STANDARDS FOR INITIAL BASIC NURSING AND MIDWIFERY EDUCATION FOR SIERRA LEONE
# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREWORD</td>
<td>i</td>
</tr>
<tr>
<td>ACRONYMS</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>iii</td>
</tr>
<tr>
<td>BACKGROUND AND CONTEXT</td>
<td>1</td>
</tr>
<tr>
<td>Why are nursing and midwifery education standards important for the country?</td>
<td>1</td>
</tr>
<tr>
<td>How were the standards developed?</td>
<td>2</td>
</tr>
<tr>
<td>The standard statements</td>
<td>3</td>
</tr>
<tr>
<td>STANDARD 1. MISSION, PHILOSOPHY AND OBJECTIVES</td>
<td>4</td>
</tr>
<tr>
<td>STANDARD 2. EDUCATIONAL PROGRAMME</td>
<td>4</td>
</tr>
<tr>
<td>STANDARD 3. STUDENTS SELECTION, ADMISSION AND SUPPORT</td>
<td>6</td>
</tr>
<tr>
<td>STANDARD 4. ASSESSMENT OF STUDENTS</td>
<td>6</td>
</tr>
<tr>
<td>STANDARD 5. ACADEMIC STAFF/FACULTY</td>
<td>7</td>
</tr>
<tr>
<td>5.4 Have adequate numbers of faculty (1:15) for both classroom as well as in clinical placement</td>
<td>7</td>
</tr>
<tr>
<td>5.5 Formulate and implement a staff activities and development policy</td>
<td>7</td>
</tr>
<tr>
<td>STANDARD 6. EDUCATIONAL RESOURCES</td>
<td>7</td>
</tr>
<tr>
<td>STANDARD 7. PROGRAMME EVALUATION</td>
<td>8</td>
</tr>
<tr>
<td>STANDARD 8. GOVERNANCE AND ADMINISTRATION</td>
<td>8</td>
</tr>
<tr>
<td>STANDARD 9: CONTINUOUS RENEWAL</td>
<td>9</td>
</tr>
<tr>
<td>STANDARD 10: QUALITY ASSURANCE MECHANISMS</td>
<td>9</td>
</tr>
<tr>
<td>STANDARD 11: RESEARCH AND EVIDENCE</td>
<td>10</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>11</td>
</tr>
<tr>
<td>GLOSSARY</td>
<td>12</td>
</tr>
<tr>
<td>ANNEX- 1</td>
<td>15</td>
</tr>
</tbody>
</table>
FOREWORD

The Standard of Nursing and Midwifery Education review gave us a valuable opportunity to reflect on the achievements of nursing and midwifery education and research in Sierra Leone, recognize the challenges that lie ahead and identify a focus for future action. Set within the context of significant change in the health care, the review has shown us a way forward, which will be driven by educational innovation and excellence. We firmly believe that with everyone’s commitment, collaboration and confidence the Eleven (11) standards presented in setting the direction will be achieved and will prepare a nursing and midwifery workforce for 2030 and beyond. This will strengthen the contribution of nurses and midwives to meet the vision and values set out in Strengthening the Health System: 2030 Human Resource for Health Vision.

Nursing and Midwifery staff account for over 42% of the Sierra Leone Health workforce; leading or working within multidisciplinary multiagency teams, they provide services for people throughout their lives and play a key role in Sierra Leone health Care and Social services. Consequently, service users and the wider public often view the quality of nursing and midwifery as the touchstone against which the rest of the service is judged. Education is at the heart of quality and must be seen as an investment not a cost.

The Review process and outcomes support the Sierra Leone Government’s Quality Ambitions in the Agenda for Prosperity and 2030 Vision for Health for all in line with the Sustainable Development Goals and set out an agenda to place nurses and midwives in control of their own future professional potential, and assert key roles within modern Sierra Leone health care delivery as part of the 2030 Workforce Vision.

Nursing and midwifery roles have developed and expanded considerably over the years. Already, advanced and specialist practitioners, work in ways that extend far beyond the expectations of a nurse or midwife. Supporting practitioners to rise to new challenges are responsibilities of both education and service providers. From the design and delivery of pre-service programs that prepare practitioners with the skills, knowledge and values that are required at the point of registration to providing post qualifying education and continuing professional development that is flexible, responsive, evidence-based, and financially sustainable.

