portfolio claims to demonstrate), a short reflective overview (summarizing the learning that has taken place since the last portfolio review, and indicating which items of evidence relate to which learning objectives) and the evidence itself (probably

grouped together into the areas contained in the learning objectives. Mentoring is crucial for portfolio-based learning, as it enhances the feedback process and stimulates students' reflections. Students will have individual mentors (preferably with medical background) from the first year and will stay with one mentor until the point of graduation. The aims of mentoring are to provide feedback, stimulate reflection, support students in compiling portfolio, monitor students' competency development, support students in developing a better awareness and understanding of their strengths and weaknesses, support students in drawing up a learning plan for the coming period and motivate/inspire students. The Mentor will evaluate portfolio of the students at least two times a year and hold a discussion to provide feedback.

- **Personal research and reflection exercise:** In this methodology the student selects a content area from the list of topics provided (e.g. examine the impact of culture on the delivery of health care) then uses journals, self-reflection, community based research, clinical experiences, discussions etc., and is expected to present the findings (in writing and/or orally). This will help the student apply literature review, self-reflection and critical thinking as a method of professional exploration and growth to enhance their research and communication skills and deepen and broaden their knowledge. In addition to its use as a teaching/learning method in the first five years of the medical curriculum, PRRE will also be used as a formative assessment method.
- **Whole group session:** During years 1 to 3, all students and faculty will meet on Friday afternoons for whole group session. The purpose of the session is to consolidate and reflect on the different learning activities covered during the week. The session is student-centered discussion that will be facilitated by one or more faculty.
- **Journal club:** A journal club is a group of individuals who meet regularly to discuss the clinical applicability of articles in current midwifery related journals. Journal club is an increasingly popular way to promote the uptake of research evidence into practice. To make it effective, evidence suggests mentoring and brief training of students on how to judge quality of research as well as the use of structured critical appraisal instrument. Journal club is suggested to be implemented during internship.

13. Quality Assurance

The Midwifery College will have a quality assurance focal person who will mainly be in charge of the program management, research, curriculum evaluation and course standardization. The major responsibilities of the quality assurance unit of the school involve the coordination of the day-to-day activities, oversight of students' assessment, knowledge and skill assessment as well as assessment of stakeholders' opinion. Standardizing school operations based on applicable regulations and guidelines as well as incorporating students' feedback will be some of the focuses of the quality assurance work. The focal person will also chair the QA committee.

A quality assurance committee comprised of the management, instructors and administrative staff members will develop procedures and policies that address topics such as:

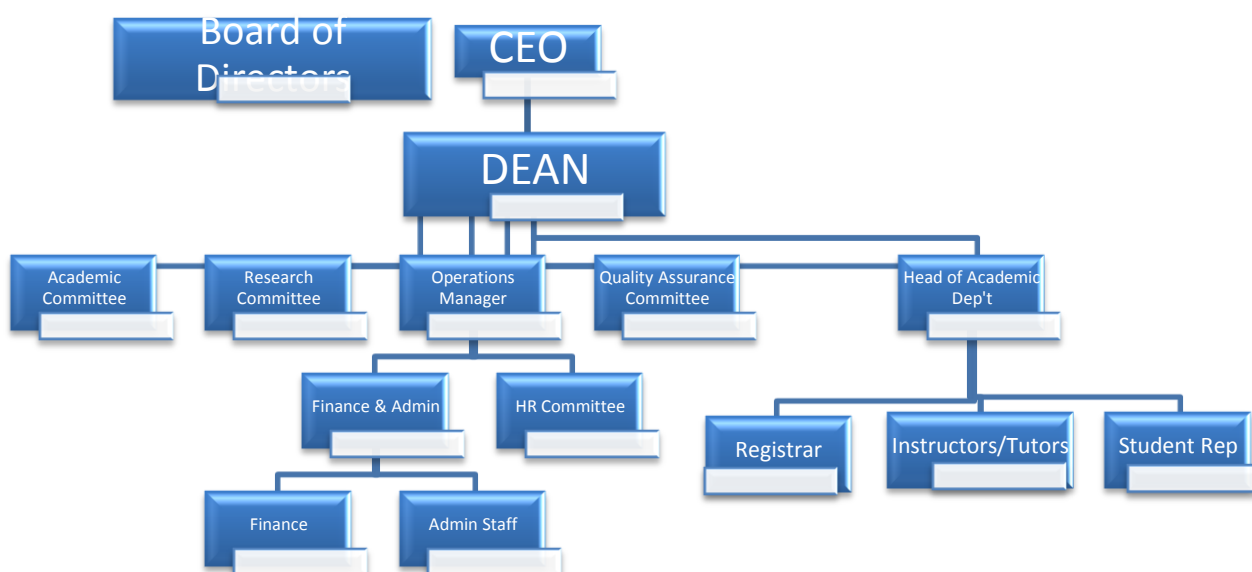
1. How decisions are made within the midwifery program
2. Job descriptions, faculty workload
3. Agreed markers for assessment of the program quality
4. Students' attendance
5. Satisfactory progress
6. Graduation requirements
7. Admission criteria

QA policy will be developed and implemented with the oversight of the QA committee. The QA committee will engage external resource persons to ensure internal QA. There will also be a mechanism for receiving and responding to students' complaints to ensure fair and consistent application of all policies, and to address the concern of confidentiality. This quality assurance system will be implemented to demonstrate commitment to continuous quality improvement. As part of this system, the performance of the college will be evaluated periodically.

Regular review of the curriculum will be conducted as a part of the continuous quality improvement, including input from students, program graduates, midwife practitioners, clients of midwives and other stakeholders. Ongoing review of a clinical training site will be conducted to evaluate their suitability for student learning/experience in relation to expected learning outcomes. Periodic internal external review of program effectiveness will also be conducted.

14. Leadership, Governance and Administrative Structure

Table 4: Leadership and Governance Structure



15. Technical Materials & Equipment

The technical materials required for the midwifery school complies with HERQA's guidelines for the regular BSC Degree in Midwifery. Textbooks and reference books are the other category of technical materials needed to deliver the anticipated high quality Midwifery Education as per HERQA's requirement.

The preliminary list of all technical materials and equipment is included in Appendix B and the full list of Medical Educational Supplies as required by the Ethiopian Accreditation board HERQA is attached in Appendix C. The International Confederation of Midwives provides guidelines with Standard Equipment List for Competency-Based Skills Training in Midwifery Schools. This list encompasses teaching-learning materials with models (pregnant abdomen, breast, etc.), simulator, etc. as well as specific equipment such as implant insertion/removal kit, episiotomy kit, needle, delivery beds, etc. (See Appendix C)

The school will be equipped with the standard school furniture and equipment such as desks, chairs, and blackboards. A library fully equipped with computers and books will be included in the new building. The college will also have an IT room close to the library where students can access and make some desk research.

16. Allocation of Theory and Practice Hours

The programmed time is divided between academic study and clinical practice, giving approximately 1536 hours/4 years (35%) academic study and 2857 hours/4 years (65%) of clinical practice. In this program a normal working day is considered to be 7½ hours in length. Lecture days commonly include 6 periods of teaching session and allow for a further 1½ hours of private study each day. N.B. 5 days per week students have lecture days out of which 1 day per week is dedicated to clinical practice to maintain their skills and abilities in practice.

A normal shift in a clinical placement setting should normally be 7 hours. On some occasions students may work longer shifts. For example night shifts are usually longer than 7 hours (average of 13hrs), hours of students off duty will be adjusted to take account of these longer shift times.

17. Rationale of Course Coding

We choose to adjust our curriculum to Ethiopian standards and to use the nomenclature for our courses by using an acronym for the title and a three digits system for the coding.

First digit: Year (1 to 4) *Second digit:* Semester (1st or 2nd) *Third digit:* Course number (1 to 9)

Example: EPI 227 Epidemiology 2 32 This Course title should be read as follow:

Epidemiology is taught in 2nd year, 2nd semester, course no 7, has a total of 2 credits hours with 32 contact hours (and no laboratory session).

18. Staff Performance Appraisal and Evaluation

Continuous staff appraisal of the academic as well as administrative staff will be conductive on a periodic basis. This evaluation will form part of the continuous quality improvement aspect of the college. Self-evaluation, peer evaluation, and monitoring will be done in each semester based on the rules and regulations of the School using a checklist prepared for such a purpose. Another means is the immediate supervisor and the peer evaluation result will be sent to the Dean of the School, signed by the staff member. This will be accompanied with the semester load of each instructor and sent to the academic committee as well as the quality assurance standing committees at the end of each semester. Generally, the management of academic staff will be guided by the HR policy of the school.

19. List of Courses and Classifications

Table 5: List of Professional Courses

Course Name	Theory (ECTS)	Practice (ECTS)	Lab (ECTS)	Total ECTS
<i>Key concepts in midwifery Practice</i>	1			1
<i>Fundamentals of Midwifery</i>	4			4
<i>Professional Ethics for Midwifery</i>	2			2
<i>Health Assessment</i>	3			3
<i>Midwifery I</i>	6	5	5	
<i>Nutrition</i>	2			2
<i>Building Midwifery Skills in First Aid</i>	2			2
<i>Medical Surgical</i>	4	2		6
<i>Pediatrics</i>	4			4
<i>Neonatology</i>	2			2
<i>Neonatology and Clinical Practice</i>	2			2
<i>Gynecology</i>	3	2		5
<i>Family Planning</i>	3			3
<i>Mental health care in Midwifery Practice</i>	2	1		3
<i>Individual Research Project I</i>	3			3
<i>Individual Research Project II</i>	2			2
<i>Internship</i>	8			8
<i>Midwifery Education, Curriculum and Instruction</i>	3			3
<i>Reproductive Health</i>	2			2

Table 6: List of Supportive Courses

Course Name	Theory (ECTS)	Practice (ECTS)	Lab (ECTS)	Total ECTS
Anatomy I Physiology	4			4
Anatomy II Pharmacology	4 3			4 3
Microbiology & Immunology	2	1		3
Communicable diseases	3			3
Health Education and promotion	2			2
Research methodology	3			3
Environmental Health	2			2
Health Service Management and	3			3

Table 7: List of General Courses

Course Name	Theory (ECTS)	Practice (ECTS)	Lab (ECTS)	Total ECTS
<i>Information Technology and Health</i>	2			2
<i>English Communicative Skills</i>	3			3
<i>Basic Writing Skills</i>	3			3
<i>Information Technology & Health</i>	1			1
<i>Psychology for midwives</i>	2			2
<i>Sociology for Midwives</i>	2			2
<i>Civics and Ethical education</i>	3			3

20. Sequence of Courses

Credit allocation is the process of assigning a number of credits to qualifications/programs or to educational components. ECTS credits are allocated on the basis of the typical workload necessary to achieve the required learning outcomes. The number of credits allocated to the entire qualification or programme depends on the national or institutional regulations and the respective cycle of the Bologna Framework. The College has considered the National Midwifery Standard of HERQA (2014) as a main reference.

Table 8: Sequence of Courses

Year I, Semester I

Course Code	Course Title	Credit hours			Total
		Theory	Practice	Lab	
KMW111	Key concepts in midwifery practice	1	-		1
ANT112	Anatomy I	4			4
FMW113	Fundamentals of Midwifery	2	2	2	6
PEM114	Professional Ethics in Midwifery	2	-		2
INT115	Technology and Health Informatics I	1	2		3
ENG116	Communicative English I	3			3
TOTAL CREDIT		13	4	2	19

Year I, Semester II

Course Code	Course Title	Credit Hours			Total
		Theory	Practice	Lab	
NMW121	Midwifery I	6	2	8	16
APH122	Physiology	2		2	4
ENG123	Communicative English II	3			3
THI124	Technology and Health Informatics II	1			1
Total Credits		12	2	10	24

Year II, Semester I

Course Code	Course Title	Credit Hour			
		Theory	Practice	Lab	Total
MED121	Medical Surgical	4	2		6
CIV122	Civics and Medical Education	3			3
PHA213	Pharmacology	3	-		3
NUT214	Human Nutrition	2	-		2
MIP216	Microbiology & Immunology	1	1		2
FIR217	First Aid And Accident Prevention	2		2	2
Total credit		15	3	2	18

Year II, Semester II

Course Code	Course Title	Credit Hour			
		Theory	Practice	Lab	Total
NEO222	Neonatology	2			2
PMW223	Introduction to Psychology	2			2
SMW224	Introduction to Sociology	2			2
COD225	Communicable diseases	3			3
	Total credits				

Year III, Semester I

Course Code	Course Title	Credit Hours			
		Theory	Practice	Lab	Total
EPI311	Epidemiology	3	–	-	3
COC312	Midwifery II	3	5	2	10
BST313	Biostatistics	2	–	2	4
PED314	Pediatrics	2	1		3
	Total	10	6	4	20

Year III, Semester II

Course Code	Course Title	Credit Hours			
		Theory	Practice	Lab	Total
GYN321	Gynecology	2			2
FPL323	Family planning	2	1		3
RME324	Introduction To Research methodology	3	-		3
REH325	Reproductive Health	2	1		3
	Total	9	2		11

Year IV, Semester I

Course Code	Course Title	Credit Hour			
		Theory	Practice	Lab	Total
EHM411	Environmental Health and Midwifery	2	-		2
MHM412	Health Service Management & Leadership	2			2
EOC413	Mental health care in Midwifery Practice	3	2	5	10
ROR414	Individual research project I	3	-		3
MEC415	Advanced Diagnostic Skill	3			3
Total		13	2	5	20

Year IV, Semester II

Course Code	Course Title	Credit Hours			
		Theory	Practice	Lab	Total
DSC421	Advanced diagnostic skills	2			2
RPR423	Individual research project II	2			
INT424	Internship		8		8
Total		4	8		10

Detail Description of Courses: Year I

Course Title:	KEY CONCEPTS IN MIDWIFERY PRACTICE
Course Code:	KMW111
Credit Hours:	1
Contact hours	16
Prerequisite:	None
Course Description	

This course enables the student to develop a basic understanding of the role of the midwife within the realms of normal midwifery. It will give the insight into the evolution of midwifery as a profession and help to begin to appreciate some of the many factors affecting the role of the midwife in contemporary societies. While learning this course, the student will develop good awareness of the midwifery profession and prepare themselves to practice basic midwifery skills in the clinical setting.

By the end of this course the learner will be able to;

- Describe the historical development of midwifery
- Discuss the statutory frameworks that underpin and regulate midwifery practice
- Explain the role of the midwife in different settings
- Describe the Ethiopian Health Care Delivery System

Teaching & Learning methods

- Lecture
- Audio visual
- Discussion
- Assignments
- Self-directed group work
- problem based learning

Methods of Assessment

1. Assignment presentation 20%
2. Quiz 10%
3. Mid-examination (including VIVAS) 30%
4. Final examination (including VIVAS) 40%

(The % age and the method of assessment may change slightly depending on the individual tutor)

Course Content

- History of midwifery development
- International prospective on midwifery
- National History (Ethiopia)
- Definition of midwives & recent development
- Role (Scope)of midwives, skilled birth attendance
- Regulatory models of Nursing/midwifery councils
- Statutory models for practice.
- Midwifery competencies
- ICM, code of professional ethics
- EMA (Ethiopian Midwives Association) Registration
- Introduction about WHO MOH, MOE,
- Introduction to Health service structure in Ethiopia
- Introduction to Ethiopian health service
- Health care service delivery system
- National Health Indicators
- National Health policies and strategies
- Introduction to Maternal mortality
- Causes of Maternal Death
- Introduction to the culture of midwifery,
- Compassionate Respectful and Caring (CRC)
- Woman centered care,

References

Fraser D M & Cooper M, (2003). Myles textbook for midwives, 14th Ed. Churchill Livingstone, Edinburgh.
Henderson C & Macdonald S, (2004) Mayes' midwifery: a textbook for midwives, 13th Ed. Bailliere Tindall, Edinburgh.

