

# Motivation

# Agenda

- Definition
- Extrinsic Vs Intrinsic Motivation
- Factors affecting Staff Motivation: Monetary Factors
- Factors affecting Staff Motivation: Non-Monetary Factors
- Need & Importance of Motivation
- Motivation Theories: Need-based

# Definition

**Motivation** is the driving force by which humans achieve their goals.

Motivation can be *intrinsic* or *extrinsic* as defined below:

- **Intrinsic Motivation** refers to motivation that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on any external pressure i.e. when you want to do something
  - Example: Desire to serve the patients well
- **Extrinsic Motivation** comes from outside of the individual i.e. when somebody else tries to make you do something.
  - Example: Money, Promotion, Rewards, Threat of punishment

# Extrinsic Vs Intrinsic Motivation

## Which motivation is better??

Research has proved that extrinsic motivation isn't nearly as effective as intrinsic motivation.

## Drawbacks of extrinsic motivation

- It's not sustainable; if you withdraw the reward, the motivation disappears
- You get diminishing returns; if the reward stays at the same level, motivation slowly drops off. To get the same motivation next time thus requires a bigger reward
- It hurts intrinsic motivation; rewarding people for doing something removes their innate desire to do it on their own

However, in the best scenario, intrinsic and extrinsic should be combined into a complimentary fashion to promote motivation.

# Factors affecting Staff Motivation: *Monetary Factors*

Below table enlists some of the key monetary factors that affect staff motivation & a few important considerations for these factors:

Factors	Considerations
Salaries/Wages	Reasonable salaries must be paid on time. While fixing salaries the organization must consider such as : <ul style="list-style-type: none"><li>• Cost of living</li><li>• Organization's capability to pay</li></ul>
Bonus	Staff must be given adequate rate of bonus.
Incentives	Other allowances like medical allowance, HRA etc.
Special Individual Incentives	Such incentives may be given to deserving employees for giving valuable suggestions.

# Factors affecting Staff Motivation: *Non-Monetary Factors*

Below table enlists some of the key non-monetary factors that affect staff motivation & a few important considerations for these factors:

Factors	Considerations
Status/Job Title	Appropriate Job Title / Designations should be assigned to the employees
Appreciation and Recognition	Employees must be appreciated for their services. The praise should not come from immediate superior but also from higher authorities.
Delegation of authority	When authority is delegated, the subordinate knows that his superior has placed faith and trust in him
Working Conditions	Proper sanitation, equipments, machines should be provided to the staff.
Job Security:	Employees who are kept temporarily for a long time may be frustrated and may leave the organization.
Job enrichment	Involves more challenging tasks and responsibilities
Cordial relations	Good and healthy relations must exist throughout the organization

# Need & Importance of Motivation

Motivation offers several benefits to the organization and to the employees:

- Higher efficiency
- Better service
- Reduction in absenteeism
- Better employee turn over
- Improvement in overall organization image
- Good relations
- Improvement in staff morale
- Facilitates initiative and innovation

# Motivation Theories: Maslow's Hierarchy of Needs

Maslow's hierarchy of needs is a theory in [psychology](#), proposed by [Abraham Maslow](#)

- Physiological—basic survival and biological function.
- Security—a safe physical and emotional environment.
- Belongingness—love and affection.
- Esteem—positive self-image/self-respect and recognition and respect from others.
- Self-actualization—realizing one's potential for personal growth and development.

## MASLOW'S HIERARCHY OF NEEDS

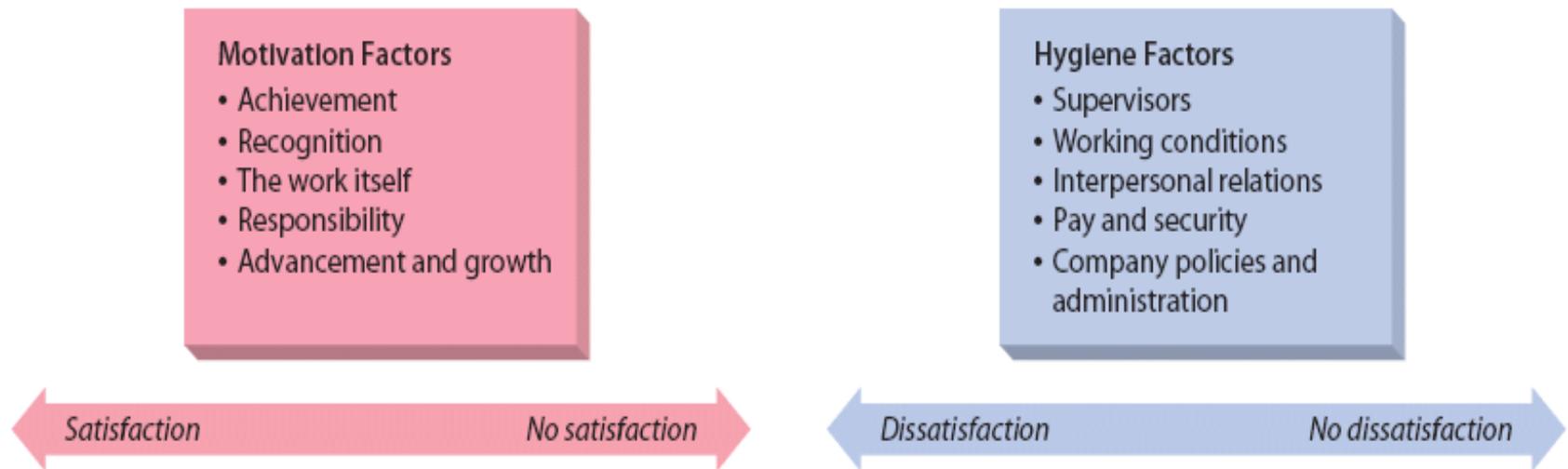
*Maslow's hierarchy suggests that human needs can be classified into five categories and that these categories can be arranged in a hierarchy of importance. A manager should understand that an employee may not be satisfied with only a salary and benefits; he or she may also need challenging job opportunities to experience self-growth and satisfaction.*

Source: Adapted from Abraham H. Maslow, "A Theory of Human Motivation," *Psychology Review*, 1943, vol. 50, pp. 370–396.



# Motivation Theories: Herzberg's Two Factor Theory

Frederick Herzberg's two-factor theory concludes that certain factors in the workplace result in job satisfaction, but if absent, they don't lead to dissatisfaction but no satisfaction.



## THE TWO-FACTOR THEORY OF MOTIVATION

*The two-factor theory suggests that job satisfaction has two dimensions. A manager who tries to motivate an employee using only hygiene factors, such as pay and good working conditions, will likely not succeed. To motivate employees and produce a high level of satisfaction, managers must also offer factors such as responsibility and the opportunity for advancement (motivation factors).*



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# Government of India SBA initiative

# Who is a Skilled Birth Attendant?

“An accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns”.



