
Notes

Contents Analysis of Safety Management-related Syllabi for Midwifery Education



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Purpose To analyze midwifery education syllabi in Japan and evaluate the current educational content related to safety management.

Methods The contents of the safety management-related syllabi used in 70 midwifery education facilities and viewable using the Internet were analyzed.

Results These were worth one or two credits, and the educational time allocated for these courses was between 2 and 30 h. There was a lot of midwifery management as the subject name. Aggregation of content descriptions revealed seven categories of educational content related to safety management: *prevention and management of perinatal medical accidents, risk management related to the midwifery business, medical safety and risk management, disaster control, infection control, information management, and professional ethics for midwives.*

Conclusion In Japan, the educational content of midwifery safety management is not homogenous, suggesting the necessity of organizing the categories created through syllabus analysis to systematically provide education and clarifying the level of learning goal achievement at the time of graduation.

Key Words safety management, midwifery education, syllabus, content analysis

I. Background

Following two serious medical accidents in Japan in 1999, safety management education has become an integral part of the curriculum of basic nursing education programs due to increasing societal demands. Homebirths were the norm in Japan until around 1960 when hospital deliveries became as common as homebirths (Ministry of Health, Labour and Welfare, 2010). Later, hospital deliveries became much more mainstream, accounting for 95% of all deliveries, which led to a sharp decrease in maternal mortality rates. Similarly, in England, obstetric units are chosen for 93% of all births (Coxon,

Sandall, & Fulop, 2014). In both countries, this represents the increasing social demand for safety management. Such management is also indispensable for midwives.

Nursing education integrates nursing skills learned on campus and clinical practice with great educational effect (Okubo, Izumi, Matsuda, Matsuoka & Manabe, 2010). Safety management education is vital in nursing education because nurses are directly involved in the diagnosis and treatment of patients. It is their responsibility to continue to proactively expand their knowledge and skills related to medical safety and be actively involved in medical safety activities as part of a team or organization.

The most common malpractice lawsuit cases in OB/GYN (obstetrics and gynecology) departments involve midwifery-related accidents at the time of delivery (Karasawa, 2005), and these litigations can greatly influence the subsequent direction of the career (Robertson & Thomson, 2016). Many incidents involving midwifery students have been delivery-related (Okubo et al., 2010). Therefore, safety management educational content, in particular, should be strengthened.

Midwifery education in Japan provides substantial educational content, expanding on student delivery assistance skills

助産学教育における安全管理に関するシラバスの内容分析

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(Nishi, Takahashi, & Iwatani, 2009). Similar to nursing education, safety management education is also important for delivery assistance. However, in current perinatal care services, various factors, such as a decreasing birth rate, centralized delivery assistance, increasing numbers of high-risk pregnant and puerperant females/newborns, and changes in care-receivers' needs, should be considered. This makes learning all of the required practical midwifery skills through training difficult (Toishi, 2011). At present, middle-of-the-night training is also essential for midwife delivery assistance training (Takashima, Kikuchi, Takatsuka, Yuminamochi & Nakashima, 2012), along with the even more important safety management education. Thus, safety management education is an essential part of midwifery student training on campus, during practical education, and during clinical education. It is therefore crucial to clarify the educational content on midwifery safety management.

Educational syllabi are the detailed class plans prepared for specific courses, including instructions, textbooks, references, course criteria, teachers' names, lecture aims, attainment goals, content for each class, achievement evaluation methods and standards, preparatory learning content, and an estimated timeline. A syllabus also provides students with information necessary for course selection and instructs them on how they can progress through the course over the entire semester. It further provides detailed instructions regarding the preparation required for each class (Ministry of Education, Culture, Sports, Science and Technology-Japan, 2014). As university education becomes globalized, the efforts of universities to safeguard the learning time required for each credit create an important foundation that ensures that the degrees or credits awarded at Japanese universities are appropriately evaluated in other countries as well. Thus, the syllabi of Japanese universities are linked to international quality assurance. Recently, there has been a gradual increase in the number of studies on content and scope of education via syllabus analysis (Saralin & Vivian, 2009; James & Jill, 2002). However, in the midwifery basic education, unified educational content on safety management has not been clarified. Therefore, this study result can be an important material for midwifery education.