***Holistic Midwifery: A comprehensive textbook for midwives in homebirth practice**

Johnson R & Taylor W, (2006) Skills for Midwifery Practice, 2nd Ed. Elsevier Churchill Livingstone, Edinburgh

Klein S Miller S & Thomson F, (2007) A Book for Midwives: Care for Pregnancy, Birth and Women's Health, The Hesperian Foundation Berkley, California, America

Ministry of Health (MOH) (2008) Organizational Structure, Health Information and Processing Department, The Ethiopian Federal Ministry of Health, Ethiopia Sinclair C, (2004)

A Midwife's Handbook, Saunders, USA

Course Title:	ANATOMY
Course Code:	ANT 112
Credit Hours:	4
Contact hours	64
Prerequisite: None	None
Course Description	

This course will develop students' knowledge of anatomy understanding of its application to pregnancy, childbirth and puerperium. The expectation is for the student to increase their knowledge base and in doing so build professional skills through understanding the relationship of the human body structure, the mechanisms and the control of body function. This will enable the student to recognize deviations from normal, relate them to medical disorders and how they may affect the mother and baby through the childbirth continuum.

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

- Describe anatomy of the human body
- Apply the knowledge of the anatomy of the reproductive system to the clinical situation.
- Explain the normal state of the healthy human body
- Identify the deviations from the normal and take corrective actions
- Apply the knowledge gained to give for the women during the childbearing process

Teaching & Learning

Methods

- Lecture
- Demonstration using skeletal system, charts, dolls or torso
- Self-directed
- Individual assignments
- Audio-Visual

Methods of Assessment

1. Continuous Assessments (50%)
2. Final exam (50%)

(The % age and the method of assessment may change slightly depending on the individual tutor)

Course Content

- **Introduction to Anatomy**
Structural and functional organisms
Homeostasis
Terminologies and the body plane
Cell structure and their function
Movement through the cell membrane
- **Tissue glands and membranes'**
Introduction to tissue and membranes
Types of tissue
Membranes and cavities
Inflammation process
Tissue repair and aging
- **The skeletal system**
Introduction to skeletal system
Function of the skeletal system
Types of bone
Bone and calcium homeostasis
Bone anatomy
Axial skeleton
Appendicular skeleton
Articulation
Defects of aging in the skeletal system and joints
Common disorders in skeletal system, particularly related to pregnancy
- **Muscular system**
Introduction to muscular system
Function of the muscular system
Characteristics of skeletal, cardiac and smooth muscles
In depth study of the muscular system related to female reproduction.
Effects of aging in the skeletal muscle

Cardio-vascular system

Introduction to cardio vascular system
Function of the cardiovascular system

A. Blood

Composition and nature of blood
Function of blood
Blood grouping
Diagnostic blood tests
Pregnancy and change in blood composition

B. Heart

Anatomy of the heart
Function of the heart
Heart sounds
Regulation of heart function
Electrical activity of the heart
Cardiac cycle
The effects of pregnancy on cardiac function

C. Blood vessels and circulation

Types and functions of blood vessels
Functions of peripheral circulation
Systemic circulation
Pulmonary circulation
The physiology of circulation
Control of blood vessels
Regulation of arterial pressure
Change in blood vessels and circulation during pregnancy and aging

D. Lymphatic system

Parts of the lymphatic system
Function of the lymphatic system
Lymphatic capillaries and vessels
Clinical focus

E. Endocrine system

Introduction to endocrine system
Functions of the endocrine system
Chemical signals
Receptors
Hormones
Endocrine glands and their hormones
Important endocrine glands, hormones and hormonal cycles related to the female reproductive system
Other hormones
Age related changes in the endocrine system

F. Reproductive system

Introduction to reproductive system
Anatomy the male and female reproductive systems
Formation of sex cells
Change in anatomy of female reproductive system during pregnancy
Effect of aging on the reproductive system

References

Anatomy of Female Pelvis & Breast for students of Obstetrics

Wylie, L. 2005, Essential anatomy and physiology in maternity care, 2nd Edn. Churchill Livingstone, Edinburgh.

***The developing human – Clinically Oriented Embryology**

***Longman's Medical Embryology**

Graaff, V 1986, Concepts of human Anatomy and Physiology, WCB, Iowa, America.
Saladin, M 2004, Anatomy and Physiology, 3rd Edn. McGraw Hill, Boston.
Tate, P Kennedy, J & Seeley, R 2000, Anatomy and Physiology: a Student Study Guide, 5th Edn. McGraw Hill, Boston.
Watson, R 2005, Anatomy and Physiology for Nurses, 12th Edn. Elsevier, Edinburgh.
Williams, L & Wilcons, L. 2005, Systems and Structures, 2nd Ed. Lippincott, Philadelphia.

Course Title: **FUNDAMENTALS OF MIDWIFERY**
Course Code: **FMW 113**
Credit Hours: **6 (2 theory ; 2 Lab ; 2 Practice)**
Contact hours **32 Lectures and 64 Lab sessions,**
Prerequisite: **None**
Course Description

This course may have been known as “Nursing Art” in other nursing colleges, however as the LeDeG Midwifery College it serves for training of Midwives; the course has been adapted to suit the Midwifery profession. This will be to enable the student to learn and acquire the skills required by a midwife. These skills will depend on the students developing a degree of competency in observational as well as practical abilities in both the clinical and simulated environment. It will help the student to learn, understand and practice basic infection prevention, its principles and how to adapt safety procedures when resources are limited in maternal and newborn care, and also to develop competency in the physical assessment of the woman and baby through the childbearing experience/continuum.

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

- Demonstrate specific infection prevention measures to protect the health of others and self
- Identify occupational risk to healthcare workers and apply preventive actions in healthcare facilities
- Describe the chain of disease transmission
- Apply the new CDC guidelines for isolation to prevent disease transmission
- Differentiate the types of antiseptics and their appropriate usage
- Identify risk factors that increase wound infections
- Demonstrate basic patient care and assist in their activities of daily living
- Show the principles of correct body mechanisms to assist the patient with impaired mobility

Teaching & Learning methods

- Lecture
- Demonstrations
- Role play
- Assignments/Case study/Presentation
- Hands on simulated practice
- Supervision

Methods of Assessment

1. Case Presentation/group work 10%
2. Quizzes 30%
3. End of Semester Exam 40%
4. Skill exam 20 %
5. Objective Structured Practical Examinations (OSPEs): Pass or Fail (Students must demonstrate 100 % competency of the procedure to pass, based on the pre-prepared checklist before they go to the clinical practice)

Course Content

- Introduction to the course
- Orientation to health facilities
- Infection prevention and standard universal precautions
- Hand hygiene and asepsis
- Personal protection
- Safe disposal of contaminated equipment.
- Waste management/decontamination/sterilization/high level disinfection
- Ward care including bed making
- Care of the sick patient; assistance with daily living skills including bed bath and mouth care.
- Prevention of pressure sores.
- Position and mobilization of the sick patient
- Good record keeping and documentation
- Care after death
- Reassurance (family)
- Postmortem care.

(The % age and the method of assessment may change slightly depending on the individual tutor)

References

Fraser, D M & Cooper, M 2008, Myles textbook for midwives, 14th Edn Churchill Livingstone, Edinburgh.

Henderson, C & Macdonald, S. 2004, Mayes' midwifery: a textbook for midwives, 13th Edn Bailliere Tindall, Edinburgh.

*Bates Guide to Physical Examination and History Taking

*Clinical Guidelines for Midwives and Women's Health

*A Pocket Guide to Clinical Midwives – The Efficient Midwife

*Holistic Midwifery: A comprehensive textbook for midwives in homebirth practice

JHPIEGO, 2004, Infection prevention learning resource package, USA

JHPIEGO, 2004, Infection n prevention guide for participants, USA

Johnson, R & Taylor, W. 2006, Skills for Midwifery Practice, 2nd Edn. Elsevier Churchill Livingstone, Edinburgh.

Course Title:
Course Code:
Credit Hours:
Contact hours
Prerequisite:
Course Description

Professional Ethics in Midwifery
PEM114
2
32
None

This course will contribute to the development of midwifery profession through comprehensive understanding and application. Ethical principles of midwifery, concept of ethics and legal issues, communication skills; that contribute to the midwifery/client relationship and theories of human behavior will be explored. The course will assist students to give holistic midwifery care. In addition the course will detail the rights and responsibilities of midwives, client/patients and demonstrate ethical issues related to midwifery.

- By the end of the course students will be able to;
- Describe the midwifery profession and its underlying principles and codes of practice (ethics).
 - Demonstrate appropriate behavior throughout the training.
 - Assist the client/ patient in decision making and respect his/her Rights.
 - Maintain effective communication that enables greater health promotion activities

Teaching & Learning methods

- Lecture
- Discussion and group work
- Case study
- Role play
- Assignments
- problem based scenarios
- Self-directed reading and reading assignments

Methods of Assessment

1. Quiz 30%
2. Presentation/assignments 10 %
3. Mid semester exam. 30%
4. Final exam 30%

(The % age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Professionalism in Midwifery

Definition of profession/professionalism
 Definition of ethical terms
 Philosophy of Midwifery theory
 Ethics and morality
 Approaches to ethics
 Ethical theories
 Domain of midwifery ethics

Fundamentals of Ethical principles:

Autonomy
 Beneficence
 Non-maleficence
 Fidelity
 Veracity
 Justice

Ethical dilemma and ethical decision making

Models of ethical decision making

Legal aspects in midwifery

General Legal concepts
 Function of law in midwifery
 Types of law

Areas of potential liabilities in midwifery

Crime and tort
 Potential malpractice situations.
 Legal issues in midwifery
 Standard of practice
 Credentials
 Code of Ethics in midwifery
 Domain of Midwife ethics

International Code of Ethics in midwifery
Ethiopian midwifery Code of ethics.
National/ International MW Association

Selected legal facts in midwifery

Informed consent
Record keeping
Controlled substances.
Incident Report
Abortion and related legal issues in
Ethiopia Patients' Bill of Rights.
Right to medication
Right of the dying patients (euthanasia,
the living Will)

References

- Fraser, D M & Cooper, M 2008, *Myles textbook for midwives*, 14th Edn. Churchill Livingstone, Edinburgh. Macdonald, H 2004, *Mayes Midwifery, A Text Book for Midwives*. 14th Edn
- ***Clinical Guidelines for Midwives and Women's Health**
- ***A Pocket Guide to Clinical Midwives – The Efficient Midwife**
- ***Holistic Midwifery: A comprehensive textbook for midwives in homebirth practice**
- Frith, L 2004 .*Ethics And Midwifery*. 2nd Edn.
- Johanston, J 2009, *Bioethics a Nursing Practice*, .2nd Ed.
- Jones, S 2005, .*Ethics In Midwifery*, 2nd Edn
- Helman, G 2007, *Culture, Health and Illness*, 5th Edn.
- Huband, S 2006, .*Nursing And Midwifery a Practical Approach*. 1st Edn.
- Airman, S 2006, *Midwifery Preparation for practice*, 1st Edn.
- Raynor, D 2005, *Decision Making In Midwifery Practice*, 1st Edn.

Course Title: TECHNOLOGY AND HEALTH INFORMATICS I
Course Code: IT115
Credit Hours: 23
Contact hours: 32 (1 theory, 2 lab)
Prerequisite: None
Course Description

This course will help the student to develop skill in operating personal computer. By the end of this course students will acquire knowledge of Windows, MS-Word and MS-Excel and other application software.

By the end of course students will be able to:

- Identify the parts of a computer.
- Explain computer concepts and principles.
- Identify the limitations of computers.
- Produce a written document using Microsoft Word.
- Prepare and modify worksheets using Ms-Excel.
- Protect the computer from internal and external threat.
- Discuss the need of IT skills for midwives

Teaching & Learning methods

- Lecture
- Group and/or individual assignment
- “Hands on” practice

Methods of Assessment

1. Tests 60%
2. Final examination 40%
3. (The %age and the method of assessment may change slightly depending on the individual tutor)

(The % age and the method of assessment may change slightly depending on the individual tutor)

Course Content

1. Introduction to computer

Introduction to information technology
 Component of IT
 Information and data processing
 Type of compute
 Characteristics of computer
 Component of computer system (Hardware ware and software)
 Viruses and Computer care

2. MS-Windows

Defining MS-Windows
 Using mouse and keyboard
 Working with Windows program ‘Working with files and folders’
 Using folder pane (Window Explorer)
 Managing taskbar
 Using Accessories

3. MS-Word

Introduction to MS-Word
 Exploring Word document windows
 Working with files
 Managing files
 Working with text
 Formatting and types of formatting
 Working with tables
 Graphics, clipart, word art and Auto shape
 Printing document

4. MS-Excel

Introduction to MS-Excel
 Exploring Excel Windows
 Defining worksheet and workbook
 Working with files
 Modifying worksheet

References

Merga. D. the Complete guide to Information technology, 2005, Berhanena Selam, Ethiopia.

Derfler F Using Networking 1998, Asoke, USA

I.S.G M. Computer maintenance.2006, Kalu, Ethiopia

Koers D Office XP Fast & easy way 2001, Asoke, USA

Leon A. and Leon M. Fundamentals of dbms.2006, Chennai micro print plv India

Microsoft Corporation, Internet and networking dictionary. 2003, USA

Mustafa A. The easy way to learn computers 2007, Mega, Ethiopia

Course Title:	COMMUNICATIVE ENGLISH
Course Code:	ENG116
Credit Hours:	3
Contact hours	48
Prerequisite:	None
Course Description	

This course is intended to build on the student's level of English language from preparatory school to a more advanced level to enable the students effectively locate and utilize available learning resources such as internationally recognized text and reference books, journals and the Internet, to process, critically analyze, and organize received information, and to clearly be able to express information, thoughts, ideas, etc through specific genres of written and spoken production.

By the end of the course the learner will be able to:

- Locate appropriate written English resources in the library to answer specific questions,
- Receive information through different kinds of note-taking from multiple mediums and sources, such as lectures, written texts, graphs, diagrams, audio and visual media, in such a manner that the information can be utilized for other purposes in the future.
- Process, critically analyze and organize information utilizing a variety of processing, and organizing strategies such as tabulating, and categorizing, in preparation for the production of the information in another form.
- Produce clear, coherent written and oral forms in English including descriptions using examples, supported opinions on familiar topics, and the giving and following of instructions and procedures pertaining to basic midwifery skills.

Teaching & Learning methods

- Lecture
- Audio visual
- Discussion
- Assignments
- Self-directed group work
- problem based learning

Methods of Assessment

In class activities, tasks, homework and mini-assignments 30%
Two short written assignments 20%
End of semester exam encompassing all 4 English skills 50% (reading, listening, writing, speaking)

(The % age and the method of assessment may change slightly depending on the individual tutor)

Course Content

- Developing a high level of English language acquisition in the health profession
- Development and practice of various strategies to help improve reading skills
- Discussion and understanding of the basic unit of academic writing; the paragraph
- Development and practice of skills in creating unified and coherent paragraphs
- Discussion, formulation of and practice in, using strategies to help improve listening and understanding skills.
- Development and practice of spoken English language for differing purposes and situations, for example, clarification and repetition purposes, language for negotiation, agreement, disagreement
- Development and practice of appropriate grammar forms and vocabulary to support the above writing and speaking content, and to increase general English fluency,
- Practice in the use of specific medical vocabulary and frequently used words in midwifery, maternal and child health.

References

Bourke, K 2006, Verbs and Tenses, Oxford University Press, Oxford.