# GoI SBA initiative

- India is committed to meet the MDG 5 target of less than 100 deaths per 100,000 live births by the year 2015. It is 212 in 2007-2009, SRS.
- India, 52.3% of births take place at home and of these, just 5.7% of births are attended by a skilled person (District Level Household and Facility Survey [DLHS]-3, 2007–08)

# Go! SBA initiative

- What can be done to combat maternal deaths?
  - Address the three delays.....
  - Delay 1: **Delay in recognizing** the problem (lack of awareness of danger signs) and **deciding to seek care**
  - Delay 2: **Delay in reaching** the health facility
  - Delay 3: **Delay in receiving** treatment once a woman has arrived at the health facility

# GoI SBA initiative

- Skilled birth attendant for every birth, both institutional and domiciliary, linked to a well developed referral system with an access to emergency obstetric care for all women who experience complications



# Antenatal Care

- Early registration within 12 weeks
- Ensure atleast 4 antenatal visits.
- Test the blood for haemoglobin, urine for sugar and protein at EVERY VISIT.
- Record blood pressure and weight at EVERY VISIT.
- Antenatal counseling on birth preparedness and complication readiness.
- Advise and encourage the woman to prepare a delivery plan and opt for institutional delivery



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# Intrapartum Care

- Let the woman choose the position she desires and feels comfortable during labour.
- Maintain a partograph which will help recognize the need for action at the appropriate time and thus ensure timely referral.
- Receive the baby on the mothers abdomen and cut the cord once the pulsation ceases.
- Ensure active management of the third stage of labour, thereby preventing post-partum haemorrhage (PPH).

# Newborn Care

- Newborn corner at every site.
- Maintain airway and breathing.
- Maintain body temperature and prevent hypothermia.  
Encourage skin to skin contact with the mother
- Initiate breastfeeding within the first hour of birth.
- Recognize danger signs and make timely and appropriate referrals
- Inj Vitamin K 1 mg for all newborns weighing >



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# Postpartum care

- *Mother*
  - Make at least four post-partum visits
  - Look out for symptoms and signs of PPH and puerperal sepsis during post-partum visits
  - Advise the mother on colostrum feeding and exclusive breastfeeding.
  - Postpartum family planning counseling.

# Postpartum care

- *Newborn*
  - Keep the baby warm.
  - Ensure care of the umbilicus, skin and eyes.
  - Ensure good suckling while breastfeeding.
  - Screen the newborn for danger signs.
  - Advise the mother and family members on immunisation

# Management of Complications

- Educate the woman, her family and the community regarding the danger signs during pregnancy, labour and delivery and the post-partum period.
- Make local arrangements for transporting the woman to a higher health facility should the need arise.
- Always refer the woman to the appropriate health facility with a referral slip.
- Encourage and prepare the family members to donate blood should the need arise

# Management of Complications

- Manage PPH by giving intravenous Oxytocin (20 IU) in 500 ml of Ringer Lactate at the rate of 40–60 drops per minute and refer the woman to a higher health facility immediately.
- Unless proven otherwise, assume that all cases of convulsions during pregnancy, labour and the post-partum period are due to eclampsia.
- Magnesium sulphate injection is the drug of choice for controlling eclamptic fits.

# Counseling and Supportive Environment

- Respect the right of women to receive maternity care services.
- Respectful communication and genuine empathy are the most important elements of quality maternal care



# Prevention of Infection

- Hand washing
- Always wear gloves when conducting procedures
- Proper handling of contaminated waste
- 0.5% bleach solution is the least expensive and the most rapid acting and effective agent to use for decontamination.

# DISCUSSION

- What are the procedures and drugs permitted for use by the Skilled Birth Attendants?
- Pg 95- Annexure 1 in the SBA handbook

# THANK YOU





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# International Confederation of Midwives (ICM) code of ethics for Midwives

# AIM

The aim of the International Confederation of Midwives (ICM) is to improve the standard of care provided to women, babies and families throughout the world through the development, education, and appropriate utilization of the professional midwife.



# I. Midwifery Relationships

- Autonomy and accountability of women
- Autonomy and 'human equalities' of women
- Justice/fairness in the allocation of resources
- Respect for human dignity
- Competence.
- Interdependence of health professionals, safety
- Respect for one another

## II. Practice of Midwifery

- Respect for others, do good, do not harm
- Client accountability for decisions, do not harm, safety
- Safety
- Respect for human dignity, treat women as whole persons
- Health promotion: attain/maintain autonomy, good/no harm, allocation of resources
- Competence in practice

# III. Professional Responsibilities of Midwives

- Confidentiality
- Midwife accountability
- Midwife conscience clause: autonomy and respect of human qualities of the midwife
- Health policy development: justice, do good

# IV. Advancement of Midwifery Knowledge and Practice

- Protect rights of women as persons
- Midwife accountability, safety, competence
- Professional responsibility: enhance competence of all professionals to do good, do not harm





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# Strengthening the Pre-Service Nursing and Midwifery Education in India

An initiative of the Indian Nursing Council



# Indian Nursing Council's Vision

Committed to strengthen the Nursing and Midwifery education system in India to make it highly functioning and efficient



# Programmatic approach to strengthen the Nursing & Midwifery education

- Build educational capacity of the institutions
- Improve coordination between classroom and clinical sites
- Strengthen clinical practice sites to provide practices defined by the GOI
- Update faculty and preceptors



# Continued....

- Establish and use clinical skills learning labs
- Equip classrooms with computers, visual and other teaching aids
- Improve the assessment processes of students



# Continued .....

- Use standards of education and school management to strengthen the existing accreditation system
- Network schools to compare progress and collectively solve implementation challenges
- Develop a framework and plan for monitoring and evaluation



# Output.....

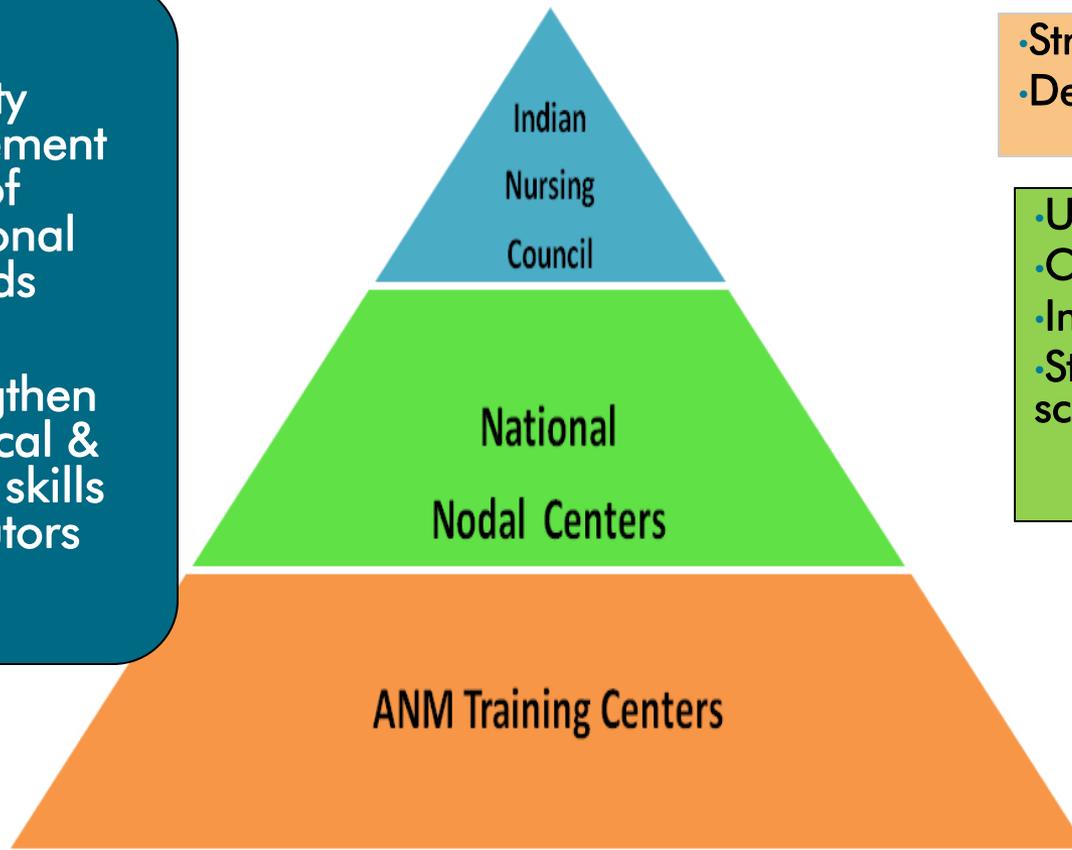
- Improved Quality of Nursing and Midwifery education
- Improved capacity and competency of teachers
- Providers ready to work and providing quality comprehensive MNCH & FP services in the country, especially in rural areas.