Education at all levels should inspire a passion for continually striving to improve knowledge and practice, always learning, questioning, solving and never losing sight of the essential components of care, compassion and professionalism. A central theme of setting the direction gives focus to how education can instill the values, attitudes and behaviours that translate into compassionate and person-centred care.

The review of the Standard of Nursing and Midwifery Education was timely in identifying the strengths and achievements in education and research in Sierra Leone whilst recognizing the challenges associated with educating a workforce to deliver high quality care within a rapidly changing health and care setting. I welcome setting this direction as an important way forward.
# ACRONYMS

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<tr>
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<td>CHO</td>
<td>Community Health Officer</td>
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<td>CV</td>
<td>Curriculum Vitae</td>
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<td>DNMS</td>
<td>Directorate of Nursing and Midwifery Services</td>
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<td>HR</td>
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<td>ICN</td>
<td>International Confederation of Nurses</td>
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<td>ICM</td>
<td>International Confederation of Midwives</td>
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<td>MOHS</td>
<td>Ministry of Health and Sanitation</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>Non-Governmental Organisation</td>
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<td>NM</td>
<td>Nurse and Midwife</td>
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<td>Nurses and Midwives Board of Sierra Leone</td>
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<td>NMEI</td>
<td>Nursing and Midwifery Educational Institution</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>Recognition of Priority Learning</td>
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<td>Sierra Leone</td>
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<td>Tertiary Education Commission</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
ACKNOWLEDGEMENT

The national nursing and midwifery standards have been developed through highly participatory processes involving various stakeholders ranging from nursing and midwifery workforce, professionals of Allied health Sciences, UN partners and other NGOs (List of participants attached see annex 1). They have given their best in ensuring a quality document is produced. They are therefore recognised for their time and contributions.

The development workshop was funded by WHO, who equally provided the technical assistance throughout the development process. Our sincere thanks go to them for their interest in supporting the development agenda of the government of Sierra Leone. We are forever grateful to Madam Margaret Loma Phiri who facilitated the process.

We are hopeful that the implementation of this document will improve the standards of nursing and midwifery institutions as well as their educational programmes which will inform the quality of the graduates they produce.

Hossinatu M. Koroma
Chief Nursing and Midwifery Officer
Ministry of Health and Sanitation

Hannah Coker
Registrar
Nurses and Midwives’ Board
BACKGROUND AND CONTEXT
The Nurses and Midwives Board (NMB) of Sierra Leone is the sole regulatory body of nursing and midwifery education, training, practice and professional conduct of nursing and midwifery personnel in the country. It was established in 1966 under an Act of Parliament chapter 152 and 153 (Laws of Sierra Leone) as non-profit making statutory organisation.

The goal of the NMB is to protect the public from unsafe practices through prescription of nursing and midwifery standards of education and training, practice and professional conduct of its practitioners as required by the Act. The NMB achieves this in various ways, primarily by:

• Maintaining a register of nurses and midwives;
• Setting and maintaining standards of education, training and conduct;
• Ensuring that nurses and midwives keep their skills and knowledge up to date, and Uphold the standards of their professional code;
• Ensuring that nurses and midwives are safe to practise by setting licensing examinations and rules for their practice;
• Providing mandatory guidance and additional advice to people designing and developing education programmes.

The Nurses and Midwives Board of Sierra Leone (NMB) also ensures provision of policy direction in the provision of quality nursing and midwifery services to the public and its strategic objectives are:

• Enhance quality nursing and midwifery education and training;
• Promote safe practice for nurses and midwives according to standards;
• Promote evidence based quality nursing and midwifery care;
• Strengthen management systems.

It is from this background that NMB in collaboration with Ministry of Health and Sanitation (MOHS) and other key stakeholders including nursing and midwifery professional associations; other professional groups, NGOs and development partners agreed to develop the nursing and midwifery education standards to guide the initial education and training for nursing and midwifery professions with the technical and financial support from WHO.

This document describes the context and process followed in developing the National Nursing and Midwifery education standards for Sierra Leone.

