Development of a context specific accreditation assessment tool for affirming quality midwifery education in Bangladesh

Malin Bogren, RN, RM, PhD International Midwifery Specialist⁎, Sathyanarayanan Doraiswamy, MBBS, MD Chief Health, Kerstin Erlandsson, RNM, PhD Associate professor, Senior lecturer

a United Nations Population Fund (UNFPA), Dhaka-1207, Bangladesh
b School of Education, Health and Social Studies, Falun, Sweden

Accreditation Working Group

Halima Akhter Nursing Instructor, Dalia Akter Nursing Instructor, Momtaz Begum Nursing Instructor, Merry Chowdhury Nursing Instructor, Lucky Das Nursing Instructor, Rehana Akter Nursing Instructor, Sufia Begum Nursing Instructor, Renoara Akter Nursing Instructor, Syeada Yesmin Nursing Instructor, Yamin Ara Khatun Nursing Instructor

a Nursing College, Dhaka, Bangladesh
b Dhaka Nursing College, Dhaka, Bangladesh
c Nursing Institute, Mitford, Bangladesh
d Nursing College, Chittagong, Bangladesh
e Nursing College, Rangpur, Bangladesh
f Nursing College, Sylhet, Bangladesh
g National Institute of Advanced Nursing Education and Research, (NIANER), Dhaka, Bangladesh

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ABSTRACT

Objective: using the International Confederation of Midwives (ICM) Global Standards for Midwifery Education as a conceptual framework, the aim of this study was to explore and describe important ‘must haves’ for inclusion in a context-specific accreditation assessment tool in Bangladesh.

Design: A questionnaire study was conducted using a Likert rating scale and 111 closed-response single items on adherence to accreditation-related statements, ending with an open-ended question. The ICM Global Standards guided data collection, deductive content analysis and description of the quantitative results.

Setting: twenty-five public institutes/colleges (out of 38 in Bangladesh), covering seven out of eight geographical divisions in the country.

Participants: one hundred and twenty-three nursing educators teaching the 3-year diploma midwifery education programme.

Findings: this study provides insight into the development of a context-specific accreditation assessment tool for Bangladesh. Important components to be included in this accreditation tool are presented under the following categories and domains: ‘organization and administration’, ‘midwifery faculty’, ‘student body’, ‘curriculum content’, ‘resources, facilities and services’ and ‘assessment strategies’. The identified components were a prerequisite to ensure that midwifery students achieve the intended learning outcomes of the midwifery curriculum, and hence contribute to a strong midwifery workforce. The components further ensure well-prepared teachers and a standardized curriculum supported at policy level to enable effective deployment of professional midwives in the existing health system.

Key conclusions: as part of developing an accreditation assessment tool, it is imperative to build ownership and capacity when translating the ICM Global Standards for Midwifery Education into the national context.
Introduction

The International Confederation of Midwives (ICM) has developed global standards to inform the midwifery workforce on a unified level of necessary requirements. Three integrated pillars have been identified to build a midwifery profession: education, regulation and association (Castro Lopes et al., 2016). Education, as one of these pillars, is the focus of this paper. A quality managed midwifery education requires accreditation of institutions, programmes and licensing of individuals. Together, this forms the basis of professional regulation to support licensed midwives to work autonomously within their full scope of practice (Castro Lopes et al., 2016). This regulatory mechanism aims to align midwifery education with current reproductive health needs to enable a midwifery workforce providing a high standard of care (Frenk et al., 2010). However, the proportion of accreditation varies across countries and midwifery programmes (Homer et al., 2017; McCarthy et al., 2017). This is the case in South Asia (Smith et al., 2008), particularly Bangladesh. To date, no accreditation assessment tool for midwifery education exists in Bangladesh (Bogren et al., 2017).

The introduction of midwifery as a healthcare profession according to ICM Global Standards (Fullerton and Thompson, 2013) has increased rapidly in Bangladesh, since the profession was introduced in 2010 (Bogren et al., 2017). Educating an effective midwifery workforce, and accreditation of educational institutes and education programmes is of critical importance to ensure quality assurance and accountability in professional education (Castro Lopes et al., 2016; Luyben et al., 2017). A recent assessment found that educational quality varied at the 38 public institutes/colleges delivering midwifery education in Bangladesh (JHPIEGO, 2016).