# INC's strategic approach for strengthening the Pre-Service Nursing and Midwifery Education

TA for  
1. Quality improvement by use of educational standards

2. Strengthen the clinical & training skills of the tutors



- Strategic guidance
- Design of intervention

- Use of educational standards
- Clinical & pedagogic courses
- Improvement of own center
- Structured support to ANM schools

- Higher functioning educational institutions
- Competent confident ANMs

Technical support provided by Jhpiego through USAID supported MCHIP

# Indian Nursing Council

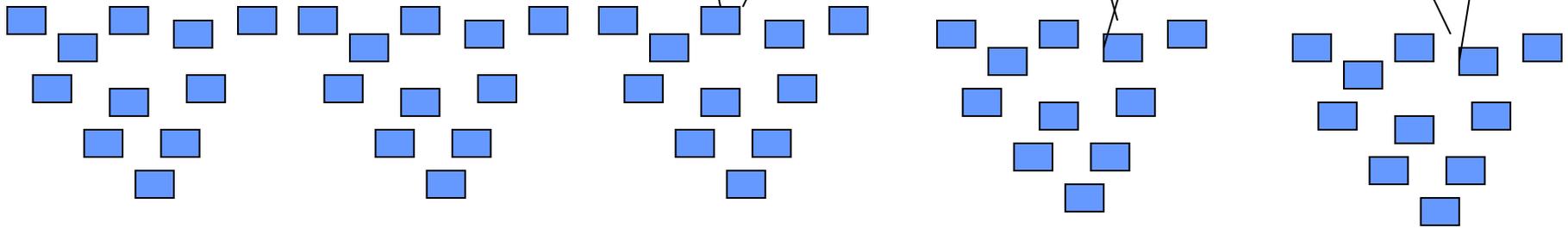
Delhi

Kolkata

Ludhiana

Vellore

Vadodara



Nursing Schools and ANMTCs



# What has been done so far.....

- MoU between the INC and Jhpiego signed for 5 years.
- 5 Colleges of Nursing identified as the National Nodal Centers (NNCs) of excellence for Pre-Service Education (PSE)
  - Christian medical college, Vellore
  - St. Stephens, Delhi
  - Nil Ratan Sarkar Medical College, Kolkata
  - Christian Medical College, Ludhiana
  - Government College of Nursing, Vadodara

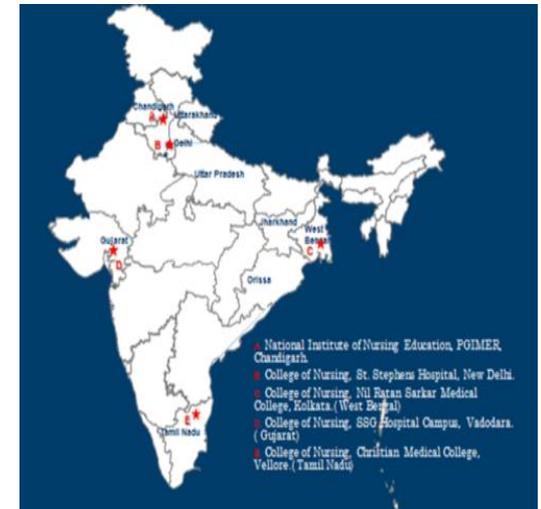
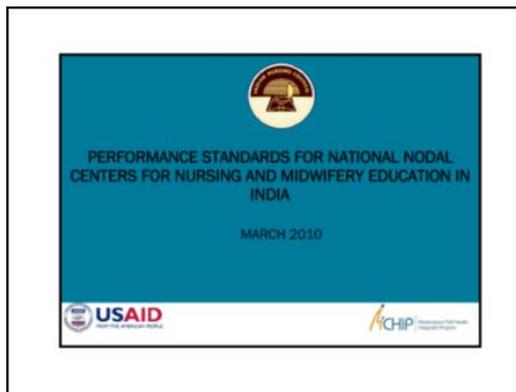


Figure: Geographic distribution

# PSE- Development of Performance Standards

- A national technical advisory group for strengthening of PSE formed and performance standards for use by the NNCs developed.

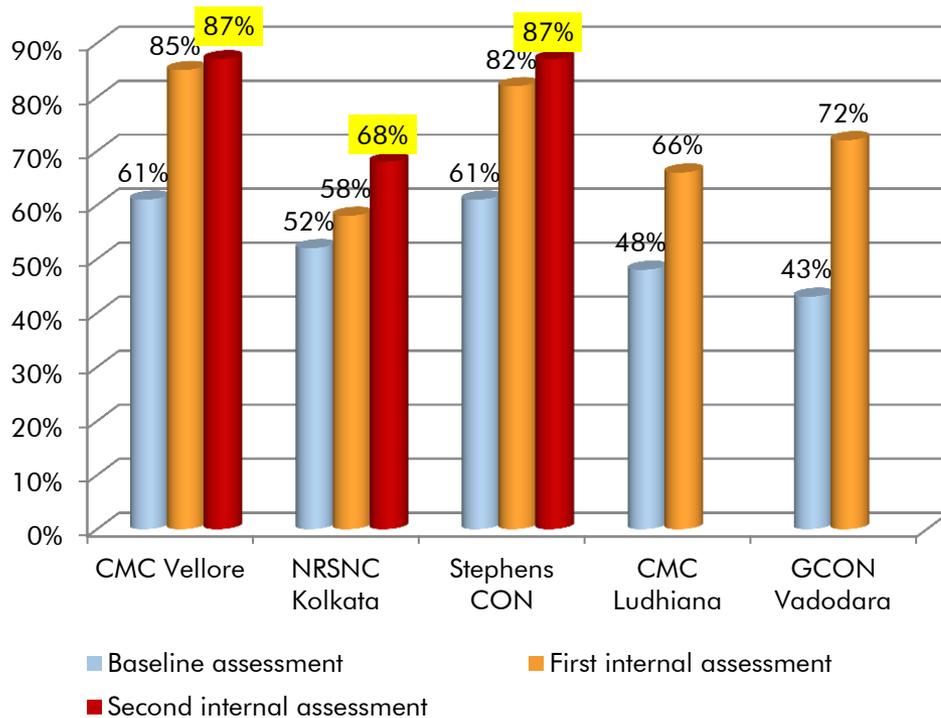
Sections	Areas	Number of Standards
1.	Class room and practical instruction	15
2.	Clinical instruction and practice	17
3.	School infrastructure and training materials	13
4.	School management	16
5.	Clinical site practices	21
	TOTAL	82