Why are nursing and midwifery education standards important for the country?
The development/adaptation of a framework of common standards for initial nursing and midwifery education for the country is imperative. The common initial education standards can ensure that:

• Accreditation of all nursing and midwifery education programme uses similar/same standards;
• Existing programmes of nursing and midwifery education and those being developed are responsive to current trends in nursing and midwifery education;
  o respond to health needs in the country and the region;
stay in line with technological advances and produce graduates who are competent and accountable for their practice;

- The country will utilize the same standards as a tool/guide to improve the existing education programmes and provide a basis for developing new programmes;
- Standardizing the multiple nursing and midwifery education programmes which exist in public and private institutions is based on a common frame of reference;
- Monitoring the country and regional progress and impact of nursing and midwifery education programmes on service delivery is based on common established education standards.

As a regulatory body, NMB is required under an Act of Parliament to establish standards – minimum requirements by which programme providers determine programme content, learning outcomes and assessment criteria. All Academic Educational Institutions which are providers of basic/initial nursing and midwifery programmes are required to comply fully with these standards throughout the country.

The specific objectives of having the nursing and midwifery education standards are to:

1. Hold the nursing and midwifery programmes accountable to the public. This includes the profession, consumers, employers, students and colleagues, by ensuring that nursing and midwifery programmes have mission statements, goals and learning outcomes that prepare individuals as fully qualified nurses and midwives.

2. Offer a framework for designing, implementing, monitoring and evaluating the on-going quality of nursing and midwifery education programmes, and accreditation.

3. Ensure educational processes that prepare nurses and midwives who have all the essential competencies for basic Nursing and Midwifery practice.

4. Prepare graduates to meet, not only technical knowhow but also professional practice standards and competencies for national registration and licensure.

5. Further continual development and improvement of the Nursing and Midwifery educational programmes.

**How were the standards developed?**

International and regional organizations including WHO, Internal Confederation of Midwives (ICM), International Council of Nurses (ICN), World Federation for Medical Education (WFME) and East Central and Southern Africa College of Nursing (ECSACON) all have developed global educational standards to guide the education of health workers: nurses, midwives, medical doctors and others. The developed frameworks can be used to assess the quality of health professionals’ education.

The development of nursing and midwifery standards for Sierra Leone involved a rigorous process of consultations with different stakeholders and evidence gathering through literature review, consensus building through group processes, and expert review of existing frameworks.

The development process involved five steps:
i. organization of a core group of stakeholders which took leadership and will be accountable for standard implementation and reinforcement;

ii. a clear understanding of the professional vision, mission and philosophy which form the foundation for standard development as stipulated by NMB

iii. identification of principles which are core to the professional practice of nursing

iv. clear definition of the beneficiaries of the developed standards;

v. a review of various existing standard frameworks of nursing and Midwifery practices and medical education including those from ICM, WHO, ECSACON and World Federation of Medical Education. The review of the frameworks formed the basis for the development/adaptation of the nursing and midwifery education standards for Sierra Leone.

The standard statements

The WFME framework was chosen as a frame of reference for this document because:

It is more comprehensive in its coverage of areas of educational quality;

- It is more detailed in its suggestions for indicators of educational quality;
- Its indicators seemed more practicable to implement globally.

While the basic structure of the WFME (2003) document (i.e., nine areas in which quality of education should be assessed) is followed, various modifications were made in order to adapt the framework and its derived indicators to the purpose of this document. These changes include:

- Addition (or deletion) of sub-areas to (or from) the list of sub-areas of educational quality proposed by WFME (2001);
- Operationalization of certain areas of quality into indicators.

The eleven recommended regional standards for nursing and midwifery education adapted for the purpose of this document are outlined below. They are structured according to 11 areas which prescribe the minimum standards that must exist for health professions’ education programmes:

1) Mission, philosophy and objectives
2) Educational programme
3) Student selection, admission and support
4) Assessment of students
5) Academic staff/faculty
6) Educational resources
7) Programme evaluation
8) Governance and administration
9) Continuous Renewal
10) Quality Assurance Mechanisms
11) Research and evidence
STANDARD 1. MISSION, PHILOSOPHY AND OBJECTIVES

The mission statement, philosophy and objectives must be consistent with the educational goals of the institution, and with national standards and goals of the profession.

