

TOGETHER FOR  
GLOBAL HEALTH  
NETWORK



# MATERNAL AND CHILD HEALTH TRAINING REPORT

Together4GlobalHealth.org



2025

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# Executive Summary

This report details the successful second iteration of our 5-day maternal and child health training, further expanding the cohort of midwives equipped with life-saving skills. At the Ministry of Health and Sanitation's invitation, this training welcomed nurses and midwives from district hospitals and peripheral health units in the Kenema, Kailahun, and Kono districts. We had the privilege of hosting the training at the newly opened Kenema Midwifery School, making history as the first group to be certified at this institution—a milestone that underscores the growing investment in maternal and child health education in Sierra Leone.

While we remained committed to our core focus on Helping Mothers Survive: Bleeding After Birth and Essential Newborn Care, we also expanded the training to include new sessions on quality improvement and mental health, recognizing the critical role emotional well-being plays in both patient care and provider resilience. Incorporating lessons learned from our first training in Bo, we refined our approach to ensure even greater success, improving both the effectiveness and sustainability of the program.

This training also provided an opportunity for Rising Trainers from our previous training in Bo to step into leadership roles, gaining hands-on experience in teaching and mentorship. Empowering local trainers creates a cascade effect, where knowledge is continuously passed down, ensuring that these life-saving skills reach even more midwives and nurses in the future. By equipping providers with practical, hands-on training, we are not only saving lives today but also laying the foundation for long-term improvements in maternal and child health outcomes across Sierra Leone.

This training was made possible by the collaboration of trainers from the United States, Canada, and Sierra Leone, working together to build the skills and confidence of local healthcare providers. None of these efforts would be possible without the collaboration and dedication of our partner organizations, including Tenki for Born, Healey International Relief Foundation, and Helping Children Worldwide.

Together, we are strengthening the healthcare workforce, empowering communities, and working toward a future where no mother or newborn dies from preventable causes.



# Our Impact

**141**

Nurses,  
Midwives, and  
Community  
Health Officers  
Trained

**24**

Rising Trainers  
Equipped to  
Train Others



# The Power of Collaboration



Our Maternal and Child Health Mission team is a diverse group of dedicated individuals, including nurses, midwives, doctors, and support staff.

Effective partnerships are essential in addressing the complex challenges of maternal and child health. Collaborating with the Ministry of Health is crucial, as they provide the essential framework and oversight for healthcare delivery, ensuring that our efforts align with national health priorities and contribute to sustainable systemic improvements. Working alongside the Ministry ensures that training, resources, and interventions are integrated into existing health systems, maximizing reach and long-term impact.

Furthermore, organizations with shared goals must break down silos and embrace collaboration. Even small collaborations, such as sharing best practices, loaning technical staff, or coordinating resource distribution, can amplify the collective impact and prevent duplication of efforts. By pooling expertise, resources, and networks, organizations can create a more comprehensive and effective response to maternal and child health needs, ultimately improving outcomes for vulnerable populations.





# A Special Thank You to Our Donors

Sustainable change in global health starts with investing in people. Each midwife we train, each life-saving skill they share, and each mother and baby who receives better care because of their efforts contribute to a stronger healthcare system.

On behalf of our entire team, we extend our deepest gratitude to our donors for their incredible support of our maternal health mission. Your generous donations of funding and supplies have made a profound impact, allowing us to provide essential training and medical resources to empower midwives to support mothers and babies in need. Because of your kindness and compassion, we are able to improve maternal health outcomes, ensure safe deliveries, and offer hope to countless families.

Thanks to your generous support, nurses are leading the charge in reducing maternal and newborn mortality, ensuring safer births, healthier mothers, and stronger communities across Sierra Leone.