This study analyzed the content of the syllabi on safety management in midwifery education and evaluate its elements and characteristics, with an aim to provide important contributions to midwifery education materials.

II . Methods

1. Operational Definition of Terms

Safety management in midwifery is based on a professional viewpoint in midwifery education that refers to processes followed by management to avoid danger and maintain good conditions.

2. Syllabus Selection

Online syllabi were selected from midwifery education institutions over one week, beginning from June 23, 2014. We analyzed the education syllabus on safety management related to midwifery of 70 schools among approximately 200 nursing education institutions in Japan.

3. Data Collection

The content extracted from these syllabi was based on this study's definition of safety management. The following contents were selected: *safety (management)*, *safety, medical safety*, *safety assurance*, *medical accident (prevention)*, *risk management*, and *danger anticipation*. Course names, educational content, credits, and number of hours were extracted from the collected syllabi. Fifteen hours are allocated to each credit, and the duration of each session is 2 hours.

4. Data Analysis

The syllabi used in 70 midwifery education facilities and viewable using the Internet were classified based on the course, and differences/similarities in the names of safety management-related subjects, credits, and the durations of sessions were examined. Safety management-related descriptions extracted from the syllabi were qualitatively and inductively analyzed, adopting the content analysis method (Berelson, B, 1957). In analysis, each content was organized as 1 recording unit based on similarities for categorization.

5. Analysis Reliability

To ensure consistency, only one researcher was involved in extracting educational content regarding safety management. The other research team members examined the validity of the analysis results. For category reliability, two nursing studies researchers who were familiar with the content analysis method performed a re-analysis of the category classifications and calculated the concordance rate using Scott's equation (Scott, 1955). The reliability judgment was set as 70%, as stated by Funashima (2007). To ensure research process clarity, certainty, applicability, consistency, and validity (Lincoln & Guba, 1985), a professor with substantial accumulated educational experience related to this field and considerable familiarity with qualitative research supervised the entire research process.

III. Results

A. Status of Course Subjects Related to Midwifery Safety Management

1. Background of nursing education institutions according to syllabus

The 70 midwifery education schools analyzed were categorized as 44 universities, 12 graduate schools, 11 major departments, two special courses, and one junior college (**Table 1**). Course names included *midwifery management studies, midwifery management, midwifery management theory, advanced*

midwifery, midwifery business management studies, applied midwifery, and special lectures. At universities and graduate schools, these courses are not only for midwifery majors but also a part of student electives. Courses with safety management content are organized into, among others, *nursing management, disaster nursing, advanced nursing management, nursing management and policy theory, medicine and safety, service management theory, and risk management*. There was a lot of midwifery management as the subject name. These were worth one or two credits, and the educational time allocated for these courses was between 2 and 30 h.

Table 1 Facilities and Subject Listings (according to the syllabi)

n=70					
By Facility (total number)	Subject Name	Number of Facilities	educational institutions(No.)	credits	educational time
Universities (44)	Midwifery Management Studies	12	1	1	6
			2	2	6
			3	1	2
			4	2	8
			5	2	4
			6	1	4
			7	1	6
			8	1	4
			9	2	6
			10	2	9
			11	2	14
			12	2	6
	Midwifery Management Theory	6	13	1	15
			14	2	6
			15	1	4
			16	2	2
			17	1	2
			18	2	4
	Midwifery Management	11	19	1	2
			20	1	2
			21	1	4
			22	1	4
			23	1	8
			24	2	2
			25	1	4
			26	1	2
			27	1	2
			28	1	2
			29	1	2

Table 1 Facilities and Subject Listings (according to the syllabi) (continued)

