



*National Midwifery Assessment Strategy:
Multi-jurisdictional Midwifery Bridging Project*

Research Phase: Final Report

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For the Canadian Midwifery Regulators Consortium
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Introduction

The Multi-jurisdictional Midwifery Bridging Project is a project of the Canadian Midwifery Regulators Consortium (CMRC), an umbrella group of regulatory organizations in the six provinces and territories where midwifery is currently regulated¹. The project is funded through a financial contribution from Health Canada via the Western and Northern Health Human Resources Planning Forum (“the Forum”) and by members of the CMRC.

The overall goal of the Multi-jurisdictional Midwifery Bridging Project (MMBP) is to ensure that Canadian women have access to maternity care by increasing the number of internationally-educated midwives (IEMs) working in midwifery through the creation of a bridging program to facilitate the entry of IEMs into the Canadian labour market. The goal of the MMBP Research Phase has been to create a detailed plan for the development of this midwifery bridging program

During the MMBP Research Phase, midwifery regulators carried out three research activities to inform the development of a detailed workplan. These included a Needs Assessment, an Environmental Scan and a Best Practices Review. The Needs Assessment determined exactly what skill and knowledge areas must be covered in the curriculum in order to ensure that the IEMs in the program meet entry-level competency requirements for registration. The Environmental Scan identified current courses and programs that might be able to be used as is or be adapted for use in the MMBP. The Best Practices Review involved research into key aspects of current bridging programs to ascertain how best to develop and implement a bridging program for midwives. Additional research was carried out on distance education, on principles of multicultural adult learning, and on stakeholder views regarding midwifery bridging programs.

This Final Report summarizes the project activities and findings, and presents a detailed workplan for the upcoming MMBP Implementation Phase.

¹ Midwifery is currently regulated in the provinces of BC, Alberta, Manitoba, Ontario, Quebec, and the Northwest Territories.

Background

There is an acknowledged and growing “maternity care provider crisis” in Canada, with shortages of midwives, obstetricians and family practitioners in an increasing number of communities across the country. At the same time, there are IEMs who are unable to successfully become registered to practise. Canadian midwifery regulators have recently completed several studies which conclude that a nationally accessible bridging program is critically needed to address discrete competency gaps and provide cultural orientation and access to Canadian clinical experience. Such a program would enable more IEMs to meet Canadian competency requirements and work as midwives in the Canadian scope and model of practice, and would have a considerable positive impact on the growth of the profession and its ability to respond to the maternity care crisis.

There is currently only one midwifery bridging program in Canada. The International Midwifery Pre-registration Program (IMPP) is a nine-month program based out of Ryerson University’s G. Raymond Chan School of Continuing Education. Recent research by CMRC² indicates a strong need for bridging program availability to IEMs living in all jurisdictions in Canada. Given the small numbers and geographically dispersed IEMs in most jurisdictions and the increasing availability and use of distance education technologies, the CMRC committed to conceptualizing an innovative approach to bridging to meet the needs of internationally-educated midwives in all regulated jurisdictions. The resultant project is the Multi-jurisdictional Midwifery Bridging Project.

Midwifery regulators in BC, Alberta, Manitoba, Ontario, and Quebec have offered provincial assessment processes for international midwives, many of which have been held out as examples of good practice in assessment. A significant number of currently registered midwives are internationally educated. However, it is clear that there are IEMs who are not achieving registration through current processes who would likely be successful if a bridging program were available to them. Research by the CMRC’s National Midwifery Assessment Strategy (NAS) project indicates that barriers related to language and culture, as well as insufficient current clinical experience, are some of the key factors that can and need to be appropriately addressed in a bridging program. The discrete competency gaps that are consistently identified in existing assessment programs will also need to be addressed.

There are 40 to 45 IEMs that apply for assessment each year in regulated jurisdictions, and it is estimated that this would increase by approximately 10 to 20 per year if bridging were available country-wide. Fifty percent of current applicants are in Ontario which currently offers the only bridging program for international midwives in the country. Unfortunately this program is Ontario-specific and is not currently distance accessible. In order to offer IEMs in other parts of the country access to a bridging program, midwifery regulators have

² See results of the National Assessment Strategy Project (NAS) at www.cmrc-ccosf.ca/node/6.

determined that it is critical to work together to create a national curriculum as well as the structures and agreements necessary to ensure that it is available to and accessible by geographically dispersed participants.

To this end, midwifery regulators have initiated the development of a multi-jurisdictional midwifery bridging program to be accessible by IEMs across provincial and territorial boundaries. Regulators have held a number of national meetings to discuss this initiative. Their initial conceptualization of a national bridging program indicated that it will need to be delivered via distance education modules, one or two short in-person intensive sessions, and a clinical placement in the province or territory in which the IEM wishes to practice. Discussions have taken place with midwifery stakeholders, including associations and educators, and there is strong support for this project. Several educational institutions have indicated a potential interest in supporting this project through program delivery. Finally, the *Canadian Competencies for Midwives* document already outlines the nationally accepted entry-level competencies for midwives in Canada, and will provide the basis for curriculum and assessment tool development.

Review of Key Project Activities

The MMBP Research Phase planned four main activities: a Best Practices Review, a Needs Assessment, an Environmental Scan, and a Steering Committee meeting to review results and make decisions regarding the Implementation Phase. In response to feedback received during the proposal writing stage, stakeholder consultation during the Canadian Association of Midwives annual conference was added to the project activities.

Base on prior correspondence with Ryerson University's G. Raymond Chang School of Continuing Education, the research process was originally designed to draw on the resources and knowledge of their International Midwifery Pre-registration Program (IMPP), the only midwifery bridging program in Canada. The expectation was that IMPP would have a role in the production of course curriculum and/or the delivery of all or parts of the program. However, between the writing of the MMBP Research Phase proposal and the meeting to confirm their exact role, Ryerson's IMPP indicated that they were no longer available. Given this change, the research phase was re-designed to also incorporate basic research and committee/staff training on distance education and adult learning in a multicultural context.

The activities of the MMBP Research Phase are summarized below.

Best Practices Review

Purpose

To identify and present best practices in key areas in order to inform the development of the MMBP. The original key areas identified included:

- Governance structures
- Curriculum content
- Educational delivery formats
- Eligibility criteria
- Assessment tools
- Program evaluation

This list was expanded during the research process to include a number of design issues, such as “planning for your audience” and “financial planning”.

Methodology

This review was carried out by project staff. A large volume of reports, articles, and other sources of information about bridging programs was collected with an emphasis on multi-jurisdictional, bilingual, and health-based programs. Information on programs across Canada and in New Zealand, Australia, and the UK were included.

Information was collected through internet search and direct communication with bridging programs, including a small number of interviews.

Overall, some form of documentation was obtained relating to over 40 bridging programs across Canada and approximately 10 overseas. Programs reviewed were from a variety of sectors and professions, from engineering and construction to pharmacy and nursing. Only one multi-jurisdictional program was located as well as one program that offered services in two languages.

Information was analysed using an Excel spreadsheet designed for this process and via a hand-coding process.

Findings

Programs Profile

A wide variety of bridging programs were reviewed. There appear to be four “types” of programs with different goals:

- a) to assist candidates to prepare for registration examinations;
- b) to assist participants to integrate into the labour market;
- c) to address specific gap areas;
- d) to address all of the above by providing an “integrated” program.

Curriculum in integrated programs tends to include profession-specific knowledge and skills, language and communication training, employment counselling, and a work experience placement. Most curriculum was taught using in-person classroom based methods but a few used distance delivery methods for all or part of the program. Most programs were delivered via educational institutions, although some were delivered by health institutions or not-for-profit organizations.