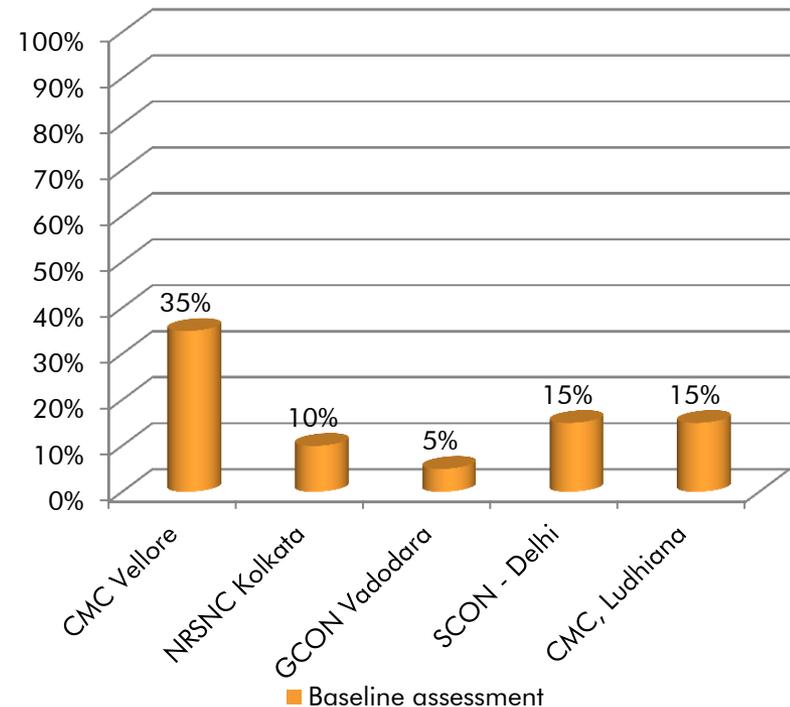
# Percentage of Educational & Clinical Standards achieved by the NNCs

- Quality improvement at the NNCs using the SBM-R approach

Percentage of educational standards achieved by the NNCs



Baseline assessment findings of clinical standards in percentage



# Way forward – roll out of the activities

Approval of the LRP and the Skills lab list by INC

Phase I

Phase II

Strengthening of NNC  
Kolkata

Skills lab  
2 Trainers

Strengthening of the  
other NNCs

Skills lab  
2 Trainers

10 day training of the  
trainers at Kolkata

2 INC trainers &  
faculty from  
each NNC/SNC

10 day training of  
the trainers

8 INC  
trainers

6 weeks training of the  
ANM faculty

6 week ANM faculty  
training

# Goal of 10 days ToT:

- To prepare facilitators of NNC/SNC to train and mentor the ANM/GNM Faculty. This includes standardizing the faculty in
  - Facilitation skills.
  - Skilled Birth Attendance
  - Family Planning
  - STI/HIV
  - IMNCI
  - Educational standards.



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# Glimpses from the 10 day TOT at NRSM Kolkata



# Goal of 6-Week Training of ANM/GNM Tutors:

- Strengthen teaching skills of the tutors
- Tutors prepared to use new Government of India learning resources in teaching
- Increase the use of practice and feedback in their teaching for students, first in simulation and later with clients.
- Orient them to the educational standards and help them apply them



# Course Description and Evaluation methods

- **Week 1:** Effective teaching Skills and basic computer skills
- **Week 2:** Classroom teaching and demonstration of SBA skills
- **Week 3, 4:** Clinical practice
- **Week 5:** IMNCI, RTI.STI/HIV/AIDS
- **Week 6:** FP, Educational Standards
- **Knowledge:** score of at least 85%
- **Skills:** Satisfactory performance of clinical skills evaluated by Objective Structured Clinical Examination (OSCE).
- **Practice:** Demonstrated ability to provide quality services in the clinical setting and demonstrated good facilitation skills.

# Glimpses of the first 6 weeks training at NRSM Kolkata



Thank you!  
[www.mchip.net](http://www.mchip.net)





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# Strengthening Pre-service Education of Nursing and Midwifery in India – An Indian Nursing Council Initiative

# Indian Nursing Council's Vision

As the regulatory body, the INC is committed to strengthen the Nursing and Midwifery education system in India to make it highly functional and efficient



# What Nursing and Midwifery schools need?

A comprehensive initiative to strengthen the foundation of ANM education resulting in better prepared service providers, higher functioning educational institutions and ultimately ANMs who are **competent, confident and ready to work upon graduation.**