					n=70
By Facility (total number)	Subject Name	Number of Facilities	educational institutions(No.)	credits	educational time
	Midwifery Business Management Theory	1	30	2	2
	Midwifery Business Management	2	31	1	4
			32	1	2
	Medical Safety Management Studies	1	33	1	15
	Introduction to Midwifery	1	34	1	2
	Midwifery	1	35	1	4
	Medical Risk Management	1	36	2	30
	Disaster and Community Nursing Activities	1	37	1	15
	Disaster Nursing	1	38	1	15
	Nursing Business Management	1	39	1	15
	Nursing Risk Management	1	40	1	30
	Nursing Management Studies	2	41	2	30
			42	2	4
	Nursing Management	1	43	1	5
	Medicine and Safety	1	44	2	15
Graduate Schools (12)	Midwifery Management Theory	2	45	1	6
			46	2	2
	Midwifery Management	2	47	2	4
			48	2	4
	Advanced Service Management Theory	1	49	2	6
	Applied Midwifery, Special Lecture	1	50	2	2
	Midwifery Business Management Studies	1	51	2	2
	Midwifery Management and Strategies	1	52	2	10
	Advanced Nursing Management Studies	1	53	2	2
	Advanced Nursing Management	1	54	2	2
	Advanced Midwifery	1	55	2	6
	Nursing Management Theory	1	56	2	4
Majors (11)	Midwifery Management Studies	4	57	1	6
			58	2	10
			59	2	6
			60	2	10
	Midwifery Management Theory	2	61	2	4
			62	1	4
	Midwifery Management	4	63	2	10
			64	2	4
			65	2	4
			66	1	2
	Nursing Management	1	67	2	12
Special Course (2)	Midwifery Management	1	68	2	4
	Nursing Management	1	69	2	6
Junior Colleges (1)	Midwifery Management	1	70	2	12

2. Educational Content on Safety Management

There were 271 recorded units that included safety management descriptions, which were classified into seven categories according to content. Categories are shown in parenthesis and results are listed in order from the unit with the longest description to that with the shortest description. The percentage of the number of recorded units within the whole is shown in parentheses (**Table 2**).

Prevention and management of perinatal medical accidents was divided into six types of content: probable medical accidents during the perinatal period, prevention of perinatal medical accidents, the perinatal medical system and safety guarantees, team medicine, perinatal care and the law and the obstetric compensation system (104 recorded units, 38.4%).

Risk management related to the midwifery business was divided into three types of content: midwifery business management, midwifery business and medical accidents and midwifery business and risk management (58 recorded units, 21.4%).

Medical safety and risk management was divided into two types of content: medical safety and risk management (49 recorded units, 18.1%). Furthermore, disaster control (40 recorded units, 14.8%), infection control (15 recorded units, 5.5%), information management (three recorded units, 1.1%) and professional ethics for midwives (two recorded units, 0.7%) were also included.

B. Concordance of Category Classification

According to Funashima (2007), reliability is assured if a concordance of over 70% is indicated. The category classification concordance rate calculated by the two nursing studies researchers was 78.6%; thus, reliability was confirmed.

IV. Discussion

A. Status of Safety Management Subject Offerings in Midwifery Education

The courses were worth one or two credits, regardless of whether they were undergraduate or graduate courses, and the educational time allocated for these courses ranged from 2 to 30 h. This tendency may be associated with individual universities/graduate schools' policies on curricula, possibly reflecting their views on continued learning about safety management from basic nursing education. The syllabi analysis has led us to believe that individual professors select which educational content elements are to be emphasized and the extent to which each is to be addressed in the course. A sub-

stantial difference exists in the degree of importance given to safety management education between institutions that have devoted one period (two hours) of courses related to safety management and those that have devoted all 15 periods (30 h) of one course to safety management.

Students enroll for midwifery education either after completing basic nursing education or alongside the curriculum. Therefore, since the categories we extracted, i.e., *infection management, information management, and professional ethics*, are studied in basic nursing education, we propose that they are probably not included in midwifery education. Moreover, since safety management education is included in courses for delivery assistance skills and is not handled independently, it might not be directly visible in syllabi. In either case, after clarifying the commonalities and differences related to safety management in basic nursing education and midwifery education, it is necessary to investigate what should be studied and in which semester a more systematically organized education system should be provided. Moreover, it is essential to evaluate safety management proficiency levels of midwifery students by the time of graduation.

B. Characteristics and Issues of Safety Management Education Content in Midwifery Education

Prevention and management of perinatal medical accidents and medical safety and risk management may be the most important contents of education, as they accounted for more than 50% of all recording units. In Japan, the Obstetric Compensation System (OB) commenced in 2009 and focused on early relief of severe cerebral palsy in an attempt to improve quality of cause analysis, relapse prevention, and OB care. Investigation of cause analysis results, confirmed by the OB medicine compensation system, showed that problems related to the midwife's individual abilities, teamwork and system, and organization-level aspects were background factors for the onset of cerebral palsy (Amamoto & Tsuchiya, 2014). Education to develop solutions to these problems is essential. Although teamwork between midwives and obstetricians is especially important, differences in risk awareness have been indicated (Healy, Humphreys & Kennedy, 2016). In such a situation, liaison between obstetric and neonatal services/intensive care units beyond professional boundaries, as well as education based on the evaluation of current perinatal transport/care systems, may be needed as a perinatal management system.

