



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Midwifery Nursing Diploma



SCFHS 4.0 version 2022 ©

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

PREFACE

- The primary goal of this document is to enrich the training experience of postgraduate midwifery trainees by outlining their learning objectives to become independent and competent future practitioners.
- This curriculum contains sections outlining some regulations of training; however, such regulations need to be sought from the “General Bylaws of Training in Postgraduate Programs” and “Executive Policies” published by the Saudi Commission for Health Specialties (SCFHS), which can be accessed online through the official SCFHS website. In the case of discrepancy in regulation statements, the one stated in the most updated bylaws and executive policies will be applicable.
- This curriculum is subjected to periodic refinements; please refer to the electronic version posted online for the most updated edition at: www.scfhs.org.sa

I. CONTRIBUTORS

This curriculum was prepared by the Specialty's Curriculum Development Committee:

- Dr Ibtesam Omar Jahlan
- Dr Asha Sewnunan
- Ms Rawan Mobarak AlThomily
- Shahad NahisAlMutairi (trainee representative)

Reviewed and Approved by Specialty's Scientific (Council/Committee) Members:

- Dr.Ibtesam Omar Jahlan
- Dr Asha Sewnunan
- Dr RoaAltaweli
- Ms Rawan Mobarak AlThomily
- Ms Samah Sulieman
- Ms BashairAlasmri
- Ms TeoceleEbarat

Review & Approved by Head of Curricula Review Committee:

- Ali AlYahya MD, MME, FRCS



Preparation Curriculum Scientific Group

- Dr.Shadia Abdullah Yousuf
- Ms. Marietjie Bester

Family Planning and Reproductive Health Curriculum Scientific Group:

- Dr.Ibtisam Omar Jahlan
- Ms. Bashayer AyedALSimairi

Supervision Curriculum Specialists Associate Professor Zubair Amin

- Dr. Sami Alshammari
- Dr. Ali AlYahya

Approved by Head of Curricula Review Committee:

- Dr.AliAlYahya, MBBS, Msc.MedEd. FRCS, FACS

II. COPYRIGHT STATEMENTS

All rights reserved. © 2021 Saudi Commission for Health Specialties. This material may not be reproduced, displayed, modified, distributed, or used without prior written permission from the Saudi Commission for Health Specialties, Riyadh, Saudi Arabia. Any changes to this document must be endorsed by the Specialty Scientific Council and approved by the Central Training Committee. This document shall be considered effective from the date of publication of the updated electronic version of this curriculum on the commission's website unless otherwise stated.

Correspondence: Saudi Commission for Health Specialties P.O. Box: 94656
Postal Code: 11614 Contact Center: 920019393

E-mail: Curricula@scfhs.org.sa

Website: www.scfhs.org.sa



IV. TABLE OF CONTENTS

PREFACE	3
I. CONTRIBUTORS	4
IV. TABLE OF CONTENTS	7
IV. INTRODUCTION	10
1. Context of Practice	10
2. Goals and Responsibilities of Curriculum Implementation	12
3. What is new in this edition?	13
V. ABBREVIATIONS USED IN THIS DOCUMENT	14
VI. PROGRAM ENTRY REQUIREMENTS	16
VII. LEARNING AND COMPETENCIES	17
1. Introduction to Learning Outcomes and Competency-Based Education	17
2. Program Duration	20
3. Program Rotations	20
4. Mapping of learning objectives and competency roles to programme rotations:	22
VIII. CONTINUUM OF LEARNING	34
IX. TEACHING METHODS:	35
Program-Specific Learning Activities:	35
Year	36
Modules	36
Outlines	36
Module 1: Conception and normal pregnancy	36

See Appendix E for further modules description and specific outlines	36
Module 2: Normal childbirth, postnatal and neonatal	36
Module 3: Research and Evidence-Based Practice	36
Module 4: High-risk pregnancy and childbirth	36
Module 5: High-risk postnatal and neonatal	36
Module 6: Leadership and Management	36
Practice-Based Learning:	37
Universal Topics:	39
General Learning Opportunities:	41
Simulation:	41
X. ASSESSMENT AND EVALUATION	43
1. Purpose of Assessment	43
2. Formative Assessment	44
2. Summative Assessment	49
XI. PROGRAM AND COURSE EVALUATION	53
XII. POLICIES AND PROCEDURES	54
XIII. APPENDICES	55
Appendix A	56
Appendix B	60
Appendix-C	64
Appendix-D:	66
Appendix-E	68
Module descriptors	68
Module 1: Conception and Normal pregnancy	68
Module 2: Normal Childbirth, Puerperium and Neonate	71



Module 3: Research and evidence-based practice	74
Module descriptors	76
Module 4: High-risk pregnancy and childbirth	76
Module 5: High-risk puerperium and neonate	79
Module 6: Women's Health and family planning	81
Module 7: Midwifery leadership and management	83
Appendix-F	85
Appendix-G	86
Appendix-H	87
Universal Topics	87
Module 1: Introduction	88
Module 3: Diabetes and Metabolic Disorders	91
Module 4: Medical and Surgical Emergencies	92
Module 5: Acute Care	93
Module 7: Ethics and Healthcare	95
Appendix-I: Rubrics	98
Written Assignment Assessment Rubric:	100
Appendix-J	106

IV. INTRODUCTION

1. Context of Practice

Women play an integral role in the sustainable development and quality of life in the family. Therefore, the health of women is a crucial prerequisite for ensuring a healthy family, children, community, and nation. The well-being of women during the childbearing period with healthier newborns and fewer complications during pregnancy and birth largely depends on the care received throughout this period. Midwives with appropriate knowledge and skills enhance the community's future health and well-being through the care they provide during this period. Improving maternal health and reducing preventable maternal and neonatal deaths can be achieved through quality midwifery care.

The World Health Organization (WHO) reported that 810 women died every day in 2017 from preventable causes of maternal deaths related to pregnancy and childbirth complications (WHO 2019). Even though the maternal mortality rate (MMR) decreased by 40% between 1990 and 2015, this decrease is still 30% above the Sustainable Development Goals (SDGs) target of reducing maternal deaths by 70% by 2030 (WHO.2017; Sewnunan.2021).

In 2017, the maternal mortality ratio in Saudi Arabia was 17 deaths per 100,000 live births. Despite the decrease in MMR in Saudi Arabia from 23 deaths per 100,000 live births in 2003 to 17 deaths per 100,000 live births in 2017, women do not need to die during pregnancy or childbirth when skilled healthcare workers are available to provide quality care (World Bank Data. 2019).



The United Nations has identified the implementation of quality care before, during, and after childbirth as a key challenge in reducing maternal mortality rates globally.

Midwives play a significant role in identifying high-risk pregnancies and implementing initial management interventions to prevent complications. The environment within which midwives function, with available resources, clear guidelines, appropriate knowledge and skills, and a supportive management team, is critical to midwives' success in ensuring quality midwifery care (Sewnunan. 2021).

Midwifery in the Kingdom of Saudi Arabia (KSA)

Despite the implementation of midwifery training in the KSA, the visibility of adequately skilled Saudi midwives at both private and government hospitals remains a challenge. Competent midwives with the same cultural background as their clients and an understanding of their health needs would benefit women and their families and increase their satisfaction. In 2021, the total number of registered midwives with Saudi Commission for Health specialists was 5529, of which only 1662 are Saudi midwives (Jahlan, I., Plummer, V., McIntyre, M. & Moawed, S. 2016; Ministry Of Health, 2021).

In KSA, midwifery needs to be redefined to comply with the new international definition of midwifery as per the International Confederation of Midwives (ICM) (2019), which includes a unique body of knowledge, skills, and professional attitude, in which midwives practice within a professional framework of autonomy, partnership, ethics, and accountability (ICM, 2019; WHO 2019).

This midwifery program aims to provide a framework adopted from the ICM, where midwives are educated and trained to international standards, enabling them to legally practice within the scope of midwifery. Evidence-informed midwifery education and training should focus on both clinical and

theoretical competency, while also ensuring that educators remain practitioners who can fully support midwives to provide their full scope of service.

2. Goals and Responsibilities of Curriculum Implementation

Ultimately, this curriculum seeks to guide trainees in becoming competent in midwifery speciality. Accordingly, this goal requires a significant amount of effort and coordination from all the stakeholders involved in postgraduate training. As “adult learners,” trainees must be proactive, fully engaged, and exhibit the following: a careful understanding of learning objectives, self-directed learning, problem-solving attitude, willingness to apply knowledge using feedback and formative assessment, self-awareness, and willingness to ask for support when needed. The Program Director plays a vital role in ensuring the successful implementation of this curriculum. Moreover, training committee members, particularly the program director, trainers and trainee representative, significantly impact the program implementation. Trainees should be called upon to share responsibility for curriculum implementation. The SCFHS applies the best training governance models to achieve the highest quality of training. Additionally, academic affairs department in training centers and the regional supervisory training committee play a significant role in training supervision and implementation. The Postgraduate Midwifery Scientific Committee guarantees that the content of this curriculum will be constantly updated to match the highest standards in postgraduate education for each trainee’s speciality.



3. What is new in this edition?

- This new curriculum emphasizes a competency-based education approach that explicitly represents the learning domains of knowledge, skills, and attitudes.
- It provides detailed supervisory frameworks that support independent learning within a formal structure and enrich formative assessment.
- The modules have been revised and renamed, and repetition of content was removed.
- The following modules were removed: epidemiology, biostatistics, ethics, and information technology. Specific objectives from relevant epidemiology and biostatistics were integrated into the research module.
- The number of clinical rotation weeks was reviewed, and more weeks were allocated to areas with higher competency requirements, such as labor and birth.
- The logbooks and competencies were edited to meet the specific learning needs of midwives.

V. ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description
SCFHS	Saudi Commission for Health Specialties
PD	Program director
D1	First year of Diploma
D2	Second year of Diploma
CBD	Case-Based Discussion
CBE	Competency-Based Education
CPD	Continuous professional development
PBL	Practice Based Learning
DOPS	Direct Observation Practical Skills
ITER	In-Training Evaluation Report
FITER	Final In-Training Evaluation Report
OSCE	Objective Structured Clinical Examination
SOE	Structured Oral Examination
MDT	Multidisciplinary Team
ITC	Institutional Training Committee



Abbreviation	Description
TPC	Training Program Committee
BLSO	Basic Life Support in Obstetrics
ALSO	Advanced Life Support in Obstetrics

VI. PROGRAM ENTRY REQUIREMENTS

Eligible applicants must fulfil the application requirements of the SCFHS (as outlined in the executive policy of acceptance and registration) and meet the following criteria:

1. Bachelor of Nursing (BSN) degree from an accredited nursing program or equivalent.
2. At least one year of experience in nursing units as registered nurses before joining the program.
3. English Proficiency Results. The applicant should submit one of the following: (STEP:64) valid for three years; (IELTS:4 valid for two years; (TOFEL: IBT 48-PBT 458) valid for two years
4. Pass the oral interview.
5. Have an active Basic Life Support (BLS) certificate.
6. For more information about registration and acceptance of the program, please visit the SCFHS website (<https://www.scfhs.org.sa/MESPS/Pages/admissionregistration.aspx>).



VII. LEARNING AND COMPETENCIES

1. Introduction to Learning Outcomes and Competency-Based Education

Training should be guided by well-defined learning objectives that are driven by the targeted learning outcomes of a particular program to serve specific specialty needs. Learning outcomes should reflect the professional competencies and tasks that trainees are expected to deliver upon graduation. This will ensure that graduates meet the expected demands of the healthcare system and patient care in relation to their specialty. Competency-based Education (CBE) is an approach of “adult-learning” that is based on achieving pre-defined, fine-grained, and well-paced learning objectives that are identified from complex professional competencies.

Competency-based Education, as an approach, is an intentionally designed program through which students acquire knowledge, build skills and demonstrate mastery of competencies. Trainees’ learning is at the core of this approach. The CBE models that have been adopted for use in the midwifery curriculum include the Millers Prism of Clinical Competence and the International Confederation of Midwives (ICM) (2019) (Figure 1).

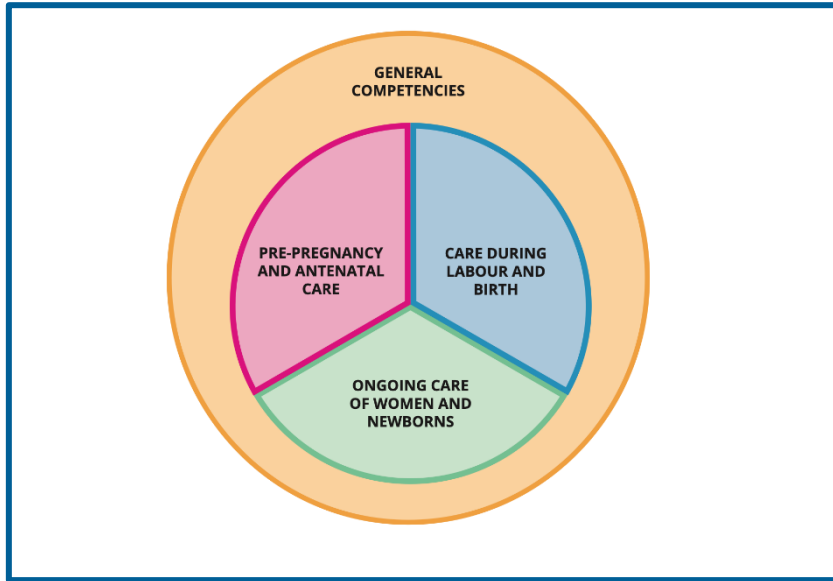


Figure 1: ICM competencies framework

concepts from the Millers Pyramid were applied to evaluate the clinical competencies applied in this program.