Gizaw, F & Gizaw, M 2001, Key to Basic Concepts of Spoken English, Addis Ababa.

Ghebre-Ghiorghis, S 1991, Writing for Academic Purposes Volume 1, Foreign Language & Literature Department, Institute of Language Studies, Addis Ababa University, Addis Ababa.

Harrison, R 2010, New Headway Academic Skills Level 1, Oxford University Press, Oxford.

Mega, 2008, Book of Modern English Grammar, 15th edition,

Mega Publishing Enterprise, Addis Ababa.

Murphy, R 2004, English Grammar in Use, 3rd edition, Cambridge University Press, Cambridge.

Savage, A & Shafiei, M 2007, Effective Academic Writing 1 The Paragraph, Oxford University Press, New York.

Course Title:	Midwifery I
Course Code:	NMW117
Credit Hours:	16
Contact hours	96 Lectures and 64 Lab sessions
Prerequisite:	ANATOMY
Course Description	

This unit will provide the basic framework for the student to develop their knowledge and skills necessary for holistic Midwifery practice in resource poor rural areas of Ethiopia. The student will also study and appreciate the application of biological science and social sciences which underpin normal midwifery practice.

By the end of the course the learner will be able to:

- Explain the normal anatomy of the female reproductive system, during pregnancy, the process of labour and delivery, and the postpartum
- Describe the foetal development from the conception to the birth
Recognize the principles and objectives of Antenatal care and Focused Antenatal care in Ethiopia
- Apply the knowledge and skills gained to provide thorough assessment, history taking and support of the woman during provision of antenatal care, including PMTCT
- Apply the knowledge and skills gained to support women through the normal childbirth process; in particular labour and birth, assessment and examination of the newborn, care of the woman and baby in the postpartum period
- Use the partogram as an essential tool in caring for women in labour
- Carry out newborn assessment and care of the newborn
Demonstrate medical assessment of a women prior discharge and propose adequate advice

Teaching & Learning methods

- Lecture
- Audio visual
- Discussion
- Demonstrations

Case Study

Methods of Assessment

Assignment

Presentation/Report 10%

Frequent Quizzes/Test 3 x 10% => 20%

Clinical Skills Exam (20%)
Final Examination 50%

OSPEs

(students must pass before commencing clinical placement)

(The %age and the method of assessment may change slightly depending on the individual tutor)

(The % age and the

Course Content

1. The Foetus

Embryology

Foetal organs during pregnancy and adaptation to the extra-uterine life

Specificity of foetal systems: heart/circulation, lungs function, urinary,

Revision of the foetal skull

2. Physiology of pregnancy

Diagnosis of pregnancy

Physiological changes in the reproductive system

Changes and adaptation during pregnancy

Changes in cardio-vascular system, respiratory system, urinary system, gastrointestinal system, female metabolism during pregnancy

Female modifications during pregnancy: skeletal, skin, breast, endocrine system

Changes in the last few weeks of pregnancy

4. Antenatal Care

Aims of antenatal care

Holistic approach-involving family (when appropriate) women focused

Common discomforts, minor complaints in pregnancy

On-going antenatal care (focused antenatal care)

The initial assessment (first visit) and admission

Physical assessment (identification of pre-existing

method of assessment may change slightly depending on the individual tutor)

health conditions)
 Blood test
 Hygiene and infection prevention
 Abdominal examination
 Antenatal care in a resource poor area-guidelines-Focused Antenatal Care
 Danger signs
 Presumptive treatment of hook worm
 Voluntary Testing and Counseling (VTC)
 Prevention mother to child transmission (PMTCT) – attitude
 Protection against Malaria ITN (insecticide treated net)
 Protection against Vitamin A and Iodine deficiency
 Birth preparedness and complication readiness (see WHO guidelines)
 Kegel exercise (pelvic floor)

5. The Placenta

The development of the placenta
 Circulation through the placenta
 Anatomical variations of the placenta and the cord

6. Labour and Birth

Admission
 Signs of early labour

First Stage

Management of labour
 First stage of labour, physiology and care
 Assessment of progress of labour: contractions, abdominal palpation and vaginal examination
 Use of the Partogram
 Ongoing assessment of the woman during labour and childbirth
 Fluid balance
 Pain relief and comfort in labour
 Transition stage

Second Stage

Signs of second stage
 Physiology and management
 Episiotomy
 Perineal trauma: 1st, 2nd, 3rd, 4th degree

Third Stage

Physiology and active management
 Examination of the placenta, involution of the uterus, bleeding assessment
 Accountability and record keeping
 Repair of the perineum

Fourth Stage

Uterus examination
 Establish breast feeding

7. The Healthy Newborn

Adaptation to extra-uterine life
 Newborn assessment in the presence of the mother
 Immediate care of the newborn-Rapid assessment/Apgar Score
 Examination at birth (initial overall examination)
 Promoting parent/baby relationship
 Skin to skin contact
 Early establishment of breast feeding
 Weight / Vit K / Eye Care / Antibiotics

Cord care
Temperature regulation
Elimination
Newborn initial breastfeeding; promotion of breastfeeding

8. Normal Physiology and Care in the Post-partum

Involution of the uterus
Physiological adjustment following birth
Monitoring of vital signs
Blood loss and Lochia
Bladder care
Care of the perineum (hygiene, pelvic floor exercise)
Breastfeeding / skin to skin / initial installation of breastfeeding
Mobilization
Immunization
Danger signs
Discharge / return visits

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Henderson, C & Macdonald, S 2004, Mayes' midwifery, 13th Ed. Bailliere Tindall, Edinburgh.

Klein, S Miller, S & Thompson, F 2007, A Book for Midwives, TALC, Malaysia.

*Langman's Medical Embryology

*The Developing Human- Clinically Oriented Embryology

*Birth Emergency Skill training

*Clinical Guidelines for Midwives and Women's Health

*A Pocket Guide to Clinical Midwives – The Efficient Midwife

*Holistic Midwifery: A comprehensive textbook for midwives in homebirth practice

Chapman, V Charles, C 2009, The Midwife's Labour and Birth Handbook Wiley Blackwell

Decherney A. H & Nathan, L 2002, Current obstetrics and gynaecologic diagnosis and treatment, 9th Ed. McGraw Hill, New York.

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Lawson, J B Harrison, K A & Bergstorm, S 2003, Maternity care in developing countries, RCOG Press, London.

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Medforth, J Battersby, S Evans, M Marsh, B & Walker, An Oxford Handbook of Midwifery. Oxford University Press. Oxford.

Melissa, M 2003, Managing Complications In Pregnancy And Childbirth, Who, India.

Pairman, S Pincombe, J Thorogood, & C Tracy, S 2008, Midwifery Preparation for Practice, Elsevier, Sydney.

Course Title: **PHYSIOLOGY**
Course Code: **PHY118**
Credit Hours: **4**
Contact hours **64**
Prerequisite: **PHYSIOLOGY**
Course Description

The course is designed to develop students' knowledge of anatomy and physiology and understanding of its application to pregnancy childbirth and puerperium. The expectation is for the student to increase their knowledge base and in doing so build professional skills through understanding the relationship of the human body structure, the mechanisms and the control of body function in both the healthy and pathological states. This will enable the student to recognize deviations from normal, relate them to medical disorders and how they may affect the mother and baby through the childbirth continuum.

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

- Demonstrate an understanding of anatomy and physiology of the human body
- Identify the normal state of the healthy human body
- Recognize deviations from the norm and act upon them including the appropriate management
- Apply the knowledge gain to participate in the care of women during the childbearing process

Teaching & Learning methods

- Lecture
- Demonstration using skeletal system, charts, dolls or torso
- Self-directed assignments

Methods of Assessment

Mid semester Exam 40%
 End of Semester Exam 50%
 Quiz/Test 10 %
 (The %age and the method of assessment may change slightly depending on the individual tutor)
 (The % age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Respiratory system

Introduction to the respiratory system
 Anatomy of the respiratory system
 Function of the respiratory system
 Ventilation and the lung volume
 Gas exchange
 Gas transport in the blood
 Respiratory adaptation to exercise
 Changes in the respiratory system due to pregnancy
 Effects of aging on the respiratory system

Digestive system

Introduction to digestive system
 Organization of the digestive system
 Anatomy of digestive system
 Function of the digestive system
 Digestion, absorption and transport
 Effect of pregnancy on digestion system
 Effect of aging on digestive system

Integumentary system (skin)

Introduction
 Parts of the integumentary system
 Function of the integumentary system
 Accessory skin structures
 The integumentary system as diagnostic aid
 Effects of pregnancy on the Integumentary System

Urinary system and fluid balance

Introduction to the urinary system and fluid balance
 Anatomy of the urinary system
 Function of the urinary system

	Regulation of urine concentration and urine volume Body fluid compartment Regulation of acid base balance Change in urinary system during pregnancy
Nervous system	Introduction to the nervous system Function of the nervous system Division of the nervous system Electrical signal and neural path way Spinal nerves Sensory nerves Motor nerves Cerebrospinal fluid Cranial nerves Autonomic nerves Effects of aging on the nervous system
Sense organs	Introduction to sense organs General senses Special senses Olfaction Taste Vision Hearing and balance Effect of aging on special senses
Genetics	Introduction to genetics Genes and chromosomes, karyotyping DNA, RNA and transcription Protein Synthesis Mitosis and meiosis Characteristics of dominant, recessive and X-linked traits (homozygous and heterozygous) Gene expression Heredity Genetic screening Mutation and Common chromosomal anomalies

References

***Anatomy of Female Pelvis & Breast for students of Obstetrics**

***The Developing Human- Clinically Oriented Embryology**

***Birth Emergency Skill training**

Graaff, V 1986, Concepts of human Anatomy and Physiology, WCB, Iowa, America.

Saladin, M 2004, Anatomy and Physiology, 3rd Edn. Mcgraw Hill, Boston.

Tate, P Kennedy, J & Seeley, R R 2000, Anatomy and Physiology: a Student Study Guide, 5th Edn. Mcgraw Hill, Boston.

Watson, R 2005, Anatomy and Physiology for Nurses, 12th Edn. Elsevier, Edinburgh.

Williams, L & Wilcons, L. 2005, Systems and Structures, 2nd Ed. Lippincott, Philadelphia.

Wylie, L. 2005, Essential anatomy and physiology in maternity care, 2nd Edn. Churchill Livingstone, Edinburgh.

Course Title: ENGLISH COMMUNICATION II
Course Code: ENG124
Credit Hours: 3
Contact hours 48
Prerequisite: ENGLISH COMMUNICATION I
Course Description

To build on the student's level of English from the first semester to a more advanced level enabling the students to more effectively locate and utilize available learning resources such as internationally recognized text and reference books, journals and the Internet, to process, critically analyze, and organize received information, and to clearly be able to express information, thoughts, ideas, etc through more complex specific genres of written and spoken production.

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

- Identify and locate appropriate written resources in English print and on the Internet in order to answer both specified questions and self-directed inquiry.
- Receive information through different of note-taking from multiple mediums and sources, such as lectures, written texts, graphs, diagrams, audio and visual media so the information can be utilized for other purposes in the future.
- Process, critically analyze and organize information in English utilizing a variety of organizing strategies including tabulating, categorizing, and mind mapping, and processing strategies such as moving from abstract to specific and personal, questioning, etc., in preparation for the production of information in a form appropriate for a specified or self-directed task.
- Produce clear, coherent written and oral forms in English utilizing specific form genres including supported opinion giving pertaining to various aspects of midwifery knowledge and practice, detailed and supported comparisons of ideas, different practices, and situations, detailing of causes and effects in a given situation, and clear and coherent reporting appropriate for a clinical setting.

Teaching & Learning methods

- Interactive lectures/group discussions, pair work
- Debate and Presentations
- Work sheets and activity books
- Self-directed reading and reporting
- Self-directed learning – completing tasks individually
- Written assignment

Methods of Assessment

1. In class activities, tasks, homework and mini-assignments 20
2. Self-directed learning including assignment 10%
3. Two short essays 20%
4. Short professional Report 15%

End of Semester Exam encompassing all 4 English skills 35% (Reading, listening, writing, speaking *(The % age and the method of assessment may change slightly depending on the individual tutor)*)

Course Content

- Continued development and practice of various reading strategies and skills
- Discussion and understanding of the purposes of different types of writing and the impact this has on the form, and language used for the particular writing.
- Developing an understanding of the structure of an academic essay and professional report
- Development and practice of skills in creating unified and coherent essays and reports
- Development and practice of spoken English language for differing purposes and situations, for example, public speaking, debating of critical issues
- Development and practice of appropriate grammar forms and vocabulary to support the above writing and speaking content, and to increase general English fluency,
- Practice in the use of specific medical vocabulary and frequently used words in midwifery, maternal and child health.

References

- Bourke, K 2006, Verbs and Tenses, Oxford University Press, Oxford.**
- Clarity, 2009, Active Reading, Clarity Language Consultants, www.ClarityEnglish.com**
- Clarity, 2009, Clear Pronunciation, Clarity Language Consultants, www.ClarityEnglish.com**
- Clarity, 2009, Study Skills Success, Clarity Language Consultants, www.clarity.com.hk
- Clarity, 2009, Tense Buster V9, Clarity Language Consultants, www.clarity.com.hk
- Gizaw, F & Gizaw, M 2001, Key to Basic Concepts of Spoken English, Addis Ababa.
- Ghebre-Ghiorghis, S 1991, Writing for Academic Purposes Volume 1, Foreign Language & Literature Department, Institute of Language Studies, Addis Ababa University, Addis Ababa.
- Harrison, R 2010, New Headway Academic Skills Level 1, Oxford University Press, Oxford.
- Mega, 2008, Book of Modern English Grammar, 15th edition, Mega Publishing Enterprise, Addis Ababa.
- Murphy, R 2004, English Grammar in Use, 3rd edition, Cambridge University Press, Cambridge.
- Savage, A & Mayer, P 2006 Effective Academic Writing 2 The Short Essay, Oxford University Press, New York.

Course Title: TECHNOLOGY & HEALTH INFORMATICS II

Course Code: THI124

Credit Hours: 1

Contact hours: 16

Prerequisite: INFORMATION TECHNOLOGY I

Course Description

This course is designed to further develop electronic skills introduced in Information Technology 1. The course will introduce the students to networking and usage of the Internet, the use of electronic mail, the use of on-line learning methods and the use of MS-PowerPoint as a presentation tool. The course will have a high practical content with students using the computer and software as an integral part of each lesson

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

- Identify the types of networks.
- Discuss the need of the Internet for midwives.
- Access information on the Internet through different web sites
- Use electronic mail to send and receive.
- Access and use different on-line learning programs
- Prepare and modify a MS-PowerPoint program.
- Use a PowerPoint program as a presentation tool.

Teaching & Learning methods

Lecture

Group and/or Assignment

“Hands on” practice

Methods of Assessment

In class test 60%

Final exam 40% (The %age and the method of assessment may change slightly depending on the individual tutor)

End of Semester Exam encompassing all 4

English skills 35%

(Reading, listening, writing, speaking *(The %age and the method of assessment may change slightly depending on the individual tutor)*)

Course Content

Internet and Networking

Define Internet and computer networking

List the types of computer networking

List the advantages and disadvantages of using internet

Sharing files and printers on the Network

Using shared files and printers

MS-PowerPoint

Define MS-PowerPoint

Identify the different between template and blank layout

Accessing different template

Accessing a blank template

Using different blank slide layout

Creating tables, charts and inserting pictures for layout

Using formatting for blank layout

Using Animation and inserting different sounds for layout

Presenting layout

Using On-line learning and using E-mail

Define on-line learning

Differentiate the advantage and disadvantage of on line learning

Accessing different on-line learning websites

Define e-mail

Identify the difference between e-mail and post

Creating an E-mail Account

Sending and receiving of electronic mail.