The *risk management related to the midwifery business* includes medical accidents within midwives' scope of work and associated activities and management. Midwives are often involved in caring for the life and condition of both mothers and

Table 2 Description and Analysis of Safety Management (as extracted from the syllabi)

			(Recorded units,%)
Recorded Units	Content Description	Subcategory	Category
19	Understanding the characteristics of medical accidents in the obstetrical field, the reality of perinatal medical accidents	Probable Medical Accidents During the Perinatal Period	【Prevention and Management of Perinatal Medical Accidents】 (104 recorded units, 38.4%)
35	Preventing perinatal medical accidents and perinatal risk management and developing capabilities for staff education and safety. Aimed at accident prevention, support and care for the maintenance and promotion of safety, comfort, and normalcy, relapse prevention and safety measures, safety insurance.	Prevention of Perinatal Medical Accidents	
27	Perinatal medical system, perinatal care and safety measures, quality, safety, and security in perinatal medical care, medical safety sense and emergency responses, and organizations' safety efforts	The Perinatal Medical System and Safety Guarantees	
4	Cross-organizational cooperation team activities, role responsibilities alongwith other professions, and leadership education	Team Medicine	
11	Midwives' scope of work and legal responsibilities, social and legal background	Perinatal Care and the Law	
8	Obstetric medical compensation system, responding to accidents and damage compensation	Obstetric Compensation System	
19	Midwifery activities, midwifery business management in maternity hospitals, midwifery management in midwife offices, processes and methods of midwifery business management, and quality management of perinatal medical services	Midwifery Business Management	
17	Medical accidents in the midwifery business	Midwifery Business and Medical Accidents	
22	Midwife care interventions and responsibilities, understanding the specific mechanisms of midwifery activities, midwives' scope of work, quality and safety assurance of midwifery services, midwifery business analysis and risk management	Midwifery Business and Risk Management	
16	Defining a medical accident, realities of medical accidents, accident cases, and factors in medical accidents	Medical Accidents	
13	Concept, history, necessity, and significance of medical safety, Japan's medical safety measures	Medical Safety	【Medical Safety and Risk Management】 (49 recorded units, 18.1%)
20	Risk management	Risk Management	
40	Disaster control, midwifery care in disaster events, the midwife's role in disaster events, and learning from disaster cases		
15	Infection establishment process, current state of and measures for infection control, hospital infection control, infection prevention skills, infection prevention systems in midwifery offices, infection control in the perinatal field		【Infection Control】 (15 recorded units, 5.5%)
3	Information management and processes and methods of midwifery business management (information management)		【Information Management】 (3 recorded units, 1.1%)
2	A midwife's code of ethics, ethical issues		【Professional Ethics for Midwives】 (2 recorded units, 0.7%)

children, which may appear normal initially but transform into an emergency later. Since midwives perform medical procedures, they must have specialized knowledge, skills, and judgment capabilities. People desire safety and comfort and the social recognition that mothers and children will always be safe and healthy during and after labor. Therefore, organizational measures to ensure safety are essential. The management and operation of midwifery offices requires compliance with laws and regulations, and this has been addressed in syllabus content. As for midwives' practical skills to provide intrapartum care, their attitudes toward medical malpractice positively changed when their autonomy was enhanced in a previous study (Yamazaki, 2009). Now, the aim is to allow autonomous midwifery education, such as at midwifery centers. According to Nakajima et al. (2009), clinics utilize learning through post-employment practical training, which enables students to learn basic midwifery diagnoses and skills and develop midwife responsibilities and attitudes. Therefore, it is critical to have on-campus as well as practical training that enhances the scope of services and management skills demanded of midwives.