Indicators
The nursing and midwifery institution must:

1. Define its mission and make it known to its users nationwide and the health sector it serves.
2. Ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.
3. Ensure that the stated mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.
4. Outline the aims and an educational strategy that result in nursing and midwifery professionals who are:
   1.4.1. Competent at a basic level.
   1.4.2. Provided with an appropriate foundation for future career in any branch of nursing and midwifery.
   1.4.3. Capable of undertaking the roles of professionals as defined by the health sector.
   1.4.4. Prepared and ready for postgraduate nursing and midwifery education.
   1.4.5. Committed to life-long learning in any branch of nursing and midwifery.
5. Have institutional autonomy to formulate and implement policies for which its faculty is responsible.
6. Design curriculum and make use of allocated resources for implementation.
7. Define the values attached to the society, health, nursing and midwifery, the health care system, educational models and approaches.
8. Make the educational outcomes publicly known.
9. Ensure upon graduation, students demonstrate educational outcomes in relation to:
   1.9.1. Achievements at a basic level regarding knowledge, skills, and attitudes.
   1.9.2. Appropriate foundation for future career in any branch of nursing and midwifery.
   1.9.3. Future roles in the health sector and related allied Health disciplines.
   1.9.4. Subsequent postgraduate training.
   1.9.5. Their Commitment to and skills in life-long learning.
   1.9.6. The health needs of the community, the needs of the health care delivery system and other aspects of social accountability to the clients, employer, and the profession.

STANDARD 2. EDUCATIONAL PROGRAMME

The human resource needs of the country must reflect in the educational programs; and learning programs must fit harmoniously and coherently into the total health professional education system of the country, and in keeping with international trends.

Indicators
The nursing and midwifery institutions must;
2.1 Ensure that learning programmes show evidence of addressing the human resource needs of the country; they must fit harmoniously and coherently into the total health professional education system of the country, and in keeping with international trends;

2.2 Provide the framework for designing, implementing and evaluating the on-going quality of nursing and midwifery education programme

2.3 Hold the nursing and midwifery programmes accountable to the public which include: the profession, consumers, employers, students and to one another. This will ensure that programmes have philosophy statements, goals and outcomes that prepare students as fully qualified nurses and midwives

2.4 Define the overall curriculum which should give guidance to learning methods that stimulate, prepare and support students to take responsibility for their learning process.

2.5 Ensure that the curriculum is delivered in accordance with principles of equality. See annotation

2.6 Ensure curriculum relates to national health priorities, community health needs, the present and emerging role of the practitioner, professional and legal requirements for practice.

2.7 Ensure curriculum consists of both theory and practice elements with a minimum of 40% theory and 60% clinical practice

2.8 Ensure the programme offers multidisciplinary content and learning experiences complementing the nursing and midwifery content.

2.9 Ensure that throughout the curriculum, the principles of scientific methods, nursing and midwifery research methods and evidence-based nursing and midwifery are taught.

2.10 Identify and incorporate in the curriculum the contributions of the basic biomedical sciences, Behavioural sciences, Social sciences, Nursing and midwifery ethics, Nursing and midwifery legislation to create understanding of:

2.10.1 Scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science and socio-legal practice.

2.11 Specify the hours spent on clinical rotations in training in major clinical disciplines.

2.12 Organise clinical training with appropriate attention to patient and student safety.

2.13 Identify and incorporate in the curriculum the contributions of the clinical sciences to ensure that students:

2.13.1 Acquire sufficient knowledge, clinical and professional skills to assume appropriate responsibility after graduation

2.13.2 Spend about two third of the programme in relevant clinical settings.

2.13.3 Experience health promotion and preventive medicine.

2.14 Ensure that the curriculum describes the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects.

2.15 Have a curriculum committee, which under the governance of the academic leadership (dean/Head of School) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes.

2.16 The educational programme must define the curriculum models and instructional methods employed and show evidence that a variety of appropriate classroom teaching strategies are used.

Annotations

Principles of equality mean equal treatment of staff and students irrespective of gender, ethnicity, religion, sexual orientation, socio-economic status, and taking into account physical capabilities.
STANDARD 3. STUDENTS SELECTION, ADMISSION AND SUPPORT

Educational Institutions must have policies and procedures related to students’ selection, admission and support requirements.

**Indicators:**

The nursing and midwifery institutions **must:**

3.1. Formulate and implement an admission policy, based on principles of objectivity, including a clear statement on the process of selection of students.