References

Mercia, D 2005, the Complete guide to Information technology, Berhanena Selam,

Ethiopia.

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Derfler, F 1998, Using Networking. Asoke, USA.

I.S.G M, 2006, Computer Maintenance. Kalu, Ethiopia.

Koers, D 2001, Office XP. Fast & easy way, Asoke, USA

Microsoft Corporation, 2003, Internet and networking dictionary. USA.

Websites

www.amazon.com ,

www.google.com,

www.yahoo.com,

www.onlinelearning.net

Detail Description of Courses- Year II

Course Title:	MEDICAL SURGICAL
Course Code:	MDO211
Credit Hours:	6 (4 Theory 2 Practice)
Contact hours	64 theory 64 Practice
Prerequisite:	ANATOMY, PHYSIOLOGY, HEALTH ASSESSMENT, PHARMACOLOGY, MICROBIOLOGY

Course Description

This course will cover major medical conditions encountered in midwifery care. It will also build upon the students' knowledge of basic science courses such as Anatomy and Physiology, Microbiology, Nutrition, and Pharmacology.

Objectives

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

- Demonstrate an understanding of the needs of pregnant women with medical disorders to provide effective and appropriate care
- Use the knowledge and skills gained in diagnosing and treating of women with common disorders and/or refer those requiring higher level of management.
- Teach self-care and encourage health promotion among those suffering medical conditions.

Teaching & Learning methods

- Lecture
- Discussion
- Audio-visual
- Case study and presentation.
- Clinical practice

Methods of Assessment

1. Case study/Self-directed learning assignments: 20%
2. Written assignment 10%
3. Mid-term exam 30%
4. Final 40% (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

- Anemia and haemoglobinopathies- sickle cell trait and disease/thalassaemia-G-6-PD
- Thrombo-embolic disorders-deep vein thrombosis-pulmonary embolism
- Respiratory disorders-asthma-pneumonia-bronchitis- Tonsillitis, sinusitis, and rhinitis.
- Gastro-intestinal disorders-reflux-hiatus hernia-coeliac disease-gall bladder and
- pancreatic disease-haemorrhoids-obstetric cholestasis, H-pylori, Diarrhoea and PUD
- Urinary tract infections-pylophritis, glomerulonephritis; cystitis
- Hypertensive disorders
- Cardiac disease- rheumatic heart disease/congenital heart disease-congestive heart failure-ischemic heart disease-arrhythmias Epilepsi
- Endocrine disorders Thyrotoxicosis/diabetes
- Orthopaedic conditions – Osteoporosis, arthritis, Osteomyelitis, backache
- Conditions of the skin and integumentary

References

- Bothamley, J Boyle, M 2009, Medical Conditions Affecting Pregnancy and Childbirth, Radcliffe Publishing Oxford.
- Fraser, D M & Cooper, M A 2009, Myles text book for midwives, 15th Edn Churchill Livingstone, Edinburgh.
- Henderson, C, & Macdonald, S 2004, Mayes' midwifery, 13th Edn. Bailliere Tindall, Edinburgh.
- *Surgical Technology: Principles and Practice
- Lawson, J B Harrison, K A & Bergstrom, S 2003, Maternity Care in Developing Countries, RCOG Press, London.
- McCormick, M 2003, Managing complications in pregnancy and childbirth, WHO, UNFPA, UNICEF, WORLD BANK, WHO Department of reproductive health and research, India.
- Robson, S. Waugh, J. Medical Disorders in Pregnancy, (2008) Wiley and Sons
- Topley, E 1998, Anemia in rural Africa, Vine House, United Kingdom.

Wylie, L. Bryce, H. 2008, The Midwives Guide to Key Medical Conditions, Churchill Livingstone

Course Title: **CIVICS AND ETHICAL EDUCATION**
Course Code: **CED213**
Credit Hours: **3**
Contact hours **48**
Prerequisite: **None**
Course Description

The course is intended to give basic knowledge of civics and ethical education to aid students in becoming mature, responsible citizens who are aware of and respect the rights of others and also are aware of their rights and duties as citizens. The course will aid the midwife students in understanding democracy and the democratic system. The course will aid in motivating the students to participate in political, social, and economic activities of the country.

Objectives

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

- Explain the basic tenets of civics and ethics
- Discuss the basic principles of democracy and the democratic system
- Identify the important articles of the Ethiopian Constitution
- Discuss the fundamental equality of all human beings
- Explain the importance of justice
- State the relationship between patriotism and citizenship
- Explain and give examples of the benefits of shouldering responsibility.

Teaching & Learning methods

- Lecture
- Discussion
- Case presentation

Methods of Assessment

1. Continuous Assessment (20%)
2. Midterm examination 30%
3. Final examination 50% **(The %age and the method of assessment may change slightly depending on the individual tutor)**

Course Content

- Definition
- Relationship with other fields
- Objectives
- Sources of civic knowledge
- Types of rights

Ethics

- Definition
- Division
- Evolution of Conduct
- Ethical principle, transparency
- Moral Categories
- Morality and citizenship

Democracy and Building a democratic System

- Democracy and Democratic Principles
- Popular sovereignty
- Supremacy of the Constitution
- Rule of Law
- Separation of power
- Authority and Power
- The independence of Judiciary
- Basic Principles of the Ethiopian Constitution
- Human Rights and voting
- Equality of opportunity
- The exercise of democratic rights –participatory democracy
- Power division between governments and
- International Relations

Equality

- Gender bias
- Equality versus Liberty

- History of equality in Ethiopia
- Disability and equality
- Various equality movements in Ethiopia
- Equality and rights of children
- Equality of culture

Justice

- Types of justice
- The role of the judiciary
- Crime and justice
- Genocide
- Drug trafficking
- Young girls trafficking
- Terrorism
- Deliberately transmitting diseases
- The crime of corruption
- The role of citizens in justice

Concepts of patriotism and citizenship

- The basis of patriotism
- The quality of a true patriot
- Concern for the wellbeing of one's wellbeing

Responsibility and accountability

- Executing responsibility
- The benefits and costs of fulfilling responsibilities
- Responsibility in the political process
- Sense of urgency
- Paying taxes
- Keeping promises
- Maintaining moral and ethical values
- Maintaining legal obligations
- A state of emergency
- Responsibilities of nations
- Protection of the environment
- Protection of historical heritage
- Maintenance of international peace

Concepts of work and Industriousness

- Work and its benefits
- Ethical work conduct
- Occupational socialization
- Respect for work
- Health and safety in work place
- Gender bias
- Stress and leisure
- Policies and strategies for development in Ethiopia

Resource management and saving

- Concept of saving
- Improving saving habits
- Productivity
- Traditional institutions of saving
- Effect of saving
- Modern institutions of saving
- International monetary institutions
- Effective resources utilization
- Extravagancy

Active community participation

- Citizen's participation in political affairs
- Effective civic participation
- Citizen's participation and its benefits
- The role of groups and associations
- Press freedom and the role of media

Leadership styles

- Autocratic
- Democratic
- Laissez-faire
- Consultative

References

Abera Biru, 1999 Eth. Cal., New Comprehensive Civic and Ethical Education,
Alamirew Gebre Mariam, 2005 College Civics and Ethical Education.
2005 Civics and Ethical Education.
Kassaye, A.Engida, 2001, Fundamentals of Civic Education.

Course Title: PHARMACOLOGY
Course Code: PHA214
Credit Hours: 3
Contact hours 48
Prerequisite: ANATOMY , PHYSIOLOGY ,MEDICAL BIOCHEMISTRY
Course Description

This course will develop students' knowledge, understanding and practice of the range of drugs and medication that women and babies require and be aware of other less commonly used drugs and the regulations that surround drug administration.

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

- Understand and implement the principles of safe drug administration
- Explain the prevention and treatment(s) of drug side effects
- Gain knowledge of drug abuse in Ethiopia
Prescribe the correct drug treatment as per regulations

Objectives

Teaching & Learning methods

- Lecture
- Group Work
- Paper

Methods of Assessment

1. Paper works 10%
2. Mid exam 30%
3. Final exam 50%
4. Drug calculation exam 10% (students must pass this exam to pass the unit) (The % and the method of assessment may change slightly depending on the individual tutor)

Course Content

Introduction to pharmacology

- General pharmacology
- Chief aspects of pharmacology
- Mechanisms of drug action/reaction
- Naming of drugs
- Prescriptions
- Classification and schedule of drugs
- Principles of safe drug administration
- HCM/CURRICULUM/REV 2013 Page 87
- Ways of giving medications

Classification of main and their principles

- Antibiotics
- Antipyretics and anti-inflammatory agents
- Antiemetic / laxatives
- Vitamins
- Antifungal
- Anthelminthes

Main drugs used in Midwifery and their side effects

- Drugs use in pregnancy, labor and breast feeding: Oxytocin, Ergometrine, Misoprostol, etc

Midwifery emergency and drug management

- Drug management of shock
- Sepsis during pregnancy and drug utilization
- Hypertensive disorders during pregnancy and drug management
- Drug management of severe complicated malaria
- Drugs used in the management of bleeding during antepartum and postpartum
- Anti-coagulant

Drugs related to specific medical disorders encountered in Midwifery

- CVS, Asthma, Epilepsy, Diabetes, TB, etc
- **Antiretroviral dugs**
- Classification of Antiretroviral drugs
- Utilization of Antiretroviral drugs for treatment
- Utilization of antiretroviral drugs for prophylaxis
- Side effects (classification and management)
- **Controlled drugs (DDA): Pethidine, Diamorphine, tranquilizers, Promazine, Valium, etc**
- **Anesthetics**
- **Poisoning**
- Classification of poisoning
- Management of Aspirin poisoning
- Management of Paracetamol poisoning
- Management of patient with corrosive and kerosene poisoning
- Management of poisoned unconscious patient
- Antidotes and drugs with poisoning
- Management insecticides poisoning
- **Fluid balance and correction of fluid deficits**

Drug Calculation

- Different measurement units
- Conversion from one measurement unit to the other
- Calculating pediatric dosages (Young's, Drilling's, Clark's

- formula)
- Calculating rate of intravenous fluids
- Calculating dose and dosage for oral and intramuscular route of administration

Vaccination

- Actual Ethiopian protocols / recommendations
- Common abbreviations and symbols used in pharmacology
- Practical session: visit of a pharmacy department (storage of drug, receiving and dispensing drugs, utilization of bin card, care of expired drugs, etc.)

References

Holland, A & Bostick 2008, Pharmacology for nurses, 2nd Edn. Pearson Prentice Hall, Singapore.

Federal Ministry of Health (2010) National Comprehensive PMTCT/MNCH Training Package

Handout Henderson C Macdonald, S 2004,

Mayes' midwifery, 13th Edn. Bailliere Tindall, Edinburgh

Neal, M J 2009, Medical Pharmacology, 6th Edn, Glance.

Peters, W & Pasvol, G 2007, Atlas of tropical and parasitology, 6th Edn .Mosby/Elsevier, Edinburgh.

Simonse, T 1997, Illustrated Pharmacology for Nurses, Hodder Arnold, Italy.

Simonsen, T Aarbakke, J Coleman, I Sinnott, P & Lysaa, R 2006, Illustrated Pharmacology, Hodder Arnold, USA.

WHO 2003, Managing complications in pregnancy and childbirth: A guide for midwives and Doctors

Course Title: HUMAN NUTRITION
Course Code: NUT214
Credit Hours: 2
Contact hours 32
Prerequisite: BIOCHEMISTRY
Course Description

This course will give the students' knowledge in relation to well balanced and healthy nutrition and its main components while considering the national setting and major disparities. The course will develop a focus on nutritional requirements for pregnant and lactating mothers, infants and children.

Objectives

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

- Identify various nutrients and their importance in maintaining a healthy lifestyle
- Explain early detection of deficiencies in nutrition, its prevention and management
- Prepare (theoretically) diets for healthy and ill patients
- Describe diet for special cases
- Demonstrate Health Education session on healthy diet
- Explain to mother's correct and appropriate transition during the weaning period
- Describe nutrition in lifecycle approach
- carry out nutritional assessment/survey

Teaching & Learning methods

- Lecture-Audio
- Visual
- Discussion
- Case Study
- demonstrations

Methods of Assessment

1. Presentation 10%
2. Quizzes/Test 10%
3. Mid-examination 40%
4. Final Examination 40%(The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Introduction to nutrition

- Proteins
- Carbohydrates
- Fats and Oils
- Vitamins, minerals and water
- Their sources, requirements, deficiencies metabolism
- Nutrition intervention and types
- Accessibility and availability of food
- Distribution of food within the household
- Nutritional anthropology and socio-economic factors in food distribution
- Global and ecological examination of food
- The food path
- Blocks on the food path
- National nutritional strategy
- Self-sufficiency, food security; impact of poverty on food access
- Essential nutritional approach (ENA) to prevent malnutrition
- Promotion of breastfeeding and WHO approach
- Women's nutrition in life, and the childbearing period
- Nutrition and immune deficiency diseases
- Control of common nutritional deficiencies (Vitamin A; Anaemia; Iodine deficiency) during pregnancy and postnatal period
- Nutritional assessment for adults and children

References

- Ashworth, A & Burgess, A 2003, Caring for severely malnourished children, Macmillan, Malaysia.
- Gleason, G R 1999, Prevention and control of iron deficiency anemia in women and children, WHO/UNICEF, USA.
- Mackay, B 1998, Obstetrics and the newborn, 2nd Edn, Bailliere Tindall, London.

Savage-King, F 1992, Helping mothers' breastfeed, Rev Edn. AMREF, Kenya.
 Savage-King, F & Burgess, A 2006, Nutrition for developing countries, 2nd Edn. Oxford, Kenya.
 Tinker, A & Green, C Et Al -No Further Information On Ref
 Topley, E. 1998 Anemia in rural Africa, Vine House, United Kingdom.
 World Bank 1994 Women's health and nutrition, making a difference, US

Course Title: MICROBIOLOGY & IMMUNOLOGY
Course Code: MIC216
Credit Hours: 2 (out of them 1 Lab session)
Contact hours 32 Lectures and 32 Lab sessions
Prerequisite: NORMAL MIDWIFERY / ANATOMY AND PHYSIOLOGY 1 & 2
Course Description

This course will develop the students' knowledge in the study of infectious diseases as all health professionals involved in prevention and/or curative care should have a sound working knowledge of the subject. In addition, students will learn of micro-principles and propagation of diseases and pathogenic actions of parasites

Objectives

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

- Quote the aetiology of microbiological diseases
- Differentiate the aetiological agents and their properties, environmental and host situations
- Understand pathogenic resistance to drugs and disinfectants
- Demonstrate precautions in the collection and transport of specimens to the laboratory
- Explain basic principles in microbiology and immunology in infectious disease

Teaching & Learning Methods

- Lecture-
- Laboratory Demonstration & Practical Session

Methods of Assessment

1. PBL 20%
2. Midterm exam 30%

Term Exam 50% (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Introduction

- Importance of microbiology for midwives
- Historical development
- Branches of microbiology
- Microscopy
- Current classification of microorganisms

General bacteriology

- Bacteria morphology and identification
- Staining
- Bacteria cell morphology
- Bacterial growth
- How bacteria cause diseases

General virology

- General properties of viruses
- Classification of viruses
- Mode of disease transmission
- Principles of viral diseases

General Mycology

- General characteristics of fungi
- Morphological forms
- Medical importance fungi diseases

Sterilization and disinfection

- Methods of sterilization

Antimicrobial and chemotherapy

- Mechanisms of action
- Principles of antimicrobial therapy
- Types of combination
- Mechanisms of resistance
- Origin of drug resistance
- Prevention of drug resistance
- Danger of indiscriminate use of antibiotic

Immunology

- Types
- Nonspecific host defense
- Terms and character in immunology
- Immunoglobulin
- The cellular basis of immune response
- Immunity to infection
- Breast feeding and immunity
- Hypersensitivity

The source and mode of infection

- Mode of transmission of infection
- Control of the source of infection

Common bacteria in midwifery practices

- The staphylococci
- The Streptococci
- Gram negative Cocci and Coco bacilli
- The Bordetella
- Haemophilus
- Brucella
- Coryn bacterium diphtheria
- Mycobacterium
- Spore forming bacilli
- Enterobacteriaceae
- Spirochetes
- Rickettsia
- Chlamydia
- Mycoplasma
- Virology
- DNA viruses
- RNA viruses

Parasitology

- Significance and brief description intestinal parasitosis
- Common intestinal nematodes
- Ascariasis
- Tricchuriasis
- Hook worm infection
- Strongyloidiasis
- Intestinal protozoa infection
- Amoebiasis
- Giardiasis
- Intestinal trematodes
- Intestinal Schistosomiasis
- Intestinal cestodes
- Taeniasis
- Hymenolpes nana

References

Chakraborty, 2007, A text book of Microbiology, 1st Edn. New Central Books Agency, India.