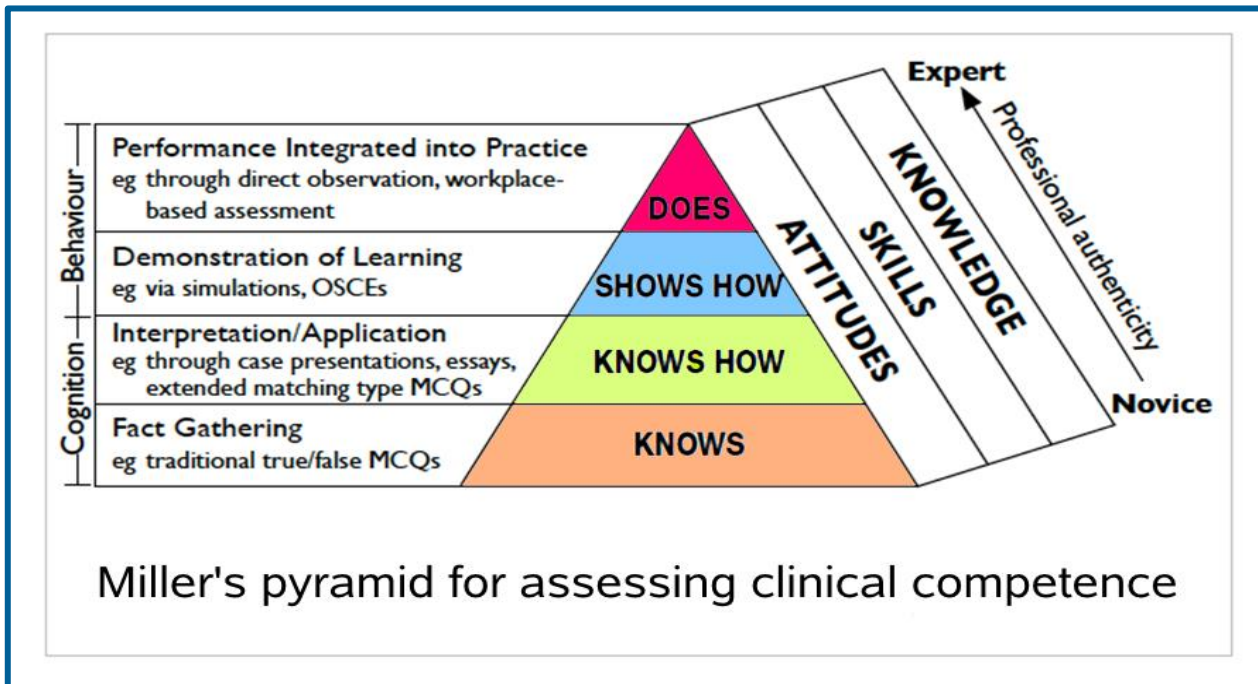


Figure 2: Miller's pyramid of clinical competence

Miller's pyramid is usually described as having four levels: knows, knows how, shows how, and does. This pyramid is based on progressive development across a range of abilities measured in the workplace context.

Miller's pyramid is a way of ranking clinical competence in educational settings, and as a framework, it distinguishes between knowledge at lower levels and activity at higher levels. At the lower levels of the pyramid, the aim is for students to understand the theory that is the foundation of clinical competence. They develop this understanding through knowledge transmission learning activities, such as lectures, reading, and demonstrations. In order to assess our learners are achieving what we want them to achieve, we should evaluate them in the setting that we expect them to be delivered. Miller's ideas strive to define education based on its output and not on its inputs. Higher levels have greater professional authenticity, moving the trainee from a novice to an expert.

At the upper levels of the pyramid, the aim is to integrate the theory (intellectual skills), psychomotor skills, and professional attitudes to perform as competent health professionals in different contexts (Sahu, Chattu and Rewatkar. 2019).

The following are concepts to enhance the implementation of CBE in this curriculum:

- **Competency:** Competency is a cognitive construct that assesses the potential to perform efficiently in a given situation based on the standards of the profession. Professional roles (e.g., midwife, health advocate, communicator, leader, scholar, collaborator, and professional) are used to define competency roles in order to make it mendable for learning and assessment.
- **Milestones:** Milestones are the stages of the developmental journey throughout the competency continuum. Throughout their learning journey from year 1 to year 2, trainees will be assisted in transforming from being novice/supervised to expert/unsupervised practitioners. This should not undermine the role of supervisory/regulatory bodies toward malpractice of independent practitioners. Milestones are expected to

enhance the learning process by pacing training/assessment to match the developmental level of the trainees.

- **Learning-Domains:** Whenever possible, efforts should be directed to annotate the learning outcomes with the corresponding domain (K=Knowledge, S=Skills, and A=Attitude). You may have more than one annotation for a given learning outcome.
- **Content-area Categorization:** It is advisable to categorize learning outcomes in broad content areas related to the practice of the profession. The midwifery curriculum specialty modules will be based on the essential competencies for midwifery practice as per the ICM competencies framework Figure 2.
- **Trainees:** Trainees are expected to progress from the novice to expert level in a certain set of professional competencies. The SCFHS endorsed the One 45 system to articulate professional competencies. The curriculum applies the principles of competency –based education.

2. Program Duration

The Advanced midwifery diploma Program is a two-year program.

3. Program Rotations

Hospital rotations

Trainees were required to complete 13 blocks (1 block = 4 weeks) of training each year. Clinical rotation covers all maternity units for trainees to attain the relevant competencies.



The table below provides further description of each rotation.

Training Year	Mandatory core rotations*		
	Rotation name	Duration	Setting
D1	Orientation	2 w	• Hospital and Maternity department
	Theory (Module 1: Conception and normal pregnancy/ module 2: Normal childbirth, puerperium and neonate)	6 w	Training classroom Clinical skills laboratory
	Pre-pregnancy and antenatal care	9 w	Antenatal department and OPD, ER
	Care of women during labor and birth	16 w	L&D, OR, ER
	Care of postpartum women	4 w	Postnatal department
	Care of newborns	2 w	Nursery
	Research and Evidence- Based Practice	8 w	• Maternity setting
D2	Theory (Module 3: High-risk pregnancy and childbirth/ Module 4: High-risk puerperium and neonate)	6 w	training classroom & clinical skills laboratory
	Care of high-risk pregnancy	8 w	Antenatal department, OPD, ER
	Women's Health and family planning	6 w	Gynecology inpatient, OPD, family planning clinic, IVF
	Care of high-risk labor and birth	10 w	L&D, OR, ER
	Assisting with high-risk conditions		
	Care of high-risk postpartum women and newborns	5 w	NICU department
4 w		Postnatal department	

Training Year	Mandatory core rotations*		
	Rotation name	Duration	Setting
	Leadership and Management	8 w	Maternity setting
D1 and D2	Annual Vacation: 30 days	4 w	
	Eid Vacation: One of the two Eid holidays/ year or according to the training institution standards.	1w	

*PD are authorized to allocate the trainees within units and departments that assist in meeting the objectives required.

*PD are authorized to reallocate the number of weeks of training according to the trainees' learning needs.

4. Mapping of learning objectives and competency roles to programme rotations:

This section aims to match the competencies and objectives related to each rotation. Trainees and trainers should work together to achieve these objectives during teaching and formative assessment. Expectations from trainees should evolve as the training level progresses (training stage and milestones). (Appendices A and B, respectively).

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
General Objectives for all rotations setting	Junior and senior	Year 1 and 2	NA	<ul style="list-style-type: none"> • Trainee displays professional performance in the duties. • Adherence to hospital /unit general & specific policies and procedures including infection control and patient safety measures. • Provide independent and dependent measures based on the identified health needs. • Apply collaborative nursing skills in communicating effectively with women, her family and multi-disciplinary team members. • Integrate evidence based practice in the management of pregnancy discomfort. <p>Document all care provided accurately and legibly as per hospital policy.</p>	Independent Interdependent Dependent
Outpatient ER, Antenatal clinic Inpatient Antenatal ward	Junior Year 1	1	9 weeks	<p>Upon completion of the clinical rotation, the trainees are able to:</p> <ul style="list-style-type: none"> • Apply theoretical knowledge of biological and natural sciences, psychosocial sciences and pharmacology in the provision of comprehensive midwifery care to all pregnant women. • Perform a comprehensive assessment of pregnant women and the fetus appropriately, including history taking, physical examination, and relevant tests and investigations. 	Dependent Inter-dependent

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
				<ul style="list-style-type: none"> • Assist in specific diagnostic procedures performed on pregnant women. • Impart relevant health education to pregnant women about nutritional supplements, dietary intake, exercise, modifying risk behaviors, and managing common minor disorders to promote the health and well-being to the women and their fetus. • Monitor the progress of pregnancy and fetal wellbeing appropriately, including fetal kick count. • Critically analyze and interpret all collected data correctly including the cardiotocograph (CTG). • Identify complications early and refer high-risk women appropriately to relevant multi-disciplinary team (MDT) members. 	
Outpatient ER, Antenatal clinic Inpatient Antenatal ward	Senior Year 2	2	8 weeks	<p>Upon completion of the clinical rotation, the trainees are able to:</p> <ul style="list-style-type: none"> • Apply scientific knowledge regarding the pathophysiology of high-risk conditions in providing appropriate antenatal care to high-risk pregnant women • Conduct a comprehensive assessment of high-risk pregnant women to identify complications and refer appropriately. 	Independent Interdependent

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
				<ul style="list-style-type: none"> • Manage high risk pregnancies appropriately and in collaboration with the MDT; e.g., cardiac disorders, hypertension, diabetic, congenital anomalies, preterm baby etc. • Apply ongoing evidenced based practice in the management of high-risk women and the fetus. • Assist in specific diagnostic procedures conducted for high-risk women and the fetus, including amniocentesis and ultrasound. • Communicate and collaborate effectively with MDT team, patient and their families in providing comprehensive care to high-risk women and the fetus. • Apply and critically analyze abnormal CTG tracings appropriately. • Identify and assist in managing obstetric emergency appropriately with e.g., eclampsia, abruption placenta, cord prolapse, placenta Previa etc. • Provide effective family planning and sexual health counseling to relevant women. 	
Inpatient: Labor and Birth Ward	Junior Year 1	1	16 weeks	Upon completion of the clinical rotation, the trainees are able to:	Dependent Inter dependent

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
				<ul style="list-style-type: none"> • Apply scientific knowledge of the birthing processes in providing holistic midwifery care to all women in labor. • Manage women efficiently from admission through to all stages of labor and childbirth. • Utilize the partograph competently in documenting all relevant care provided during the active stage of labor. • Critically analyze and interpret the data correctly, including the partograph and CTG tracing. • Demonstrate competency in performing specific procedures for women in labor, including vaginal exams, rupture of membranes, cutting and suturing of 1st and 2nd tears and episiotomies. • Manage the normal newborn efficiently at birth • Administer relevant medications to the mother and baby appropriately during childbirth by adhering to hospital protocols. • Apply collaborative nursing skills in communicating effectively with patients, families and members of the MDT. <p>Implement relevant hospital protocol when caring for mothers and babies, including correct identification.</p>	



Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
Inpatient: Labor and Delivery	Senior Year 2	2	10 weeks	<p>Upon completion of the clinical rotation, the trainees are able to:</p> <ul style="list-style-type: none"> • Manage a woman during labor competently and independently from admission to post delivery. • Conduct a comprehensive assessment of high-risk women in labor to identify complications promptly and refer appropriately. • Identify and manage high risk women in labor appropriately and in collaboration with the MDT including; hypertension, diabetic, caesarean section, assisted deliveries, preterm labor, twins, breech, hemorrhages, etc. • Demonstrate clinical judgment and critical thinking in identifying and managing obstetric emergencies promptly and within a team-based approach. • Communicate and collaborate effectively with the MDT members, patient and families in providing comprehensive care to high-risk women and their babies. • Administer relevant medications in line with hospital protocols to high-risk women in labor including oxytocic for induction. 	Independent Inter dependent

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
				<ul style="list-style-type: none"> • Manage the newborn baby at birth appropriately by assessing the Apgar score and providing relevant resuscitation measures within a team-based approach. • Utilize the partograph effectively to document care and interpret potential complications appropriately and refer to MDT promptly. • Prepare women for emergency caesarean sections timeously including complete records, consent and catheterization. <p>Demonstrate professional and clinical leadership in mentoring junior midwives to achieve their desired objectives.</p>	
Inpatient Post partum ward	Junior Year 1	1	4 weeks	<p>Upon completion of the clinical rotation, the trainees are able to:</p> <ul style="list-style-type: none"> • Apply scientific knowledge and skills of the physiological changes of women in the puerperium in providing ongoing quality nursing care. • Perform a comprehensive assessment for mother and baby in the postnatal period. • Assess, plan, implement and evaluate individualized nursing care plan for postpartum women and baby. 	Dependent independent Inter-dependent



Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
				<ul style="list-style-type: none"> • Provide support and guidance to relevant women for a continued successful breast-feeding experience. • Provide specific health education to women during puerperium on both mother's and baby's health issues and relevant follow-up care. • Administer relevant medication to mother or baby appropriately, following standard care guidelines. • Administer immunization to babies, observe for adverse effects, educate mothers and record appropriately. • Apply collaborative nursing skills in communicating with women, families and MDT members effectively. • Apply the principles of correct record-keeping when documenting patient care. <p>Implement relevant hospital protocol when caring for mothers and babies, including correct identification.</p>	