3.2. The selection and admission procedures must ensure fair **access** to suitable candidates for relevant programme including admission policies;

3.3. Have a policy and implement a practice for transfer of credits of students from other national or international programmes and institutions

3.4. Have a transparent recruitment process including:

   3.4.1. Criteria for selection and acceptance, as well as taking account of prior learning

   3.4.2. Eligible nursing and midwifery candidates admitted taking into consideration gender balance.

3.5. State the relationship between selection and the mission of the school, the educational programmes and desired qualities of students;

3.6. Define the size of the student intake and relate it to its capacity at all stages of the programme

3.7. Have a system for academic counselling of the student population

3.8. Offer programme of student support, addressing social, financial and personal needs;

3.9. Formulate and implement a policy for national and international collaboration with other educational institutions including staff and student mobility and transfer of educational credits.

3.10. Formulate and implement a policy on student representation and appropriate participation in mission statements, design, management and evaluation of the programme;

3.11. Assessment principles, methods and examinations should be developed according to changes in educational objectives, learning goals and methods.

STANDARD 4. ASSESSMENT OF STUDENTS

Educational Institutions should show evidence of assessment policies and procedures which ensure that students meet all the requirements and demonstrate continuous progress towards achieving competencies stated in the curriculum.

**Indicators:**

The nursing and midwifery institutions **must**;

4.1. Ensure an assessment policy is developed which will define, state and publish the principles, methods and practices used for assessment of its students.

4.2. Use a wide range of assessment methods and ensure that methods and results of assessments avoid conflicts of interest.

4.3. Be subjected to scrutiny by external expertise to ensure transparency.
4.4. Conduct periodic review of practical learning sites to ensure a conducive environment for learning.

4.5. Use assessment principles, methods and practices that:
   4.5.1 Are clearly compatible with intended educational outcomes and instructional methods.
   4.5.2 Ensure that the intended educational outcomes are met by the students.
   4.5.3 Promote student learning.
   4.5.4 Provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

4.6. Have access to educational expertise to formulate and implement a policy on curriculum development and on teaching and assessment methods.

**STANDARD 5. ACADEMIC STAFF/FACULTY**

The Educational Institution/faculty (Nursing and midwifery), staff size and composition must be sufficient to provide teaching and guidance to students to ensure that students meet the entry requirements to practice as defined by the Nurses and Midwives Board of Sierra Leone

**Indicators:**

The nursing and midwifery institutions **must**:

- 5.1 Formulate and implement a staff recruitment and selection policy which;
  - 5.1.1 Outlines the type, responsibilities and balance of the academic staff with various expertise.
- 5.2 Include a balance between academic staff and non-academic staff.
- 5.3 Possess Nursing and midwifery teachers that have:
  - 5.3.1 Formal preparation in nursing and midwifery;
  - 5.3.2 Demonstrated competency in nursing and midwifery practice and have accomplished at least two (2) years full scope practice
  - 5.3.3 Hold a current license/registration or other form of legal recognition to practise nursing and midwifery;
  - 5.3.4 Formal education for teaching, or undertakes such, as a condition of continuing to hold the position;
  - 5.3.5 Competence in nursing and midwifery practise and education and performs quality clinical education, support and supervision.
  - 5.3.6 Qualifications from other disciplines who teach in the nursing and midwifery programme who are competent in the content they teach.
- 5.4 Have adequate numbers of faculty (1:15) for both classroom as well as in clinical placement
- 5.5 Formulate and implement a staff activities and development policy.

**STANDARD 6. EDUCATIONAL RESOURCES**

The Educational institutions (nursing and midwifery) must have physical facilities; clinical training resources; information technology; research facilities; educational expertise; and educational exchange programmes; for the staff and the student population to ascertain that the curriculum can be delivered adequately in line with relevant policies.

**Indicators:**

The nursing and midwifery institutions **must**
6.1 Have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately;
6.2 Ensure a learning environment, which is safe for staff, students, patients and their relatives;
6.3 Have access to sufficient nursing and midwifery practical experiences in a variety of settings, to meet the learning needs of each student;
6.4 Ensure necessary resources for the students to gain adequate clinical experience;
6.5 Ensure a clear policy on the process and structure of clinical placement and supervision/teaching ensuring that theory and practice are optimally linked;
6.6 Have written criteria for facility selection that is appropriate for nursing and midwifery practical learning;
6.7 Ensure students provide nursing and midwifery care primarily under the supervision of a clinical preceptor or teacher;
6.8 Ensure the relationship between the training institutions and the health systems are in harmony with respect to its objectives, organization, and human relations;
6.9 Formulate and implement a policy to address effective evaluation and ethical use of appropriate information and communication technology;
6.10 Ensure access to web-based or other electronic media;
6.11 Formulate and implement a policy that fosters the relationship between nursing and midwifery research and education;

**STANDARD 7. PROGRAMME EVALUATION**

The Educational programme (nursing/midwifery) must establish a mechanism for programme evaluation that monitors the curriculum and student progress and ensures that concerns are identified and addressed.