Christopher, R 1997, Common medical problems in the tropics, 2nd Edn, Macmillan, Malaysia.

Paniker, C K J 2005, Text Books of Microbiology, th Edn, Orient Longman, India.

Peters, W & Pasvol, G 2007, Atlas of tropical medicine and Parasitology. 6th Edn, Mosby/Elsevier, London

Course Title:	FIRST AID AND ACCIDENT PREVENTION FIR217
Course Code:	4 (out of them 2 Lab sessions)
Credit Hours:	32 Lectures and 64 Lab sessions
Contact hours	FUNDAMENTAL MIDWIFERY SKILLS / ANATOMY AND
Prerequisite:	PHYSIOLOGY 1 & 2 / ,NORMAL MIDWIFERY
Course Description	

First Aid training enables the learner to give an effective and immediate aid or care to the injured or to the one who is suddenly taken ill. The training can also enable learner to foresee and avoid hazards to herself /himself and other people, both in the home, at work, at play, on streets and highways .It also promotes safety awareness in general, in the home, at work, at play, on streets and highways. It includes self-help and home care if medical assistance is not available or delayed.

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

Objectives

- Prevent accidental injuries,
- Care for the injured or suddenly ill,
- snow life saving measures and apply the knowledge into practice,
- Select appropriate material for treatment and
- refer cases when need arises,
- Understand the importance of lifting and transporting casualties safely to prevent possible complications,
- equip individuals to deal with the whole situation,

Teaching & Learning Methods

- Lecture
- Demonstrations/group work
- Assignments/Case study/Presentation
- Hands on simulated practice

Methods of Assessment

1. Drug calculations 10% (students must **pass** this assessment to continue in Theory and in Practice)
2. Quizz 20%
3. Mid semester exam 30%
4. End of Semester Exam 40%
5. CLINICAL SKILLS EXAM: Pass or Fail (students must

Course Content

Introduction to First aid

- Definition
- Reasons for First Aid

Respiratory Emergencies and Artificial respiration

- Definitions
- Respiratory Emergency
- Artificial Respiration
- The breathing process
- Artificial respiration
- Note; Positioning; demonstrate different types of positioning used during artificial respiration
- Prevention of respiratory accidents

Wounds

- Definition
- Classification of wound

Pass the Clinical Skills to continue with the programme; if a student fails, the student has to study and re-sit until he/she succeeds). Rationale: a student can't carry on Practice and work safely if his/her skills in Practice are not **fully** safe and efficient. (The %age and the method of assessment may change slightly depending on the individual tutor)

- First Aid for open wounds
- First aid for severe bleeding
- Types of bleeding
- Sites of bleeding
- Prevention of contamination and infection of wounds
- Bites:
- Insect
- Dog
- Snake
- Human
- Animal

Dressing and Bandages

- Dressings
- Bandages
- Combinations dressing and bandages
- Special Pads
- Application of bandages
- First Aid and supplies

Specific Injuries

- Eye injuries
- Head “
- Neck “
- Wounds of the chest
- Abdominal injuries
- Back “
- Injuries to legs and feet
- Injuries to the genital organs
- Hand injuries – first Aid
- Blisters - First Aid

Shock

- Definition
- Cause
- Sign and symptoms
- First Aid

Bone and joint injuries

- Definitions
- Fractures
- Specific fractures
- Dislocations
- Sprains
- Strain

Poisoning

- Definition
- Causes
- Sign and symptoms
- Objectives of treatment of First Aid
- Prevention

Burns

- Definition
- Cause and effects
- Classification
- Extent and location
- First Aid
- Prevention of heat emergencies

Disasters and emergency rescue; short distance transfer

- Objective
- Definition
- Types Rescue
- Prevention

- Indication for immediate rescue
- Procedures
- Method of transfer

Sudden illness and unconsciousness

- Heart attack
- Stroke (Apoplexy)
- Fainting
- Convulsion
- Epilepsy
- Unconsciousness

Heat Stroke, Heat Cramps and Heat Exhaustion

- Definition
- Causes
- Heat stroke
- Heat cramps
- Heat Exhaustion

Drugs and they're Abuse

- Definition
- Identification of drugs abuse
- Classification of drugs

References

- Lawrence W. eruen, First aid and Emergency Rescue; Glencoe iress London, 1970
- Brent Q. Hafen, First aid; contemporary practices and principles, Burgess publishing Company, Minneapolis, 1972
- British Red Cross Society, ABC of First Aid, 9th edition, 1968
- The American National Red Cross, Cardiopulmonary Resuscitation, Library of Congress, 1974
- TR Evans, ABC of Resuscitation, British Medical Journal, London 1986
- Alemayehu Gelmessu, First Aid and Accident prevention, for nursing students, the Carter center, 2003
- American Red Cross; first Aid Textbook, 4th Edition, Doubleday & Company, INC. Garden City, New York. 1957
- Pamela Backhaus Docarmo, first Aid principles and procedures, prentice-Hall, INC., Englewood Cliffs, New Jersey, 1975
- The American National Red Cross, Basic First Aid Book 1, 2, 3 and Muriel Skeet, First Aid in illness and injury, Macmillan publishers.
- American Red cross, standard first Aid and personal safety, second Edition, Doubleday and company, INC. Garden city, New York 1979
- Normal G. Kirby & Stephen J Mother; Bailliere's Handbook of First Aid seventh Edition, Bailliere Tindall, Condon, 1985
- American Red Cross, Advanced First Aid of Emergency care, second edition, library of Congress, 1979
- James E. Aaron, First Aid and Emergency care, prevention and protection of Injuries; Macmillan Publishing Co., INC. New York 1972.

Course Title:	NEONATOLOGY
Course Code:	NEO222
Credit Hours:	2
Contact hours	32
Prerequisite:	Midwifery I

This unit will provide the framework for the students to develop knowledge and skills for newborn care in remote setting. The students will be able to identify early complications of the newborn and implement relevant care or organize a referral. In case of emergency or life threatening situation, the students will be able to start the resuscitation of the newborn. Different complications may occur after few days of life and the students will demonstrate ability to diagnose and provide efficient care.

Objectives

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

- Identify the Midwife's role in explaining basic care for the healthy new born
- Encourage and assist parents in their own abilities as care giver
- Describe the physiological adaptation of the newborn to the extra-uterine life, system per system
- Demonstrate skills to assess and examine the newborn since the first minute of life till the first month
- Identify high risk newborn and give relevant care
- Diagnose complications and/or life threatening complications and take appropriate decisions according to her knowledge and abilities in a rural Health Center setting; this could include emergency response through referral pathway
- Demonstrate neonatal care based on Evidence

Teaching & Learning methods

- Lecture
- Working group
- Discussion
- Audio visual
- Demonstrations

Methods of Assessment

1. Quiz 10%
2. Practical Skills (10%)
3. Mid-term examination 30%
4. Final examination 40%
5. Participation in practical workshop and competency skill exam 10% (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Introduction

Perinatal definitions

Neonatal development

- Foetal development
- Adaptation to independent life:
- Thermoregulation
- System cardio-respiratory

Assessment of the newborn

- Physical assessment
- Neurological assessment
- Ballard's score
- Preterm neonates, assessment and care in the rural context
- Growth assessment and monitoring
- Normal limits, growth restriction and large for gestational age
- General Neonatal screening
- Congenital abnormalities

Immunology

- Neonatal immunology and immunization

Life threatening complications / management

- neonatal asphyxia,
- Acute respiratory syndrome
- Neonatal infection and management of neonatal infection
- Sepsis, meningitis, pneumonia, etc
- Diarrhea
- Pus or lesions/eyes

- Red foul smelling umbilicus
- Abdominal distension
- Swollen limb or joint
- Cerebral dysfunction / irritation / hemorrhage
- Prematurity New born resuscitation –with practical
- Essential newborn care

Metabolic disorders in the newborn, identification and management

- Jaundice
- Inborn errors of metabolism (bleeding)
- Hypoglycemia
- Hypothermia
- Baby of the diabetic mother
- Breast feeding – Neonatal nutrition

Family integration / family centred care

- Holistic care of the neonate
- Care of infants born of HIV-positive mother; ARV prophylaxis
- Involving the family in healthy newborn and newborn with complication
- Cultural perception in neonatal care
- Supporting the family with a neonate that has life threatening complication or an abnormality
- Teaching and supporting Parents in specific care
- Counselling

References

David, E Hertz, 2005, Care of the Newborn, A Handbook for Primary Care, Lippincott Williams & Wilkins, Philadelphia, USA.

***Nelson Textbook of Pediatrics**

Baston, H Durward, H 2001, 2007, Examination of the Newborn, A Practical Guide, 1st Ed Routledge, London & New York

Coad, J & Dunstall, M Anatomy and Physiology for Midwives, 2nd Edn, Elsevier Churchill Livingstone, Edinburgh

Ebrahim, G J 1993, Pediatric Practice in Developing Countries, 2nd Ed, MacMillan, UK.

Hunter, J Feeg, V D & Broome, M E 2003, Pediatric Nursing and Child Health 1st Edn, Manson, United Kingdom.

Johnston, P G B Flood, K Spinks, K 2007, The Newborn Child, 1st Edn 1961, Churchill Livingstone, Edinburgh.

Kinzie, B Gomez, P 2004, Basic Maternal and Newborn Care JHPIEGO, USA.

Lawn, J McCarthy, B & Ross, S, R .The Healthy Newborn CDC, CCHI, CARE, The Health Unit, USA.

DVD Fight to life making pregnancy safer: 'Bangladesh, Bolivia, India and Malawi'; Making pregnancy safer, WHO, DFID, UNFPA

Websites

www.who.org

www.unicef.org

Course Title: INTRODUCTION TO PSYCHOLOGY
Course Code: PMW223
Credit Hours: 2
Contact hours 32
Prerequisite: None
Course Description

This course will explore the nature and theories of psychology and their relevance to health care. Different schools of thought in psychology will be examined, and then applied to common situations in health care enabling the midwife students to have a broader understanding of their clients and their needs.

Objectives

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

- Discuss the nature of psychological theories and their relevance to health care
- Discuss schools of thought in psychology about perception of self and others
- Identify influences on stigma and discrimination
- Identify influences on memory; understanding and information giving
- Explain learning theory and how it can influence responses to stress and anxieties
- Explain human development and changes occurring across the life continuum
- Discuss social processes and their impact on health care
- Discuss the application of psychology to perceptions of stress and coping mechanisms
- Distinguish psychological theories in health and well being
- Discuss the dynamics of the family; and various attachment theories

Teaching & Learning methods

- Lecture
- Group discussion/assignment
- Case Studies
- Directed reading
- Role plays
- Audio visual

Methods of Assessment

1. Case study and presentation 10%
2. Academic essay/assignment 20%
3. In class Quizzes 30 %
4. Final exam 40% (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Psychology and Its Relevance to health care

- The development of psychology
- Schools of thought in psychology-cognitive science-behavioral psychology-humanistic psychology-psychodynamic

Psychology in practice

- Professionals involved in prevention and management of psychological problems
- The perception of self and others - the self-concept
- Self-esteem; Body image; Stigma; Stereotyping
- Discrimination and Prejudice

Memory, understanding and the influences upon this

- Causes of memory loss
- Appropriate ways to share 'bad news'

Learning and Social Learning

- What are the influences upon the ways we learn?
- How can learning theories help us treat fears, anxieties and needs

Human development

- Development across the life continuum
- Stages of development
- Complex issues for children at different stages

Psychology and child bearing, readiness for pregnancy

- Factors affecting adjustment to the newborn
- Parenting styles
- The importance of play

- Social development - attachment and separation
- Social processes of health care
- Techniques which can be used to persuade people to adopt different or alternative ideas
- How groups influence decision and behavior

Stress and Coping

- Define stress
- Ways to understand stress and our responses to it
- Individual differences in responses to stress

The woman as an individual and as a mother

- The woman as an individual;
- The importance of attachment, and the social rituals used to integrate the infant into the family
- Psychology applied to health and well-being

References

- Davies, T & Craig, T K J 1998, ABC of mental health, British Medical Journal, England.
- Fraser, D M & Cooper, M 2009, Myles textbook for midwives, 15th Edn. Churchill Livingstone, Edinburgh.
- Harrison, A & Hart, C 2006, Mental health cares for nurses: applying mental health skills in the general hospital, Blackwell, England.
- Henderson, C & Macdonald, S 2004, Mayes' midwifery: a textbook for midwives, 13th Edn. Bailliere Tindall, Edinburgh.
- Patel, V 2003, Where there is no psychiatrist: a mental health care manual, Gaskell, United Kingdom
- Walker, J Payne, S Smith, P & Jarrett, N 2004, Psychology for Nurses and the Caring Professions, Second Edn. Open University Press, Berkshire, England.

Course Title	INTRODUCTION TO SOCIOLOGY
Course Code:	SMW224
Credit Hours:	2
Contact hours	32
Prerequisite:	None
Course Description	

This course includes an examination into the sociological aspects of societies and communities, especially with regard to women; their role in society and the impact on their health. The course will explore models of health and illness; the role of the state in the provision of health care; gender roles; the role of the family in Ethiopia; theories of attachment and bonding; stigma and discrimination; gender and society, with a focus on women in their childbearing years.

Objectives

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

- Describe the basic background to sociology and different approaches to the subject
- Explain how health and health care is evaluated and measured
- Discuss the provision of health care and health care management in Ethiopia.
- Discuss and give examples of cultural definitions of health, and various different perceptions of health and illness
- Explain and give examples of the impact of poverty on health
- Discuss the issues of gender, women and attitudes to women in society
- Examine the concept of the family as a social unit, and the dynamics of the family in Ethiopia
- Discuss sociological concepts of attachment and bonding, and adjustment to parenting
- Discuss ways of promoting women’s health using community infrastructure and leadership.