**A very special thank you to our largest supporter, the Tzu Chi Foundation.**



**CHAMPS**



**SOS**

Delivering a World of Health & Hope



**map**  
INTERNATIONAL

medicine  
for all people

# Background

## THE NEED FOR TRAINING

The World Health Organization (WHO) states that skilled midwives could avert more than 80% of all maternal, stillbirths, and neonatal deaths. In Sierra Leone, due to limited equipment, inadequate mentorship, and educational constraints, some midwives have never had the chance to receive hands-on training.

It is essential not only to equip midwives with the necessary knowledge but also to foster their confidence. Therefore, our goal is to address the challenge of maternal and neonatal mortality by increasing the competence and confidence of midwives to perform life-saving procedures in Sierra Leone.

“By empowering midwives with the skills to handle complex situations, we believe this will increase support for their work, fostering a cycle of improvement where those demonstrating success receive the resources to further excel. This training results in midwives being better prepared to handle difficult situations and help other midwives save lives. While training addresses only a fraction of Sierra Leone's healthcare needs, midwives' sharing their skills with other midwives will create a ripple effect of improved care, ultimately attracting vital attention and investment from partners to strengthen maternal and child health systems across the region.

**--YASMINE VAUGHAN, TECHNICAL ADVISOR FOR HELPING CHILDREN WORLDWIDE**



These midwives need practical experience and support to improve their skills and boost their confidence. In addition to their knowledge, midwives must be confident, and prepared to act decisively and effectively in life-saving situations, which are often high-pressure and resource-limited.

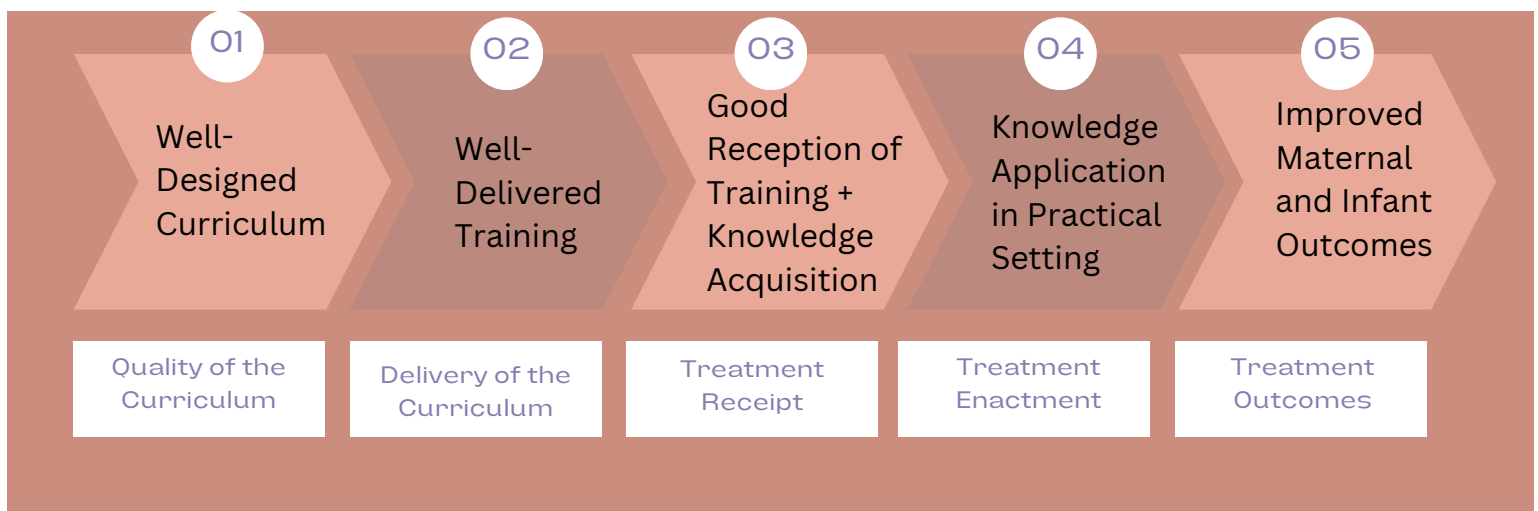
Instituting a training initiative that incorporates hands-on learning and mentorship components, can enhance knowledge retention and skills for midwives and nurses to improve maternal health services with the overall outcome of preventing the leading causes of maternal and neonatal mortality in Sierra Leone.