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
Inpatient Gynae ward. OPD Fertility clinic Gynae clinic	Senior Year 2	2	6 weeks	<p>Upon completion of the clinical rotation, the trainees are able to:</p> <ul style="list-style-type: none"> • Apply relevant knowledge and skills in providing competent care for patients with various gynae related health problems. • Conduct a comprehensive assessment of women with gynecological health issues efficiently, including biopsychosocial data. • Assess, plan, implement and evaluate individualized care plan daily in providing relevant care. • Demonstrate competence when dealing with ethical issues related to women's' health in accordance with relevant legislations. • Provide relevant health education and counseling for women and their families regarding her reproductive health and family planning choices. • Apply collaborative midwifery skills in communicating with women, families and MDT team effectively. <p>Demonstrate competency in performing independent and interdependent roles within the MDT.</p>	Dependent independent Inter-dependent



Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
Inpatient Nursery	Junior Year 1	1	2 weeks	<ul style="list-style-type: none"> • Upon completion of the clinical rotation, the trainees are able to: • Provide specific care to all categories of babies, including physical assessment, monitoring, hygiene, feeding, safety, infection control measures and medication administration. • Assess, plan, implement and evaluate individualized care plan for the normal neonate. • Identify, manage and refer all babies with any adverse reactions or complications timeously to the relevant MDT members. • Administer relevant medication to baby appropriately, following standard care guidelines. • Apply collaborative nursing skills in communicating with client, families and MDT members effectively. • Provide relevant health education to mothers in caring for their babies. • Execute hospital policies and procedures competently in providing quality care to babies, including infection control measures and patient safety. 	Dependent

Rotation Setting	Training stage	Training years	Rotation's duration (weeks)	Rotation specific objectives (SMART)* (To describe the intended outcomes in the form of KSA)	competency roles**
				Document all care provided correctly in relevant neonatal records	
Inpatient Operative theatre	Senior Year 2	2	Part of L & D rotation	<p>Upon completion of the clinical rotation, the trainees are able to:</p> <ul style="list-style-type: none"> • Demonstrate competency in preparing the patient pre-operatively for theatre, including consent, relevant documents; psychological and physical care (catheter, pre meds, attire) • Provide relevant assistance to obstetrician in theatre during a caesarean section. • Implement the time in/ out policy competently before, during and after the patient goes to theatre, including correct identification, prevention of infection and safety. • Apply knowledge and skills in providing care for the baby born by caesarean section in operating theatre, including resuscitation of the high-risk neonate & appropriate referral to the MDT. • Adhere to hospital protocols regarding pre and post-operative care to prevent complications and ethical issues. 	Independent Interdependent



Important notice:

**** The strategic direction of the Saudi Commission for Health Specialties (SCFHS) applies the best competency models of training governance to achieve the highest quality of training and the postgraduate programs are also required to cover the research and the evidence-based practice in their curriculum. Research and scholarship are the curriculum domains. Trainees at all levels need to demonstrate that they can apply an evidence-based approach to their practice, including the adoption of an evidence-based approach for informed decision-making and enhanced patient care and patient outcomes. Trainers are expected to demonstrate the ability to critically appraise the literature. They are also encouraged to be involved in clinical research or audits for the advancement of science and medicine.

VIII. CONTINUUM OF LEARNING

This section includes the learning that should take place in each key stage of progression within the specialty. Trainees are reminded of lifelong Continuous Professional Development (CPD). Trainees should keep in mind the necessity of CPD for every healthcare provider to meet the demands of their vital profession. The following table shows how this role is progressively expected to develop throughout the junior, senior, and consultant levels of practice.

Undergraduate	D 1 (Junior Level)	D2 (Senior Level)	Senior-specialist
Non-practicing	Dependent/supervised practice	Dependent/supervised practice	Independent practice/provide supervision
Obtain basic health science and foundational level to core discipline knowledge	Obtain fundamental knowledge related to core clinical problems of the specialty	Apply knowledge to provide appropriate clinical care related to core clinical problems of the specialty	Acquire advanced and up-to-date knowledge related to core clinical problems of the specialty
Internship to the practice of discipline	Apply clinical skills such as physical examination and practical procedures related to the core presenting problems and procedures of the specialty	Analyze and interpret the findings from clinical skills to develop appropriate differential diagnoses and management plan for the patient	Compare and evaluate challenging, contradictory findings and develop expanded differential diagnoses and management plan



IX.TEACHING METHODS:

The teaching process in postgraduate diploma training programs is mainly based on the principles of adult learning theory. The trainees are expected to be aware of the importance of learning and play active roles in the content and responsible for their own learning requirements. The formal training time includes the following four teaching activities:

- Program Specific Learning Activities
- General Learning Opportunities
- Practice-Based Learning
- Universal Topics (20H)
- Simulation

Program-Specific Learning Activities:

Program-specific activities are educational activities specifically designed and intended for the training of trainees. Trainees are required to attend these activities, and non-compliance can subject trainees to disciplinary actions. It is advisable to link attendance and participation in these activities with formative assessment tools (see the formative assessment section below). Program administration should support these activities by providing protected time for trainees to attend and allow them to participate in such activities.

Year	Modules	Outlines
MODULES OF FIRST YEAR TRAINING	Orientation	<ul style="list-style-type: none"> ▪ Program introduction ▪ General hospital orientation Program ▪ Hospital mandatory training courses e.g., infection control safety course, as per center admission policies and protocols
	Module 1: Conception and normal pregnancy	See Appendix E for further modules description and specific outlines
	Module 2: Normal childbirth, postnatal and neonatal	
	Module 3: Research and Evidence-Based Practice	
MODULES OF SECOND YEAR TRAINING	Module 4: High-risk pregnancy and childbirth	
	Module 5: High-risk postnatal and neonatal	
	Module 6: Leadership and Management	

Program Academic Day:

Every week, one day of eight hours of formal academic time (commonly referred to as an academic day) should be reserved and allocated for didactic work, interactive lectures, case-based scenarios, quizzes, workshops, team-based learning (TBL), simulation, clinical/practical teaching, and online learning. A formal teaching schedule is planned in advance with assigned tutor(s), time slots, and venues. Formal teaching time excludes bedside teaching and clinic postings. Program directors in

coordination with academic and training affairs and trainee representatives should work together to ensure the planning and implementation of academic activities, as indicated in the curriculum. There should be active involvement of the trainee in the development and delivery of the topics under faculty supervision; the involvement might be in the form of preparation and delivery of topics and research proposal. The trainee's supervisor should ensure that the discussion of each topic is stratified into three categories of learning domains: knowledge, skill, and attitude whenever applicable. This should be done efficiently by utilizing the available resources with an optimal exchange of expertise. An example of an academic day table is provided in (Appendix G)

Teaching Methods:

1. Interactive teaching and discussion
2. Computer-assisted interactive instructional program
3. Assignment
4. Simulations and workshops
5. Group discussion
6. Brainstorming
7. Clinical observation
8. Demonstration and re-demonstration

Practice-Based Learning:

Training exposures during midwifery rotation, bedside, and other work-related activities, including courses and workshops (e.g., simulations, standardized patients, and bedside teaching), represent excellent opportunities for learning. Trainees are expected to build their capacity through self-directed learning. It also allows the educator to supervise trainees to become competent in the required program's practical skills that

ensure fulfilling the knowledge, psychomotor, and attitude learning domains.

Each trainee is required to maintain a logbook documenting the procedures observed, performed under supervision, and performed independently. It is prudent to determine the minimum number of procedures to be performed before training completion. Please refer to the formative assessment section for details on competency requirements, and Appendix F for the recommended basic and specific procedures for the diploma.

Training time should be supplemented by other practice-based learning (PBL), such as handover during changing shifts, feedback during training, and after finishing the rotation.

Hand-over during changing shifts:

Handover is a case-based discussion that includes all nurses/midwives who are finishing their shifts to hand over all the cases in the ward to the nurses/midwives who are starting their shifts. Trainees are encouraged to attend the handover of every shift they attend and practice handover to the next shift staff. The goal is to teach trainees efficient handover strategies and case presentation skills to allow discussion of the management of interesting cases and to enhance problem-solving skills.

Continuous Feedback:

Trainees need to have continuous feedback from trainers on their clinical skills to improve and progress to higher-level competency. Feedback must be provided during and after the procedure. Feedback must also be documented one-to-one (trainer-to-trainee) at the end of each rotation.



Universal Topics:

Universal topics are educational activities developed by the SCFHS and intended for all specialties. Priority is given to topics with these qualities.

- High value
- Interdisciplinary and integrated
- Require expertise that might be beyond the availability of the local clinical training sites

Universal topics have been developed by the SCFHS and are available as e-learning modules via personalized access to each trainee. Each universal topic will have self-assessment at the end of the module. As indicated in the “executive policies of formative assessment and annual promotion,” universal topics are a mandatory component of the criteria for the annual promotion of trainees from their current level of training to the subsequent level. Universal topics will be distributed throughout the training period. Instructors and trainees must refer to the Saudi Commission for Health Specialties Online Universal Topics, which can be accessed at <https://www.scfhs.org.sa/MESPS/PME/Pages/UniversalTopics.aspx>

(20 topics must be completed by the SCFHS for diploma programs).

Level	Modules		Topics
	Number	Name	Name
D1 and D2	Module-1	Medical Fundamentals	Blood Transfusion Hospital-Acquired Infections Safe Drug Prescribing
	Module-3	Diabetes and Metabolic Disorder	Recognition and management of diabetic emergencies Management of Diabetic Complications

Level	Modules		Topics
	Number	Name	Name
	Module-4	Medical and Surgical Emergencies	Acute Chest Pain Acute Breathlessness Altered Sensorium Hypotension Hypertension
	Module-5	Acute Care	Preoperative Assessment Post-operative Care Acute pain management Chronic pain management Management of electrolyte imbalances
	Module-7	Ethics and Healthcare	<ul style="list-style-type: none"> - Occupational hazards of HCW - Evidence based approach to smoking cessation - Patient advocacy - Ethical issues: transplantation/organ harvesting; withdrawal of care - Ethical issues: treatment refusal; patient autonomy



General Learning Opportunities:

Formal training time should be supplemented by other practice-based learning (PBL) methods, which improve trainees' learning, training, and personal skills that are not considered to affect their promotion and completion of training, such as:

- Journal club
- Reflective Journal
- Attendance in Maternal Morbidity & Mortality meeting
- Attend and participate in quality improvement meeting
- Participate in health-related hospital projects
- Attending doctors grand ward round
- Continuous professional development activities (CPD) relevant to specialties, conferences, and workshops approved by the program director, such as BLSO and ALSO.

Simulation:

The SCFHS, as the national supervising body, initiated a move towards integrating simulations into training programs.

Midwifery simulation involves creating an artificial clinical scenario from which trainees can learn. This process has educational advantages, such as learning and practicing how to deal with rare and/or high-risk clinical scenarios and rare procedures while practicing in a controlled standardized environment with immediate effective feedback that has a big impact on knowledge, skills, and attitude.

The use of simulation in postgraduate training programs is currently a necessity, especially in competency-based curricula. Current programs are

looking to graduate skilled, competent, and independent midwives while maintaining a focus on quality and patient safety. Practically speaking, there can be a high level of variability in using simulation to implement competency-based curricula, and the nature of the specialty is likely to play another role in increasing this variability. Establishing standardized needs assessment methods for simulation may pose a challenge to any national organizational body dealing with various ongoing postgraduate training programs.

Simulation is considered a teaching method for midwifery diplomas, which is used variably, including planning, pre-briefing, and post-briefing feedback.

A. Part-task trainer-based simulation:

This form of simulation consists of either ready-made models designed to simulate a specific task or procedure, or improvised models made to mimic human tissue, as in BLS, NRP, episiotomy cut and suturing and 1st and 2nd degree tear suturing.

B. Manikins based simulation

This kind of simulation uses full- or part-body manikins to create a patient case or scenario. Manikins used in postgraduate training are high-fidelity manikins that simulate a real patient case that includes breathing and vocal sounds, fetal heart rate tracings and sounds, birthing process, and obstetric emergencies such as hemorrhage and eclampsia.



X. ASSESSMENT AND EVALUATION

1. Purpose of Assessment

Assessment plays a vital role in the success of post-graduate training. Assessment guides trainees and trainers in achieving defined standards, learning outcomes, and competencies. At the same time, assessment provides feedback to learners and educators regarding curriculum development, teaching methods, and quality of the learning environment. A reliable and valid assessment is an excellent tool for assessing curriculum alignment among objectives, learning methods, and assessment methods. Finally, assessment assures women, their families, and the public that health professionals are safe and competent to practice.

Assessment can serve the following purposes:

- a. **Assessment for learning:** Trainers use information from trainees' performance to inform their learning curved guide their improvement. This enables educators to use information on trainees' knowledge, understanding, and skills to provide feedback to trainees about learning and how to improve.
- b. **Assessment as learning** involves trainees in the learning process, which enables them to monitor their progress. Trainees use self-assessment and educators' feedback to reflect on their progress. It develops and supports the trainees' metacognitive skills. Assessment of learning is crucial for helping trainees become lifelong learners.

- c. Assessment of learning demonstrates the trainees' learning achievements. This is a graded assessment and usually counts towards the trainees' end-of-training degree.
- d. Feedback and evaluation, as assessment outcomes, represent quality metrics that can improve learning experience.

For the sake of organization, assessment will be further classified into two main categories: *Formative and Summative*.