Teaching & Learning methods

- Lecture
- Small Group work/Class participation
- Directed reading
- Individual assignment
- Case studies
- audio visual

Methods of Assessment

- Group Participation 20%
- Directed reading 25%
- Academic Essay 25%
- Final Exam 30% (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

- Sociology and socialization theories
- Cultural definitions of health and illness
- Social class, poverty, ethnicity, racism, prejudice and discrimination
- Sociological perspectives on family structure and unit
- Marriage, kinship, and the family in Ethiopia
- Women's role and gender issues in the community
- Leadership and community infrastructure in rural communities
- Social and economic considerations in the community
- Management and organization of health care in Ethiopia
- The measurement of health care
- The holistic care needs of women within the

- context of the family and the midwife's role
- in the childbirth continuum and facilitating the adaptation to parenthood
- Theories of attachment and bonding

References

- Denny, E & Earle, S 2005, Sociology for nurses, Polity Press, America.
- Ethiopia Demographic and Health Survey 2005; Central Statistical Agency. Addis Ababa UNFPA
- Fraser, D M & Cooper, M 2003, Myles textbook for midwives, 14th Edn. Churchill Livingstone, Edinburgh.**
- Henderson, C & Macdonald, S 2004, Mayes' midwifery: a textbook for midwives, 13th Edn. Bailliere Tindall, Edingburgh,**
- Jankester, T 2007, Setting up community health programmes: a practical manual for use in developing countries, 3rd Ed. Macmillan, Malaysia.
- Squire, C 2009, The Social Context of Childbirth
- Sines, D Frances, & Frost, M 2005, Community health care nursing, 3rd Edn. Blackwell, Australia.
- Walker, J Payne, S Smith, P & Jarrett, N. 2004, Psychology for nurses and the caring professions, 2nd Edn. Open University Press, Berkshire, England.

Course Title
Course Code:
Credit Hours:
Contact hours
Prerequisite:
Course Description

COMMUNICABLE DISEASES
COD226
3
48
MICROBIOLOGY and PARASITOLOGY

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

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

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

Objectives

Teaching & Learning methods

- Lecture
- Small Group work/Class participation
- Directed reading
- Individual assignment
- Case study
- audio visual

Methods of Assessment

1. Continuous Assessment (20%)
2. Mid exam 30%
3. Final Exam 50%

Course Content

- Introduction to communicable disease
- Definition and description
- Classification and time course of disease
- Transmission and control
- Chain and mode of disease transmission
- Classification of infectious agents
- Reservoir and types (meaning)
- Carrier status
- Portal exit
- Host and its effect
- 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
- Conjunctivitis and trachoma
- Prevention and control of Zoonotic disease
- Sexually transmitted infections
- Introduction to STI
- Syndromic approach of STI syndromes
- Evaluation of patient with STI: talking about STIs with patients
- Introduction/history of HIV/Aids
- HIV/AIDS definition
- Causative agent
- Pathophysiology
- Mode of transmission
- Risk factors
- Clinical stage (WHO)
- Diagnosis, VCCT/PICT/PMTCT
- Management of positive client prevention (PLWHA)
- Etiologic approach
- Clinical approach
- Outbreak control

References

- Crofton, J Horne, N & Miller, F 1999, Clinical tuberculosis, 2nd Ed. Macmillan, Malaysia.
- Kennedy, J 2003, HIV in pregnancy and childbirth, 2nd Edn. BFM, USA.
- Peters, W & Pasvol, G 2007, Atlas of Tropical Medicine And Parasitology, 6th Edn. Elsevier Mosby, United Kingdom.
- Schull, C R 2005, Common medical problems in the tropics, 2nd Edn. Macmillan, Malaysia.
- Webber, R 2005, Communicable Disease Epidemiology and Control, 2nd Edn CABI Publishing.
- Vlok, M E 2003, Manual of community nursing: communicable diseases, 5th Edn, Juta & Co. Ltd, England**

Detail Course Description – Year III

Course Title	EPIDEMIOLOGY
Course Code:	EPI311
Credit Hours:	3
Contact hours	32
Prerequisite:	
Course Description	

This course is designed to allow students to interpret Epidemiological evidence, to be aware of methods and approaches used by the discipline and to recognize their strength and limitations. The course will draw attention to the value of Epidemiology in general public health and in particular to midwife practice.

Objectives

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

- Describe the history, components and scope and purpose of epidemiology
- Identify the incidence and prevalence of common infectious disease
- Assess strengths and limitations of different sources of epidemiology data on health status and health services utilization
- Describe data analysis and interpretation for decision making
- Distinguish between statistical association and causality
- Assess the advantage and disadvantages of different preventive strategies interpret the concepts of sensitivity, specificity and predictive values etc.

Teaching & Learning methods

- Small Group Lecture
- Discussion
- Student seminar
- Assignments

Methods of Assessment

- Paper works 30%
- Continuous assessment 20%
- Final examination 50%

(The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Introduction to epidemiology

- Definition of epidemiology
- History of epidemiology
- Components of epidemiology
- Scope and purpose of epidemiology

Principles of disease causation mode

- Disease causation
- Principles of causation
- Disease model

Natural history of disease and level of prevention

- Natural history of disease
- Disease prevention

Infectious disease process

- Components of the infectious disease process

Sources of data for community health

- Census
- Vital statistics
- Health service records
- Health surveys

Measurements of morbidity and mortality

- Measurement of health
- Ratio, proportion and rates
- Measurements of morbidity
- Incidence
- Prevalence
- Measurements of mortality

Descriptive epidemiology

- Descriptive variables
- Nature of descriptive study
- Cross-sectional and longitudinal survey
- Methods of standardization of rate

Analytical epidemiology

- Case control studies
- Analysis and interpretation
- Cohort study

Interventional studies

- Types of intervention studies
- Analysis and interpretation

Analysis of epidemiologic studies

- Role of bias, types of bias
- Validity and reliability
- Control of bias, the nature of confounders

Screening and disease control

- Definition and reliability
- Sensitivity and specificity

Investigation of epidemics

- Types of epidemics
- Types in epidemic investigation
- Implementing preventive and control measures

References

Gerstman, B B 2003, Epidemiology kept simple, 2nd Ed Wiley, Canada.

Greenberg, R Daniels, S Flanders, D Eley, W & Ill J.R 2005, Medical Epidemiology,

4thEd, McGraw Hill, New York. HCM/CURRICULUM/REV 2013 Page 128

Course Title MIDWIFERY II
Course Code: CMW313
Credit Hours: 10 (3 theory,2 Lab,5 practicum)
Contact hours

Prerequisite: MIDWIFERY I & NEONATOLOGY

Course Description

Drawing from and building on each student's understanding of Normal Midwifery Practice, this course challenges students to consider and analyze, on a case by case basis, further complications that can occur pregnancy, labor and puerperal. This course develops knowledge and skills (Basic Emergency Obstetric Care) required for managing complicated cases in a resource poor setting, including rapid assessment, management and timely referral when necessary.

Objectives

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

- Describe complications and life threatening conditions in pregnancy, labour and postpartum
- Identify factors contributing to deviations from normal
- Operate with deviations and determine the appropriate management including referral to the next level of health facility
- Apply Evidence Based Practice to evaluate the management of complications
- Demonstrate knowledge of biological science related to medical conditions of childbearing women
- Apply and build on existing clinical skills in order to manage an emergency in a resource poor setting situation.

Teaching & Learning methods

- Inquiry Based or Problem Based Learning (specific)
- This course will consist of student groups analyzing case studies related to complicated
- Midwifery scenarios
- Students brainstorm, study about and present allocated topics related to complications for the child bearing woman.
- Small groups discussion and Group presentation including Power point presentations, student prepared hand outs and quizzes
- Tutorials
- Demonstration and practice of clinical skills

Methods of Assessment

- Presentation/group 40%

Course Content

- IUG Restriction
 - Abnormal amniotic fluid (oligo-hydramious and poly-hydramnious)
 - IUD (Intrauterine death) / Stillbirth
 - Haemolytic streptococcus A & B
 - Rhesus incompatibility
 - Severe anemia (related causes)
 - Heart failure due to heart disease
 - Bronchial asthma
 - Pulmonary oedema associated with pre- eclampsia
 - Obstetric Cholacystasis
 - Diabetes in pregnancy (Gestational and Insulin Dependent Diabetes Mellitus (IDDM))
 - Vaginal bleeding in early pregnancy (ectopic pregnancy, abortion, gestational trophoblastic disease)
 - Causes of abdominal pain in early pregnancy and its management.
 - Vaginal bleeding in later pregnancy and labour (abruption, placenta- praevia)
 - DIC (disseminated intravascular coagulation)
 - Vaginal bleeding after childbirth(postpartum bleeding)
 - Inversion of the uterus
 - Retained placenta, adherent, placenta accrete
 - Abdominal pain late pregnancy and after childbirth
- Common causes, signs, and management of fever in

- Mid-examination 30%
- Final Examination 30%
- (The %age and the method of assessment may change slightly depending on the individual tutor)

Clinical Skills;

- Assessment based on a pass or fail basis – student who fail the clinical skills despite their theory score may not proceed in the course or attend clinical placement

pregnancy, labour and the puerperum

- Mastitis
- Cystitis
- Acute pyelonephritis
- Septic abortion
- Chorio-Ammonites
- Pneumonia
- Malaria
- Typhoid
- Hepatitis
- Puerperal sepsis
- Deep vein Thrombosis
- Wound infection (Perineal wound, infected episiotomy dehession, management)
- HIV/AIDS/Infection prevention
- Management of shock, Rapid assessment.(IV insertion, clear airway (O2 administration) positioning)
- Manual removal of placenta
- Bimanual compression
- Aortic compression

References

Fraser, D M & Cooper, M A 2003, Myles text book for midwives, 14th Ed. Churchill

Livingstone, Edinburgh.

Hanratty, P K 2003, Obstetrics illustrated, 6th Ed. Churchill Livingstone, China.

Henderson, C & Macdonald, S 2004, Mayes' midwifery, 1 3th Ed. Bailliere Tindall, Edinburgh.

Johnson, R & Taylor, W 2006, Skill for midwifery practice, 2nd Edn, Elsevier, Edinburgh.

*Birth Emergency skill training – Manual for out of hospital midwifery

*Clinical Guidelines for Midwives and Women's Health

*A Pocket Guide to Clinical Midwives – The Efficient Midwife

*Holistic Midwifery: A comprehensive textbook for midwives in homebirth practice

*Manual of Obstetrics

*Obstetrics Normal and problem in pregnancy

*Williams obstetrics; normal and problems in pregnancy

*Manual of obstetrics (four colors)

*Williams Obstetrics

Lawson, J B Harrison K A & Bergstrom, S 2003, Maternity care in developing countries, 1st Edn. RCOG Press, London.

McCormick, M 2003, Managing complications in pregnancy and childbirth, WHO, UNFPA, UNICEF, WORLD BANK, WHO Department of reproductive health and Research, India

Course Title	BIostatISTICS
Course Code:	BST314
Credit Hours:	3
Contact hours	48
Prerequisite:	None
Course Description	

This course aims to equip students with basic statistical knowledge which could be useful in their future work as a midwife. The course describes basic statistical methods commonly used in health science. To meet the above aim it is helpful to think of the process of data analysis as consisting of three stages: Data management; Descriptive (exploratory) data analysis and Statistical inference (estimation and hypothesis testing)

Objectives

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

- Describe the role of statistical methods in Health science
- Distinguish between categorical data and numerical data
- Present the data effectively by making appropriate tables graphical displays and summaries.
- Select statistical methods for analysis
- Interpret summary statistics/statistical findings
- Define probabilities and identify characteristics of different probability distributions.
- Describe sampling distribution and the role of statistical methods in quantifying sample variance.
- Describe the process involved in estimation and hypothesis testing
- Determine whether there is association or not between categorical variables.

Teaching & Learning methods

- Lecture
- Discussion, group presentation and exercises

Methods of Assessment

Mid-term examination 30%

Final examination 40%

Exercises 30%

(The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Chapter One:

- Definitions of terms
- Types of data
- Scales of measurement
- Source of data

Chapter Two

- Tabular methods of data presentation
- Graphical methods of data presentation

Chapter Three: summarization of data

- Measurement of central tendency/location of the data
- Measurement of dispersion/variability of the data

Chapter four: probability and probability distribution

- Definition of probability
- Elementary properties of probability
- Probability distribution of discrete variables
- The binomial distribution

- The poison distribution
- Characteristics of the distribution
- Probability distribution of continuous variables
- The Normal distribution
- Characteristics of the distribution

Chapter five: Sampling and sampling distributions

- Sampling methods
- Sampling distribution of random variables
- Sample size determination

Chapter six: Estimation and Hypothesis Testing

- Point estimates
- Confidence interval estimates
- Null and alternative hypothesis
- Type-I and Type –II errors
- The P-value
- Statistical methods for categorical variables
- Chi-square test
- Health Service Statistics

References

Gerstman, B 2003, Epidemiology Kept Simple, Wiley, Canada.

Stone, J 2006, Conducting Clinical Research, 1st edn, Mountainside Press, Maryland.

Swinscow, T D V & Campbell, Y I J 2002, Statistics at Square One, Lath Education BMJ, Ind

Course Title	PEDIATRICS				
Course Code:	PED 312				
Student	Lecture	Lab	Home Study	Assessment	Total
Workload	60	15	50	10	135hrs

Prerequisite:
Course Description

This course is supposed to familiarize third year BSc midwifery students with the knowledge and skill of assessing, identifying and managing children with various child hood illness and abnormalities. It also equips students with basic understanding and use of integrated management of neonatal and childhood illness (IMNCI) manual approach. Moreover, it helps students to develop basic knowledge on management of pediatric HIV/AIDS in line with national guideline of Ethiopia.

Objectives

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

- After completion of this course, students will be able to:
- Use effective communication techniques when assessing pediatric patients.
- Describe growth and development, nutritional needs and nutritional disorders in children.
- Describe various infectious diseases, expanded program of immunization (EPI) target diseases, and systemic disorders and their management approach.
- Notify various aspects of preventive pediatric nursing.
- Develop a skill of applying preventive pediatrics in providing nursing care to children at health institution and/or community level.
- Describe HIV/AIDS, opportunistic infections and its management in children.

Classify and treat childhood illnesses based on IMNCI approach

Teaching & Learning methods

- Demonstration
- Case presentation
- Bed side Discussion
- Round and morning
- Seminar

Methods of Assessment

- Attendance/Class activity-5%
- Quiz10%
- Test15%
- Individual assignment..10%
- Group assignment with presentation --10%
- Final exam.....50%

Course Content

Part –I

- Overview of pediatrics
- Definition
- History and origin
- Differences between adult and pediatric medicine
- Pediatric history and physical examination

Part –II Growth and Development

- Growth and development
- Growth monitoring

Part -III- Nutrition in Children

- Definition
- Feeding of infant and children
- Nutritional need of children
- Feeding
- Weaning

Malnutrition

- Marasmus –Définition, Cause, Clinical manifestation, Management
- Protein malnutrition (protein calorie malnutrition (PEM))

kwashiorkor)

- Definition
- Cause
- Clinical manifestation

Part -IV- Infectious Disease and Systemic Disorders

Tuberculosis

- Definition
- Epidemiology
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management
- Prevention

HIV/AIDS

- Introduction (Definition and pathogenesis)
- WHO clinical staging
- ART, follow-up and advice for HIV positive children
- Pediatric eligibility criteria for ART
- Tuberculosis in HIV positive children
- Opportunistic infections and prophylaxis
- Diarrheal disease in HIV positive children
- Adherence in children
- Palliative care

Malaria

- Definition
- Epidemiology
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management
- Prevention

Cardiovascular Disorder

- Congestive heart failure
- Description
- and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management

Infective endocarditic

- Description
- Etiology
- Clinical manifestation
- Laboratory Diagnosis
- Complications
- Treatment
- Prevention

Rheumatic fever

- Description
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management
- Prevention

Urinary Disorders Nephrotic Syndrome

- Definition
- Types
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management
- Prognosis

Wilms tumor

- Definition
- Clinical manifestation
- Diagnosis
- Staging
- Management

Urinary tract infections

- Definition
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management

Neurologic Disorders

Epilepsy

- Definition
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management

Meningitis (1hr)

- Definition
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management
- Prevention

Hematologic Disorders

Anemia

- Definition
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management
- Prevention

Leukemia

- Definition
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management

Hemophilia

- Definition, Etiology and incidence ,Pathogenesis
- Clinical manifestation, Diagnosis Management

Endocrine Disorder

- Juvenile Diabetes Mellitus

- Definition
- Etiology and incidence
- Pathogenesis
- Clinical manifestation
- Diagnosis
- Management

Orthopedic Disorders Fractures

- Common fractures
- Pediatric fracture pattern
- Specific fractures
- Clavicular
- Proximal humerus
- Distal radius and ulna
- Phalangeal fracture

Children with special health needs

Failure to thrive

- Definition
- Etiology and incidence
- Clinical manifestation
- Diagnosis
- Management
- Prognosis

Mental retardation

- Definition, Etiology and incidence, Clinical manifestation
Diagnosis, Management Prevention
- Part -V- Integrated Management of neonatal and Childhood
Illnesses including demonstration
- Using IMNCI guideline

Course Title GYNAECOLOGY
Course Code: GYN 316
Credit Hours: 2
Contact hours 32
Prerequisite: MICROBIOLOGY ,HEALTH ASSESSMENT,ANATOMY,PHYSIOLOGY,MIDWIFERY I& II

Course Description

This course is designed to build on the student's knowledge of the female reproductive system and expand into the area of gynecology. 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 gynecological 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.