**Indicators:**

The nursing and midwifery institutions must

7.1 Have a programme of routine curriculum monitoring;
7.2 Establish and apply a mechanism for programme evaluation that;
   7.2.1 Addresses the curriculum and its main components;
   7.2.2 Addresses student progress;
   7.2.3 Identifies and addresses concerns and ensure that relevant results of evaluation influence the curriculum implementation;
7.3 Systematically seek, analyse and respond to teacher and student feedback;
7.4 Analyse performance of students and graduates in relation to mission and intended educational outcomes and the provision of resources;
7.5 Involve its principal stakeholders in monitoring and evaluation of activities every four (4) years.

**STANDARD 8. GOVERNANCE AND ADMINISTRATION**

The Educational institution (nursing and midwifery) is part of the infrastructure of the society and demonstrates mechanisms to ensure an academic institution with adequate governance and administrative structure.

**Indicators:**

The nursing and midwifery institutions must
8.1 Define its governance structures and functions to include inputs of relevant stakeholders, in order for efficient and effective decision-making, planning and monitoring.
8.2 Ensure availability of appropriate facilities and amenities for successful implementation of programs in collaboration with health facilities.
8.3 Clearly describe responsibilities of its academic leadership;
8.4 Ensure rules, procedures; work plan and policies are accessible to both staff and students.
8.5 Have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget to ensure that institutional programmes can proceed effectively.
8.6 Allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.
8.7 Have an administrative and professional staff that is appropriate to:
   8.7.1 Support implementation of its educational programme and related activities;
   8.7.2 Ensure good management and proper resource utilisation;
8.8 Have collaborative partnerships with the health and health related sectors of society and government with clear memoranda of understanding (MOU) and agreements;
8.9 Clear institutional student and staff records policy must be established, maintained and updated.

**STANDARD 9: CONTINUOUS RENEWAL**
The process of renewal should be based on prospective studies and analysis and should lead to the revision of the policies and practices of the educational institutions (nursing and Midwifery) in accordance with past experience, present activities and future perspectives.

**Indicators:**
The nursing and midwifery institutions must,

9.1 Initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme.
9.2 Rectify documented deficiencies.
9.3 Allocate resources for continuous renewal.

**STANDARD 10: QUALITY ASSURANCE MECHANISMS**
Educational Programme providers must use effective quality assurance processes in which findings lead to quality enhancement.

**Indicators:**
The nursing and midwifery institutions must,

10.1 Establish Quality Assurance Systems for the institution;
10.2 Ensure that programme providers’ quality assurance processes are aligned with the programme specification, programme evaluation and enhancement.
10.3 Ensure that:
   10.3.1 Feedback from students and mentors is used to inform the programme and enhance the practice learning experience;
10.3.2 Stakeholders at all levels are committed to, and will contribute to quality assurance and enhancement;
10.3.3 All practice learning experiences are of the same high standard;
10.3.4 External examiners consider reporting on both the quality of theory and practice learning.
10.4 Demonstrate effective use of quality assurance processes including joint programme approval of minor or major modifications, endorsement and 4-yearly monitoring.
10.5 The management of the institution should avail itself for quality assurance reviews on a regular basis.

**STANDARD 11: RESEARCH AND EVIDENCE**

The Educational institutions (nursing and midwifery) should have a policy that fosters relationship between research and education and should describe research facilities and areas of research priorities at the institutions.

**Indicators**

The nursing and midwifery institutions **must**,

11.1. Develop Research policy and implement it to foster a supportive environment for research activities

11.2. Organise dissemination forum within the Institution.

11.3. Conform to research ethics and guidelines and protect clients’ rights and safety during the conduct of research.
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GLOSSARY

- **Mission** provides the overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutions’ vision.