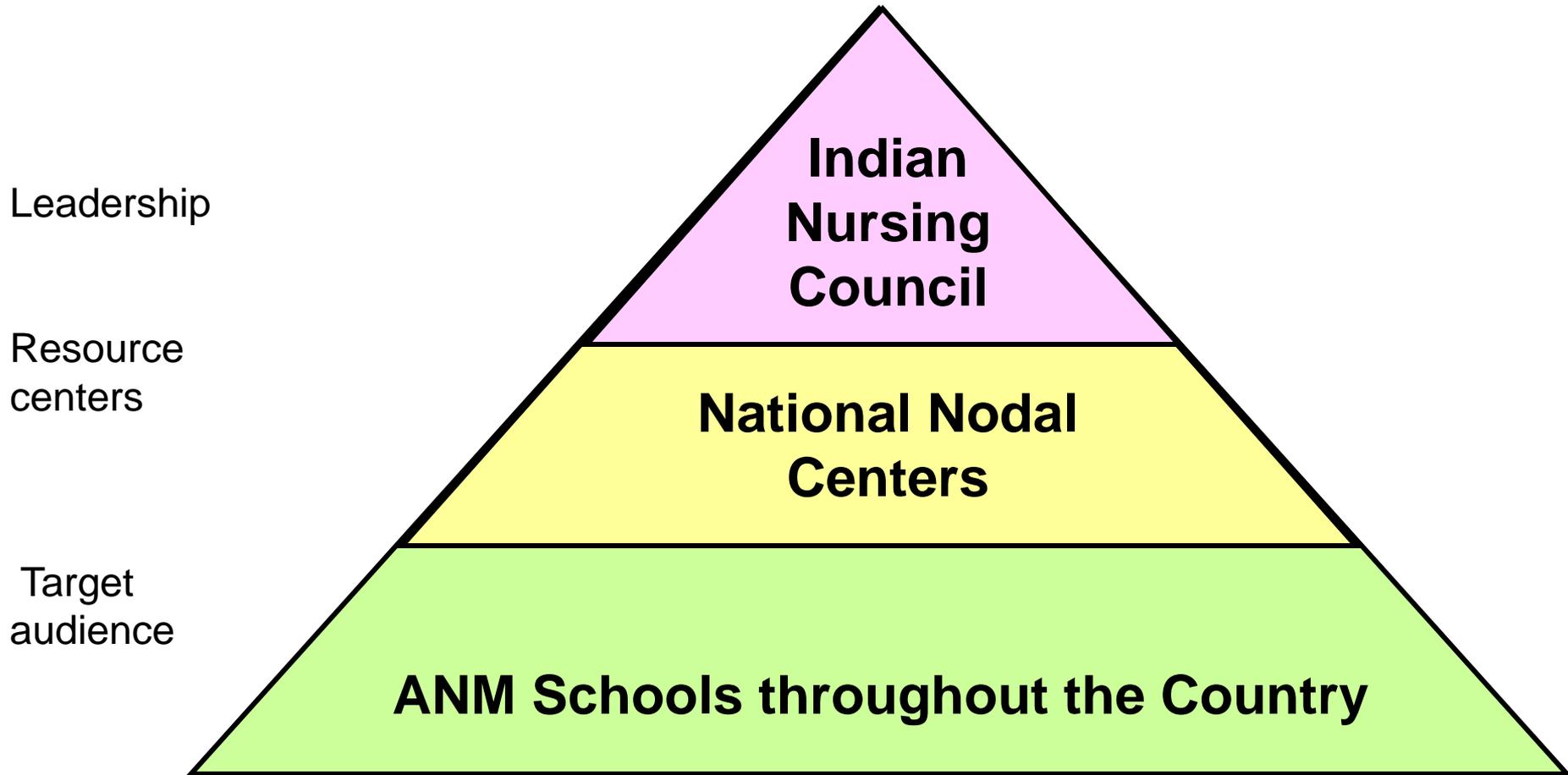


# What is planned....

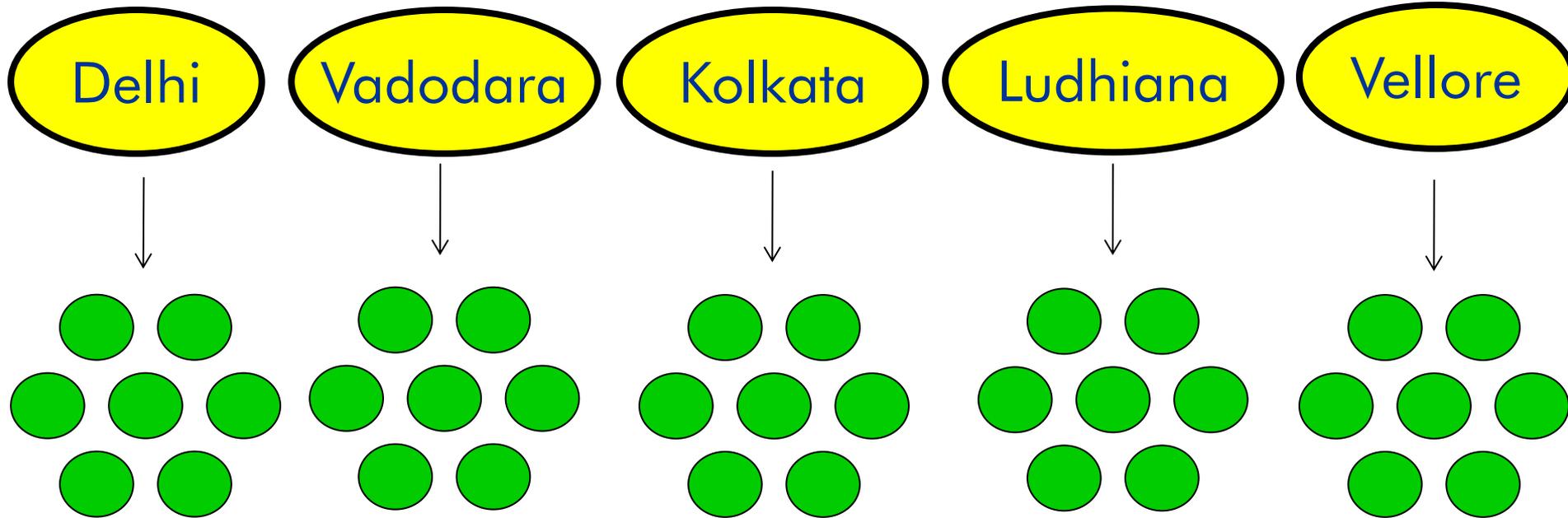
- Improve and standardize the educational processes and infrastructure in the ANMTCs.
- Build extensive systems for supporting effective education of the midwifery and nursing workforce
- Bring about fundamental change at multiple levels of the nursing and midwifery educational system.



# Levels of Expertise

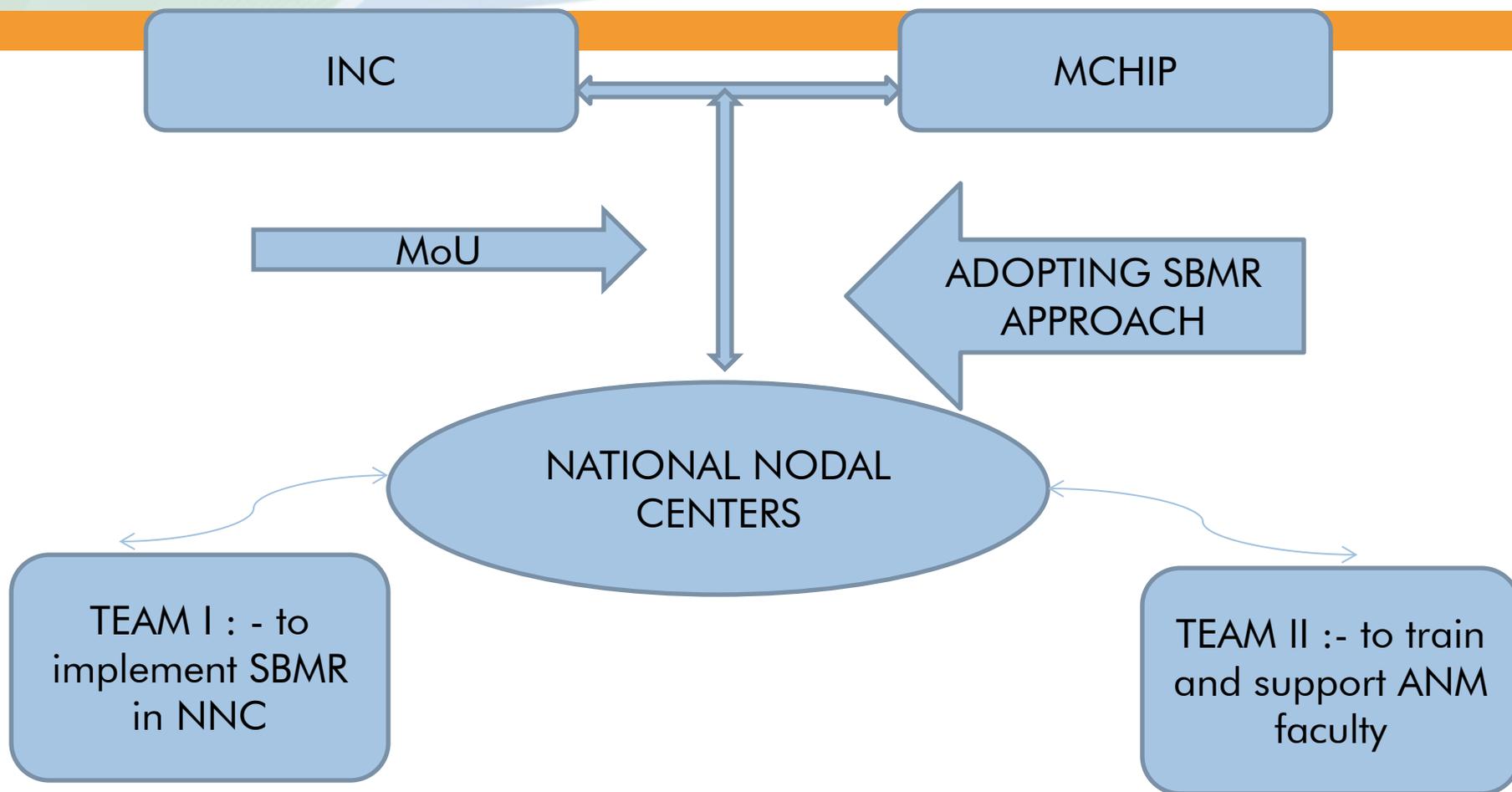


# Indian Nursing Council



District Level ANM Schools

# Practical Application



NNC :- implement educational standards using SBMR, 2 trainers recruited



- Train the ANM faculty ( In-service) for 6 weeks on maternal and reproductive health and teaching skills.
- Introduce educational standards for ANMs using SBMR, provide support visits



Faculty Teach ANM students. Integrate new materials into existing Midwifery course, implement educational standards for ANMTCs



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# Training Course Information: Goals

- To provide an update on effective teaching skills
- To prepare faculty to use new learning resources in existing curriculum
- To provide an update on priority competencies related to intrapartum and life-threatening complications care
- To influence in a positive way the attitudes of faculty regarding the importance of adequate practice and feedback for students

# Course Characteristics:

- Six-week course: update for ANM faculty in teaching skills and select, critical obstetric skills
- After an update in teaching skills: ANM faculty will facilitate presentations and perform demonstrations of technical content.
- Clinical practice for 2 weeks as per the SBA guidelines of Gol.