The proportions of recording units related to *infection control* and *information management* were low, as their contents in syllabi overlap with those of basic nursing education. However, compared to basic nursing skills, midwifery education that provides direct skills, such as delivery assistance and infection control, and includes the characteristics of the perinatal field, is also necessary. During delivery, strict infection prevention measures are necessary as the danger of blood exposure is high and this includes instruments that could easily cause needle stick accidents. Above all, infection control is an important part of educational content related to the care of mothers and children as this field has unique circumstances that differ from other fields. For the *information management*, with the formulation of the Japanese Midwifery Practical Capabilities Proficiency Stages, even new hires are required to understand the information management system and behavior (Japanese Nursing Association, 2012). Our modern society is an internet society, and thorough information management that ensures the confidentiality, safety, and potential of information is essential (Ministry of Internal Affairs and Communications, 2013; Olfati, Asefzadeh, Changizi, Yonesian & Keramat, 2015). In the medical field, numerous situations must be addressed amid various constraints and incomplete information, and medical care quality also has limitations. In contrast, it is critical to provide appropriate information to patients to enable proper decision making. Therefore, information management education commensurate with the time period is essential.

For the *disaster control*, in 1998, there were few Japanese educational institutions that addressed disaster nursing (Iwanami et al., 2009; Minami, 1999). Based on syllabus-recorded units, 14.8% of midwifery education content now includes disaster nursing care. Japan, with its recent unprecedented disasters, has had no choice but to make a shift and incorporate disaster control education into midwifery studies. New midwives are required to implement measures during disasters with professional, autonomous capabilities (Japanese Nursing Association, 2013a). *The Response Manual for Disasters in Delivery Facilities* (Japanese Nursing Association, 2013b) has been created, and it was assumed that responses at each facility were progressing. However, in midwifery education, the achievement goal at graduation, in terms of supporting mothers and children during disasters, is the understanding of this manual as knowledge. It may also be necessary for midwives, even as students, to undertake daily training to understand the characteristics of the perinatal period and acquire the ability to make quick decisions.

The professional ethics for midwives includes aspects such as professional expertise and human rights defense. Rather than having a direct connection to safety management, it includes content on the ethical norms for and challenges faced by midwives. The International Confederation of Midwives' Code of Ethics (2008) recognizes that women have human rights, demands that justice and health care be equally accessible to all individuals, and declares that such rights be founded on mutual relationships based on respect, trust, and dignity toward all individuals who make up society. Therefore, enhancement of the educational content used during training is now recognized to be necessary as it will also be utilized in clinics after employment (Nakajima et al., 2009).

The present study clarified the current status of education related to safety management in detail, and obtained basic data for safety management education in midwifery training courses. Based on the features of the educational content in these syllabi, it is important to analyze the content of the texts being used, investigate commonalities and differences between the syllabi, and provide essential educational content in the future.

V. Conclusions

This study found that safety management courses at midwifery education institutions have various subject names, and course duration ranges from 2 to 30 h. There were seven categories of educational content: *prevention and management of*

perinatal medical accidents, risk management related to the midwifery business, medical safety and risk management, disaster control, infection control, information management, and professional ethics for midwives. Thus, educational content for midwifery safety management is far from homogeneous in Japan, suggesting the necessity of organizing the categories created through syllabus analysis to systematically provide education and clarify the level of learning goal achievement at the time of graduation.

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Conflict of interest

We declare that there is no conflict of interest in relation to the publication of this article.

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(要 旨)

目的 日本における助産師教育のシラバスを分析して、安全管理に関する教育内容の現状を明らかにする。

方法 インターネットより閲覧可能な助産師教育施設 70 校の安全管理に関するシラバスを内容分析した。

結果 授業単位は 1 単位または 2 単位で、その内安全管理に関する教育時間は、2 時間～ 30 時間であった。科目名は“助産管理”が多かった。安全管理に関する教育内容は、7 カテゴリーで【周産期医療事故の予防と管理】【助産業務に関するリスクマネジメント】【医

療安全とリスクマネジメント】【災害対策】【感染管理】【情報管理】【助産師の職業倫理】であった。

結論 日本の助産学における安全管理教育の内容は均一ではない。シラバスより得られたカテゴリーを網羅して系統立てた教育に組み立てる必要性と卒業時の達成度を明確にする必要性が示唆された。

キーワード 安全管理, 助産学教育, シラバス, 内容分析