Development of the midwifery profession in Bangladesh originated after many years of collaboration between partners (such as the Government, civil society, academia and donors) striving towards the goal to build quality midwifery education (Bogren et al., 2015). In order to improve maternal health, the Prime Minister of Bangladesh committed to educate and deploy 3000 midwives in 2010 (Bogren et al., 2015). Since the introduction of midwives in Bangladesh, extensive policy demands have placed the Government under pressure to align the midwifery workforce with global standards for the 21st century (WHO, 2013; Castro Lopes et al., 2016). As such, legislation and regulation, deployment and utilization, and education and training for midwives and midwifery faculty members are constantly progressing (Bogren et al., 2017).

The ICM Global Standards for Midwifery Education (ICM, 2013) can be used to measure progress in an accreditation process. Accreditation of a professional educational programme and its institutes ensures that education leads to competency, protects students’ rights to quality education, ensures that consumers have access to quality care providers, and ensures that employers have access to healthcare workers who can perform to the correct standard and improve towards excellence (WHO, 2013). The ICM Global Standards can also serve as a clear and explicit set of domains that reflect quality in midwifery education programmes (Fullerton et al., 2016; Luyben et al., 2017).

When scaling up the midwifery workforce in Bangladesh (Bogren et al., 2017), it was recognized that regulated midwifery education was imperative. As such, the development of a context-specific accreditation assessment tool, to set the standards for desired performance and provide guidance regarding how to achieve those standards, was a priority for the Bangladesh Government. Using the ICM Global Standards (ICM, 2013) as a conceptual framework, the aim of this study was to explore and describe important ‘must haves’ for inclusion in a context-specific accreditation assessment tool in Bangladesh.

Methods

Design

A questionnaire study was conducted at 25 public institutes/colleges (out of 38 in Bangladesh), covering seven out of eight geographical divisions in the country. The ICM Global Standards for Midwifery Education (ICM, 2013) was used as a conceptual framework to guide data collection, deductive content analysis and description of the quantitative results. In addition, the study design focused on a respectful participatory consensus approach to education and regulatory system levels inspired by Sidebotham et al. (2017). The findings of this study guided the development of a context-specific accreditation assessment tool for midwifery education in Bangladesh led by the Director General, Directorate General of Nursing and Midwifery, and Bangladesh Nursing and Midwifery Council. Ethical approval was obtained from the Directorate General of Nursing and Midwifery on 21 February 2017.

Conceptual framework

Development of the tool began with the ICM Global Standards for Midwifery Education (ICM, 2013). Using these standards as a framework, the tool was outlined with the following domains: (1) organization and administration, (2) midwifery faculty, (3) student body, (4) curriculum, and (5) assessment strategies. These domains cover the minimum requirements needed to achieve quality in midwifery education, institutes and practical learning placements. This framework has become acceptable and feasible in national, regional and international dialogues on quality assurance of midwifery education (Thompson et al., 2011; Yagzaw et al., 2015; Castro Lopes et al., 2016; Ebert et al., 2016).

The participatory and consensus building approach

Under the guidance of the Directorate General of Nursing and Midwifery, and the Bangladesh Nursing and Midwifery Council, a working group was formed consisting of five senior representatives from the Bangladesh Government, national and international academia and the midwifery association to develop the context-specific accreditation assessment tool. A questionnaire study was commissioned to guide its development. A team of international researchers compiled the analysed data and prepared the first draft of the tool. Thereafter, the tool was scrutinized and made ready for adaptation into the Bangladeshi context by the working group.

To assess the feasibility of the tool, a pilot assessment of five nursing institutes/colleges was conducted. After the pilot assessment, the tool was further edited, mainly providing clarification to some questions. Thereafter, a 1-day stakeholder meeting was organized where the tool was presented. The tool was further refined based on feedback from the 40 participants from the Bangladesh Government, academia, non-government organizations and United Nations agencies. The final version of the tool was submitted for endorsement.