# Course Characteristics:

- Participants will be practicing presentations, learning activities and demonstrations using the same materials they will later use to teach students.
- There is an emphasis on the intrapartum period and life-threatening complications.
- There is also emphasis on practice in simulation and with clients.

# Role of the trainers

- Facilitate the 6 weeks training for the ANMTC faculty.
- Supervise the ANMTC faculty during the clinical practice.
- Introduce the ANMTC standards and help in implementation of the standards in the ANMTC.
- Supportive supervisory visits to the ANMTC for handholding and on the job training.

# Role of the ANMTC faculty

- Attend the training program and improve individual knowledge and skills.
- Facilitate sessions under the supervision of the trainers.
- Gain hands on practice in the important skills.
- Incorporate the teaching skills and the new knowledge while returning back to the ANMTC.
- Implement the standards and bring about quality improvement in the ANMTC.



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# Strengthening Pre-service Education of ANMs

# Objectives

- Describe the education portion of the MCHIP program in India
- Identify the roles of the Nodal Centers
- Outline the training activities planned
- Describe the two teams required for the MCHIP program and their roles
- Discuss selection criteria for staff to participate in the MCHIP program
- Discuss responsibilities required for each team

# Indian Nursing Council's Vision

As the regulatory body is committed to strengthening the nurse-midwifery education system in India



# Go! New Emphasis on ANM/GNMs

- Janani Suraksha Yojana (JSY scheme)
- Integrated Management of Newborn and Childhood illnesses (IMNCI)
- First Referral Units (FRUs) and 24/7 Primary Health Centres (PHCs)
- *Need capable ANM/GNM Nurses in the provision of comprehensive Reproductive Health (RH) and maternal, newborn and child health (MNCH) services*

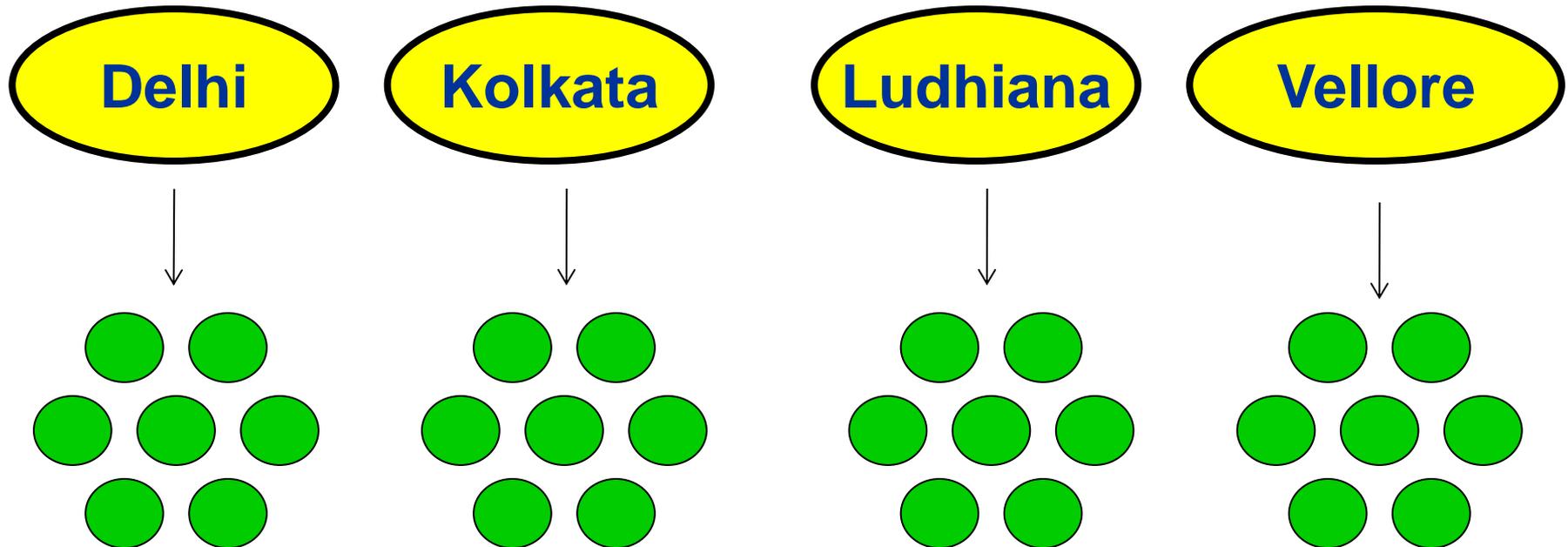
# What do Nursing and Midwifery schools need?

A comprehensive initiative to strengthen the foundation of ANM education resulting in better prepared service providers, higher functioning educational institutions and ultimately ANMs who are **competent, confident and ready to work upon graduation.**

# What is planned....

- Long term plan: improve quality assurance for effective education of the midwifery and nursing workforce
- MCHIP: provide support to prepare Nodal Centers to:
  - Provide training for ANM faculty
  - Help ANM schools implement educational standards
- Leverage support from other partners
- From October 09 – September 2012

# Indian Nursing Council



**District Level ANM Schools**

# NATIONAL NODAL CENTERS

- College of Nursing, Lady Harding Medical College and Related Hospitals, New Delhi.
- College of Nursing, Christian Medical College and Hospital, Ludhiana.
- College of Nursing, Christian Medical College and Hospital, Vellore.
- College of Nursing, NRS Medical College and Hospital, Kolkata.



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Maternal and Child Health  
Integrated Program

	<b>ANMTC</b>	<b>Nodal Centers</b>	<b>INC</b>
<b>Audience</b>	Midwifery students	ANMTCs and State MWE Centers	Nodal Centers
<b>Function</b>	Improve own school, provide high quality educ.	Provide TA and support to ANMTCs in state	Provide technical guidance and oversight to whole process
<b>Nursing/ Midwifery School</b>	Yes	Yes – National Level University or NME Institution	No
<b>Courses</b>	Basic Midwifery	Basic Midwifery + Teacher training, Assessment meth	No
<b>Faculty Qualification</b>	ANMs or LHVs	BSc Nurses or Midwives, Masters or PhD in Clinical or Educational area	N/A