A number of governance structures were identified, including programs led by universities or colleges, regulators, non-profits, or multi-stakeholder groups, as well as a self-governing program. Most programs were still in a pilot phase and operating through grant funding. Program costs were mostly covered through a combination of participant fees (which vary dramatically) and other funding. Evaluation appeared to be integrated in most programs but evaluative data is not readily available in most cases.

Conclusions & Recommendations

It was difficult to determine real “best practices” for professional bridging programs because programs were, for the most part, quite new and there was therefore not enough data to identify which practices determine success. However, the description of practices included in the report on this review, along with the comments and recommendations on key topics from various sources, provide a rich source of information from which to begin to build the Multi-jurisdictional Midwifery Bridging program.

The following recommendations provide a summary of the key issues. The detailed reasons behind the recommendations should be reviewed/considered when making final decisions about program elements.

Recommendations for a Multi-Jurisdictional Midwifery Bridging Program

1. The governance structure should include a smaller decision-making body and a larger advisory committee that includes representatives of all key stakeholders. All players should have clearly-defined roles related to their organizational strengths. A written agreement should clarify roles, responsibilities, and conflict resolution strategies.
2. The program design must take into account the audience (adults who are internationally educated). Specifically, it should:
 - a. Recognize prior learning and experience;
 - b. Assess learning styles of participants and ensure that all styles are catered to;
 - c. Consider the merits of adopting a “multiple cultures model”;
 - d. Ensure program content is relevant and perceived as relevant;
 - e. Individualize learning as much as possible;
 - f. Recognize personal context of learners and need for longer time for assignments than in regular programs;
 - g. Have participants sign a “learning contract”.
3. The program should be “integrated” and include individualized assessment, education modules, work experience, and career counseling.
4. The scheduling and location of program elements should be carefully considered in terms of site/resources availability, timing of registration examination, and impact on candidates.
5. Strategies for actively engaging potential employers/midwifery practices should be developed.
6. The choice of program delivery institution should be carefully considered to ensure the right “fit” to the values and goals of the MMBP, and to maximize access to relevant resources such as classroom space, curriculum materials, marketing, etc. A program “champion” within the institution is an asset.
7. Consideration should be given to the merits of an approval or accreditation structure whereby the regulators approve a program that may be delivered by more than one provider.

8. Program staff and instructors must have expertise and experience in their field as well as training in adult education methods. They should appreciate the value that IEMs bring and be willing to provide some degree of general support and career counseling. The program staff/instructors should be highly valued by the program and their professional development should be supported.
9. The bridging program must be advertised as early as possible and at least six months before it begins.
10. Planning for long-term sustainability should begin immediately and be integrated into the pilot phase. Considerations should be given to the following strategies:
 - a. Charging participant fees;
 - b. Integrating refresher or remedial midwifery course participants;
 - c. Designing and offering courses for an interprofessional audience;
 - d. Making program resources available to other professions on a fee-for-service basis;
 - e. Sharing resources with another program or institution;
 - f. Finding on-going financial supports for students to cover program fees.
11. The bridging program curriculum should, at a minimum, address the following:
 - a. Ensure language supports are available for second language learners, both via a separate module and by integrating language supports throughout the curriculum.
 - b. Ensure that practice in using professional communication skills is included in the curriculum for all participants.
 - c. Include an orientation to the Canadian healthcare system and to the profession of midwifery.
 - d. Consider including a module on indigenous culture and health care needs.
 - e. Ensure the program includes as much access to work experience as possible. Consider including observational placements and mentorships as well as a supervised clinical placement. Some workplace simulation may need to be incorporated to make up for restricted availability of placements, but this should not replace actual work experience.
12. All work supervisors/mentors/preceptors should have access to training regarding their roles and responsibilities and those of the participants. They must also be educated regarding what to expect and how to work with internationally-educated individuals.
13. Use or adapt existing curriculum whenever possible. When creating new curriculum, ensure adequate time is allocated. Copyright on new curriculum

should be held by an institution that will provide royalty free access to all users. Copyright on intake and exit assessment tools should be held by the regulators.

14. A mixed-mode program delivery approach should be implemented, where both in-person and distance delivery methods are used. In-person delivery should include the use of mega-simulations and/or case studies, as well as work experience. Distance-delivery should make use of a simple, asynchronous online platform.
15. Training for instructors and participants must be incorporated and should cover technical issues as well as responsibilities and expectations from each party.
16. Technical support and back-up plans, for when equipment fails, must be in place.
17. Significant attention must be paid to ensuring that a “community of learning” is developed and that participants do not feel isolated. One-on-one instructor support should be available. Group discussions are a critical component.
18. Consider implementing a case management approach to ensure that each participant has access to the personal, educational, and career planning supports that she needs. This may be done in partnership with the delivery providers and/or immigrant-serving organizations.
19. Implement a tiered approach to assessment, with multiple tools used. Consider the merits of an on-line self-assessment tool and the “Triple Jump” assessment.
20. Set entry criteria to balance keeping a fair level of access to the program with ensuring that participants have a good chance of successfully completing it.
21. Create a program evaluation plan at the project start, including both formative and summative, short and long-term evaluations. Consider using the Logic Model tool. Implement a continuous improvement model.

☞ The full Best Practice Review report is available upon request.

Needs Assessment Report

Purpose

To obtain and analyse data from each regulator in order to have a stronger understanding of not only the gaps identified on a per province basis but, most importantly, of the key gaps identified across provinces. This data analysis is to then inform the development of the MMBP by ensuring that the courses/workshops included are designed to address the appropriate gaps in competencies.

Methodology

Wendy Martin Consulting was contracted to conduct the Needs Assessment. Data was obtained from each of the five midwifery regulatory authorities who have held assessment processes for internationally-educated midwives. It varied in format from an email summarizing gaps most commonly identified to the provision of 100 individual assessment reports. This variation was one limitation of the process; another major limitation was the fact that the relatively small numbers of IEMs assessed led to small amounts of data which often could not generate statistically significant data.

Excel spreadsheets were used to record and statistically analyse data regarding candidate profile and success rates in each part of the assessment processes. This allowed appropriate context information to be generated.

Excel spreadsheets were also used in the coding process to record all gaps identified (over 250). A process of ranking emerged based on how often each gap was identified in a given record (1 point per time). After initial coding, categories were linked to competencies from the *Canadian Competencies for Midwives* and then grouped as appropriate. Additional information was sought by email from the regulatory authorities when needed to better understand the gaps in question and the candidate profiles.

Better data was available from BC than from other provinces for the purposes of this analysis, thus the analysis of data on an interprovincial basis was carried out by starting with BC data and then reviewing other provinces' data or analyses to identify if there were any inconsistencies between provinces. This was followed by a final review to detect gaps identified in other provinces but not in BC.

Findings

Overall, the evidence indicates that there are consistent gaps that will need to be addressed by a pan-Canadian bridging program. Although some candidates are lacking in certain knowledge and skills, the gaps appear to be mainly related to the differences inherent in Canadian midwifery vis-à-vis midwifery in other parts

of the world. These gaps have an impact on the full scope of midwifery practice from antepartum to postpartum and newborn care.

In addition to competency gaps, there are several registration requirements that IEMs typically lack that bridging programs should assist IEMs to meet. Bridging participants will need opportunities to work in both hospital and out-of-hospital settings, as they typically only have competence working in one of these settings. They also need the chance to work with Canadian midwives in a continuity of care model, as well as within the Canadian health care system.