- **Nursing and Midwifery school** in this document is the educational organisation providing a basic (undergraduate) programme in nursing and midwifery and is synonymous with nursing and midwifery faculty, nursing and midwifery college, nursing and midwifery academy or nursing and midwifery university. The nursing and midwifery school can be part of or affiliated to a university or can be an independent institution of equal level. It normally also encompasses research and clinical service functions, and would also provide educational programmes for other phases of nursing and midwifery education and for other health professions. Nursing and midwifery schools include university hospitals and other affiliated clinical facilities.

- **Nationwide** include the leadership, staff and students of the nursing and midwifery school as well as other stakeholders.

- **Health sector** include the health care delivery system, whether public or private and medical research institutions.

- **Any branch** refers to all types of nursing and midwifery; practice, administrative and research.

- **Postgraduate** nursing and midwifery education include pre-registration education (leading to right to independent practice), vocational/professional education, specialist/ subspecialist education and other formalised education programmes for defined expert functions.

- **Life-long learning** is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development (CPD). CPD includes all activities that nurses and midwives undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients.

- **Encompassing the health needs of the community** would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.

- **Social accountability** includes willingness and ability to respond to the needs of the community. It contributes to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This is based on the school’s own principles and in respect of the autonomy of universities.

Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the nursing and midwifery school would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.

- **Research** encompasses scientific research in basic biomedical, clinical, behavioural and social sciences.
Aspects of global health would awareness of major international health problems, also of health consequences of inequality and injustice

Institutional autonomy includes appropriate independence from government and other counterparts (regional and local authorities, religious communities, private cooperation, the professions, unions and other interest groups), to be able to make decisions about key areas such as design of curriculum, assessments, students admission, staff recruitment/selection and employment conditions, research and resource allocation.

Academic freedom would include freedom of expression, freedom of inquiry and publication for staff and students. Addressing the actual curriculum would allow staff and students to draw upon different perspectives in description and analysis of medical issues, basic as well as clinical.

Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired.

Educational/learning objectives are often described in terms of intended outcomes.

Outcomes within nursing and midwifery practice need to be specified by the nursing and midwifery school, but will include documented knowledge and understanding of the Sciences1.

It further encompasses clinical skills such as diagnostic- and practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving. It includes the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession.

The characteristics and achievements the students display upon graduation can e.g. be categorised in terms of the nurse/midwife as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, € manager and (f) a professional.

Appropriate student conduct would presuppose a written code of conduct.

Principal stakeholders include the dean/principal, the faculty board/council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.

Other stakeholders include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations), representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

Framework of the programme in this document is used synonymously with curriculum.

Overall curriculum in this document refers to the specification of the educational programme, a statement of the intended educational outcomes, the content/syllabus, learning

1 (a) the basic biomedical sciences, (b) the behavioural and social sciences, including public health and population medicine, (c) nursing and midwifery ethics, human rights and medical legislation relevant to the practice of medicine, (d) the clinical sciences
experiences and processes of the programme. The curriculum should set out the level of knowledge and skills, the student will achieve. Also, the curriculum should include a description of the planned instructional and learning methods and assessment methods.

- **Curriculum description** would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design. The curriculum should be based on contemporary learning principles.

- **Instructional/learning methods** refers to lectures, small-group teaching sessions, problem-based or case-based learning, peer assisted learning, practicals, laboratory exercises, bedside teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.

- **Principles of equality** mean equal treatment of staff and students irrespective of gender, ethnicity, religion, sexual orientation, socio-economic status, and taking into account physical capabilities.

- **An education standard** is a norm/uniform reference point that describes the required level of achievement (performance) for quality nursing and midwifery education.

- **The standards for the nursing and midwifery education** require that faculty and service providers work collaboratively to ensure that the learning needs of students are met within the Sierra Leone context.