2. Formative Assessment

2.1 General Principles

Trainees, as adult learners, should strive to seek, and develop their performance based on, feedback throughout their journey of competency from “novice” to “mastery” levels. Formative assessment (also referred to as continuous assessment) is a component of assessment that is distributed throughout the academic year with the aim of providing trainees with effective feedback.

At the end of each rotation, trainees must have adequate time to meet with their trainers to review performance reports (e.g., ITER). Input from the overall formative assessment tools will be utilized at the end of the year to determine whether individual trainees will be promoted from the current to the subsequent training level. Formative assessment is defined based on scientific (council/committee) recommendations, usually updated and announced for each individual program at the start of the academic year.

According to the executive policy on formative assessment (available online: www.scfhs.org), formative assessment has the following features that will be used based on Miller's pyramid (see figure 1-):

- a. Multisource: minimum four tools.
- b. Comprehensive: covering all learning domains (knowledge, skills, and attitude).
- c. Relevant: focusing on workplace-based observations.
- d. Competency milestone-oriented: Reflects the trainee's expected competencies that match the trainee's developmental level.

Trainees should play an active role in seeking feedback during their training, and trainers should provide timely and formative assessments. Trainers and trainees are expected to follow the recommendations of the Scientific Council regarding the updated forms, frequency, distribution, and deadlines related to the implementation of evaluation forms.

2.2 Formative Assessment Tools

Domain: Skills				
No.	Instrument	Assessment. Method	D1	D2
1	Academic Activities	Quizzes	A minimum of two quizzes for each theoretical module or as per needs assessment The trainees need a pass of 70% and above in quizzes.	A minimum of two quizzes for each theoretical module or as per needs assessment The trainees need a pass of 70% and above in quizzes.
		Written Assignments (Assessment Rubric attached)	The trainee is required to write a minimum of (2) assignments on any topic related to the speciality modules.	The trainee is required to write a minimum of (2) assignments on any topic related to the speciality modules.

Domain: Skills				
No.	Instrument	Assessment. Method	D1	D2
		Case Study (Presentation) (Assessment Rubric attached)	Minimum of (2) should be completed per year	Minimum of (2) should be completed per year
		Case-based Discussion (CBD) (Assessment Rubric attached)	Trainees are required to do at least three satisfactory CBD/academic year	Trainees are required to do at least three satisfactory CBD/academic year
		Academic Day	Academic day (D1-D2): These are weekly academic day activities. Trainees are required to attend at least 85% to be promoted or to complete training.	
		Universal Topics (Online modules)	A total of 20 topics must be completed per training period	
2	End-of-year Progress Test	Exam	Promotion Exam	Not Applicable
Domain: Skills				
	Logbook(refer to the competency list Appendix C and D)	Trainees are required to fulfill all logbook requirements according to training level and as per the curriculum to be promoted or to complete training. DOPS and mini-CEX cases will be counted as part of logbook cases	Trainees required to do satisfactory 11 Mini-CEX and 2 DOPS	Trainees required to do satisfactory 10 Mini-CEX and 5 DOPS



Domain: Skills				
No.	Instrument	Assessment. Method	D1	D2
	SOE/ OSCE	Direct Observation in a simulated setting	N/A	<p>(D2) OSCE and SOE will be done once/year. SOE will be a minimum of two stations, and OSCE will be a minimum of two stations. (Trainees will practice for the final clinical exam)</p> <p>Results on the SOE and OSCE is for formative feedback purposes only and not for pass/fail purposes.</p>
5	Research (See attached research-proposal Rubric)	Completion of SCFHS E-modules	Trainees are required to take the SCFHS E-modules (research) and give proof of completion or certificate <u>AND</u> trainees are to complete at least one research proposal in the academic year.	Not Applicable
Domain: Attitude				
6	ITER	Direct Observation	Every 3 months	Every 3 months

- * However, the program director/trainer may use the following to support their decision if the trainee needs to complete the three check offs for each competency.

Demonstrate skilled performance in the activity with enhanced theoretical knowledge and understanding, providing a rationale for practice.

Demonstrate competent performance in all procedures without direct supervision.

The evaluation of each component will be based on the following equation:

Percentage	< 50%	50-59.4%	60-69.4%	>70%
Description	Clear fail	Borderline fail	Borderline pass	Clear pass

To achieve unconditioned promotion, the candidate must score a minimum of “borderline pass” for all formative assessment tools used.

- The programme director can still recommend the promotion of candidates if the above equation is not met in some situations.
- If the candidate scored “borderline failure” in one or two components at maximum, these scores should not belong to the same area of assessment (for example, both borderline failures should not be from a clinical competency).
- The candidate must have passed all other components and scored a minimum of clear pass in at least two components.



2. Summative Assessment

1. General Principles

Summative assessment is a component of assessment that aims primarily to make informed decisions about trainees' competency. Compared with formative assessment, *summative assessment* does not aim to provide constructive feedback. Please refer to the general bylaws of training in postgraduate programs and the general assessment bylaws (available online: www.scfhs.org). In order to be eligible to sit for the final exams, trainees will be granted "Certification of Training Completion" upon successful completion of all training rotations.

3.1 Final In-training Evaluation Report (FITER)

In addition to the approval of the supervising committee for the completion of clinical requirements, FITER was also prepared by program directors for each trainee at the end of their final year of training. This report shall be the basis for obtaining a certificate of training program completion and the qualification to sit for the final specialty examinations.

3.4 Certification of Training Completion

To be eligible for the final specialty examinations, each trainee is required to obtain a "certification for training completion." Based on the training bylaws and executive policy (please refer to www.scfhs.org) trainees will be granted "Certification of Training Completion" once the following criteria are fulfilled:

- a) Successful completion of all training rotations.
- b) Completion of training requirements (e.g. logbook, research, etc.), as outlined in FITER, approved by the scientific committee of specialty.

- c) Clearance from SCFHS training affairs department ensuring compliance with tuition payments and completion of universal topics.
- d) Passing first part examination (whenever is applicable).

The certification of training completion will be issued and approved by the supervisory committee or its equivalent according to the SCFHS policies.

3.5 Final Specialty Examinations

The final specialty examination is the summative assessment component that grants trainees certification of the specialty. It has two elements:

A. Final written exam: The final written examination shall consist of one paper of multiple-choice questions (single best answer out of four options); trainees are required to have the “Certification of Training Completion’ to be eligible for this exam.

B. Final clinical/practical exam: Trainees are required to pass the final written exam in order to be eligible to sit for the final clinical/practical exam.

The examination format (including the number of questions, eligibility, and scores required will be based on the Saudi Commission Examination Rules and Regulations.

Available from the Saudi Commission website:
<https://www.scfhs.org.sa/MESPS/TrainingProgs/RegulationBoard/Pages/default.aspx>.

Blueprint Outlines:

For further details on the final examinations (Promotion Exam, Final Written Exam, and Clinical Exams), please refer to the updated version published on the SCFHS website.

<https://www.scfhs.org.sa/en/MESPS/TrainingProgs/List%20graduate%20programs/Pages/default.aspx>



Example of Final Written Exam Blueprint (Promotion Exam)

ASSESSMENT AND EVALUATION Section	Proportions	Number of the Question	Blooms Taxonomy				Synthesis	Evaluation
			Knowledge	Comprehension	Application	Analysis		
Module 1: Conception and normal pregnancy	35%	35	5	6	7	5	7	5
Module 2: Normal childbirth, puerperium, and neonatal	50%	50	10	10	10	6	9	5
Module 3: Research and evidence-based practice	15%	15	2	3	4	3	-	3
Total	100%	100	17	19	21	14	16	13

Example of Final Clinical Exam Blueprint

		DIMENSIONS OF CARE				
		Health Promotion & Illness Prevention	Acute	Chronic	Psychological Aspects	# Station(s)
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	Patient Care		1	1		2
	Patient Safety & Procedural Skills		1			1
	Communication & Interpersonal Skills	1				1
	Professional Behaviors					
	Total Stations	1	2	1		4



XI. PROGRAM AND COURSE EVALUATION

The SCFHS applies variable measures to evaluate curriculum implementation. The training outcomes of this program will follow the quality assurance framework endorsed by the Central Training Committee at the SCFHS. Trainees' assessment (both formative and summative) results will be analyzed and mapped to the curriculum content. Other indicators that will be incorporated are as follows:

- Report of the annual trainees' satisfaction survey.
- Reports from trainees' evaluation of faculty members.
- Reports from trainees' evaluation of rotations.
- Reports from the annual survey of program directors.
- Data are available from program accreditations.
- Reports from direct field communications with trainees and trainers.

Goal-based evaluation: The achievement of intended milestones will be evaluated at the end of each stage to assess the progress of curriculum delivery. Any deficiencies will be addressed in the following phase by utilizing the time devoted to trainee-selected topics and professional sessions. In addition to subject-matter opinions and best practices from benchmarked international programs, the SCFHS will apply a robust method to ensure that this curriculum will utilize all the data available during the revision of this curriculum in the future.

XII. POLICIES AND PROCEDURES

This curriculum represents the means and materials that outline the learning objectives with which trainees and trainers interact to achieve the identified educational outcomes. The SCFHS has a complete set of “General Bylaws of Training in Postgraduate Programs” and “Executive Policies” (published on the official SCFHS website) that regulates all training-related processes. The general bylaws of training, assessment, accreditation, and executive policies on admission, registration, formative assessment and promotion, examination, trainees’ representation and support, duty hours, and leaves are examples of regulations that need to be implemented. Under this curriculum, trainees, trainers, and supervisors must comply with the most updated bylaws and policies, which can be accessed online (via the official SCFHS website).



XIII. APPENDICES

- A. Level-D1 Competency-Matrix
- B. Level-D2 Competency-Matrix
- C. Clinical competencies list
- D. Midwifery clinical logbook requirements
- E. ModulesOutline
- F. Basic and specific clinical Procedures in the Specialty
- G. Examples of an Academic Half-Day Table
- H. Universal Topics Modules
- I. Rubrics
- J. Recommended references and readings

Appendix A

Junior (D1) -level Competency-Matrix: to map Competency, learning domain, and Milestones

Training Year level	Competency -Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Conduct a comprehensive health assessment of women during pregnancy, labor, postpartum and the newborn.	Manage all low-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration	Identify and detect complications as early as possible in mother or baby during care provision	Provide relevant ongoing health education during pregnancy, labor and the puerperal period.	Conduct relevant procedures, tests & investigations appropriately for individual cases	Adhere to hospital policies and procedures regarding accurate record-keeping and communication processes
Year 1 (D1)	Professional Expert	Competent physical assessment & complete, accurate and relevant history taking and interpretation of findings during pregnancy through to the newborn baby <u>KS</u>	Efficient holistic management of women and baby throughout pregnancy and childbirth <u>KSA</u>	Early detection of complications, initiate emergency management, call for help and/or refer as soon as possible <u>KSA</u>	Conduct individual & group health education sessions with the women and their families to address individual health needs <u>KSA</u>	Perform procedures and tests on patients competently and interpret findings accurately <u>KSA</u>	Documentation is complete, accurate and relevant for all patients, including nursing care process, prescriptions, admission & discharge documents, etc. <u>KSA</u>



Training Year level	Competency -Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Conduct a comprehensive health assessment of women during pregnancy, labor, postpartum and the newborn.	Manage all low-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration	Identify and detect complications as early as possible in mother or baby during care provision	Provide relevant ongoing health education during pregnancy, labor and the puerperal period.	Conduct relevant procedures, tests & investigations appropriately for individual cases	Adhere to hospital policies and procedures regarding accurate record-keeping and communication processes
	Communicator	Applies appropriate IP skills in communicating with patient and families <u>KSA</u>	Effective communication with patients, families, co-workers multidisciplinary team (MDT) <u>KSA</u>	Communicate effectively to superiors, refer to MDT and document timeously <u>KSA</u>	Use communication skills to make education for patients appropriate, relevant and understood, e.g. speak in Arabic using simple words <u>KSA</u>	Obtain informed consent from patient <u>KSA</u>	Communicates findings clearly and succinctly to colleagues in reports and conferences <u>KSA</u>

Training Year level	Competency -Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Conduct a comprehensive health assessment of women during pregnancy, labor, postpartum and the newborn.	Manage all low-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration	Identify and detect complications as early as possible in mother or baby during care provision	Provide relevant ongoing health education during pregnancy, labor and the puerperal period.	Conduct relevant procedures, tests & investigations appropriately for individual cases	Adhere to hospital policies and procedures regarding accurate record-keeping and communication processes
	Collaborator	Plans care in consultation with patient and in line with protocol. <u>SA</u>	Participates effectively as a member of the MDT in rendering holistic nursing care. <u>SA</u>	Informs supervisor and involves MDT to refer appropriately <u>KSA</u>	Informs seniors, colleagues & doctors to gain input & necessary support <u>SA</u>	MDT effort and patient involvement <u>KSA</u>	Inter-professional communication, include internal and external stakeholders <u>SA</u>
	Advocate	Involve patient in holistic care & decision making, speak on behalf of the patient regarding care & safety <u>SA</u>	Apply IPSPG in rendering holistic quality care <u>KSA</u>	Patient safety, Prevent mortality & morbidity <u>KSA</u>	Improve patient knowledge, Encourage independence & self-care at home <u>KSA</u>	Quality care; patient support <u>SA</u>	Quality improvement <u>KSA</u>
	Leader	Completion of allocated tasks timeously <u>KSA</u>	Demonstrate initiative, Involve MDT <u>KSA</u>	Harmonious team relationships <u>SA</u>	Good patient rapport and understanding <u>SA</u>	Maintains patients' best interest <u>KSA</u>	Adheres to policy and procedure Quality assurance <u>KSA</u>