# Background (Cont.)

## THEORY OF CHANGE

This Theory of Change outlines the pathway through which our maternal and child health training leads to improved maternal and infant outcomes. Each step builds upon the previous one, ensuring a systematic and sustainable approach to strengthening maternal and child healthcare.

- **Well-Designed Curriculum** – The effectiveness of the program depends on the strength and relevance of this curriculum. The foundation of our training is a high-quality curriculum that is evidence-based and tailored to the resources and needs of healthcare providers in Sierra Leone.
- **Well-Delivered Training** – Successful implementation requires engaging and effective delivery, ensuring that participants receive the knowledge in a way that is accessible and applicable to their work.
- **Good Reception of Training + Knowledge Acquisition** – When training is well-received, participants retain key knowledge and skills, equipping them with the information needed to improve patient care.
- **Knowledge Application in Practical Setting (Confidence and Competence)** – Learning translates into action when participants are confident and their skills become second nature. Healthcare providers having the ability and the mindset to apply their training in real-world clinical settings directly impacts the quality of care provided.
- **Improved Maternal and Infant Outcomes** – Ultimately, the training aims to reduce maternal and newborn mortality and morbidity by ensuring that healthcare providers can deliver high-quality, evidence-based care.





# The Curriculum

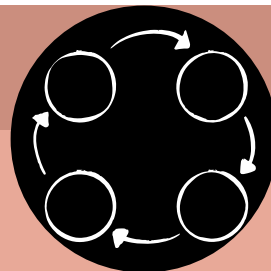
## OVERVIEW

Our Maternal and Child Health Training Conference provided a 5-day intensive, hands-on learning experience for midwives, nurses, and frontline maternal health providers, emphasizing low-resource, high-impact strategies to improve maternal and newborn survival. The curriculum included evidence-based training modules developed by leading global health organizations, each designed to address critical gaps in maternal and neonatal care. The curriculum focused on critical areas: Helping Mothers Survive Postpartum Bleeding (HMS: BAB), Essential Newborn Care (ENC), Quality Improvement Integrated Kangaroo Mother Care (QIiKMC), and the 10 steps of Evidence-based Practice for Improving Quality (EPIQ). There were also lectures each morning covering critical soft skills.



### **QUALITY IMPROVEMENT INTERGRATED KANGEROO MOTHER CARE**

Presents basic post-birth interventions such as breastfeeding, skin-to-skin contact and thermal care from a quality improvement perspective



### **TEN EVIDENCE-BASED PRACTICES FOR IMPROVING QUALITY TO IMPROVE OUTCOMES**

A framework for enhancing care practices and patient outcomes through quality improvement initiatives.



### **ESSENTIAL NEWBORN CARE 1 & 2**

Training in immediate and continued newborn care, covering neonatal resuscitation, thermal protection, infection prevention, and feeding support.



### **HELPING MOTHERS SURVIVE: BLEEDING AFTER BIRTH**

A step-by-step approach to preventing and managing postpartum hemorrhage, the leading cause of maternal death.

# The Curriculum (Cont.)

We believe there is an urgent need to strengthen maternal and neonatal healthcare through standardized, practical, and effective training. For our training, we use as the standard curriculum required by the Ministry of Health and Sanitation for teaching these topics. Each of these curricula was developed by global health leaders, including the World Health Organization (WHO), the American Academy of Pediatrics (AAP), the Canadian Neonatal Foundation, JHPIEGO, and other maternal and child health organizations.