Based on its findings, the Needs Assessment makes the following recommendations regarding the design of the Multi-jurisdictional Midwifery Bridging Program:

1. The bridging program must include significant orientation to all elements of the Canadian midwifery model and to practice expectations.
2. The bridging program must provide educational modules to all IEMs, regardless of their level of language fluency, about how to communicate appropriately as a Canadian health professional, and specifically as a midwife in Canada.
3. The bridging program must provide education at a primary-care provider level in the management of:
 - a. Physical assessment of woman
 - b. History taking
 - c. Screening & Diagnostic testing
 - d. Pharmacology & Prescribing
 - e. Management of antepartum variations from normal
 - f. Labour management
 - g. Emergency skills
 - h. Newborn assessment
 - i. Six weeks of postpartum care for woman and baby
4. The bridging program must provide education in the following specific clinical skills:
 - a. Vaginal examinations in early labour
 - b. PAP smear and pelvic assessment
 - c. IV cannulation
 - d. Suturing
5. The bridging program should provide support for province/territory specific education, such as “working in northern communities.”

6. A systematic data collection system is needed to allow for a better understanding of applicants and to ensure that data can be compared between provinces and territories.
7. Additional OSCE stations should be developed so that data on a broader sampling of competencies are available for future evaluations of this kind.
8. Additional research is needed to pursue the reasons why IEMs decided not to apply to or not to complete PLEA processes. This would provide additional information regarding potential self-identified gaps for those who did not proceed to the examinations.

☞ The full Needs Assessment Report is available upon request.

Environmental Scan

Purpose

To complete a focused environmental scan of existing courses and workshops that could be adapted, revised, or used in a multi-jurisdictional midwifery bridging program. The Environmental Scan Report will be used to pursue contracts for the adaptation and delivery of relevant courses to be used in the MMBP.

Methodology

Circa Enterprises was contracted to conduct this research. The research was guided by the preliminary results of the needs assessment, such that the gaps identified there provided the course topic areas of interest.

Research contacts were identified by the project coordinator and through Internet searches and website reviews. A “snowball” method was used where contacts were asked to recommend other individuals who would be appropriate to approach. Contact was made with these individuals by telephone and by email, in English and in French as appropriate.

Websites and/or courses were identified through internet searches and from suggestions made by those contacted. The following types of websites were reviewed:

- Midwifery Baccalaureate Degree Programs (6)
- Midwifery Associations and other health professional associations
- Generic Health care courses: including those offered by universities, community colleges, health regions including TeleHealth courses and professional associations.

- Existing Bridging Programs for Internationally Educated Health Professionals including English programs for Internationally Educated Health Care Professionals.

Email and telephone calls were made to organizations and institutions where relevant courses were identified³.

A total of seventy-one (71) individuals at various educational institutions were contacted by email and/or telephone in English or French. Three midwifery education programs⁴, twelve (12) bridging programs and one hundred and nine (109) courses were reviewed in detail and are presented in the Environmental Scan. Courses in both English and French were identified.

Findings

While IEMs are currently able to enroll in a number of the courses identified, few courses were found that could be used in a midwifery bridging program without adaptation. A number of institutions indicated a willingness to work with CMRC to adapt courses, provided that there were sufficient numbers of students for the courses to operate on a cost-recovery basis. Unfortunately, given the small numbers and geographically dispersed midwives who are expected to access the MMBP, this may not be financially feasible.

The Environmental Scan surveyed the content of 12 health-related bridging programs. Ryerson University School of Continuing Education's International Midwifery Pre-registration Program (IMPP) is currently the only bridging program for IEMs in Canada; unfortunately Ryerson is not available to work with the Consortium on the development of the multi-jurisdictional bridging program, nor to be contracted to develop specific modules. They may, however, be offering distinct topics by distance education modules as of January 2008. At the time the Scan was carried out, IMPP was not able to share what topics these modules will cover. With the exception of IMPP, all of the remaining health-related programs reviewed are designed for nurses. Several of these program providers indicated the availability of individual courses to IEMs and/or a willingness to adapt courses so that IEMs could access them.

The Environmental Scan resulted in the identification of a range of individual courses and workshops, offered by a variety of providers, that address the following topics: Midwifery Specific, Orientation to Canadian Health Care, Critical Appraisal of Research, Pharmacology and Prescribing, Professional Communication and Second Language Skills, and Women and Health. As well, workshops or short modules on specific clinical or technical skills were also identified. The majority of the courses are offered in-person, but a few are

³ See Appendix B for the research questions used for the Environmental Scan.

⁴ One of the three midwifery programs is offered at three different sites; each site was contacted for this research.

offered by distance education. More details of findings in each area are provided below.

Orientation to Canadian Health Care

Both profession-specific and sector-specific courses were found in the area of Orientation to Canadian Health Care. Both distance and online courses were found. IEMs are currently able to register in a number of these courses, and staff of several programs indicated the possibility of working with CMRC to adapt courses for IEMs.

Critical Appraisal of Research

Two courses relating to Critical Appraisal of Research were identified. Both are offered through blended delivery (distance and in-person). IEMs are currently able to take the health-sector wide course offered through McMaster University, and George Brown College is open to discussion with CMRC regarding access to its “Nursing Research” course.

Pharmacology and Prescribing

A number of courses were identified relating to Pharmacology and Prescribing, although they were all designed for nursing and would need significant adaptation for both content and the primary care role of the midwife. IEMs are currently able to enroll in 5 of these courses, and staff at Vancouver Community College indicated the possibility of arranging access for IEMs to its courses in the future.

Communication and Second Language Courses

Communications Skills courses cover a range of skills, including conflict management, leadership and intercultural communication for health care professionals. Many of the courses reviewed are designed for nurses, pharmacists, or health care practitioners generally. Of these, many are currently accessible to midwives. A range of English and French as a Second Language courses were found for health care professionals. Some are specific to a certain profession, while others are health-care specific, and yet others are accessible to a broad range of professions. Many are accessible to IEMs. The International Pharmacy Program at the University of Toronto and CARE for Nurses both provided curriculum to CMRC for review. Red River College and Canadian English for Professionals, both in Manitoba, expressed interest in working with CMRC to adapt its various ESL courses for health professionals to meet the needs of midwives.

Women and Health

A number of courses and workshops related to Women and Health were identified. Of these, two focus particularly on health issues, with one addressing nursing issues and the other addressing issues related to physiotherapy. The remaining courses are general Women’s Studies courses that introduce students to some of the basic concepts, theories and methodologies of Women’s Studies.

Specific Skills

Specific Skills courses and workshops were identified in the following areas: 1) Neonatal and Perinatal Skills; 2) Emergency Skills; 3) Starting and Maintaining an Intravenous; and 4) Computer Skills. Most of the specific skills courses and workshops identified were designed for nurses or doulas, although some are designed for physicians and midwives as well. Both distance and in-person courses and workshops were identified, and many are currently accessible to IEMs. Distance-based courses also have a clinical component. Many of the providers indicated that they would be open to discussions with CMRC regarding the adaptation of courses, dependent upon sufficient numbers of students to make courses cost-efficient.

Midwifery-specific Courses

Very few midwifery-specific courses or workshops were identified that could be accessed by IEMs in a multi-jurisdictional bridging program. Gap needs related to scope and model of midwifery practice, in particular, were not able to be matched to appropriate courses or workshops, with the exception of the Informed Choice courses described below. The consultants note that aspects of each identified need are addressed in the nursing courses included in the report, but that these courses do not address the primary care role in all its forms.

One course relating to Informed Choice was identified however. It is currently offered by the Association of Ontario Midwives through a self-study e-Learning module. It was designed as a continuing education module for registered midwives in Canada, but is currently accessible to all AOM members, midwifery students and IEMs undergoing assessment in a regulated jurisdiction.