# Strategic Approaches: Focus on Intrapartum

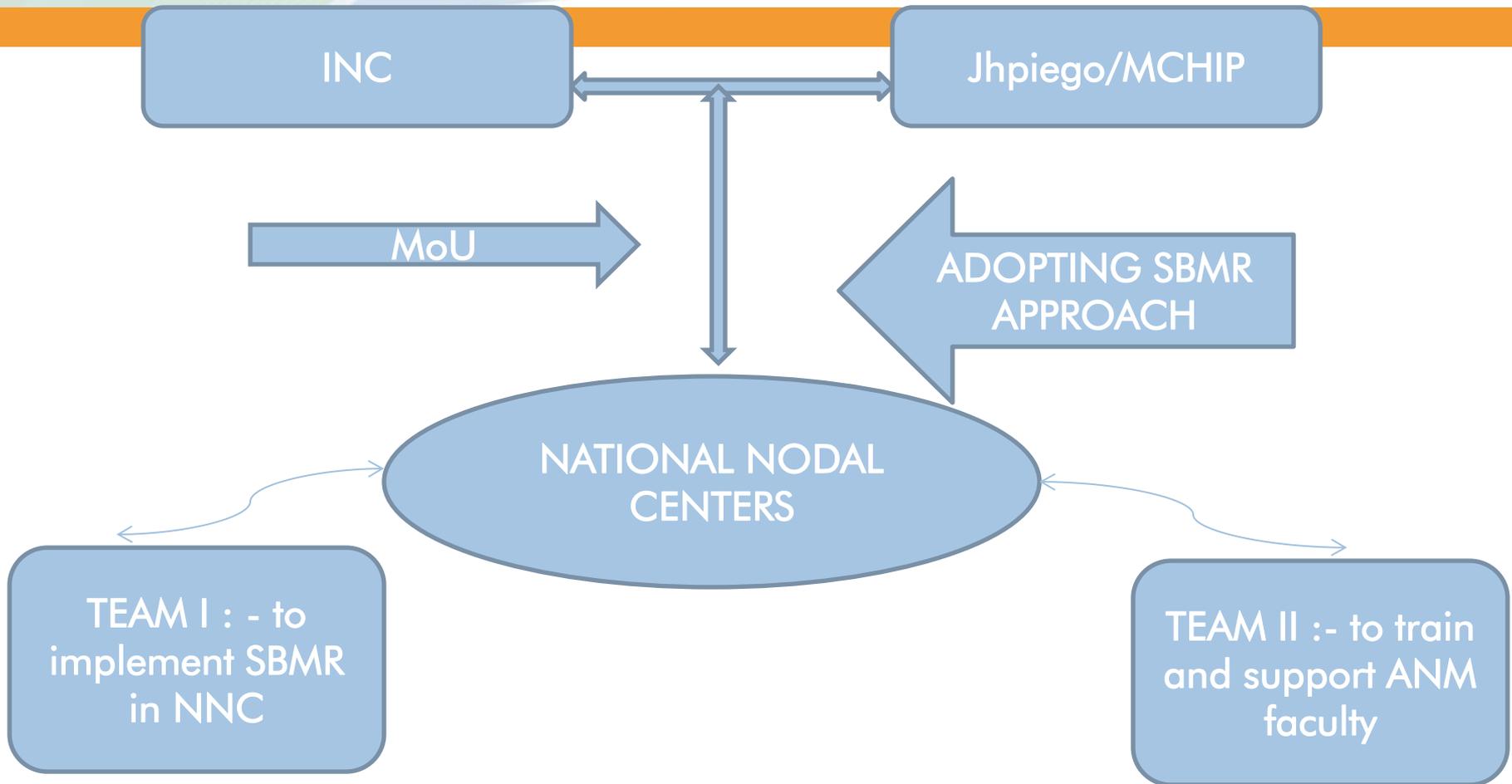
“Maternal health has many valued outcomes, but maintaining focus on maternal death is crucial in areas where the mortality burden is high. A health centre intrapartum-care strategy can be justified as the best bet to bring down high rates of maternal mortality.”

**“Strategies for reducing maternal mortality: getting on with what works”,** Oona M R Campbell, Wendy J Graham, on behalf of *The Lancet Maternal Survival Series steering group*\* Published Online. Lancet, Maternal Survival 2, September 28, 2006 DOI:10.1016/S0140-6736(06)69381-1

# Strategic Approaches:

- *Build on what exists:* Use GoI resources
- *Build quality assurance for NME:* Assist Nodal Centers and State-Level schools to implement educational standards
- *Focus on ANM Faculty:* Nodal Centers will provide training and support in implementing standards for selected ANMTCs
- *Focus on clinical practice:* Work with Nodal Center Clinical Sites to ensure clinical practices consistent with GoI 2010 guidelines

# Practical Application



# Team I at Nodal Center: Implement SBMR for Nodal Centers

- Principal / Sr. Faculty
- A faculty of OBGYN
- Labour room In-charge
- Staff nurse from Labour room
- Medical officer or delegated physician representative

# Team II at Nodal Center: Provide training and support for ANMTCs

- OBGYN faculty from College of Nursing.
- 2 Trainers to be inducted by the INC for training
- 1 support person for office work and program assistance

**NNC :- implement educational standards using SBMR, 2 trainers will be recruited**



- Train the ANM faculty ( In-service) for 6 weeks on maternal and reproductive health and teaching skills.**
- Introduce educational standards for ANMs using SBMR, provide support visits**



**Faculty Teach ANM students. Integrate new materials into existing Midwifery course, implement educational standards for ANMTCs**



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- To influence in a positive way the attitudes of faculty regarding the importance of adequate practice and feedback for students

# Course Characteristics:

- Six-week course: update for ANM faculty in teaching skills and select, critical obstetric skills
- After an update in teaching skills: ANM faculty will facilitate presentations and perform demonstrations of technical content.
- Clinical practice: begins in the middle of week two.

# Course Characteristics:

- Participants will be practicing presentations, learning activities and demonstrations using the same materials they will later use to teach students.
- There is an emphasis on the intrapartum period and life-threatening complications.
- There is also emphasis on practice in simulation and with clients.

# Standards Based Management and Recognition



# Standards-Based Management and Recognition

## Set Standards 1

- Identify areas of education to be improved
- Develop performance standards based on national, international and institutional standards
- Consider instructors' concerns and students' preferences

# Educational standards should be:

- **Meaningful** – *achievement of this standard will have an impact on education*
- **Appropriate** – *relevant to competency-based education*
- **Measurable** – *clearly defined and can be determined if has been met or not*
- **Achievable** – *within reasonable reach of all institutions*
- **Accepted** – *agreed upon by all stakeholders*

# Performance Assessment Tool

<b>Section: Classroom and Practical Instruction</b>			
<b>Perf. Standard</b>	<b>Verification Criteria</b>	<b>Y, N, NA</b>	<b>Comments</b>
Classroom instructors come to class prepared	Verify through interview or observation of two clinical, one preclinical and one public health classroom instructors if classroom instructor: <ul style="list-style-type: none"> <li>• Has developed session plan</li> <li>• Has prepared notes to help explain some points in depth</li> <li>• Uses visual aids during classroom instruction</li> </ul>	 <hr/> <hr/> <hr/>	