Each curricula is recommended to be taught over the course of two days, but based on our last training we believed more time might be needed to absorb the material. To maximize learning, participants were divided, with some focusing on maternal health (HMS: BAB) lectures and others on newborn care (ENC 1, ENC 2, QlikMC & EPIQ). It was unfortunate that participants could not receive all tracks of training, but by dedicating extra time to the maternal health lectures, participants were able to reinforce their knowledge, practice skills more thoroughly--a factor that likely contributed to the improved confidence and performance scores.

## **QUALITY IMPROVEMENT INTERGRATED KANGEROO MOTHER CARE (QIKMC)**

This curriculum is designed to teach health workers how to provide better care to newborns, especially small and preterm babies by using a combination of quality improvement (QI) and kangaroo mother care (KMC). KMC involves skin-to-skin contact between the mother and baby, exclusive breastfeeding, and thermal support. The benefits of KMC are well-established, but it is often difficult to implement in practice. This curriculum equips health workers with the knowledge and skills they need to successfully implement KMC in their health centers.

## **EVIDENCE-BASED PRACTICE FOR IMPROVING QUALITY (EPIQ)**

This curriculum equips healthcare workers to implement and lead quality improvement (QI) projects in their health centers. It is an adaptation of Evidence-based Practice for Improving Quality (EPIQ).

The purpose of the training is for participants to be able to:

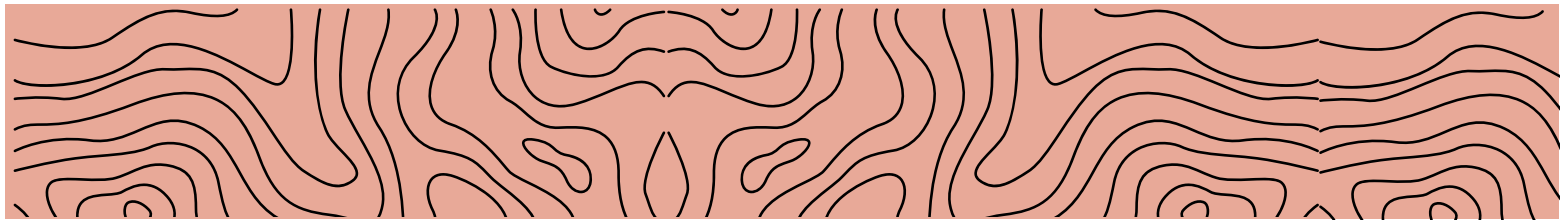
- work as a team
- use quality improvement tools
- share what they have learned

The Plan-Do-Study-Act (PDSA) walks participants through the 10 steps of quality improvement, including identifying the problem, selecting the team, brainstorming causes, choosing a priority, mapping the process, identifying indicators, explaining their aim, engaging partners, implementing the change, and sharing the results.

# The Curriculum (Cont.)

## ESSENTIAL NEWBORN CARE (ENC)

The Essential Newborn Care (ENC) curriculum is a two-part training program designed to empower healthcare providers with the skills and knowledge to deliver life-saving care for newborns in their critical first days of life. ENC 1 includes Helping Babies Breathe (HBB) a Neonatal Resuscitation Program (NRP) adapted for low-resource settings. ENC 2 is the combined updated version of Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB).



## ESSENTIAL NEWBORN CARE 1 (ENC 1):

This foundational module focuses on immediate care after birth, emphasizing evidence-based practices to ensure newborn survival and well-being. Key topics include:

- Neonatal resuscitation and stabilization
- Thermal protection and prevention of hypothermia
- Immediate and exclusive breastfeeding initiation
- Infection prevention and umbilical cord care
- Early recognition and management of danger signs

## ESSENTIAL NEWBORN CARE 2 (ENC 2):

Building on ENC 1, this advanced module delves deeper into ongoing newborn care and management of more complex situations. Key topics include:

- Care for low-birth-weight and premature infants
- Kangaroo Mother Care (KMC) techniques
- Management of neonatal infections and sepsis
- Feeding challenges and support for mothers with breastfeeding difficulties
- Monitoring growth and ensuring proper nutrition



# The Curriculum (Cont.)

## BLEEDING AFTER BIRTH (HMS: BAB)

Bleeding After Birth is a comprehensive, hands-on training program designed to equip healthcare providers with the skills and knowledge needed to effectively prevent, recognize, and manage postpartum hemorrhage. This evidence-based curriculum combines interactive learning techniques with practical simulations to build competency in critical areas.