With regards to the baccalaureate level midwifery education programs (MEPs), program directors noted that while course content of MEPs may be relevant to a bridging program, individual topics are integrated throughout the curriculum and cannot be offered discretely to IEMs. Several also noted that much of the course content would be too elementary for IEMs, as the curriculum is designed to teach entry-level competencies, and IEMs are usually experienced midwives.

One exception is the University of British Columbia's (UBC's) Pre-Registration Preparatory Workshop, which was originally designed by UBC for IEMs participating in the College of Midwives of BC's PLEA assessment process. UBC expressed an interest in creating a bridging program for IEMs, including adapting the currently existing workshop. The Université du Québec à Trois Rivières (UQTR) is waiting on legislative changes to ascertain their next step regarding midwifery bridging. Ontario MEPs expressed little interest in participating in the creation of a bridging program since there is already one located in their province.

☞ The full [Environmental Scan Report](#) is available upon request.

Distance Education and Adult Learning

Life Strategies Inc. was contracted to provide research, consultation and training to project staff on distance education and adult learning principles. Life Strategies conducted a workshop for project staff to provide an introduction to online distance education technologies. In particular, staff received an orientation to Moodle, an online asynchronous learning platform. Life Strategies also provided a list of distance education books and journal articles that could inform the development of the distance-based components of the MMBP, and a list of different types of distance learning technologies and specific products and/or service providers for each of these technologies.

Finally, Life Strategies provided a package on Adult Education and Learning Technologies, and a Course/Program Review Checklist to be used in assessing courses that may be used or adapted for use in the MMBP⁵.

Additional information on implementing distance education programs was obtained from Dr. Lillie Lum, a researcher from the Atkinson School of Nursing at York University. Dr. Lum has conducted research on bridging programs for internationally educated health professionals (IEHPs) in Ontario. Her research specifically investigates the challenges and benefits of using online distance education in bridging programs for culturally diverse IEHPs. MMBP project staff reviewed three of Lum's papers⁶. Some of this research is described in the Best Practices Report.

Both Life Strategies and Lum's research emphasize that the success of distance education in multicultural adult education depends upon the ability of the program design and instructor to accommodate different personal and cultural learning styles. Incorporating intercultural communication into all aspects of the MMBP is a priority for CMRC, and the research pertaining to adult learning and distance education will inform all aspects of the MMBP, including program design and staff training.

⁵ See Appendix D for Course/Program Review Checklist from Life Strategies.

⁶ Lum, Lillie. "Distance Education: A Help or Hindrance to Employment Integration of International Professionals?" *International Journal of Technology, Knowledge and Society*. Vol. 2, 2006. www.Technology-Journal.com.

Lum, Lillie. "Internationally-educated health professionals: a distance education multiple cultures model." *Education and Training*. Vol. 48 (2-3), 2006.

Lum, Lillie et. al. "Creating Effective Distance Education for Internationally-Educated Health Professionals Seeking Canadian Registration." A Report to the Social Sciences and Humanities Research Council and Heritage Canada. January 31, 2006.

Midwifery Stakeholder Consultations

The annual meeting of the Canadian Association of Midwives provided a good opportunity for consultation at the start of the MMBP Research Phase project. Briefings were held with:

- The full council of the Canadian Midwifery Regulators Consortium. CMRC members are kept informed via their representative on the Project Steering Committee but this meeting allowed for a more in-depth update and discussion on the Bridging Framework;
- The board of the Canadian Association of Midwives. CAM represents midwifery associations in all jurisdictions in Canada and is a key link to IEMs and to Registered Midwives. This meeting allowed for a presentation on the Bridging Framework and the solicitation of feedback.
- Individuals from Northwest Territories, Manitoba, Saskatchewan, Nova Scotia, Nunavut⁷, Quebec, and others elsewhere in Canada. Interviews with individual midwives involved in relevant processes in their provinces/territories allowed for a helpful exchange of information and feedback.
- Attendees of the CAM conference. A formal conference presentation enabled information about the project to be more widely distributed. The questionnaire handed out at the end of the meeting generated a few interesting responses.

Additional communication by email and telephone with individuals across Canada took place throughout the project.

The most significant feedback was incredible support for the establishment of a midwifery bridging project that can be accessed by midwives in various provinces and territories. This was seen as a significant step towards improving access for IEMs, especially in the smaller provinces where resources and numbers of applicants are low and where a province/territory-specific bridging program is clearly not feasible. Stakeholders were also pleased at the harmonization of standards and processes on a national basis, as this is seen as helpful for IEMs, for provinces in the process of becoming regulated, and for the credibility of Registered Midwives.

Other feedback from the above sources includes:

- Education modules on the following topics should be included:
 - “cultural safety”
 - aboriginal culture and working with aboriginal clients
 - learning and study skills first, including critical appraisal of research and presentation skills
 - interprofessional communication and relationship-building

⁷ The most extensive discussion regarding Nunavut was arranged during the CAM conference but held afterwards by telephone.

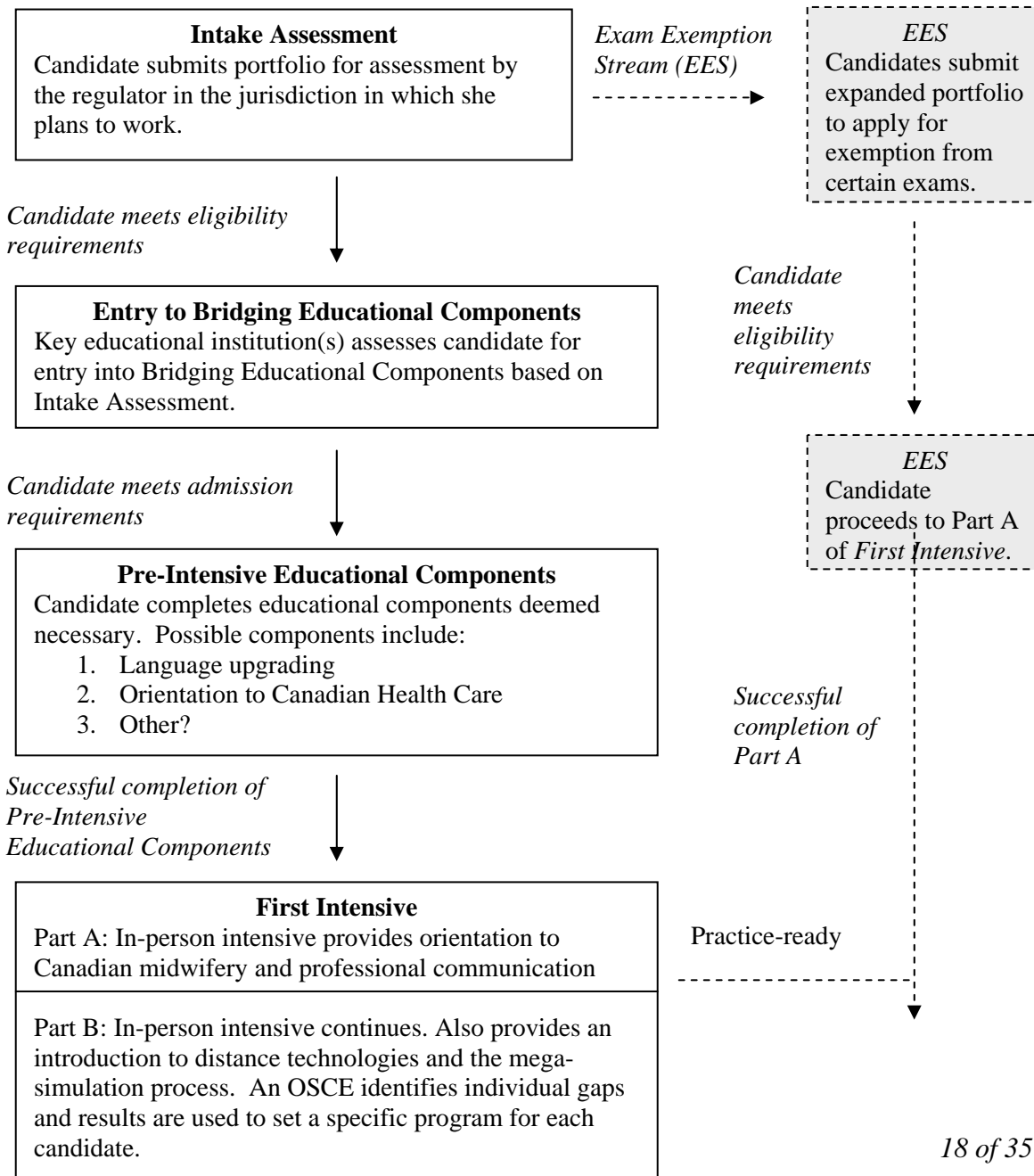
- maternal and newborn stabilization for transport, including in rural and remote areas;
- Clinical placements should be in the province or territory that a person is planning to work in;
- Consider that some clinical placements may need to be outside a participants' community in order to get enough experience;
- The opportunity to observe a midwifery practice (in the province the participant will be working in) early on is important;
- Jurisdiction-specific modules will be needed to cover expanded scope issues, as well as legislative and other such differences;
- Consider incorporating in-province weekend workshops to build a community of learners and allow practice in in-person skills;
- Intercultural diversity training for assessors/instructors is needed;
- Eligibility criteria should be considered to enable applicants from not-yet-regulated jurisdictions to participate;
- The wording on the document that graduates receive at the end should be carefully considered so that it allows graduates in all jurisdictions to be registerable;
- Should get the program running as quickly as possible.