- **Indicators** illustrate how each educational Standard is applied and met by education programmes. Indicators provide specific criteria that are used, when applicable, to measure the actual performance of an institution. The indicators in this document are not written in order of importance, nor are they intended to be an exhaustive list of criteria for each educational Standard.
## Annex 1

List of Participants who developed the Standards of Nursing and Midwifery Education

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME</th>
<th>DESIGNATION</th>
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<tbody>
<tr>
<td>1.</td>
<td>Hossinatu Mary Kanu</td>
<td>Chief Nursing and Midwifery Officer (CNMO)</td>
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<tr>
<td>2.</td>
<td>Joan H. Shepherd</td>
<td>Principal School of Midwifery</td>
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<tr>
<td>3.</td>
<td>Victoria Freeman</td>
<td>Staff Nurse</td>
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<td>4.</td>
<td>Hannah Coker</td>
<td>Registrar of Nurses and Midwife Board</td>
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<tr>
<td>5.</td>
<td>Christiana W. Sannoh</td>
<td>District Health Sister, Pujeahun</td>
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<tr>
<td>6.</td>
<td>Fatmata J. Dabo</td>
<td>Midwife Tutor, SOMM</td>
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<tr>
<td>7.</td>
<td>Elizabeth S.M. Kamara</td>
<td>Matron, Kenema Government Hospital</td>
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<tr>
<td>8.</td>
<td>Charles Sengora</td>
<td>Allied Health Sciences</td>
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<tr>
<td>9.</td>
<td>Fatmata B. Mansaray</td>
<td>Deputy Chief Nursing Officer, MOHS</td>
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<tr>
<td>10.</td>
<td>Amara K. Fornah</td>
<td>Dean Tonkolili District College of Health Sciences, Massanga</td>
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<td>11.</td>
<td>Daphne Taylor- Young</td>
<td>Senior Nurse Anaesthetist</td>
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<tr>
<td>12.</td>
<td>Safula M. Mansaray</td>
<td>Matron, Bo Government Hospital</td>
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<tr>
<td>13.</td>
<td>Juliana Harding</td>
<td>Midwife, Bo Government Hospital</td>
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<td>14.</td>
<td>Joseph Edem Hottah</td>
<td>Dean, Faculty of Nursing, COMAS</td>
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<tr>
<td>15.</td>
<td>Isatu M. Sesay</td>
<td>Midwife Educator, NPSON, Makeni</td>
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<td>16.</td>
<td>Hawanatu Bakarr</td>
<td>Midwife Educator, NSM Freetown</td>
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<td>17.</td>
<td>Patricia Serry – Kamal</td>
<td>District Health Sister 2, Bombali</td>
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<tr>
<td>18.</td>
<td>Frances Fornah</td>
<td>Head of School of Midwifery of Makeni</td>
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<td>19.</td>
<td>Fatmata Kamara</td>
<td>MCH Aide Training Coordinator,</td>
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<td>20.</td>
<td>Fatmata K. Jalloh</td>
<td>Matron, Makeni regional hospital</td>
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<td>22.</td>
<td>Ella Sawyer</td>
<td>District Health Sister 2, Kono</td>
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<td>23.</td>
<td>Josephine Hawa Pawells</td>
<td>Staff Nurse</td>
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<td>24.</td>
<td>Michael M. Koroma</td>
<td>CEO, St John of God Catholic Hospital, Lunsar</td>
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<td>25.</td>
<td>Isatu Bosco Kamara</td>
<td>District Health Sister 2, Tonkolili</td>
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<td>26.</td>
<td>Helen K. Tamba</td>
<td>MCH Aide Training Coordinator, Pujeahun</td>
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<td>27.</td>
<td>Christiana B. Massally</td>
<td>Principal Public Health Sister</td>
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<td>28.</td>
<td>Agatha D. M. Sandy</td>
<td>Principal, Defence School of Nursing</td>
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<td>29.</td>
<td>Edwin J. Jombla</td>
<td>Nurse Tutor, Mattru School of Nursing</td>
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<td>30.</td>
<td>Nanah Sesay-Kamara</td>
<td>IPC National Coordinator</td>
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<tr>
<td>31.</td>
<td>Emile Koroma</td>
<td>Programme Manager, Human Resource for Health, MOHS</td>
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<td>32.</td>
<td>Safiatu A. Foday</td>
<td>President, Sierra Leone Midwives’ Association (SLMA)</td>
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<td>33.</td>
<td>Senessi Margao</td>
<td>President, Sierra Leone Nurses Association (SLNA)</td>
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<td>34.</td>
<td>Margaret Mannah- Macarthy</td>
<td>Country Midwife Adviser (CMA), UNFPA</td>
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<td>35.</td>
<td>Margaret Loma Phiri</td>
<td>Maternal &amp; Newborn Health Advisor, WHO</td>
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