**For this training, we piloted the latest version of the HMS BAB curriculum, which has not been released by JHPIEGO.**

Key Topics Include:

- Active management of the third stage of labor (AMTSL) to prevent hemorrhage and monitor bleeding
- Identification of risk factors and early warning signs of excessive bleeding
- Rapid implementation of life-saving interventions, including uterotonics, bimanual compression, and other techniques
- Effective teamwork and communication in emergency situations



## MORNING LECTURES

Each day of the conference commenced with a dedicated one-hour lecture, focusing on enhancing the essential soft skills of our midwives. We recognize that interpersonal abilities are as vital as technical expertise in providing holistic maternal and newborn care.

- Mental Health for Healthcare Providers: Self-Care and Preventing Burnout
- Respectful Maternal Care
- Perinatal Mental Health and Postpartum Mental Health

# Preparing Rising Trainers

## BACKGROUND

Our maternal health mission prioritizes the development of rising trainers because we know that sustainable improvements in maternal health outcomes rely on building local capacity. By equipping individuals within communities with the skills to effectively train others, we create a ripple effect, multiplying the reach of evidence-based practices and ensuring long-term knowledge transfer. Therefore, a significant focus has been placed on cultivating skilled trainers who can teach others effectively.

While subject matter expertise is essential, we recognize that true impact of rising trainers hinges on the ability to effectively disseminate knowledge and empower others. Especially in contexts where corporal punishment and traditional didactic teaching methods prevail, simply understanding the material is insufficient. Future trainers require robust support and guidance to transition from subject experts to effective educators, capable of facilitating participatory learning and empowering others to become agents of change within the maternal health landscape.

## CRITICAL TOPICS

We build upon Malcolm Knowles' adult learning theory, recognizing the unique needs and motivations of adult learners.



Drawing from the Carnegie study findings, as summarized by Patricia Benner's apprenticeship model, we highlight the importance of teaching that results in knowledge, practical skills, and ethical formation. This is further contextualized by Benner's Novice to Expert theory, outlining the stages of clinical competency. We stress the significance of empowering learners through a collaborative partnership, fostering a learner-centered environment, and delivering organized, accessible material. Educators are encouraged to adopt coaching over mentoring techniques, prioritizing inquiry-based learning over direct instruction. Looking forward, we aim to expand the curriculum to include specialized training in simulation practice and effective debriefing techniques, equipping trainers with the tools to facilitate experiential learning and enhance clinical skills.

Please see our Appendix for a comprehensive list of resources used.

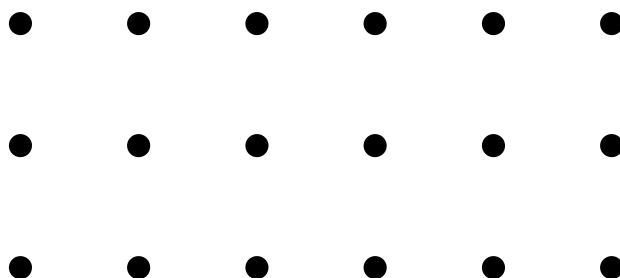
# IMPACT ON A GLOBAL SCALE

This training utilized the latest version of the post-partum hemorrhage curriculum, which has not yet been publicly released by JHPIEGO. As a pilot project, our findings are crucial in informing future revisions and improvements to this globally recognized curriculum. This curriculum serves as a gold standard for many

organizations worldwide, and our feedback will directly contribute to its refinement and ultimately enhance maternal and child health outcomes globally. In addition to JHPIEGO, we plan to disseminate our findings to key stakeholders within the global health community, including the American Academy of Pediatrics, USAID Momentum, the International Confederation of Midwives, and the International Council of Nurses.