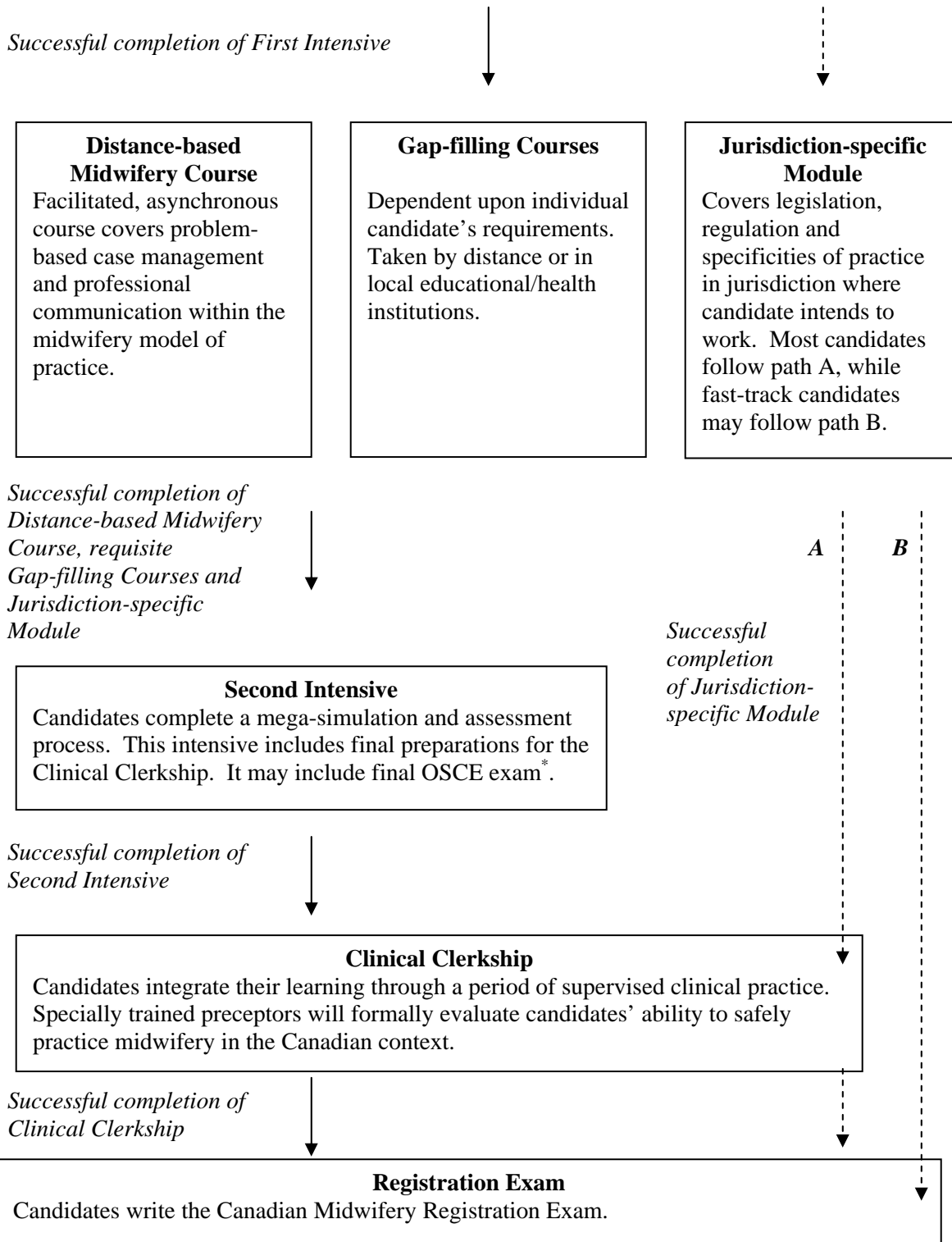
Multi-jurisdictional Bridging Program Description

The CMRC Steering Committee met on March 6-7, 2007 in Winnipeg, MB, to determine the framework of the Canadian Midwifery Bridging Program. The draft Best Practices Review, draft Needs Assessment, and Environmental Scan informed the discussion and decisions of the committee. The resulting **provisional** decisions are outlined in the following flow chart and described in detail below.

Multi-jurisdictional Midwifery Bridging Program Flow Chart

(Maximum 2 year process)





* The final OSCE may take place later in the process instead.

MMBP Program Details

Below is a detailed description of the various aspects of the MMBP Bridging Framework as it was envisioned in the March 2007 meetings. **Please note that discussions and research continue and the details provided here may change as the development and implementation process proceeds.**

Eligibility

Entry criteria and assessment tools will be harmonized nationally wherever possible. Assessments will be carried out by either regulatory or educational institutions at the different stages described below.

Bridging Entry

The initial Intake Assessment for entry into the bridging process will be administered by the regulator in the province or territory where the applicant plans to work. Clinical experience and language fluency entry criteria will be uniform across all jurisdictions. Educational criteria may be determined individually by each jurisdiction in order to honour the current practices of jurisdictions which have divergent criteria with regards to informally educated applicants.

Before applying to the bridging process, candidates will access a web-based self-assessment that includes both competency and lifestyle questions to assist candidates to determine if the MMBP assists them on the right career path.

Bridging Entry criteria will include the following:

- 1) *Minimum numbers of managed births and experience in antepartum and postpartum.* These numbers will not include continuity of care, and they may be a lower number than for current PLEA processes. There will be two options: a large number of births over the course of an applicant's career OR lower numbers of current experience.

Acceptable evidence for measuring clinical experience will include documentation, supplemented by oral interviews if some required documentation is unavailable for legitimate reasons.