Training Year level	Competency -Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Conduct a comprehensive health assessment of women during pregnancy, labor, postpartum and the newborn.	Manage all low-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration	Identify and detect complications as early as possible in mother or baby during care provision	Provide relevant ongoing health education during pregnancy, labor and the puerperal period.	Conduct relevant procedures, tests & investigations appropriately for individual cases	Adhere to hospital policies and procedures regarding accurate record-keeping and communication processes
	Scholar	Keen to learn and improve Good work ethics <u>KSA</u>	Applies a holistic approach to managing patients <u>KSA</u>	Self-directed learner, willing to continuously develop knowledge & skills <u>KSA</u>	Applies evidence-based practice (EBP) <u>KSA</u>	Applies EBP, searching for ways to improve self <u>KSA</u>	Effective communication with patients, families and health care team <u>KSA</u>

Appendix B

Senior (D2) -level Competency-Matrix: to map Competency, learning domain, and Milestones

Training Year level	Competency-Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Apply scientific knowledge of relevant pathology when assessing high-risk women during pregnancy, labor, postpartum and the newborn.	Manage high-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration in consultation with MDT	Identify risk factors promptly in mother or baby during care provision and prevent complications	Plan and initiate relevant health education during pregnancy, labor and the puerperal period for high-risk women	Demonstrate leadership and management skills	Implement meticulous record-keeping and communication processes
Year 2 (D2)	Professional Expert	Utilize knowledge during assessment, including a complete, accurate and relevant history to make a correct diagnosis and seek assistance/refer where necessary <u>KS</u>	Provide independent efficient and holistic management of women and baby throughout pregnancy and childbirth <u>KSA</u>	Stabilize patients and call for help and/or refer as soon as possible <u>KSA</u>	Conduct individual & group health education sessions with the women and their families to address individual health needs <u>KSA</u>	Demonstrate punctuality, initiative and a positive work ethic with keenness to grow professionally <u>KSA</u>	Documentation is complete, accurate and relevant for all patients, including nursing care process, prescriptions, admission & discharge documents, etc. <u>KSA</u>



Training Year level	Competency-Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Apply scientific knowledge of relevant pathology when assessing high-risk women during pregnancy, labor, postpartum and the newborn.	Manage high-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration in consultation with MDT	Identify risk factors promptly in mother or baby during care provision and prevent complications	Plan and initiate relevant health education during pregnancy, labor and the puerperal period for high-risk women	Demonstrate leadership and management skills	Implement meticulous record-keeping and communication processes
	Communicator	Apply appropriate IP skills in communicating effectively with patient and families <u>KSA</u>	Demonstrate competency in interdependent roles with multidisciplinary team (MDT) <u>KSA</u>	Communicate effectively to superiors, refer to MDT and document timeously <u>KSA</u>	Use communication skills to make education for patients appropriate, relevant and understood, e.g. speak in Arabic using simple words. <u>KSA</u>	Provide ongoing EBP quality care to all patients, communicate with respect to all <u>KSA</u>	Communicate findings clearly and succinctly to colleagues in reports and conferences <u>KSA</u>
	Collaborator	Plans care in consultation with patient and in line with protocol. <u>SA</u>	Participates effectively as a member of the MDT in rendering holistic nursing care. <u>SA</u>	Informs supervisor and involves MDT to refer appropriately <u>KSA</u>	Informs seniors, colleagues & doctors to gain input & necessary support <u>SA</u>	MDT effort and patient involvement <u>KSA</u>	Inter-professional communication, include internal and external stakeholders <u>SA</u>

Training Year level	Competency-Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Apply scientific knowledge of relevant pathology when assessing high-risk women during pregnancy, labor, postpartum and the newborn.	Manage high-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration in consultation with MDT	Identify risk factors promptly in mother or baby during care provision and prevent complications	Plan and initiate relevant health education during pregnancy, labor and the puerperal period for high-risk women	Demonstrate leadership and management skills	Implement meticulous record-keeping and communication processes
	Advocate	Involve patient in holistic care & decision making, regarding care & safety <u>SA</u>	Apply IPSG in rendering holistic quality care <u>KSA</u>	Patient safety, Prevent mortality & morbidity. Identify social, psychological issues and refer <u>KSA</u>	Improve patient knowledge, Encourage independence & self-care at home <u>KSA</u>	Speaks on behalf of patient , helps patients make informed decisions <u>SA</u>	Continuous quality improvement initiative <u>KSA</u>
	Leader	Works independently, acting as a role model for juniors in demonstrating competency <u>KSA</u>	Demonstrate initiative, utilizing critical thinking in problem solving <u>KSA</u>	Build healthy work relations and maintain harmony <u>SA</u>	Good patient rapport and understanding <u>SA</u>	Prioritize patient safety <u>KSA</u>	Adhere to policy and procedure Quality assurance <u>KSA</u>



Training Year level	Competency-Roles (with annotation of learning domains involved: K: knowledge, S: Skills, A: Attitude)	Activities Related to Specialty					
		Apply scientific knowledge of relevant pathology when assessing high-risk women during pregnancy, labor, postpartum and the newborn.	Manage high-risk women and newborns efficiently during pregnancy, labor and postpartum, including safe medication administration in consultation with MDT	Identify risk factors promptly in mother or baby during care provision and prevent complications	Plan and initiate relevant health education during pregnancy, labor and the puerperal period for high-risk women	Demonstrate leadership and management skills	Implement meticulous record-keeping and communication processes
	Scholar	Keen to learn and improve, participate in research activities <u>KSA</u>	Apply a holistic approach to managing patient <u>KSA</u>	Self-directed learner, willing to continuously develop knowledge & skills <u>KSA</u>	Applies evidence-based practice (EBP) <u>KSA</u>	Applies EBP, searching for ways to improve self <u>KSA</u>	Effective communication with patients, families and health care team <u>KSA</u>

Appendix-C

CLINICAL COMPETENCIES LIST

Year/ Level	ANTENATAL	DOPS	Mini-Cex
D1	History Taking		*
	Physical Examination		*
	Abdominal Examination		*
	Applying & Interpreting CTG		*
	Health Education		*
D2	History Taking		*
	Abdominal Examination		*
	Managing High risk pregnancy		*
	Health Education		*
LABOR-DELIVERY			
D1	Management of Women in Labor Ward		*
	Vaginal Examination		*
	Partogram		*
	Episiotomy	*	
	Apgar Score Assessment		*
D2	Management of Induction of Labor		*
	Shoulder Dystocia	*	



Year/ Level	ANTENATAL	DOPS	Mini-Cex
	Cord Prolapse and presentation	*	
	Management of Postpartum Hemorrhage		*
POSTPARTUM			
D1	Management of Women Requiring Postpartum Care		*
	Breastfeeding		*
D2	Management of Postpartum Hemorrhage		*
NURSERY			
D1	Neonatal Assessment		*
NICU			
D2	Management of baby under phototherapy		*
	Management of high-risk neonate		*
	NRP		*
WOMENS HEALTH/GYNAE			
D2	Conduct/ Assist with insertion and removal of Intra-uterine Device	*	
	Conduct/ Assist with Pap Smear	*	
Other			
D2	Nursing Management & Leadership Evaluation		*

Appendix-D:

MIDWIFERY CLINICAL LOGBOOK REQUIREMENTS

YEAR 1 (D1)

NO.	COMPETENCY	No.
ANTENATAL		
1	Examination of normal pregnant women	50
2	Comprehensive health education to pregnant women	25
3	Application and interpretation of Cardiotocograph	20
LABOR/DELIVERY		
4	Vaginal examinations	50
5	Witness of normal births	10
6	Documentation and interpretation of Partograph	25
7	Conduct normal births	50
8	Episiotomy: infiltration, cutting & suturing.	5
9	1 st /2 nd degree tear – infiltration / suturing	5
10	Immediate newborn care.	30
POSTPARTUM		
11	Management of uncomplicated women in postpartum	30
12	Comprehensive health education to women in puerperium	25
13	Assisting women with breastfeeding	20
NURSERY		
14	Assessment and care of neonates without complications.	25



MIDWIFERY CLINICAL LOGBOOK REQUIREMENTS

YEAR 2 (D2)

NO.	COMPETENCY	No.
ANTENATAL		
1	Assist with management of pregnant women with complications	50
2	Examination of high risk pregnant women	50
3	Application and interpretation of high risk Cardiotocograph (abnormal)	50
4	Health education to high-risk pregnant women	25
LABOR/DELIVERY		
5	Witness of complicated births.	5
6	Assist high risk births (e.g.: Instrumental deliveries, CS, Breech, PPH, cord prolapsed.....etc)	40
7	Immediate newborn care of high risk births.	30
POSTPARTUM		
8	Management of high-risk women in puerperium	30
9	Comprehensive education to high risk women in puerperium	25
10	Assisting women with breastfeeding	20
NICU		
11	Assisting in resuscitation of neonate	5
12	Assessment and care of neonates with complications	25
WOMEN'S HEALTH		
13	Management of women with gynecological or infertility issues	25
14	Counseling women regarding family planning issues	20
15	Assist with pap smears	5
16	Assist with insertion of IUCD	5

Appendix-E

FIRST-YEAR MODULES

Module No.	Module name
1	Conception and Normal pregnancy
2	Normal Childbirth, Puerperium, and Neonate
3	Research and evidence-based practice

Module descriptors

Module 1: Conception and Normal pregnancy

This module provides relevant knowledge and skills to enable the trainee to understand the physiological and psychological changes that occur in women during conception and pregnancy. The trainee is expected to apply this knowledge and skills in conducting assessments and managing women competently during normal pregnancy. Providing basic and specific care, etc. health education, counselling, and appropriate referral to a multidisciplinary team for pregnant women and their families.

Learning objectives:

By the end of this module, the trainee will be able to:

- Apply relevant knowledge of the physiological and psychological changes occurring during pregnancy when assessing pregnant women and the growing fetus.
- Demonstrate understanding of the biopsychosocial sciences and pharmacology in providing competent and holistic antenatal care.
- Demonstrate knowledge and understanding of the hormonal cycle, embryology, and fetal development.



- Provide individualized holistic and evidence-based care for women and their families during the antenatal period.
- Communicate respectfully and efficiently with the Multidisciplinary team in providing efficient and culturally competent care.
- Provide relevant support and health education to relieve pregnancy discomfort appropriately.

Module content

1. Female reproductive system (anatomy and physiology)

- Internal and external structures
- Hormones
- Menstrual cycle
- Urinary tract system
- Gynecoid pelvis and abnormal pelvis (e.g., android)
- Breast

2. Embryology and fetal-placental development

- Concepts- mature ovum, sperm,
- Fertilization
- Cleavage (process from zygote to embryo)
- Organogenesis
- Formation of placenta
- Fetal sac (2 membranes, amniotic fluid [liquor], umbilical cord)
- Placenta at term
- Abnormal placenta & cord e.g. succenturiate, vasa previa, etc.

3. Fetal changes

- Fetal circulation and adaptation to extra uterine life
- Fetal skull bones and diameters
- Engagement of fetal head in pelvis
- Fetal teratogenic agents

4. Physiological/psychological changes in Pregnancy

- Changes in reproductive system
- Hormonal influences in pregnancy
- Estimation of gestation
- Physiological changes in all body systems

5. Antenatal care

- Diagnosis of pregnancy
- Aims of ANC
- Health assessment for women
- General history and obstetric history taking
- Initial & subsequent antenatal assessment
 - Psychosocial-cultural assessment
 - Physical examination of a pregnant woman
 - Abdominal examination of a pregnant woman
 - Fetal monitoring
 - Tests and investigations
- Nutrition in pregnancy
- Supplementation & Haematemics– relevant advice
- Lactation and preps to breastfeed
- Minor discomforts of pregnancy + health education
- Antenatal exercise

6. General topics

- Basic interpersonal skills and communication
- Interviewing skills
- Principles of health education



Module 2: Normal Childbirth, Puerperium and Neonate

In this module, the trainee is prepared theoretically and clinically to conduct normal deliveries and manage women at all stages of childbirth. The trainee is expected to collaborate with other team members to achieve positive health outcomes. Providing holistic care for newborns and postpartum women is essential for trainees to demonstrate competency.

Learning Objectives:

At the end of the module, the learner will be able to:

- Describe the physical, physiological, and psychological changes that occur during childbirth in postpartum women and newborn babies.
- Demonstrate comprehensive knowledge and skills when providing care during all stages of labor.
- Utilize the partograph effectively and interpret the data correctly when managing women in labor.
- Compile a midwifery care plan according to the needs of postpartum women and newborns.
- Identify and utilize various types of pharmacological and non-pharmacological pain relief measures and other relevant drugs safely for women in labor as required.
- Provide appropriate immediate care to newborns including accurate assessment of the Apgar score.
- Initiate and provide relevant health education and counseling programs for pregnant women and their families.

Module content:

1. Physiology of labor

- **First stage: Definition, onset, signs**
 - True/false labor and physiological changes
- **Second stage: Physiology, Onset, signs**
 - Mechanism of normal labor
 - Occipito anterior
- **Third stage: onset, signs, placental separation physiology, types**

2. Assessment and management of women in labor

- Admission of a patient
- Assessment & Observation, documentation
- Elimination – bladder care, bowel care
- Pain relief (pharmacological and non-pharmacological pain management): analgesics, promotion of comfort, backache, and Entonox.