By sharing our results with these influential organizations, we aim to contribute to the growing body of evidence on effective maternal and child health interventions. We also plan to publish our findings in peer-reviewed journals to further advance the field of maternal and child health.

Furthermore, our findings will also inform the future of WHO care guidelines, as these guidelines are continually shaped by real-world implementation experiences like ours.





# Results

## PARTICIPANT RESULTS

Participants either received the BAB training or the ENC training with QlikMC and EPIQ. Only the Essential Newborn Care (ENC) and Helping Mothers Survive (HMS) curricula have measurable assessments required for certification. Participants were tested in two forms for ENC and HMS: knowledge checks and skills checks. Each knowledge test was done twice, as a pre- and post-test. There are 2-3 skills checks, also called Observed Structured Clinical Evaluations (OSCEs), for each curricula that test skill's application in specific scenarios, and participants were given up to 3 chances to pass these skills assessments.

The results of each of these tests are shown on the following pages. All of the participants in BAB and all but one participant in the ENC training was certified. Additionally, participants showed a 15-30% improvement on knowledge checks from pre to post test.

## RISING TRAINER & PRACTICE COORDINATOR RESULTS

Four Rising Trainers in BAB, drawn from the most diligent practice coordinators from our previous training in Bo, were evaluated to determine if they could be full Trainers. Using an assessment especially developed for this training, the Rising Trainers were asked to teach one section of the curriculum per day and were evaluated

Participants Trained in Essential Newborn Care	24
Participants Trained in Bleeding After Birth	19
Rising Trainers Trained to be Trainers	4

on the content, group dynamics, and presentation and facilitation of their training. Although only 1 of the 4 Rising Trainers was certified as a Trainer, the rest were re-certified as Practice Coordinators. Additionally, 6 participants from ENC and 6 from BAB were tapped to become new practice coordinators. Because of their high scores and leadership potential, they were given training supplies and materials. They are expected to conduct low-dose, high-frequency (LDHF) trainings at their facilities and pass on their knowledge to other nurses and midwives at their facility. As a part of the ongoing support, these practice coordinators are monitored to ensure they do LDHF training once a month and the training is delivered with competence and quality.

# Results (Cont.)

**% Those Trained Who  
Were Certified**

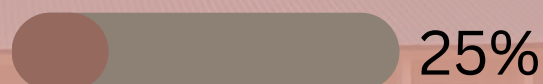
**23** Participants Certified in  
Essential Newborn Care 1  
and 2



**19** Participants Certified in  
Bleeding After Birth



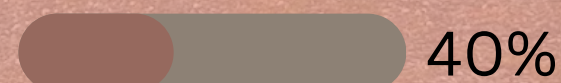
**1** Practice Coordinators  
certified as Trainers for  
Bleeding After Birth



**3** Practice Coordinators re-  
certified in Bleeding After  
Birth



**6** Participants certified as new  
Bleeding After Birth Practice  
Coordinators



**6** Participants certified as new  
Essential Newborn Care  
Practice Coordinators





# Results (Cont.)

**11**

National Master Trainers

**8**

International Master Trainers

**15%**

Average improvement between pre and posts tests in ENC 1

**18%**

Average improvement between pre and posts tests in ENC 2

**30%**

Average improvement between pre and posts tests in BAB



# Lessons Learned

## LEARNING AS A CONTINUUM

The participants were varied in terms of their years of experience, from 6 months to 30 years practicing as a nurse or midwife. A key takeaway was that progress should be measured not by whether the participants advanced to the next stage of competence in maternal and newborn care and gained new knowledge.