Objectives

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

- Identify abnormalities of the female reproductive tract
- Review the management of miscarriage and abortions
- Discuss common causes of infertility
- Identify common benign disorders of the breast and its management
- Identify carcinoma of the reproductive organs including the breast
- Discuss common gynecological problems such as fibroids; abnormal uterine bleeding
- Discuss the menopause and common disorders associated with this
- Demonstrate an understanding of pre and post-operative care of the woman undergoing
- gynecological surgery
- Discuss and demonstrate the technique for gynecological operating procedures and routines
- Describe the care of obstetric fistula

Teaching & Learning methods

- Lecture
- Discussion/group work/lab demonstration
- Students seminars/presentations
- practical attachment
- Audio Visual

Methods of Assessment

Continuous Assessment 20%
 Mid exam 30%
 Final exam 50%

Course Content

Congenital Anomalies Of The Female Reproductive Tract

- Vaginal atresia
- Bi-cornet uterus
- Imperforated hymen

Understanding Infertility And Its Causation And Treatments

- Primary and secondary infertility
- Causes, predisposing factors and diagnostic procedures; treatment

(The %age and the method of assessment may change slightly depending on the individual tutor

- Role of the midwife in counseling and management of infertility

Trauma of the genital tract

- Vaginal
- Rectal
- Correction of Female circumcision
- Genital prolapse
- P uterine
- Vaginal
- Rectocele
- Cystocele

Management of miscarriage/ abortion

- Medical abortion
- Use of MVA (Checklist and practical lab session)
- Care of MVA equipment (IP-disinfection)
- Common causes of abnormal uterine bleeding
- Dysfunctional bleeding

The Menopause

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

Physio-pathology of benign and malignant growths

- Cysts and tumors of the ovary
- Cancer: uterus, fallopian tubes, cervix, perineum and breast
- Pelvic masses

- Screening: Investigations and treatments for cancers of reproductive tract, Pap smear

Infections

- STIs
- PID
- Syndromic Approach to management of STIs

Fistula causes and management of fistula

Common surgical procedures in gynecology

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

Preparation of the woman before; during and after surgery

- 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

References

***Manual of obstetrics**

Brunner, Suddartha, Lippencot, Williams & Wilkens, 2008, Textbook of Medical and Surgical Nursing. Decherey, A & Nathan, L 2003, Current obstetric and gynaecological diagnosis and treatment, 9th Edn. Mcgraw Hill, USA.
Elkin, M Perry, A Potter, P 2004, Nursing Interventions and Clinical Skills. 3rd Edn. Elsevier

Mosby.

Gandhi, G Mehta, S & Batra, S 2006, Infection in Obstetrics and Gynaecology. Taypee Brothers.

JHPIEGO, 2004, Infection Prevention Learning Resource Package

JHPIEGO, 2004, Infection Prevention Guide for Participants

Perry, A & Potter, P 2006, Clinical Nursing Skills and Techniques. 6th Ed, Elsevier Mosby.

Symonds, E Symonds, I 2004, Essential Obstetrics and Gynaecology Churchill Livingstone

Course Title

Course Code:

Credit Hours:

Contact hours

Prerequisite:

FAMILY PLANNING

FPL 318

3 (2 theory,1 practicum)

48

NORMAL MIDWIFERY I & II/ PSYCHOLOGY FOR MIDWIVES /

Course Description

This course will provide students with a comprehensive understanding of family planning; its strategic importance in the reduction of poverty and its relevance in the promotion of human rights. Family planning and child spacing is a fundamentals right for all women and their partners and should be readily available as a realistic choice throughout Ethiopia.

Objectives

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

- Demonstrate an understanding of Family Planning as a public health issue
- Discuss the strategies implemented by the Ethiopian government to improve the uptake of family planning amongst women in Ethiopia
- Demonstrate an understanding of the midwives role and responsibilities to the community in relation to family planning; education and use of various contraceptives; women with special needs
- Identify the range of contraceptive choice available to women and men
- Outline the various indications and contra indications for different contraceptive use
- Demonstrate the use and action of various contraceptives
- Provide clinical assessment; examination and insertion of contraceptive devices
- Apply various counselling strategies used in providing information and choices for women

Teaching & Learning methods

- Lectures
- Role Play
- Group work
- Demonstrations
- Clinical practice
- audio Visual

Course Content

- Family planning in a global context
- The implications of child spacing on poverty reduction
- Tradition family roles and practices which may impact upon choices and decisions in rural Ethiopia
- The role of government policy, non-government organizations and health services in the provision of family planning services

Methods of Assessment

Continuous Assessment (30%)

Exam 50%

Skill test 20%

(The %age and the method of assessment may change slightly depending on the individual tutor)

- Revision of the female reproductive system in particular the menstrual cycle
- Couple counselling / Enabling choices and decision making
- Natural methods of contraception
- Various oral hormonal contraceptives; indications, actions and contra indications of use, complications
- Other hormonal injectable contraceptives: implants and injectable, action, contraindications of use, possible complications
- Emergency contraception
- IUD's use and indications, complications
- Other Barrier methods of contraception
- Permanent contraceptive methods: tubal ligation and vasectomy
- Making contraception accessible to all families in Ethiopia
- Post abortion family planning counselling
- Male involvement in family planning

References

Guillebaud, J 2009, Contraception 5th Edn, Churchill Livingstone.

King, M. & Mola, G 2006, Safe Motherhood in developing Countries King, Marie Stopes International Partnership.

WHO, 2007, Family Planning: A Global handbook for providers. WHO Press.

Course Title
Course Code:
Credit Hours:
Contact hours
Prerequisite:

INTRODUCTION TO RESEARCH METHODOLOGY
RME319
3
48
EPIDIMIOLOGY, BIOSTASTICS

Course Description

This course intends to impart basic knowledge of research methods to students. Research methodology is given to midwifery students to equip them to undertake in-depth scientific study in their area of interest so that students will be able to contribute to the midwifery profession and/or practice.

Objectives

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

- Discuss research process and its component
- Discuss strategies of implementing research in midwifery profession
- Identify and critically analyze a specific area of midwifery practice which present a need or a challenge for maintaining or improving standards for care delivery
- Critically evaluate published articles/research materials
- Distinguish qualitative and quantitative researches and their particular component
- State a problem statement/ research topic
- Describe the importance of a clear statement of a problem
- Describe the principles underlying whether a problem situation is researchable.
- Enumerate the points that should be included in the statement of a problem
- List the criteria for selecting a research topic.
- Identify and select his/her own topic (health problem) for research based on certain guidelines.
- Review literatures which is related to their research topic HC
- Describe the resources that are available for carrying out such a review.
- Record (organize) information obtained from literature
- Identify and select appropriate research method in line with the research problem
- Write a proposal
- Use different referencing systems
- Define research in general and health systems research in particular
- Enumerate the characteristics of research
- Describe the broad divisions (steps) involved in the research process
- Explain the roles of research in development
- Examine the cyclical nature of the development of a research proposal
- Describe the need for the development of research objectives
- Differentiate between general and specific objectives
- Formulate specific objectives and hypotheses

Teaching & Learning methods

- Lecture
- Development of research proposal
- Directed readings and critique of articles
- Group work
- Journal club

Methods of Assessment

1. Project paper 20%

Course Content

Introduction to research

- Definitions of research Sources of information/data
- Importance of research
- Characteristics of research
- Types of research
- Main components of research
- Problem identification
- Criteria for prioritizing problems for research
- Analyzing the problem

2. Continuous Assessment 20%
3. Final exam 50%
4. (The %age and the method of assessment may change slightly depending on the individual tutor)

- Formulating the problem statement

Literature review

- Uses of literature review
- Source of information
- Organizing information from sources

Objectives

- Definitions of research objectives
- Formulation of the research objectives
- Purposes of developing research objectives

Research methods

- Types of study designs
- Study population
- Variables
- Sampling Methods
- Sample size determination
- Data collection Tools
- Reliability and Validity
- Methods of data collection
- Plan for data processing and analysis
- Ethical considerations
- Limitations/delimitations of the study
- Pretest or pilot study

References

- Importance of referencing
- In text reference
- Reference list writing systems

Publication

- Critiquing Published articles
- Publishing a research project

References

Burns, N Grove, S. 2007, Understanding Nursing Research, 4th Edn, Elsevier.
 Cluett, E Bluff, R 2006, Principles and Practice of Research in Midwifery. 2nd Edn, Elsevier.
 Hucker, K 2007, Research Methods in Health. Heinemann.
 Hoffman, T Bennett, S & Del Mar, C 2010, Evidence Based Practice. Elsevier
 Pairman, S Pincombe, J Thorogood, C & Tracy, S 2008, Midwifery Preparation for Practice. Elsevier.
 Raynor, M Marshall. J & Sullivan, A 2005, Decision Making in Midwifery Practice. Elsevier.
 Robinson, S & Thomson, A M 1995, Midwives research and childbirth: vol 2, Chapman And Hall, London.
 Robinson, S & Thomson, A M 1995, Midwives research and childbirth: vol 3, Chapman And Hall, London.
 Stone, J (no yr) Conducting clinical research: a practical guide,
 Swinscow, T D V & Cambell, M J 2002, Statistics at square one, 10th Edn. BMJ Books, England.
 WHO (1988) Health systems training course, WHO, Zimbabwe

Course Title	REPRODUCTIVE HEALTH
Course Code:	REP325
Credit Hours:	3
Contact hours	32
Prerequisite:	None
Course Description	

This course is designed for providing the basic definitions, determinants and measurements of health and disease in women, children and adolescents. It mainly focuses on maternal health, child health, family planning and HIV/AIDS that enable the students to apply current scientific evidence and best practices for researching, understanding, improvement of reproductive health and achievement of health related SDGs goals.

At the end of this course students are expected to

Objectives

- Define reproductive health, sexual health and reproductive health care.
- Describe the historical development, concepts, scope and components of reproductive health and reproductive rights.
- Describe Reproductive health indicators
- Describe the magnitude of reproductive health problems globally and locally
- Analyze major causes of maternal and child mortality and morbidity
- Discuss interventions to reduce major causes of maternal and child mortality and morbidity
- Criticize the existing interventions.
- Describe the epidemiology, public health significance, prevention and control strategies of sexually transmitted infections / reproductive tract infections and HIV/AIDS and Reproductive cancers.
- Discuss major harmful traditional practices related to reproductive health and strategies to eliminate them.
- Explain the public health significance of violence against women and measures to curb it.
- Display a favorable attitude to address reproductive health problems.
- Conduct reproductive health need assessment.
- Write/design projects on reproductive health.
- Recommend appropriate interventions

Teaching & Learning methods

- Illustrated lectures and discussion
- Group activity
- Brainstorming
- Role play
- Case studies
- Project work

Methods of Assessment

1. Quizzes, (15%)
 2. Individual Assignments (10%)
 3. Reports(visit) (20)
 4. Group presentations1 (10%)
 5. Attendance and class activity (5%)
 6. Final written exam (40%)
- (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Introduction to Reproductive Health: (4 hrs.)

- Concepts and Definitions
- Historical Development
- Components of Reproductive Health
- Reproductive rights
- Magnitude of Reproductive Health Problems
- Indicators in Reproductive Health
- Gender and Reproductive Health
- Maternal Health :(6 hrs.)
- Safe Motherhood
- Essential Services for Safe Motherhood
- Magnitude of maternal health problems

Maternal health

- Causes of Maternal Mortality and Morbidity
- Risk Factors for Maternal Health
- Maternal health.....
- Maternal Health interventions; ANC, Delivery, PNC, Essential Newborn Care
- Maternal Nutrition
- Family Planning
- Origins and Rationale of Family Planning
- Family Planning methods

- Counseling in Family Planning
- Family Planning
- Family Planning Delivery Strategies
- Fertility Trends and Contraceptive Use
- Family Planning
 - Trends in Contraceptive Use in Ethiopia
 - Reasons for Not Using Contraceptives
 - Sexual Health and STIs
 - Classification of STIs
 - Assessing STI Risk
 - Syndromic Management and counseling of STIs
 - Prevention and control of STIs
 - Unwanted pregnancy and Abortion
 - Unwanted pregnancy and abortion
 - Legal status of abortion
 - Incidence and prevalence of abortion
 - Impact of unsafe abortion on maternal health status
 - Cancers of the Reproductive Health System
- HIV/AIDS and Reproductive Health
 - HIV/AIDS Epidemiology, prevention strategies, policies
 - Epidemiology of MTCT of HIV
 - Modes of Transmission of HIV
- Adolescent Reproductive Health
 - Characteristics of the Adolescence Period
 - Major adolescent SRH problems
 - Reproductive Health Risks and consequences for adolescents
 - Adolescent health
 - Reproductive health services for Adolescents
 - Youth friendly RH services
- Harmful Traditional Practices and reproductive health
 - Violence against Women
 - Female genital mutilation (FGM)
 - Early Marriage (EM)
 - Marriage by abduction
 - Projects and programs in Reproductive health
 - Project design Monitoring and evaluation of reproductive health programs

References

- Carter: lecture note Reproductive Health for Health Science students, 2008
- Sexual and Reproductive Health in East Africa www.prb.org 2011
- EDHS 2000 to 2011
- Hand book on RH indicators
- Maternal Health Epidemiology 2003
- Maternal and neonatal program effort index, Ethiopia
- Maternal and Child health nursing book (Chapter 4 Reproductive and Sexual Health)
- Reproductive Health Epidemiology Series Module 2, 2003 Department of Health and Human Services

Detail Description of Courses- Year IV

Course Title	ENVIRONMENTAL HEALTH
Course Code:	EHM411
Credit Hours:	2
Contact hours	32
Prerequisite:	None
Course Description	

The course is designed to enable the learners acquire knowledge and skills, required to identify and intervene environmental and ecological factors to human health. It also enables the students to comprehend basic concepts and principles of Environmental Health and Ecology applicable to disease prevention and health promotion.