First stage management

- Partograph: Use, plotting, interpretation.
- Fetal heart monitoring- CTG/ FSE
 - Signs of fetal distress and management
- Vaginal examination & Rupture of membranes, assess liquor/ caput. moulding
- Monitoring progress of labor:
 - Contractions, descent, cervical dilatation/effacement
- Maternal observation: urine, vital signs

Second stage management.

- Management of the birthing process
- Perineal trauma/tears/episiotomy
 - Infiltration, cut and repair.



Third stage management

- Active & passive management
- Delivery and examination of the placenta

Immediate care of newborn

- Prevention of hypothermia, Apgar, identification, vit K1; Anthropometrics

Fourth stage monitoring

- Observation of mother and baby, perineal care, lochia, breastfeeding
- Apply hospital policy and procedures & IPSPG

3. Normal puerperium

- Physiological Changes in the puerperium
 - All body systems
 - Aims of postnatal care and Initial and daily care
 - Assessment using BUBBLE/HE format (breast, uterus, bowel, bladder, lochia, episiotomy, Homan's sign, emotion)
- Physiology of lactation and breastfeeding/ BFHI
- Discharge advice to a postnatal woman
- Common discomforts in the puerperium
- Postnatal exercise: Types and reasons
- Nutrition in puerperium
- Artificial feeds- preps, care of feeding utensils

4. Normal newborn

- Physiology of the newborn.
 - Revise fetal circulation & adaptation to extra uterine life
 - Initiation of respiration, temperature control, immunity & changes to other body systems.
- Examination of the newborn: physical exam- head to toe

- Care of the neonate
 - Birth notification / registration / identification
 - Observation: vitals, Stools, urine, weight
 - Bath, Cord care, Eye care
 - Vaccines
 - Care of baby at home, follow-up

5. Pharmacology

- Analgesics, sedatives, tranquilizers, Entonox– for pain relief
- Oxytocics – Myometrial stimulants, Syntocinon, Syntometrine.
- Neonatal drugs – Vit K1, Narcan

Module 3: Research and evidence-based practice

This module provides trainees with the required knowledge and skills to understand the steps of the research process. The trainee will be expected to apply ethical issues in research, including confidentiality, informed consent, securing data, and disseminating findings to clinical practice. The research component will focus on research methods, sampling, data collection, and data analysis, which contribute to advancing research skills among trainees.

Learning objectives

At the end of this module trainees will be able to:

- Define the basic concepts of research methodology.
- Describe different research designs (including quantitative and qualitative).
- Describe the scientific process and its use in midwifery research.
- Design a research proposal.
- Define the steps of the research process in the proposal and/or conduct a circumscribed midwifery research project.



- Identify research problems and the components of the literature review process related to midwifery practice.
- Discuss appropriate statistical techniques used in the analysis of data, including descriptive, inferential, univariate, bivariate, and non-parametric tests.
- Critique current studies of midwifery practice.
- Discuss the utilization of research findings.
- Discuss the historical perspective of evidence-based practice.
- Define and apply evidence-based practice principles identified through midwifery research.

Module out line:

- Overview of midwifery research
- Developing the Research Question
- Searching and Reviewing the Literature
- Research Design
- Ethics in Research
- Selecting Participants
- Collecting Data
- Analyzing Data
- Evidence-based Practice and Research Application

SECOND-YEAR MODULES

Module No.	Module name
4	High-risk pregnancy and childbirth
5	High-risk puerperium and neonate
6	Women's Health and family planning
7	Nursing Leadership and management

Module descriptors

Module 4: High-risk pregnancy and childbirth

This module equips trainees to build on their knowledge, skills, and attitudes to acquire relevant competencies to manage high-risk women and their families from pregnancy to post-birth. The trainee is expected to apply her analytical and critical thinking skills to provide evidence-based care to women and neonates to prevent complications. Clinical rotations and clinical competencies enable trainees to progress from novice to expert independent midwifery practitioners.

Learning objectives

At the end of this module trainees will be able to:

- Demonstrate an understanding of pathological changes in relevant conditions when assessing high-risk women during pregnancy and childbirth
- Apply knowledge of biopsychosocial sciences and pharmacology to the provision of competent and comprehensive midwifery care
- Demonstrate competency in managing high-risk pregnancies and childbirth using a team-based approach for positive health outcomes in mothers and babies
- Utilize critical thinking and problem-solving skills to identify and promptly initiate relevant management in obstetric emergencies
- Perform relevant tests and investigations and analyze the data correctly.
- Assist with complicated deliveries, Caesarian's and obstetric emergencies efficiently
- Provide evidence-based and culturally competent care for women during pregnancy and childbirth.



- Utilize the partograph effectively as part of documenting care and analyzing data appropriately.
- Initiate and provide relevant health education and counseling programs for high-risk pregnant women and their families.
- Collaborate effectively with the multidisciplinary health care team in providing efficient quality care

Module content

1. Assessment and management of diseases and gestational complications in pregnancy

- Diabetes mellitus
- Cardiac diseases
- Hypertensive disease (including pre-eclampsia & eclampsia)
- Renal disease
- Hematological conditions (including anemias & sickle cell disease)
- Systemic lupus erythematosus
- Hypo- and hyperthyroidism
- Epilepsy
- Disseminated Intravascular Coagulopathy
- Ante partum hemorrhage (Praevia & abruption)
- Amniotic fluid disorders (Polyhydramnios & Oligohydramnios)
- Multiple pregnancies
- Preterm rupture of membranes
- Placental insufficiency (including intrauterine growth restriction)
- Infections in pregnancy (including STI, TORCH, viral e.g. Covid, HIV)
- Grande multiparity
- Hyperemesis Gravidarum
- Teenage pregnancy
- Fetal monitoring in pregnancy

7. Assessment and management of complications and obstetric emergencies during childbirth

- Preterm labor and birth (include tocolytics)
- Post-term pregnancy and birth
- Induction of labor (include Bishops score)Prolonged and precipitate labor
- Obstructed labor
- Cephalo-pelvic disproportion (CPD)
- Malposition (Occipito posterior position)
- Malpresentations (Breech, brow, face)
- Hemorrhage
- Shoulder Dystocia
- Cord prolapses and presentation
- Amniotic fluid embolism, shock and resuscitation
- Abnormal uterine action
- Caesarean section (include a trial of scar/VBAC)
- Assisted deliveries (vacuum and forceps)
- Uterine rupture
- Uterine inversion
- External and internal versions
- Intra-uterine death and stillbirth
- Fetal distress and management
- Intrapartum fetal monitoring (including CTG & fetal scalp electrode)
- Perineal tears and trauma (3rd and 4th degree)
- Evidence-based midwifery care to manage women competently during pregnancy and labor
- Maternal mortality and morbidity- basic causes, risks



Module 5: High-risk puerperium and neonate

This module provides the trainee with the relevant knowledge, skills, and attitudes to manage high-risk postpartum women and newborns. It prepares trainees to use clinical judgment and problem-solving approaches to provide evidence-based care to high-risk women and their families. Clinical rotation through the neonatal intensive care unit provides the opportunity to apply knowledge and attain the necessary competencies in managing a high-risk neonate.

Learning objectives

At the end of this module trainees will be able to:

- Demonstrate knowledge of pathological changes in relevant conditions when assessing high-risk postpartum women and high-risk newborns.
- Provide safe and quality midwifery and neonatal care using a scientific, integrated, and evidence-based approach.
- Utilize critical thinking and problem-solving skills to identify and promptly initiate relevant management in an emergency.
- Demonstrate competency in managing high-risk postpartum women and neonates in intensive care using a team-based approach for positive health outcomes for mothers and babies.
- Initiate resuscitation measures promptly for high-risk mothers or baby.
- Perform relevant tests and investigations and analyze the data correctly.
- Provide culturally sensitive care for women during puerperium and high-risk newborns.
- Demonstrate relevant skills when conducting a physical examination on neonates with abnormalities.

- Initiate and provide relevant health education and counseling programs for high-risk women and their families.
- Collaborate effectively with the multidisciplinary health care team in providing efficient quality care.

Module content

1. Assessment and management of complications in the puerperium

- Uterine sub involution (including abnormal lochia)
- Postpartum hemorrhage (secondary)
- Puerperal infections (include sepsis and pyrexia)
- Thrombophlebitis
- Thrombocytopenia
- Urinary problems (urinary tract infections, incontinence)
- Breast complications (include engorgement, mastitis, cracked nipples)
- Postpartum depression, blues, psychosis

8. Assessment and management of high-risk neonates

- Respiratory: Respiratory distress syndrome and hyaline membrane disease; asphyxia; transient tachypnea of the newborn (TTN); meconium aspiration syndrome (MAS)
- Resuscitation of neonate
- Hypothermia: causes, prevention, management
- Endocrine: Hypoglycemia; Hyperinsulism; IDM
- Hematological: hemolytic disease of the newborn; anemia; polycythemia; hyperbilirubinemia (jaundice), and kernicterus
- Developmental problems: Intrauterine growth restriction (IUGR), large for gestational age (LGA), low birth weight, premature infant
- Congenital: Trisomy 21; Trisomy 13; Trisomy 18; Turner syndrome



- Neurological: Seizure, Microcephaly, Hypoxic ischemic encephalopathy (HIE), hypotonia
- Neural Tube Defect (NTD): Meningocele; Myelomeningocele; Spina bifida; Hydrocephalus; Anencephaly; Encephalocele
- GIT: Gastroschisis/omphalocele; Tracheoesophageal fistula (TEF); left lip and palate; necrotizing enterocolitis (NEC); imperforate anus; vomiting; feeding problems.
- Urogenital: hypospadias, epispadias, undescended testicles, ambiguous genitalia, polycystic kidney disease.
- Infections (thrush, conjunctivitis, TORCHES)
- Birthtrauma: Caput succedaneum; Cephalohematoma; nerve injury, fractures

Module 6: Women's Health and family planning

This module introduces the trainee to a broad range of topics on reproductive and sexual health, well-being, and gynaecological health disorders experienced by women from adolescence to senescence. It also provides an overview of the concepts, essential knowledge, skills and values, steps, and content of rights-based, patient-centred family planning. The trainee is prepared both theoretically and clinically to provide evidence-based care and guidance on gynaecological problems and women's health issues, with an emphasis on the utilization of critical thinking, wise judgments, and decision-making skills.

Learning objectives

At the end of this module trainees will be able to:

- Provide relevant health education and support to women and their families regarding sexuality and sexual health
- Demonstrate understanding of the physiology and pathology of related gynecological health issues.

- Perform relevant tests and investigations and analyze the data correctly for gynecological disorders.
- Compare medical and surgical approaches to pregnancy termination.
- Display understanding of the related causes of infertility and appropriate interventions that address this issue.
- Identify the physical and psychological signs of violence and abuse and provide essential care for abused women.
- Develop family-planning-program counseling and education for women and their families.
- Implementing evidence-based midwifery knowledge in guiding clinical practice and supporting women with gynecological disorders.

Module content

- Sex, sexuality, sexual rights; Sexual function and psychosocial counseling
- Sexuality and disabilities; Sexuality during the antenatal period
- Pre-menstrual syndrome/ menstrual cycle-influenced disorders
- Puberty through adolescence (physical and psychological changes)
- Premarital screening and disabilities
- Preconception care (pregnancy planning, risk assessment, health prevention and promotion, and psychosocial intervention)
- Infertility disorders
- Reproductive surgery
- Abortion/termination of pregnancy (laws, policies)
- Sexually transmitted infections (STIs)
- HIV prevention, treatment (ante, intra, and post)
- Gender-based violence (GBV): rape, sexual assault, sexual harassment, intimate partner violence (IPV), female genital mutilation–KSA laws–reporting protocols–women’s desk
- Benign and malignant growths (cervical cancer and breast cancer)



- Congenital anomalies and functional disorders of the reproductive organs
- Contraceptive: Types, how to use/insert, indications, contraindications, health education
- Menopause
- Osteoporosis
- Grief and loss

Module 7: Midwifery leadership and management

This module equips the trainee with the necessary leadership and management skills to become a change agent and future leader. The trainee is expected to act responsibly and be accountable for her acts and omissions in delivering relevant individualized patient care.

Learning objectives

At the end of this module trainees will be able to:

1. Apply theories of effective leadership and management in relevant health care settings
9. Identify and solve problems using responsible ethical decision-making skills and critical and creative thinking.
10. Work effectively with others as members of the healthcare team, group, organization, and community.
11. Organize and manage oneself and one's activities responsibly and effectively
12. Analyze the components of organizational structure and culture.
13. Utilize the skills of midwifery processes, effective communication, and therapeutic midwifery intervention to provide culturally competent and cost-effective care to all patients.

14. Collaborate with multidisciplinary healthcare team members in prioritizing and coordinating quality healthcare.
15. Utilize inquiry and research skills to enhance one's knowledge base, facilitate change, and improve the quality of care.
16. Demonstrate professional accountability for effective leadership in midwifery practice.
17. Contribute to organizational strategic planning and its implementation at different levels within healthcare organizations.

Module content

- Critical thinking, problem-solving, and effective decision-making.
- Organizational structure and culture.
- Application of leadership and management theories.
- Organizational and personal mission, vision, and goals.
- Quality and risk management.
- Budgeting, cost, care delivery models, and staffing.
- Communication, motivation, and team building.
- Change and conflict management.
- Role transition and delegation.
- Strategic planning and strategic management.
- Career planning.