# How the Standards Can Be Used?

- Assessment
- Job aid
- Supervision
- Management
- Monitoring
- Reporting

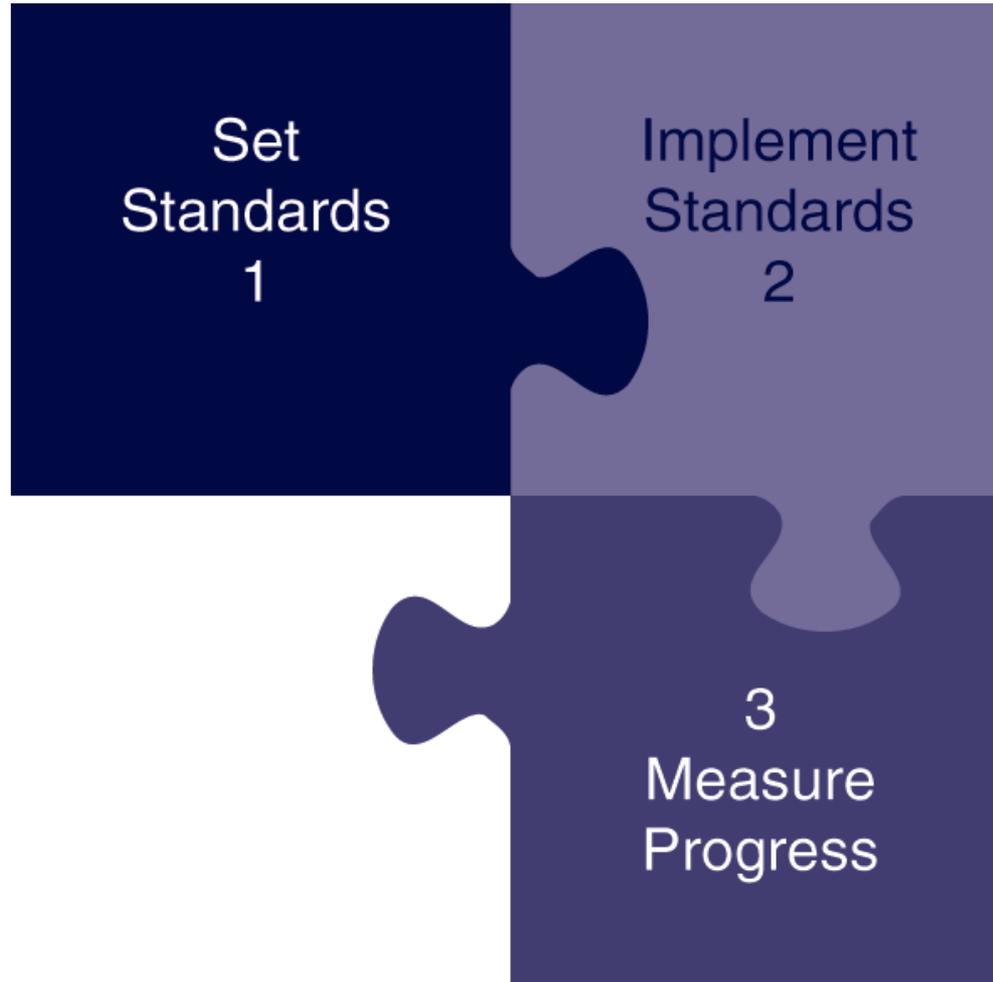
# Standards-Based Management and Recognition: Module One

Set  
Standards  
1

Implement  
Standards  
2

- Establish teams to make changes
- Conduct a baseline assessment
- Identify 3-5 'quick fixes'
- Provide support for change
- Measure progress with internal assessments

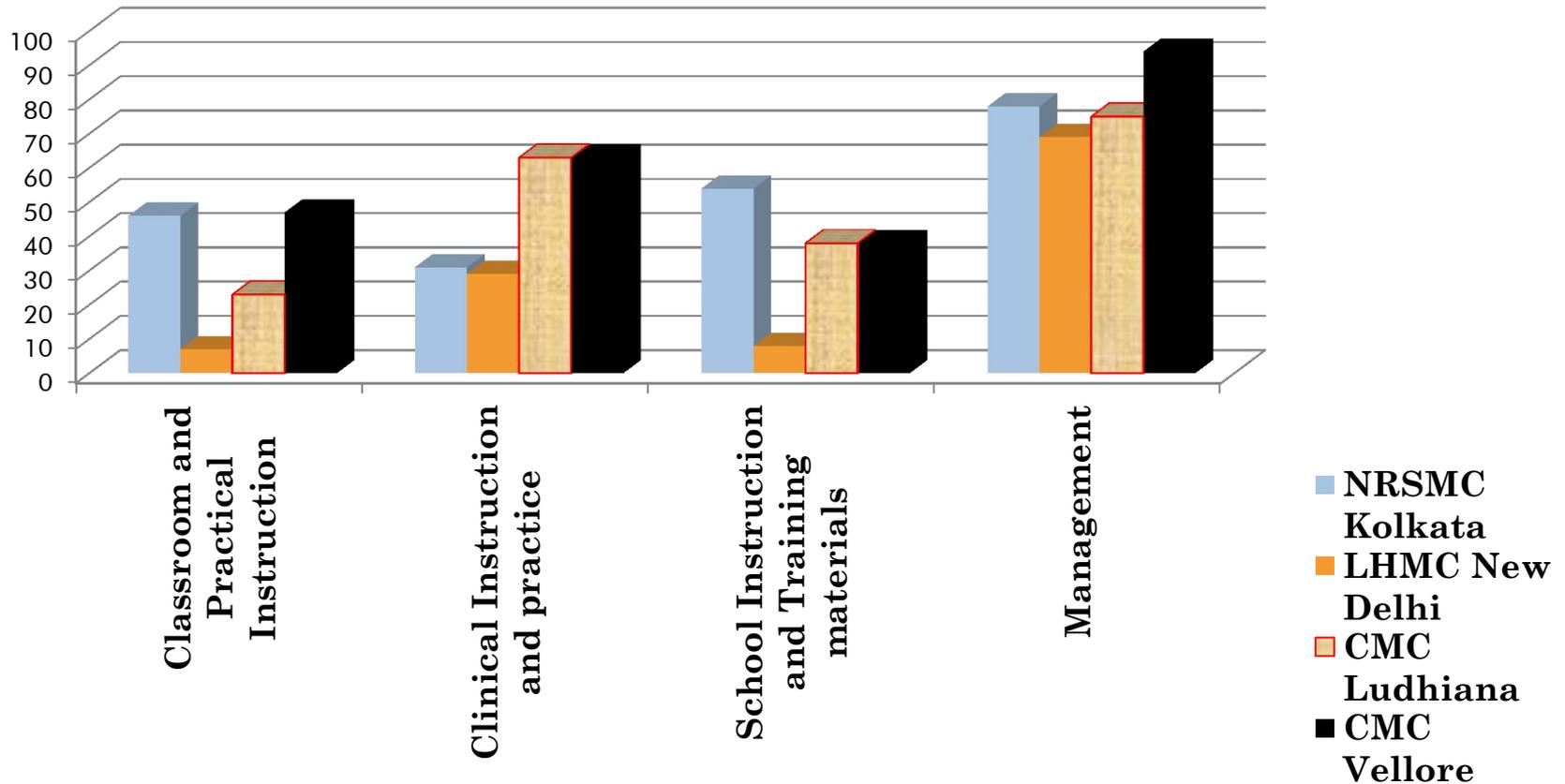
# Standards-Based Management and Recognition



# Measure Progress: Module Two

- Measure progress (internal monitoring)
- Bring schools together in a workshop to:
  - Present bar graphs to compare baseline and internal assessment results
  - Identify 3-5 standards they have met since the baseline
  - Identify remaining challenges
- Conduct formal, external assessment to officially measure progress

# BASELINE ASSESSMENT



# Major achievements so far....

- Stakeholders meeting held in fall of '09
- National Technical Advisory Group formed.
- Standards set up and finalized.
- Module One workshop conducted for Nodal Center representatives: set standards, conducted baseline, identified 3-5 standards to achieve
- NNC's developed action plans to address identified gaps
- Stakeholders meeting held at 2 centers

# Standards-Based Management and Recognition



# Recognition

- Feedback
- Social recognition
- Material recognition
- Accreditation



# Performance standards

Sections	Areas	Number of standards
I	Class room and Practical instruction	15
II	Clinical instruction and practice	16
III	School infrastructure and training materials	13
IV	School management	16
V	Clinical site practices: <i>in draft form</i>	
VI	Nodal Center functions: <i>pending MOU for finalization</i>	12

# Summary

- INC and MCHIP will leverage additional resources needed for ANM faculty training
- Nodal Centers will provide in-service short term training for ANM faculty and some follow up support
- Nodal Centers will support select ANMTCs to implement educational standards