- 2) *Minimum language requirement* (English or French, depending on the province). The language pre-requisite for the first midwifery intensive will be higher than the eligibility requirement for the intake. A language upgrading module will be available for those that need to increase their fluency levels prior to the First Intensive.

English or French language skills will be assessed through standardized testing before the start of the program as part of the intake assessment. Language fluency will ideally be measured with a health-based language test, such as the Midwifery Language Proficiency Test or the test currently under development by Health Canada.

- 3) *Requirement for midwifery education.* The specific requirement may differ depending on which province an applicant is applying to and plans to work in.

Bridging Education Components

Admission into the educational institution(s) offering midwifery-specific bridging courses will be administered by the relevant educational institution(s).

Candidates will submit the intake assessment reports from regulators to the key educational institution(s) and the latter might establish a standardized in-person or phone interview for admission purposes.

Key educational institution(s) will deliver two Intensives and a Distance-based Midwifery Course. Ideally, one educational institution coordinates and tracks students' participation in additional distance-delivered or local courses and in a preceptorship in the jurisdiction of intended registration. Assessments of competence in each component would come back to the coordinating institution, which would then determine participants' overall success in the program.

Entry into the First Intensive program and other midwifery specific courses will depend on meeting a high language benchmark. If applicants do not meet this benchmark level, they will be referred to a general course for language upgrading prior to being admitted to the intensive.

Curriculum

The Multi-jurisdictional bridging program is designed to be individualized and accessible to geographically dispersed populations. As described above, candidates will take part in an intake and admission process which will result in an individualized plan for achieving registration. For many candidates, this will include a variety of educational components; some, however, may be able to “fast-track” directly to the registration examination.

The overall bridging program will include a staged educational and assessment program. All components must be completed within a two-year limit.

Pre-Intensive Educational Components

Once admitted, candidates will complete any Pre-Intensive Educational Components that they require. The exact topics are still to be confirmed but they may include Orientation to Canadian Health Care, Women and Health, an Observership, and Professional-level English or French Language Upgrading. The language upgrading module will either be midwifery- or sector-specific; the language course currently under development by Health Canada may fill this role.

First Intensive: Orientation to Canadian Midwifery

Upon successful completion of the Pre-Intensive Educational Components, candidates will proceed to the First Intensive. The First Intensive will be a 2-3 week long in-person course, divided into Part A which will be mandatory for all candidates, and Part B which will include components to address specific needs that may be skipped by candidates who are deemed practice-ready. It is expected that most candidates will attend the full intensive.

This intensive will include an orientation to the Canadian midwifery model of practice (primary care, informed choice, etc.), an introduction to the concept of mega-simulation and to the use of distance technologies, as well as professional communication. This intensive will also include an OSCE to properly determine each participant's gaps in more detail than the document-based assessment done by the regulator and to confirm the specific program for each person.

Individual Coursework

The next stage will consist of 3 parallel components: 1) the Distance-based Midwifery Course; 2) Gap-filling Courses; and 3) a Jurisdiction-specific Module.

1) The Distance-based Midwifery Course will be a facilitated, asynchronous course, ideally taught by the instructor(s) of the Intensive(s). It will cover midwifery-specific knowledge and professional communication skills in a problem-based case management format. Candidates will be provided with virtual clients and will progress through a continuum of care with these clients. Specific topics discussed will be chosen based on gap areas identified by the Needs Assessment and on challenging situations in the Canadian context (e.g. where evidence is unclear or controversial). This midwifery-specific course is intended to allow students to continue to develop their understanding of the midwifery model of practice (informed choice, evidence-informed practice), and to be part of a "community of learning" where peer and tutor support is available.

2) Any required Gap-filling Courses will be completed concurrently to the Distance-based Midwifery Course. Courses required of each candidate will be individually determined during the First Intensive. Gap-filling Courses may be taken via approved distance education courses or in approved settings in the candidates' local communities. This may include contracting individual health care providers to teach specific skills; in this case, these instructors would be provided with set objectives and supportive course material, and assessment tools to ensure consistency and adherence to the Canadian midwifery model of practice. Gap-filling topics include:

- a. Physical assessment of woman
- b. History taking
- c. Screening & Diagnostic testing
- d. Pharmacology & Prescribing
- e. Management of antepartum variations from normal
- f. Labour management
- g. Emergency skills

- h. Newborn assessment
- i. Six weeks of postpartum care for woman and baby

3) A Jurisdiction-specific Module will also need to be completed. It may be done concurrently to the Distance-based Midwifery Course and Gap-filling Courses, or it may be just afterwards. This module will cover legislation, regulation and the specificities of practice in the province or territory where the candidate plans to work. All or part of this course may be offered via a self-paced online curriculum.

Second Intensive: Integration of Learning

Upon successful completion of all of the above components, candidates will proceed to the Second Intensive. The Second Intensive will focus on integrating the newly acquired skills and information, and will cover any remaining topics that require a hands-on orientation prior to the clinical clerkship. This will include a mega-simulation OSCE with standardized clients, and an assessment to confirm that candidates are ready for the Clinical Clerkship.

Clinical Clerkship

The Clinical Clerkship is the final stage of the Multi-jurisdictional Midwifery Bridging Program. It will take place, wherever possible, in the province or territory where the candidate intends to practise. During the Clinical Clerkship, candidates will integrate their learning by means of a period of supervised practice. During the Clinical Clerkship, preceptors also formally evaluate candidates' ability to practise midwifery in the Canadian context. To ensure the success of this program, preceptors will use standardized assessment tools and receive training in assessment and in intercultural diversity. The clinical clerkship is a critical component of this program. However, it is possible that practice-ready candidates in some provinces/territories may be exempted from taking all or part of it. This is a possibility that will be determined independently by each jurisdiction.

Governance

The Canadian Midwifery Bridging Program will be governed by a Steering Committee with active consultation from members of an Advisory Group.

The Steering Committee will make all major decisions. It will include some representatives of the Canadian Midwifery Regulators Consortium, the Bridging Project Coordinator, and the Executive Director of the Forum (ex officio).

The Advisory Group will include representation of all major stakeholder groups⁸. The steering committee will provide quarterly reports to this group, will consult with them as appropriate, and will invite relevant representatives to participate in

⁸ See Appendix C for a list of midwifery stakeholders who are possible members of the Advisory Group.

working groups. Midwifery professional associations will have a particularly important role to play as advisors and should be consulted whenever relevant.

Regular Steering Committee meetings will be held via teleconference and at least one in-person meeting per year. In addition to full voting members of the Steering Committee, others will be invited to attend relevant meetings, including a representative from the Canadian Association of Midwives, and representatives from other relevant stakeholder groups, as appropriate to the discussion topics.

Stakeholders will also provide input through their participation in Working Groups designed to address particular aspects of the program. Working groups will each include members of the Steering Committee and the Advisory Group. Possible Working Groups include:

- Preceptor Training
- Intake Assessment Tools
- Supports for IEMs
- Course Content Development
- OSCE Development
- Evaluation
- Ministries and Funding Opportunities.
- Administrative Group/Legal

Workplan: MMBP Implementation Phase

The following three-year workplan for the Implementation Phase of the MMBP is based on the Bridging Framework described above.