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

Objectives

- Define environmental health and basic terminologies in environmental health such as sanitation, environment, pollution, contamination ,etc
- Define the link between health and environment
- Identify the scope of environmental health
- Discuss the occurrence, importance, impurities, sources, development and treatment of water
- Explain the public health importance of liquid waste and common disposal methods
- Explain the types, sources, public health importance, and functional elements of solid waste
- Discuss the need of food protection, prevention of food borne illness, preservation methods, and sanitary requirements of food and drinking establishments and the health conditions of food handlers
- Explain the health importance of housing and institutional settings
- Explain recognition and control measures of occupational hazards

Teaching & Learning methods

- Lecture
- Discussion
- Student seminars
- Community visits

Methods of Assessment

5. Project paper 20%
6. Continuous Assessment 20%
7. Final exam 50%
8. (The %age and the method of assessment may change slightly depending on the individual tutor)

Course Content

Unit One

- General Introduction to Environmental Health
- Definition. Concepts, scope and role
- Historical background

Unit two

- Water and Health
- Origin of water – borne diseases and their control measures
- Treatment of water

Unit three

- Human wastes disposal
- Excreta- borne diseases
- Methods of human waste disposal

Unit - four

- Solid wastes management
- Public health reasons for the proper disposal of solid wastes
- Methods of disposal
- Hazardous and infectious waste disposal

Unit five

- Food Hygiene
- Food –borne diseases
- Milk hygiene

- Meat hygiene
- Food processing and food preservation method
- Establishment healthy eating and drinking habits

Unit six

- Control of Arthropods and rodent of public Health importance

Unit seven

- Housing and institutional health

Unit eight

- Safety in the working environment

Unit nine

- The problem of environmental pollution.

References

- Moeller, DW. 1997. Environmental Health. Harvard Univ. Press
- Nadakavukaren, A. (1990), man and environment
- APHA, 1995 Standard Methods of water and waste water analysis. Peavey et al., 1995. Environmental engineering
- Salvato, 1982, environmental engineering and sanitation (3rdEd) Network: John & sons.
- Teka G.E (1997) Food Hygiene; Principles and methods of food Bourne diseases control with special emphasis to Ethiopia, Addis Abeba University press
- Hailu, D (2006).housing and institutional health, update lecture note series. Hawassa University.
- Tekel T ,(2002) occupational health ,safety and hygiene for environmental health students .lecture note series
- Tassew, S.(2002) ,vector and rodent control ;lecture note series ,Haramaya University : carter center

Course Title	HEALTH SERVICE MANAGEMENT AND LEADERSHIP
Course Code:	HSM412
Credit Hours:	2
Contact hours	32
Prerequisite:	None
Course Description	

This course is designed to provide students with the basic concept and principles of management so as to efficiently use resources and methods to identify problems, plan and prioritize. The efficient manager plans for implementation by considering the available resources and possible obstacles for the betterment of a health care program, by organizing the health team activities and mobilizing resources within the health care delivery system to solve the existing problems. This course will give students an awareness of the above activities. It also deals with PHC (Primary Health Care) activities in order to help the community at large with dearth of resources.

Objectives

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

- Identify the basic principles involved in planning and management
- Perform an environmental analysis using different mechanisms so as to make the planning process more realistic.
- Describe the history of health service in Ethiopia and determinates to health.
- Define PHC ,concepts strategy and enumerate what we have learned and gained
- Explain the management structure of health team
- Discuss aspects of a merit based selection, appointing and leading a team
- Describe basic principles involved in management of resources.
- Discuss organizational change.
- Consider equity in provision of health care
- Distinguish between different schemes of financial health care
- Explain various health information management systems

Teaching & Learning methods

- Lecture
- Group Discussions
- Case presentation

Methods of Assessment

1. Assignment 20%
2. Continuous Assessment 30%
3. Final examination 50%
4. (The %age and the method of

Course Content

Introduction to management

Define management

Functions of management

Planning

- Features of planning
- Types of planning
- Strategic planning
- SWOT analysis
- Tactical/operational planning
- Steps in planning
- Gant chart

assessment may change slightly depending on the individual tutor)

- Organizing
- Organization structure
- Structure of health care delivery system
- Decentralization
- Delegation
- Coordination
- Staffing
- Human resource planning
- Recruitment ,selection and specialization/orientation
- Training and development
- Promotion and transfer
- Discipline, demotion and separation

- The transformation of leadership theory

Leading or directing

- Define leadership
- The evolution of leadership theory
- The trait theory
- Motivation
- Basic assumptions about motivation
- Theory of motivation
- Contemporary views of motivation
- Controlling
- Types of management control
- Four steps in control process
- Decision making and communication
- Basic steps in decision making process
- Seven C's of effective communication
- The communication project planning process

Resource management

- Human resource (the health team)
- Health care financing
- Source of finance
- Accounting for public fund
- Ethiopian fiscal (budget year)
- Items budgeting
- Materials management
- Managing materials
- The purchase process
- Storage
- Managing space
- Types of work space
- Using maps
- Managing time
- Time plan in health service

Health management information system (HMIS)

- Definition
- Source of information
- HMIS in Ethiopia
- Health delivery system in Ethiopia and health policy
- Historical development of the policy

Health delivery system and health policy in Ethiopia

- Health delivery system
- The health policy of the transitional government of Ethiopia
- Hospital management
- Types of hospital
- The referral system
- District health management

Primary Health Care

- Historical development
- Community involvement
- Appropriate technology
- PHC in Ethiopia

References

- Banti, W, Meseret, M & Yigremew, A 2006, .Introduction to Management,
Booyens,SW 2005, .Introduction to Health Service Management,3rd edn,
Chali, J Amsalu, F & Getnet, M 2005, .Health Service Management,
Dowding, L & Barr, J. 2002, Managing in Health Care, Princes Hall.
Federal Ministry of Health 1993, the Health Policy of Ethiopia,
Mackbbin, J & Walton, A 2008, .Leadership and Management, Heineman

Course Title	MENTAL HEALTH CARE IN MIDWIFERY PRACTICE
Course Code:	M413
Credit Hours:	2
Contact hours	32
Prerequisite:	PSYCHOLOGY
Course Description	

This course will familiarize students with psychological issues in midwifery practice and help them recognize psychopathology in pregnancy and childbirth, including emotional changes during pregnancy and childbirth, antenatal and post-natal depression, severe depressive illness and post-natal psychosis. Cultural concepts affecting pregnancy, labour and post-partum will be explored and possible responses discussed including support and counseling skills for those women and their families who are experiencing emotional distress associated with traumatic birth events.

Objectives

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

- Differentiate between normal and psychopathological changes in childbearing
- Explain and give examples of the contribution of pregnancy and childbirth to the
- development of mental illness
- Suggest healthy behavior during pregnancy and postpartum
- Promote health education

Teaching & Learning methods

- Lecture
- Discussion
- Case study/assignments

Course Content

- Cultural concepts affecting the childbirth continuum and Ethiopian women
- Food taboos
- Work expectations
- Traditional medicines
- Place of delivery (bush, home, HC, hospital)
- Decision making
- Culture and conception
- Mental problems related to menstrual disorders
- Premenstrual dysphonic disorder
- Hormonal contraception and effect on mood
- Psychology and psychopathology of childbearing
- Pregnancy and transitional to parenthood/motherhood
- Effects of unwanted or unplanned pregnancy
- The psychopathology of partition
- Depression and its effects through childbearing continuum
- Emotional changes during labour
- Emotional stress associated with traumatic birth events
- Infant loss, including still birth and abortion
- The Psychiatry of postpartum period
- Post-partum blue
- Post-partum depression
- Puerperal psychosis
- Mother and new born infant disorders
- Substance abuse and pregnancy

Methods of Assessment

1. Case presentation 25%
2. Mid exam 30%
3. Final exam 45%

(The %age and the method of assessment may change slightly depending on the individual tutor)

References

Davis, T & Craig, T 2003, ABC of Mental Health, BMJ BOOKS, Malaysia.

Fraser, D M & Cooper, M A 2003, Myles Text book for Midwives, 14th Edn. Churchill Livingstone, Edinburgh.

Harrison, A & Hart, C 2006, Mental health care for Nurses, Blackwell Publishing, India. **Henderson C &**

Macdonald S 2004, Mayes' Midwifery, 13th Edn. Bailliere Tindall, Edinburgh.

Patel, V 2003, where there is no Psychiatrist, Gaskell/Talc, United Kingdom

Course Title
Course Code:
Credit Hours:
Contact hours
Prerequisite:
Course Description

INDIVIDUAL RESEARCH PROJECT I
IND415
3
48
INTRODUCTION TO RESEARCH METHODOLOGY

This course will involve the development of practical research skills through the involvement of each student in the formulation of an individual research project. The course will encourage students to build on and develop the research methods/skills from Introduction to Research Methodology. Students will choose a topic of interest, conduct a literature search, critically read and summarizing literature, and compose a specific research questions, select appropriate methodology and produce a research proposal. Students' project progress will be supervised individually.

Objectives

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

- Identify the practical issues where research is needed
Identify an area of research interest
- Conduct a literature review
- Critically analyze and summarize literature review
- Select appropriate research design and methodology to answer the research question
- Produce a scientific research proposal
- conduct a research based on the approved proposal
- Produce a research paper ready for publication

Teaching & Learning methods

- paper review
- presentations

Methods of Assessment

1. Assessment of completed research proposal 40%

2. Assessment of data collection tools 60%

(The %age and the method of assessment may change slightly depending on the individual tutor)

References

Bailey, D 2006, Research for the Health Professional. 2nd Edn. F A Davis Company,

Philadelphia.

Burns, N Grove, S 2009, Understanding Nursing Research. Elsevier, Sydney.

Cluett, E Bluff, R 2006, Principles and Practice of Research in Midwifery. Elsevier, Sydney.

Hucker, H 2007, Research Methods in Health Care. Heinemann, Essex.

Lo Biondo-Wood, G & Haber, J 2006, Nursing Research Mosby, New York.

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Thomas, S A 2000, How to write Health Sciences Papers, Dissertations and Theses, Churchill Livingstone, London.

Course Title
Course Code:
Credit Hours:
Contact hours
Prerequisite:
Course Description

ADVANCED DIAGNOSTIC SKILLS
ADV421
2
32
Midwifery II

This course will enhance the basic clinical skills that have been developed and practiced in previous years. Students will be introduced into a variety of diagnostic techniques which will improve their ability to practice autonomously; whilst equipment is available in the health center setting.

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

- Give examples of additional skills useful for midwifery practice
- Demonstrate skills in auscultation of lungs and heart
- Explain the basic principles of ultra sound and its appropriate use
- Explain and give examples of laboratory techniques useful for midwifery practice

Objectives

Teaching & Learning methods

- Lecture

Methods of Assessment

- Completion of a CTG online learning package 20%
 - Written examination 30%
 - Practical examination 50%
- (The %age and the method of assessment may change slightly depending on the individual tutor)

Contents

- Advanced auscultation
- Cardio-tocograph monitoring (CTG) and foetal heart monitoring using Pinard fetoscope or Doppler – indications and appropriate usage
- Ultrasound, U/S skills – indications and protocols for appropriate use
- Laboratory Techniques – wet smear, gram staining, preparation of blood film, Hb, Rh and
- Blood group, pregnancy testing
- Cord blood sampling, new born cannulation and taking blood from the newborn

References

Fraser, D M & Cooper, M A 2003, Myles text book for midwives, 14th Edn. Churchill Livingstone, Edinburgh.

Hanratty, P K 2003, Obstetrics Illustrated, 6th Edn. Churchill Livingstone, China.

Henderson, C & Macdonald, S 2004, *Mayes' Midwifery*, 13th Edn. Bailliere Tindall, Edinburgh.
 Johnson R & Taylor, W 2006, *Skill for Midwifery Practice*, 2nd Edn, Elsevier, Edinburgh.
 Lawson, J B Harrison, K A & Bergstrom, S 2003, *Maternity Care in Developing Countries*, 1st Edn. RCOG Press, London.
 McCormick, M 2003, *Managing Complications in Pregnancy and Childbirth*, WHO, UNFPA, UNICEF, WORLD BANK, WHO Department of Reproductive Health and Research, India.
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Course Title	INDIVIDUAL RESEARCH PROJECT II
Course Code:	RPR422
Credit Hours:	2
Contact hours	32
Prerequisite:	INDIVIDUAL RESEARCH PROJECT I
Course Description	

In this course students will continue and complete the individual research projects commenced in Individual Research Project I. Students will collect data, analyze and interpret this data; formulate conclusions and produce a scholarly report. Students will be supervised on a one to one basis and will present and discuss their research methodologies, ongoing progress of their research and their findings to their research project examiners in a defense.

Objectives

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

- Demonstrate an understanding of the practical issues needed to conduct a research
- Develop research proposal
- Apply an appropriate research methodology to answer their research question
- Collect data for their research project
- Analyze data and formulate valid conclusions
- Compose and produce a research report
- Present and discuss their research findings in a workshop

Teaching & Learning methods

- Supervision
- Work shops
- Discussion groups
- Independent research on internet and in the library

Contents

- Editing (cleaning) the data
- Analyzing and interpreting data
- Writing the thesis and results
- Ethical consideration
- Using the literature
- Referencing
- Writing conclusion, recommendation
- Writing abstract
- Strength and limitation
- Presentation and defense of research
- Acknowledgment
- Writing for publication

Methods of Assessment

1. Completed research paper 80%
2. Presentation and defense of the research paper 20%

(The %age and the method of assessment may change slightly depending on the individual tutor)

References

(Class textbooks shown in bold)

Bailey, D 2006, Research for the Health Professional. 2nd Edn. F A Davis Company, Philadelphia.
 Burns, N & Grove, S 2009, Understanding Nursing Research. Elsevier, Sydney.
 Cluett, E & Bluff, R 2006, Principles and Practice of Research in Midwifery. Elsevier, Sydney.
 Hucker, H 2007, Research Methods in Health Care. Heinemann, Essex.
 Lo Biondo-Wood, G & Haber, J 2006, Nursing Research Mosby, New York.
 Thomas, S A 2000, How to write Health Sciences papers, Dissertations and Theses, Churchill Livingston, London.

Course Title
Course Code:
Credit Hours:
Contact hours
Prerequisite:
Course Description

INTERNSHIP
MI423
8
560h /2 months

This major professional course prepared for graduating class midwifery students to give a full range of practical learning which is more of self-learning to midwives students .The internship will equip students with all conditions of obstetrics and gynecology problems. The Course also helps to give appropriate care for women who have HIV /AIDS.

At the end of this internship students will be able to:

Objectives

- Assess women pregnant mothers independently
- manage normal and abnormal labor
- manage normal and abnormal pregnancy
- utilize partography
- provide new born care
- decide emergency situation of maternal problems
- Give post abortion care, family planning service, manage STIS.
- Give care women with gynecological problems.
- Asses and manage women during pregnancy, child birth and gynecologic problems and give appropriate care independently.
- Students demonstrate an ability to approach health care as a community issue
- Develop an understanding of the role of the Health Extension Worker
- Demonstrate an understanding of the socio-economic status of the area, cultural practices, population demographics, heath awareness and health service coverage
- Demonstrate health promotion/health education within a community context

- Identify the role and scope of practice of the Traditional Birth Attendant or community volunteer
- Identify women who will birth at home
- Assist women and their families to be prepared for birth and educate about complication awareness
- To develop an understanding of interventions that will equip the community for mobilization in an emergency
- Identify different levels of health facilities particularly in the rural setting

Contents

- ANC room 2chr
- Labor and postnatal care 2chr
- Gynecology ward 2chr
- Neonatology and pediatrics ward 2chr

REFERENCES

Federal Ministry of Health (FMOH) (2015). *Health Sector Transformation Plan 2015/16-2019/20*

Higher Education Relevance and Quality Assurance (HERQA). (2014). *National Accreditation and Quality Improvement Standards for Midwifery Degree Program*

O'Neill, Geraldine. (2010). *Overview of Curriculum Models*

Federal Ministry of Education (2014). *National Harmonized Curriculum for BSC Midwifery Degree*

ICM (2011). *Global Standards for Midwifery Regulation*

ICM (2011). *ICM Standard Equipment List for Competency Based Skills Training In Midwifery Schools*

WHO (2016). *Three Year Regional Prototype Competency Based Pre-Service Midwifery Curriculum.*