Appendix-F

Basic and specific clinical Procedures in the Specialty

No.	Basic Procedures
1	Assessment: vital signs and pain
2	Oxygen Therapy and Oxygen Delivery
3	Blood Specimen Collection: Blood Cultures
4	Blood and Blood Products Administration
5	Intravenous Therapy: Dose and Flow-Rate Calculations
6	Assessment: Intake and Output
7	Assessment: Wound
8	Feeding Tube: Enteral Nutrition
9	Control drug administration
10	POCT
11	Urinary catheterization
12	infection control
13	Fall Prevention
14	Assessment: Neurologic System
15	Code Management
16	Familiar with Crash cart.
Specialty Procedures	
1	Amniotomy
2	Pelvic assessment
3	Breach birth
4	Internal fetal monitor

Appendix-G

Example for Academic -day table

The following is a table with example topics that illustrate the half-day activities as it spans over the course of one year (or cycle of teaching if more than one year is required to cover all topics).

Repeating sessions/topics every training year is discouraged. Each half day is dedicated to one theme.

<i>Academic week</i>	<i>Section</i>	<i>Date</i>	<i>Time</i>	<i>Sessions</i>	<i>presenters</i>
9	Pre-pregnancy and antenatal care		08:00-10:00	Theory	Program director / Trainer
			10:30-12:00	Case base study	Trainees
			13:00-16:00	Simulation	Program director
10	Labor and Birth		08:00-10:00	Theory	Program director / Trainer
			10:30-12:00	Case base study	Trainees
			13:00-16:00	Simulation	Program director
11	Postnatal and neonatal		08:00-10:00	Theory	Program director / Trainer
			10:30-12:00	Case base study	Trainees
			13:00-16:00	Simulation	Program director
12	Research		08:00-10:00	Theory	Program director / Trainer
			10:30-12:00	Proposal presentation	Trainees
			13:00-16:00	Research critique	Program director



Appendix-H

Universal Topics

Intent:

These are high-value interdisciplinary topics of utmost importance for the trainee. The reason for delivering the topics centrally is to ensure that every trainee receives high-quality teaching and develops essential core knowledge. These topics are common to all specialties.

Topics included here meet one or more of the following criteria:

- **Impactful:** these are topics that are common or life-threatening
- **Interdisciplinary:** hence topics that are difficult to teach by a single discipline
- **Orphan:** topics that are poorly represented in the undergraduate curriculum
- **Practical:** topics that trainees will encounter in hospital practice

Development and Delivery:

Core topics for the PG curriculum will be centrally developed and delivered by the Commission through an e-learning platform. A set of preliminary learning outcomes was developed for each topic. Content experts, in collaboration with the central team, may modify learning outcomes.

These topics will be didactic in nature, with a focus on the practical aspects of care. These topics will be more content-intensive than workshops and other planned face-to-face interactive sessions.

The suggested duration of each topic is 1.30 hours.

Assessment:

The topics were delivered in a modular fashion. At the end of each learning unit, there is an online formative assessment. After completion of all topics,

there will be a combined summative assessment in the form of a context-rich MCQ. All trainees must attain minimum competency in summative assessment. Alternatively, these topics can be assessed in a summative manner along with a specialty examination.

Some ideas may include case studies, high-quality images, examples of prescribing drugs in disease states, and Internet resources.

Module 1: Introduction

1. Safe drug prescribing
2. Hospital acquired infections
3. Sepsis; SIRS; DIVC
4. Antibiotic stewardship
5. Blood transfusion

Safe drug prescribing: At the end of the learning unit, the trainee should be able to:

- a) Recognize the importance of safe drug prescribing in the healthcare
- b) Describe various Adverse Drug Reactions with examples of commonly prescribed drugs that can cause such reactions.
- c) Apply principles of drug-drug, drug-disease, and drug-food interactions in common situations
- d) Apply principles of prescribing drugs in special situations such as renal failure and liver failure
- e) Apply principles of prescribing drugs in the elderly, pediatric age group patients, and pregnancy and lactation
- f) Promote evidence-based cost-effective prescribing
- g) Discuss ethical and legal framework governing safe-drug prescribing in Saudi Arabia



Hospital Acquired Infections (HAI):

At the end of the Learning Unit, the trainee should be able to

- a) Discuss the epidemiology of HAI with special reference to HAI in Saudi Arabia
- b) Recognize HAI as one of the major emerging threats in healthcare
- c) Identify the common sources and set-ups of HAI
- d) Describe the risk factors of common HAIs, such as ventilator-associated pneumonia, MRSA, CLABSI, and vancomycin-resistant Enterococcus (VRE)
- e) Identify the role of healthcare workers in the prevention of HAI
- f) Determine appropriate pharmacological (e.g., selected antibiotic) and non-pharmacological (e.g., removal of indwelling catheter) measures in the treatment of HAI.
- g) Propose a plan to prevent HAI in the workplace

Sepsis, SIRS, and DIVC: At the end of the learning unit, the trainee should be able to:

- a) Explain the pathogenesis of sepsis, SIRS, and DIVC
- b) Identifying patient-related and non-patient-related predisposing factors for sepsis, SIRS, and DIVC
- c) Recognize a patient at risk of developing sepsis, SIRS, and DIVC
- d) Describe the complications of sepsis, SIRS, and DIVC
- e) Apply the principles of management of patients with sepsis, SIRS, and DIVC
- f) Describe the prognosis of sepsis, SIRS, and DIVC

Antibiotic Stewardship:

At the end of the Learning Unit, the trainee should be able to:

- a) Recognize antibiotic resistance as one of the most pressing public health threats globally
- b) Describe the mechanism of antibiotic resistance
- c) Determine the appropriate and inappropriate use of antibiotics
- d) Develop a plan for safe and proper antibiotic usage, including right indications, duration, types of antibiotics, and discontinuation.
- e) Appraise of the local guidelines in the prevention of antibiotic resistance

Blood Transfusion:

At the end of the Learning Unit, the trainee should be able to:

- a) Review the different components of blood products available for transfusion
- b) Recognize the indications and contraindications of blood product transfusion
- c) Discuss the benefits, risks, and alternative to transfusion
- d) Undertake consent for specific blood product transfusion
- e) Perform steps necessary for safe transfusion
- f) Develop understanding of special precautions and procedures necessary during massive transfusions
- g) Recognize transfusion associated reactions and provide immediate management



Module 3: Diabetes and Metabolic Disorders

11. Recognition and management of diabetic emergencies

18. Management of diabetic complications

19. Comorbidities of obesity

20. Abnormal ECG

Recognition and Management of Diabetic Emergencies:

At the end of the Learning Unit, the trainee should be able to:

- a) Describe pathogenesis of common diabetic emergencies including their complications
- b) Identify risk factors and groups of patients vulnerable to such emergencies
- c) Recognize a patient presenting with diabetic emergencies
- d) Institute immediate management
- e) Refer the patient to appropriate next level of care
- f) Counsel patient and families to prevent such emergencies

Management of Diabetic Complications:

At the end of the Learning Unit, the trainee should be able to:

- a) Describe the pathogenesis of important complications of Type 2 diabetes mellitus
- b) Screen patients for such complications
- c) Provide preventive measures for such complications
- d) Treat such complications
- e) Counsel patients and families with special emphasis on prevention

Comorbidities of Obesity:

At the end of the Learning Unit, the trainee should be able to:

- a) Screen patients for presence of common and important comorbidities of obesity
- b) Manage obesity related comorbidities
- c) Provide dietary and life-style advice for prevention and management of obesity

Abnormal ECG:

At the end of the Learning Unit, the trainee should be able to:

- a) Recognize common and important ECG abnormalities
- b) Institute immediate management, if necessary

Module 4: Medical and Surgical Emergencies

21. Management of acute chest pain
22. Management of acute breathlessness
23. Management of altered sensorium
24. Management of hypotension and hypertension

For all the above; the following learning outcomes apply.

At the end of the Learning Unit, the trainee should be able to:

- a) Triage and categorize patients
- b) Identify patients who need prompt medical and surgical attention
- c) Generate preliminary diagnoses based history and physical examination
- d) Order and interpret urgent investigations
- e) Provide appropriate immediate management to patients
- f) Refer the patients to next level of care, if needed



Module 5: Acute Care

- 25. Pre-operative assessment
- 26. Post-operative care
- 27. Acute pain management
- 28. Chronic pain management
- 29. Management of fluid in the hospitalized patient
- 30. Management of electrolyte imbalances

Pre-Operative Assessment:

At the end of the Learning Unit, the trainee should be able to:

- a) Describe the basic principles of pre-operative assessment
- b) Perform pre-operative assessment in uncomplicated patient with special emphasis on
 - i. General health assessment
 - ii. Cardiorespiratory assessment
 - iii. Medications and medical device assessment
 - iv. Drug allergy
 - v. Pain relief needs
- c) Categorize patients according to risks

Post-Operative Care:

At the end of the Learning Unit, the trainee should be able to:

- a) Devise a postoperative care plan including monitoring of vitals, pain management, fluid management, medications, and laboratory investigations.
- b) Hand-over the patients properly to appropriate facilities
- c) Describe the process of post-operative recovery in a patient
- d) Identify common post-operative complications
- e) Monitor patients for possible post-operative complications

- f) Institute immediate management for post-operative complications

Acute Pain Management:

At the end of the Learning Unit, the trainee should be able to:

- a) Review the physiological basis of pain perception
- b) Proactively identify patients who might be in acute pain
- c) Assess a patient with acute pain
- d) Apply various pharmacological and non-pharmacological modalities available for acute pain management
- e) Provide adequate pain relief for uncomplicated patients with acute pain
- f) Identify and refer patients with acute pain who can be benefitted from specialized pain services

Chronic Pain Management: At the end of the learning unit, the trainee should be able to:

- a) Review bio-psychosocial and physiological basis of chronic pain perception
- b) Discuss various pharmacological and non-pharmacological options available for chronic pain management
- c) Provide adequate pain relief for uncomplicated patients with chronic pain
- d) Identify and refer patients with chronic pain who can be benefitted from specialized pain services

Management of Fluid in Hospitalized Patients: At the end of the learning unit, the trainee should be able to:

- a) Review physiological basis of water balance in the body
- b) Assess a patient for his/her hydration status
- c) Recognize a patient with over and under hydration



- d) Order fluid therapy (oral as well as intravenous) for a hospitalized patient
- e) Monitoring fluid status and response to therapy through history, physical examination, and selected laboratory investigations

Management of Acid-Base Electrolyte Imbalances: At the end of the Learning Unit, the trainee should be able to

- a) Review physiological basis of electrolyte and acid-base balance in the body
- b) Identify diseases and conditions that are likely to cause or are associated with acid/base and electrolyte imbalances.
- c) Correct electrolyte and acid-base imbalances
- d) Perform careful calculations, checks, and other safety measures while correcting the acid-base and electrolyte imbalances.
- e) Monitor response to therapy through history, physical examination and selected laboratory investigations

Module 7: Ethics and Healthcare

- 31. Occupational hazards of health care workers
- 32. Evidence based approach to smoking cessation
- 33. Patient advocacy
- 34. Ethical issues: transplantation/organ harvesting; withdrawal of care
- 35. Ethical issues: treatment refusal; patient autonomy

Occupation Hazards of Health Care Workers (HCW):

At the end of the Learning Unit, the trainee should be able to:

- a) Recognize common sources and risk factors of occupational hazards among the HCW
- b) Describe common occupational hazards in the workplace

- c) Develop familiarity with legal and regulatory frameworks governing occupational hazards among the HCW
- d) Develop a proactive attitude to promote workplace safety
- e) Protect yourself and colleagues against potential occupational hazards in the workplace

Evidence Based Approach to Smoking Cessation:

At the end of the Learning Unit, the trainee should be able to:

- a) Describe the epidemiology of smoking and tobacco usages in Saudi Arabia
- b) Review the effects of smoking on the smoker and family members
- c) Effectively use pharmacologic and non-pharmacologic measures to treat tobacco usage and dependence
- d) Effective use of pharmacologic and non-pharmacologic measures to treat tobacco use and dependence among special population groups such as pregnant women, adolescents, and patients with psychiatric disorders

Patient Advocacy: At the end of the Learning Unit,

The trainee should be able to:

- a) Define patient advocacy
- b) Recognize patient advocacy as a core value governing medical practice
- c) Describe the role of patient advocates in the care of the patients
- d) Develop a positive attitude towards patient advocacy
- e) Be a patient advocate in conflicting situations
- f) Be familiar with local and national patient advocacy groups

Ethical issues: transplantation/organ harvesting; withdrawal of care:

At the end of the Learning Unit, the trainee should be able to:



- a) Apply key ethical and religious principles governing organ transplantation and withdrawal of care
- b) Be familiar with the legal and regulatory guidelines regarding organ transplantation and withdrawal of care
- c) Counsel patients and families in light of applicable ethical and religious principles
- d) Guide patients and families to make informed decisions

Ethical issues: treatment refusal; patient autonomy:

At the end of the Learning Unit, the trainee should be able to:

- a) Predict situations where a patient or family is likely to decline prescribed treatment
- b) Describe the concept of "It' rational adults in the context of patient autonomy and treatment refusal.
- c) Analyze key ethical, moral, and regulatory dilemmas in treatment refusal
- d) Recognize the importance of patient autonomy in the decision-making process
- e) Counsel patients and families declining medical treatment in light of the patient's best interest