Year One: June 2007 to March 2008

	Objectives	Anticipated Outcomes	
1	<p>Governance Structure: To launch a new governance structure which includes:</p> <ul style="list-style-type: none"> ▪ Steering committee with representatives from CMRC members, the Project Coordinator and the Executive Director of the Forum (ex officio). ▪ Multi-stakeholder advisory committee including representative from the Canadian Association of Midwives and other stakeholders. ▪ Working groups on topics of importance, including steering and advisory committee members. 	<p><i>Main Outcome:</i> Operational governance structure.</p> <p><i>Component Outcomes:</i> Steering Committee members confirmed.</p> <p>Advisory Group members identified, along with Terms of Reference.</p> <p>Some Working Groups and their Chairs identified, along with Terms of Reference (others to form on an as needed basis)</p>	June - Sept
2	<p>Staffing: To contract a Project Coordinator or coordination team (other project staff already engaged at this time).</p>	Project Coordinator or Project Co-Coordinators (depending on availability) contracted as soon as possible	June-Sept
3	<p>Confirmation of Bridging Framework: To confirm the final Bridging Program curriculum topics and design.</p>	Final Bridging Framework	June
4	<p>Intake Assessment Tools & Criteria: To negotiate and confirm harmonized eligibility criteria, and to develop standard intake assessment processes and policies to be implemented in each participating province or territory.</p>	<p><i>Main Outcomes:</i> Harmonized eligibility criteria (as much as possible)</p> <p>Harmonized intake assessment process</p> <p><i>Component Outcomes:</i> CMRC Policy and Procedures Manual for Assessment</p>	June - Dec

		<p>On-line self-assessment tool to assist candidates in their career planning</p> <p>Intake Eligibility Criteria including:</p> <ol style="list-style-type: none"> Minimum numbers of managed births and experience in antepartum and postpartum. Minimum language requirement. Requirement for midwifery education. 	
5	<p>Adaptation of courses/workshops: To contract with educational organizations, and/or consultants for the adaptation of courses, workshops, or course modules that will address identified needs.</p> <p>The Environmental Scan will be used to identify institutions to be contacted regarding the adaptation of courses. Contracts to be negotiated with relevant institutions. Skill areas covered by adapted courses may include:</p> <ul style="list-style-type: none"> History and physical assessment Newborn assessment Care of the newborn to 6 weeks postpartum Emergency Skills IV and venipuncture Pelvic assessment, including PAP smear Suture 	<p><i>Main Outcomes:</i> A list of courses/workshops that are approved by CMRC to meet certain gaps in knowledge or skills.</p> <p>A list of courses that are approved by CMRC to meet language skills requirements.</p> <p><i>Component outcomes:</i> Policies and procedures for CMRC approving these workshops/courses for gap-filling.</p> <p>Course objectives and assessment forms to ensure that material taught by local community health care practitioners is taught from a midwifery-compatible perspective.</p>	June - Dec
6	<p>Creation of midwifery specific courses: To contract with educational organizations and/or consultants for the creation of courses or workshops that will address specific needs that cannot be filled with existing courses/workshops. These will include the First Intensive, Distance-based Midwifery Course, and Second Intensive.</p>	<p><i>Main Outcomes:</i> Course/workshop curriculum and support materials in a format that will allow the course to be offered with a standardized format and content in more than one location and/or by more than one education institution (in case</p>	June-March+

	<p>It may also include development of a mentorship program, if feasible.</p> <p>The Environmental Scan and existing contacts will be used to begin contracting with appropriate institutions.</p>	<p>this is desired).</p> <p><i>Component outcomes:</i> Curriculum and assessment tools for the First Intensive.</p> <p>Materials for the facilitated, asynchronous Distance-based Midwifery Course.</p> <p>Curriculum and assessment tools for the Second Intensive.</p>	
7	<p>Development of Resources for Candidates: To develop critical support materials for IEMs, such as an exam prep guide for the national registration examination, a reference book on Canadian midwifery practice, and an enhanced website.</p>	<p><i>Main Outcomes:</i> Canadian Midwifery Registration Exam Prep Guide</p> <p>Orientation to Canadian Practice reference book(s)</p> <p>Up to date website information regarding Canadian midwifery</p>	Sept-Mar
8	<p>Development of Preceptorship Program: To develop a training and support program for Registered Midwives to be clinical preceptors. This may include collaboration with midwifery education programs and building on existing resources (including adaptation from materials or courses created for other professions). It will include intercultural diversity training.</p> <p>To develop formal evaluation tools to be used by preceptors, participants, and staff to evaluate clinical placements</p> <p>To develop an evaluation tool to assess clinical competency.</p>	<p><i>Main Outcome:</i> A training and support program for midwifery clinical preceptors.</p> <p>Evaluation tool for clinical assessment.</p> <p><i>Component Outcomes:</i> Formal evaluation tools for the preceptorship.</p> <p>A collection of existing midwifery resources and other relevant materials on preceptor/instructor training.</p> <p>Each jurisdiction will determine whether the preceptorship will be mandatory for every applicant.</p>	Sept – Mar+
9	<p>Development of Evaluation Plan: To develop a plan for formative and summative evaluation of the bridging development and of the program itself, including needed materials.</p>	<p><i>Main Outcome:</i> An evaluation plan, and tools to implement it.</p> <p><i>Component Outcomes:</i> Principles for evaluation process.</p>	June-Dec

		Evaluation tools.	
10	Financial Sustainability Plan: To develop relationships for ongoing funding support, as needed, in order to ensure the financial sustainability and longevity of the MMBP. Note: Financial sustainability will be considered from the initial design of this program and throughout the project.	<i>Main Outcome:</i> A credible plan for long-term financial support of the project.	June - Mar
11	Development of Administrative Capacity: To develop administrative policies and procedures and tools, including registration forms, etc.	<i>Main Outcome:</i> MMBP policies & procedures manual (including registration form, if needed)	Jan – Mar+

Year Two: April 2008 to March 2009

1	Continued Development: To continue the development activities commenced in year one, as necessary. It is anticipated that these development activities will take 12-20 months to complete.	As noted above and below.
2	Preceptorship Administration: To develop the administrative structure, support materials, and relationships needed for clinical placements in home provinces.	<i>Main Outcome:</i> Clinical placements available in each regulated jurisdiction <i>Component Outcome:</i> Supports in place to efficiently offer and manage clinical placements.
3	Development of Assessment Tool: To harmonize the content and format of OSCE stations held by CMRC members for inclusion in a Pan-Canadian Midwifery OSCE Databank, and if possible, to add scenarios to ensure a large enough databank to maintain ongoing security and effectiveness.	<i>Main Outcome:</i> Pan-Canadian Midwifery OSCE Databank, to be drawn on for final competency assessment.
4	Outreach: To develop outreach materials for IEMs	<i>Main Outcome:</i> Outreach materials for IEMs. <i>Component Outcomes:</i> Enhanced web-based information for IEMs regarding access to the MMBP. Brochures/flyers on MMBP.
5	Development of Support Services for IEMs:	<i>Main Outcomes:</i>

	To develop support services for IEMs via partnerships with community organizations. (e.g having a dedicated settlement worker for IEMs that can be accessed from a distance and ensuring access to community computers.)	Partnerships with community-based organizations. Written materials for staff that will provide support to IEMs.
6	Negotiation of Agreements to offer Program: To contract with educational institutions for the offering of newly developed courses/workshops.	<i>Main Outcome:</i> Contracts that ensure that new courses/workshops meeting multi-jurisdictional bridging program standards are available to IEMs
7	Administration of Pilot Year One: To administer a first year pilot of the MMBP, providing support and troubleshooting to all partners (educational and other institutions, regulators, community organizations)	<i>Main Outcome:</i> MMBP available and offered to geographically dispersed IEMs in the Western and Northern regions.
8	Evaluation: To carry out a formative and summative evaluation of the first year of the MMBP	<i>Main Outcome:</i> Evaluation Report
9	Development of Course Approval System: To develop standards and a system for ongoing CMRC approval of courses/workshops in bridging curriculum	<i>Main Outcome:</i> A detailed guide to MMBP course approval standards and processes

Year Three: April 2008 to March 2010

1	Revisions: To carry out revisions and alterations as recommended in the Evaluation Report during the second year pilot of the MMBP.	<i>Main Outcome:</i> A more effective curriculum and program design.
2	Administration of Pilot Year Two: To administer a second year pilot incorporating changes recommended by the year one evaluation as well as any new tools or processes developed.	<i>Main Outcome:</i> MMBP available and offered to geographically dispersed IEMs in the Western and Northern regions.
3	Final Evaluation: To carry out a final summative evaluation of the project and of the program itself.	<i>Main Outcome:</i> Evaluation Report
4	Development of Final Report: To provide other professions with dispersed populations with a model for a professional bridging program in a multi-jurisdictional format.	<i>Main Outcome:</i> A final report that outlines successes, challenges, and the resulting program.