Patricia Benner's Novice to Expert Theory describes how nurses develop skills and clinical expertise over time through education, experience, and practice. The theory outlines five stages of skill acquisition:

1. **Novice** – Beginners with little to no experience who lack confidence and require continual verbal and physical cues.
2. **Advanced Beginner** – Nurses who have some experience and can recognize recurring patterns but still need guidance.
3. **Competent** – Those with 2-3 years of experience who can efficiently plan and organize care but may lack flexibility in unexpected situations.
4. **Proficient** – Nurses who see situations holistically, prioritize effectively, and adapt based on experience and intuition.
5. **Expert** – Highly skilled professionals who make quick, intuitive decisions and function with deep clinical understanding.



It is unrealistic to expect midwives who are novices to become experts within a single week. Instead, our focus for the training was on ensuring that wherever the nurses began, they advanced up one step in their skills.

## GROUP SIZING AND PACING

We observed that small groups of four or fewer participants significantly enhanced learning, particularly for those struggling with the material. When participants were moved into smaller groups, they demonstrated marked improvement. We also noted the importance of balancing practice with progression. Excessive repetition can lead to wasted time, so trainers must regularly assess participants' understanding and readiness to advance.

## EXPANDING TRAINING REACH

We identified a potential gap in our training approach: the exclusion of hospital matrons who are not midwives. These individuals often supervise nurses and midwives but may lack the specialized knowledge to effectively guide and support their teams. Future training initiatives will consider expanding to include these critical personnel, ensuring comprehensive support for all healthcare providers involved in maternal and child health.

# Lessons Learned (Cont.)

|

## ADDRESSING SOFT SKILLS IN PATIENT CARE

While our training focused primarily on clinical skills for managing maternal and newborn emergencies, we recognized a significant need to incorporate soft skills that are critical to improving patient outcomes.

### Communication

One key area identified was the need for effective communication, particularly during procedures and in patient handoffs. Midwives and nurses must be equipped with the skills to communicate patient conditions and treatments effectively, especially during emergency situations. We identified a need to reinforce structured communication frameworks such as SBAR (Situation, Background, Assessment, Recommendation) to improve clarity, efficiency, and accuracy in clinical discussions. In the same vein, documentation practices emerged as a crucial skill requiring more attention. Incomplete or inconsistent record-keeping create gaps in accountability.

### Review & Continuous Learning

Another major area for growth is structured post-mortem reviews following adverse outcomes. Training midwives and nurses to conduct root cause analyses can help identify preventable factors contributing to maternal or neonatal deaths, leading

to continuous quality improvement and stronger patient safety protocol.

### Empowered Decision-Making

Finally, empowering midwives through leadership support from higher levels of the healthcare system is critical. Many midwives work in settings where their clinical expertise is undervalued or where decision-making structures do not fully incorporate their input. By fostering leadership development, mentorship, and advocacy training, we can help midwives gain the confidence and institutional backing needed to implement best practices, advocate for policy improvements, and elevate the standard of care for mothers and newborns.



# Impact Story

## FROM LEARNER TO LEADER: NURSE ISATU – A CHAMPION FOR MATERNAL HEALTH IN SIERRA LEONE

Nurse Isatu, a dedicated midwife from CHASL-member Nixon Memorial UMC Hospital in Segbwema, is a shining example of how investing in midwifery training creates a ripple effect of positive change. Isatu's journey with us began when she participated in our maternal and newborn health training in Bo in January 2024.

She not only excelled in the training but also demonstrated outstanding leadership and teaching abilities, making it clear that she was not just learning for herself—she was learning to uplift others. Following her training, Isatu took her newfound skills and knowledge back to Nixon Memorial UMC Hospital, where she led trainings for her fellow midwives, ensuring that the impact of the program extended beyond her own learning. She utilized the supplies and materials

provided through the training to equip her colleagues with better tools and knowledge, strengthening maternal and newborn care at her facility.

Recognizing her dedication and expertise, we were thrilled to invite Nurse Isatu back as a trainer for this year's maternal health training in Kenema. Seeing her step into the role of a full Trainer—sharing her experiences and guiding fellow nurses and midwives—was an inspiring testament to the power of capacity building and mentorship. Isatu's transformation from trainee to trainer embodies the sustainable impact we strive for: empowering local healthcare providers to take ownership of improving maternal and newborn health in their own communities.