Appendix-I: Rubrics

Case Study presentation Rubric

Item/scale	4 – Excellent	3 – Good	2 – Fair	1 – Needs improvement
Delivery	Speaks at a various level of volume, maintains direct eye contact, seldom looks at notes, and emphasizes key points	Speaks at a sufficiently different volume, consistently uses direct eye contact but refers to notes frequently	Speaks in a monotone, at a fluctuating volume, makes minimal eye contact, and reads mainly from the notes	Speaks at a low volume, in a monotonous tone, avoids eye contact, reads entirely from the notes
Content/Organization	Has a clear purpose and explains the subject using many examples Demonstrates a complete understanding of the subject by answering questions	Has a moderately clear purpose and explains the subject, using some examples Answers questions without elaborating	Attempts to define a purpose and subject, provides weak examples Seems uncomfortable with the subject and answers some questions	Does not define the subject and purpose clearly, provides no examples Does not grasp the subject and is unable to answer questions
Enthusiasm	Demonstrates strong enthusiasm for the topic during the presentation	Shows some enthusiasm for the topic	Shows little enthusiasm for the topic	Shows no interest in the topic



Case Based Discussion (CBD) Rubric Total marks= /24

Grade Items	4 – Excellent	3 – Good	2 – Fair	1 – Needs improvement
Background (briefly summarize the client's condition)	Good introduction to the case study and the client's condition, including relevant information	Adequate introduction to the client's condition, with little unrelated information	Very general background, without specific or detailed information	Inappropriate background
Client profile (age, medical & obstetric history, past history)	Thorough, relevant, and clear client profiles	Standard client data, perhaps overlooking one type of history	Some client data missing or unclear; overly wordy and ineffective communications	No relevant information about the client; difficult to read and understand
Physical assessment findings	Thorough physical-assessment findings	General findings	Some missing findings	Incomplete findings
Medical & midwifery diagnosis	Accurate medical diagnosis and complete nursing diagnosis	Superficial medical & nursing diagnoses	Some details missing from the medical & nursing diagnoses	Inappropriate medical & nursing diagnoses
Medical management and care plan	Comprehensive medical management and nursing-care plan	General medical management and nursing-care plan	Some aspects of medical management missing; only a general nursing-care plan	Incomplete medical management and nursing-care plan
Conclusion	Clear and concise case summary	Wordy or overly summarise the case	Inadequate case summary	Fails to reach a relevant conclusion about the case

Written Assignment Assessment Rubric:

Written Assignment presentation guidelines

- 1500-2000 word count is required
- New. Times Roman Font, size 12.
- Use A4 Paper typed on one side only
- Leave a 4 cm margin on the left side of the page with a spacing of 1.5.
- Pages should be numbered and stapled together
- Attach an assignment title page.

Hard copy assignment submissions

All assignments will need to be submitted as hard copy.

Plagiarism and cheating

A percentage of marks will be deducted for any form of plagiarism.

Plagiarism refers to taking and using another person's ideas and/or manner of expressing them and passing them off as their own by failing to give appropriate acknowledgement.

Cheating refers to seeking to obtain an unfair advantage in an examination or in other assignment



Marking guide for Essay (continuity of care):

	CRITERION	Excellent 100 - 90	Very GOOD 89- 80	Good 79 - 70	Pass 69 -60	FAIL < 60
Presentation& style						
1	Presentation of assignment	Shows a polished and imaginative approach to the topic	Carefully and logically organized	Shows organization and coherence	Shows some attempt to organize in a logical manner	Disorganized incoherent
2	Clarity of expression(including accuracy,Spelling, grammar,punctuation)	Fluent writing style appropriate to assignment. Grammar and spelling accurate	Language fluent Grammar and spelling accurate	Language mainly fluent Grammar and spelling mainly accurate	Meaning apparent, but language not always fluent Grammar and \ or spelling contain errors	Meaning unclear and \ or grammar and \or spelling contain frequent errors
Conforming to instructions						
3	Conforming to instructions	Work has been submitted within prescribed parameters A4 paper typed on one side only. 4cm margin on left side of page with double spacing between lines. I.D. in header or footer. Pages numbered & stapled together (no plastic pockets, folders etc) Assignment cover sheet & complete correctly. Word count within+ or – 10% of specified word limit			Deviates significantly from the required parameters	Fails to address the task set
4	Attention to purpose	Has addressed the purpose of the assignment comprehensively and imaginatively	Has addressed the main purpose of the assignment	Has addressed the main purpose of the assignment	Some of the work is focused on the aims and themes of the assignment	Fails to address the task set
5	Referencing APA reference system	Referencing is consistently accurate	Minor referencing error	Referencing is mainly accurate	Some attempt at referencing	Referencing is absent \ Un-systematic

	CRITERION	Excellent 100 - 90	Very GOOD 89- 80	Good 79 - 70	Pass 69 -60	FAIL < 60
Content and Knowledge						
6	Introduction	Imaginative introduction capturing readers' attention and inviting them to read further. Defines the scope and context of the paper. Outlines Key features to be addressed in the body	Interesting introduction of topic , Defines the scope and context of the paper, Appropriate length	States the topic, Defines the scope and context of the paper , Appropriate length.	Follows assignment question too closely. Too long or too short. Some material in introduction belongs in body	Rambling and unfocused or no introduction at all
7	Content and range	Comprehensive\ detailed knowledge of topic and awareness of provisional nature of knowledge, Follows up on points raised in introduction	Reasonable knowledge of topic and an awareness of a variety of ideas. Follows up on points raised in introduction	Has given a factual knowledge base and appropriate terminology Follows up on points raised in introduction	Evidence of limited knowledge of topic and some use of appropriate terminology .Does not pick up on points raised in introduction	Lacks evidence of knowledge relevant to topic and \or significantly misuses terminology
8	Use of literature evidence Of reading. Scholarly Articles. Refereed articles	Has developed and justified ideas based on a wide range of sources which have been thoroughly analyzed, applied and discussed	Able to critically appraise the literature gained from a variety of sources.	Clear evidence and application of readings relevant to the subject; uses indicative texts identified	Literature is presented uncritically. In a purely descriptive way and indicates limitation of understanding	Either no evidence of literature being consulted or irrelevant to the assignment set



	CRITERION	Excellent 100 - 90	Very GOOD 89- 80	Good 79 - 70	Pass 69 -60	FAIL < 60
9	Conclusion	Analytical and clear conclusion well-grounded in literature but stated in own words . Introduces no new ideas	Good development shown in summary of key points & ideas included in the body & based on literature	Evidence of conclusion grounded in literature	Limited evidence of conclusion based on literature	Unsubstantiated conclusion, or no conclusions at all

Trainee's name:

Total mark:

/25

Comments:

Marked by:

Signature

Date:

Research-proposal Assessment Rubric

Rubric for research-proposal assessment		
Learner's name:	Learner's number:	
Supervisor:	Date of submission:	
0= non-existent; 1 = acceptable		
Criteria	0	1
Proposed title: Clear and accurate – reflects the main aspects of the study		
Key words: Definitions of core concepts		
Introduction, background, and problem statement: Comprehensive, applicable, and contextual literature study		
Research question: Research question linked to the research problem		
Research aim/s and objectives: Clearly formulated aim/s and objectives		
Research design and methods: The correct choice of research design implemented		
Study context: Setting/context clearly described		
Population and sampling		
Sufficient participants to achieve the research aims		
A clear description and justification of the sampling technique		
A description of ethical considerations		
A clear description of data-collection tool/technique(s)		



Rubric for research-proposal assessment		
A clear description of the data-analysis method(s)		
A clear description of how the data will be stored and managed		
Clearly defined strategies and techniques designed to ensure rigor		
Plagiarism: No more than 5% plagiarized material		
Scientific reference ability: Adherence to APA referencing guidelines		
The overall writing is clear and easy to understand		
Total:	/18	
Comments:		
Evaluator:	Signature:	
Date:		

Appendix-J

RECOMMENDED REFERENCES & READINGS

A. MIDWIFERY & WOMEN'S HEALTH

Davidson, M., London, M., and Ladewig, P. (2012). *Olds' Maternal-Newborn Nursing and Women's Health: Across the Lifespan*. 9th edition. Boston: Pearson

Dutta, D. C. & Konar, H. (2015). *DC Dutta's textbook of obstetrics* (8th ed.) Jaypee The Health Sciences Publisher: New Delhi, London.

Hacker, N., Moore, G., Gambone, J. (2013). *Essentials of Obstetrics & Gynecology*, 4th Ed. Elsevier Saunders: Philadelphia, PA.

Ministry of Health (MOH). (2019). *Guidebook for Midwives*. Riyadh, Saudi Arabia. Retrieved from <https://www.moh.gov.sa/Documents/Book-2019-04-24-001.pdf>

Ministry of Health (MOH). (2021a). *Health Statistical Year Book*. Riyadh, Saudi Arabia. Retrieved from <https://www.moh.gov.sa/Ministry/Statistics/book/Pages/default.aspx>

Ministry of Health (MOH). (2021d). *Saudi Midwifery Clinical Standards*. Ministry of Health, Riyadh, Saudi Arabia, 1–50. Retrieved from <https://www.moh.gov.sa/en/Ministry/MediaCenter/Publications/Pages/The-Saudi-Midwifery-Clinic-Standards.pdf>

Hansen, A., Eichenwald, E., Stark, A., and Martin, C. (2016) *Cloherly and Stark's Manual of Neonatal Care*, 8th ed., Wolters Kluwer, ISBN 9781496343611

Harris-Haman, P. (2013) *Neonatal Pocket Guide for NICU Nurses*.

Kenner, C. and Lott, J. (2016) *Neonatal nursing care handbook: An evidence-based approach to conditions and procedures*, 2nd ed. Springer Publication Company, USA.



Lowdermilk, D. L and Perry, S. E. (2016). Maternity and Women's Health Care (11th ed.) Elsevier: USA

Macdonald, S. & Magill-Cuerden, J. (2011). Mayes' Midwifery (14th ed). Bailliere Tindall: New York.

Marshall, J.E. & Raynor, M.D. (2014). Myles textbook for midwives (16th ed.) Churchill Livingstone: UK.

Tharpe N. L., Farley C., Jordan R.G. (2013) Clinical practice guidelines for midwifery and women's health. 4 edition, Boston.

Tappero, E. P. and Honeyfield, M. E. (2009) Physical assessment of the newborn: A comprehensive approach to the art of physical examination. UK: NICU INK Book Publishers

Recommended websites

ICM (2019) Essential Competencies for Midwifery Practice. https://www.internationalmidwives.org/assets/files/general-files/2018/10/icm-competencies---english-document_final_oct-2018.pdf

WHO:

<https://www.who.int/data/gho/data/themes/maternal-and-reproductive-health>

<https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>

<https://www.who.int>

B. RESEARCH AND EVIDENCE BASED PRACTICE

Recommended textbooks

Polit DF, Beck CT. (2018) Essentials of nursing research: Appraising evidence for nursing practice. 9th edition. Lippincott Williams, Wilkins.

Plichta SB, Garzon LS. (2009) Statistics for Nursing and Allied Health: Wolters Kluwer/Lippincott Williams and Wilkins Health. 2009.

Maxine O & Peter V. (2010) Developing a Healthcare Research Proposal: An Interactive Student Guide. 2010

Kellar, S. P., & Kelvin, E. (2012). Munro's statistical methods for healthcare research. (6th Ed.). Library of Congress China: Wolters Kluwer Health: Lippincott Williams and Wilkins.

Gray, J. R., Grove, N., Sutherland, S. (2017). Burns and Grove's Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence. 8th Edition. St Louis: Elsevier.

Recommended websites

Overview of Clinical Research Design:

<http://www.ncbi.nlm.nih.gov/pubmed/19202050>

Epidemiological Study Design:

<http://www.ncbi.nlm.nih.gov/pubmed/19165940>

Randomizes Clinical Trials:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3196997/>

Choosing Statistical Tests:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881615/>

C. MANAGEMENT AND LEADERSHIP

Empowering Decision-Making in Midwifery: A Global Perspective. 2019; Jefford, E. and Jomeen, J

Leadership Development for Nurses and Midwives; 2023; Stacey, G. and Westwood, G.

Myles Professional Studies for Midwifery Education and Practice: Concepts and Challenges; 2019; Marshall, J.

Leadership roles and management functions in nursing: theory and application (9th Ed.). Library of Congress China: Wolters Kluwer Health: Lippincott Williams and Wilkins.



Program Curriculum Development References

International Confederation of Midwives. (2019). Essential competencies for midwifery practice. 2018update. Available: <https://www.internationalmidwives.org/assets/files/general-files/2019/03/icm-competencies/en-screens.pdf> (Accessed 24th May 24, 2022).

Jahlan, I., Plummer, V., McIntyre, M., and Moawed, S. (2016) What women have to say about giving birth in Saudi Arabia, *The Middle East Journal of Nursing*, Vol. 10, Issue. 1 March pp 10-18 .

Miller GE, *The Assessment of Clinical Skills/ Competence/ Performance: Acad. Med.* 1990; 65(9); 63-67.

Ministry of Health. (2018). Annual Report 2017–2018. Riyadh.

Sahu, P.K., Chattu, V.K., Rewatkar, A., and Sakhamuri, S. (2019). Best practices to impart clinical skills during preclinical years of medical curriculum. *J Edu Health Promot* [serial online] [cited 2022 May 24]; 8:57. Available from: <https://www.jehp.net/text.asp?2019/8/1/57/254060>

Sewnunan, A. (2021). A critical analysis of the implementation of obstetric management guidelines, on common causes of maternal deaths, as applicable to midwives. Available from <https://hdl.handle.net/10321/3821> / <https://doi.org/10.51415/10321/3821>

World Bank Data. (2020). Maternal Mortality ratio- Saudi Arabia. <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=SA>

World Health Organisation. (2019a). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Geneva: WHO Press.

World Health Organisation. (2019b). *Strengthening quality midwifery education for universal health coverage 2030: Framework for action*. Geneva: WHO Press.