Conclusion

The CMRC should proceed with the development of the Multi-jurisdictional Midwifery Bridging Program (MMBP), following the Framework and Implementation Plan outlined in this Report.

In doing so, close attention should be paid to the results of the Best Practices Review in order to incorporate design and teaching practices that are clearly innovative and/or are identified as successful practices for multiple programs.

Potential courses or workshops identified in the Environmental Scan should be followed up to determine which, if any, are feasible to include in the MMBP, either “as is” or in a modified version.

All courses and workshops, whether approved as is, modified, or created from scratch, should address a gap that was identified either in the Needs Assessment or in future expansions of that work, or that was identified by midwifery stakeholders consulted in the course of this research phase.

Appendices

Appendix A: Guide Questions for Best Practices Review

1. What national bridging programs exist, if any?
2. How are bridging programs connected to the regulatory bodies that register the professionals that come out of them?
3. Are the bridging programs competency based? If yes, who sets the competency requirements (e.g. are they national)?
4. Who delivers the programs?
5. What works in a distance delivery format, and when is in-person better?
6. How is language proficiency upgrading included in the programs?
7. How long are the programs?
8. What is the cost to candidates?
9. What assessment tools are used and when during the programs are they used?
10. Are the final assessments internal or external or both?
11. How long have the programs existed?
12. How many people have gone through, from what range of backgrounds, and how many of those have been successful – in getting registered and in working in their field?
13. Are the professionals “practice-ready” when finished or is more supervision/orientation required?
14. Are there any significant cultural or other contexts for specific bridging programs looked at that should be considered in the analysis because they are different from that of a national midwifery program?
15. How have the programs been evaluated? – by participants, regulators, other agencies, arms-length?
16. What were the key points identified in the most recent evaluations?
17. Are the programs financially self-sufficient? If yes, how? If not, who is funding them and for how long?
18. Are there any other issues that might affect a midwifery bridging program that should be taken into consideration?

Appendix B: Environmental Scan Research Questions

The following research questions were used to gather data on courses:

Research Questions for Midwifery Education Providers:

- Who is the contact person-the person-in-charge?
- What are the course objectives and content?
- What identified need/s are covered?
- What institution offers this course?
- What are the Prerequisites currently set by the educational institution?
- How is this course delivered?
- Are there assessment tools used? What are they?
- What adaptations or revisions are needed? (for distance education)
- Can Internationally Educated Midwives take parts of a course?
- Cost of the program
- Do you have any concerns or recommendations regarding the delivery of on-line courses for internationally educated midwives?

Research Questions for Other Sources:

- Who is the contact person-the person-in-charge?
- What are the course objectives and content?
- What identified need/s are covered?
- What institution offers this course?
- What is the Prerequisites currently set by the educational institution?
- How is this course delivered?
- Are there assessment tools used? What are they?
- What adaptations or revisions are needed? (for midwifery and for distance education)
- Can Internationally Educated Midwives take parts of a course?
- Do you have any concerns or recommendations regarding the delivery of on-line courses for internationally educated midwives?

Appendix C: Midwifery Stakeholders – Potential Members of MMBP Advisory Group

The following list was generated by the Steering Committee of CMRC during their March 2007 meeting:

- Regulators
- Midwifery Associations – national and provincial
- Internationally Educated Midwives (IEMs) – may be adequately represented by regulator and association representatives since many are IEMs themselves
- Midwifery education programs
- Educational institutions – could be a conflict if we want to contract with them.
- Ministries of Health (Forum members or Ministry reps), potentially incl. provinces outside of the Forum membership
- Ministries of Education
- Health Canada
- Relevant Ministries of Economic Development stakeholders
 - e.g. BC Skills Connect for Immigrants - Health
- Women's health groups and consumers
- Health employers

Appendix D: Course/Program Review Checklist

The following Course/Program Review Checklist was prepared for CMRC by Life Strategies, Inc.

Course/Program Review Checklist

	<p>Learning Objectives</p> <ul style="list-style-type: none"> • Does the course have stated learning objectives that outline what participants will achieve through successful completion of this course?
	<p>Course Description</p> <ul style="list-style-type: none"> • Has a description of the course/program been provided?
	<p>Method of Evaluation</p> <ul style="list-style-type: none"> • Is it clear how participants will be evaluated? For example <ul style="list-style-type: none"> ○ Examinations ○ Hands-on activities ○ Written assignments ○ Clinical/lab work • Relevance <ul style="list-style-type: none"> ○ Are the activities, assignments, and evaluation relevant to those who have prior experience?
	<p>Grading Rubric</p> <ul style="list-style-type: none"> • Is it clear how instructors will evaluate activities? For example <ul style="list-style-type: none"> ○ How much is the exam worth? Is there an answer key? ○ Will participation be graded? What will determine a high or low grade? ○ What determines the grade for submitted assignments (e.g.
	<p>Instructor Requirements</p> <ul style="list-style-type: none"> • What skills, education, and/or experience must instructors possess?
	<p>Student Evaluation</p> <ul style="list-style-type: none"> • Are there opportunities for participants to evaluate courses, programs, and/or instructors?
	<p>Required/Recommended Materials for Students</p> <ul style="list-style-type: none"> • Are course/program materials (e.g., text books) described? • Are materials up to date, easily accessible and reasonably priced?
	<p>Instructor Materials</p> <ul style="list-style-type: none"> • What supplementary resources are available for instructors? • Is there an instructor's guide? Handbook? Website?
	<p>Regulatory or Certification Requirements</p> <ul style="list-style-type: none"> • Does the course/program meet the requirements set out by the Canadian Midwifery Regulators Consortium • Is it pre-approved? • If not, is there a process to ensure students will receive credit for this course/program?

	<p>Accessibility</p> <ul style="list-style-type: none"> • Is it online? • Scheduled in a flexible manner? • Do courses have to be taken in a complete program or is it modularized? • For face-to-face courses/programs: <ul style="list-style-type: none"> ○ Are courses available on evenings, weekends, part-time? ○ What geographical regions are courses offered in? Is this convenient for your potential students?
	<p>Suitability for Adult Learners</p> <ul style="list-style-type: none"> • Is the focus on entering the profession or continuing education? • Are instructional methods appropriate for potential learners?/ • What accommodations or supports are in place to enhance chances of student success?
	<p>Prior Learning Assessment and Referral (PLAR)</p> <ul style="list-style-type: none"> • Is there a PLAR process in place?
	<p>Suitability for Immigrants</p> <ul style="list-style-type: none"> • Is the reading level of materials and resources suitable? • Is the material sensitive to diversity? Appropriate across cultures? • Are the case examples, references, and graphics relevant to the bridging group?