By equipping local champions like Isatu, we are not just improving individual skills—we are building a network of empowered healthcare providers who will continue this life-saving work for years to come.





# Thank You!

We extend our deepest gratitude to all the individuals and organizations who made this training possible. To the dedicated volunteers and trainers who generously gave their time and expertise, the organizations who provided technical support and in-kind contributions, and the leadership who ensured the success of this initiative—we thank you. Your unwavering commitment has empowered nurses and midwives to lead the charge in reducing maternal and newborn mortality, ensuring safer births, healthier mothers, and stronger communities across Sierra Leone.

**Together, we are creating lasting change, and we could not do it without you!**

Kenema School of Midwifery  
District Health Medical Team Kenema  
Chief Nursing and Midwifery Office, MoHSL  
National Child Health Programme, MoHSL  
Christian Health Association of Sierra Leone  
University of Makeni Center of Excellence for Maternal & Child  
Health Education & Research

## **Trainers, Speakers, and Support Team:**

Amanda Napolet	Mariama Veronica Satta Lumeh
Dana Whittaker	Messie Alpha
James Taylor	Nancy Bayoh
Joyce Vogel	Naomi D. Y. Hyde
Kari Mason	Priscilla Funsani
Mariama Massaquoi-Gartmann	Abu Bangura
Ruth Mielke	Ann Marie Rhoda
Susan Van Boom	Florence Bull
Alice Boi Yatta Thornton	Mark Sankoh
Banneh Daramy	Sia Koroma
Carrie Jo Cain	Josephine Garnem
Christiana Leonora Daphne Decker	Molli Goetz
Fatmata Janka Dabo	Josephine Amara
Gladys A Sesay	Matthew Gartmann
Isatu Baby Boima	Senesie Margao
Josephine H Powell	Yasmine L. Vaughan

# More Information About Our Work

This training and report has been prepared by the Together for Global Health network convened by Helping Children Worldwide. **Together for Global Health** is a global coalition of individuals and organizations dedicated to promoting sustainable health care and wellness in low-resource communities to ensure the people we serve can receive care regardless of ability to pay. Our Mission is to bring together diverse health-focused organizations and individuals that share a spirit of collaboration and empowerment, to support and partner with low resource communities globally.



## THANK YOU!

We hope you enjoyed this report.

### WEBSITE:

[Together4GlobalHealth.org](http://Together4GlobalHealth.org)

### EMAIL

[TGH@HelpingChildrenWorldwide.org](mailto:TGH@HelpingChildrenWorldwide.org)

If you're passionate about strengthening health systems and expanding access to quality care, **we invite you to connect with our network.** While this report focuses on maternal and child health training, our work goes far beyond that—the network is designed to amplify the individual and collective impact of community-based partners through information and resource sharing, joint advocacy and direct capacity-building support to help ensure sustainability. **Our goal is to support and grow the cadre of these organizations, to eventually saturate the globe with models of compassionate care that eliminate preventable deaths and provide access to care to everyone everywhere.** If you or your organization are interested in collaborating, please reach out.

For organizations dedicated to maternal and child health, we hope **this report serves as both an inspiration and a practical guide for developing and strengthening healthcare provider training programs.** Investing in capacity-building is a key step toward improving health outcomes, and we encourage you to adapt and implement these strategies in your own initiatives. Additionally, we invite you to explore last year's training report, which contains further insights and valuable lessons learned from our past efforts.

**Together, we can continue to enhance the impact of global health initiatives!**

# Appendix

## RESOURCES FOR PREPARING TRAINERS OF ADULT LEARNERS IN CLINICAL EDUCATION

- Alfaro-LeFevre, R. (2013). *Critical Thinking, Clinical Reasoning, & Clinical Judgment*. St. Louis: Saunders.
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