

**REPORT**

**SUMMATIVE EVALUATION**

**OF THE**

**MIDWIFERY MULTIJURISDICTIONAL BRIDGING PROJECT**  
**(MMBP)**

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## ACRONMS

AMHDC	Alberta Midwifery Health Disciplines Committee
CMBC	College of Midwives of British Columbia
CMP	Core Midwifery Phase
CMRC	Canadian Midwifery Regulators Consortium
CMRE	Canadian Midwifery Registration Exam
IEM	Internationally Educated Midwives
FRC	Foreign Credential Recognition
HRSDC	Human Resources Services Development Canada
IMPP	International Midwifery Pre-Registration Program
MMBP	Multijurisdictional Midwifery Bridging Program
MRCNS	Midwifery Regulatory Council of Nova Scotia
MRU	Mount Royal University
NAS	National Assessment Strategy
OSCE	Objective Structured Clinical Examination
PESA	Pre Exam Self Assessment
PLEA	Prior Learning & Experience Assessment
TOR	Terms of reference
UBC	University of British Columbia
UCN	University College of the North
UQTR	Université du Québec à Trois-Rivières
NWT	Northwest Territories
VMP	Virtual Midwifery Practice

## **1. Executive Summary**

Given the growing maternity care provider crisis in Canada and the presence of IEMs unable to register in Canada, studies show that a bridging program is needed to address discrete competency gaps and provide cultural orientation as well as access to Canadian clinical experience. The MMBP was designed to facilitate integration of IEMs into the health care system by enabling them to meet Canadian competency requirements through education, support, mentorship and assessment.

The initial development and first pilot offering of the MMBP took place between September 2007 and March 2010. This included: a) development of administrative tools, processes and procedures, as well as the development of an on-line application and curriculum; b) implementation of the application, and an application assessment phase; c) the implementation of the Prerequisites Phase and Core Midwifery Phase with internal evaluations; d) integration of lessons learnt for the next offering.

This project was developed and implemented in a very short time frame and under very challenging circumstances. Besides the fact that this is a Pilot and that all systems, policies and procedures had to be developed and tested, it involved the participation of multiple jurisdictions, regulatory bodies and educational institutions which further added to its complexity.

Over the course of the MMBP, a number of lessons learnt were identified regarding: support to applicants, minimum eligibility requirements, application and assessment processes, modifications to be made to Prerequisites (English-language fluency, computer skills, orientation to health care) and to the Core Midwifery Phase (length of program, timing of distance and in-person components, additional exit points for some candidates, cultural safety training, etc). Other lessons regarding governance, communication and information sharing were also highlighted. A ‘culture of learning’ has evolved since 2007 to enable the ongoing identification of challenges or problems associated with all facets of the Pilot, and there has been an intentional integration of these lessons into Pilot 2.

Overall, a review of the objectives indicates the following: A multijurisdictional program was created; it is harmonized and to some extent portable. Although the MMBP is not sustainable, nor was it expected to be after its first pilot offering, strides have been made to consider long term sustainability and some steps have been taken. Cultural safety and sensitivity components were integrated into the offering, and while considered sufficient to promote full cultural awareness, they will be improved for Pilot 2. Furthermore, the first cohort produced 6 IEMs who graduated from the MMBP and who went on to pass the CMRE successfully. Only 2 of the 6 IEMs who passed the CMRE were registered as midwives at the time of the Summative Evaluation. Although that number is expected to increase, it does illustrate the need to monitor the transition into the health care system, once graduates pass the CMRE. Increasing the number of IEMs assessed as competent and who enter the Canadian labor market is, after all, the long term goal.

## 2. Introduction

### 2.1 Context

Given the growing maternity care provider crisis in Canada and the presence of IEMs unable to register in Canada, studies show that a bridging program is needed to address discrete competency gaps and provide cultural orientation as well as access to Canadian clinical experience. The MMBP was designed to facilitate integration of IEMs into the health care system by enabling them to meet Canadian competency requirements through education, support, mentorship and assessment. This was done by combining distance and online education formats with focused classroom time and clinical exposure<sup>1</sup>. Candidates hoping to register in Alberta, British Columbia, Manitoba, Saskatchewan and NWT were eligible to apply to the Pilot.

In short, the MMBP aimed to increase the number of IEMs who are assessed as competent and who are registered in Canada. It proposed to do so by creating a multijurisdictional and harmonized program that is sustainable and culturally sensitive.

The MMPB was preceded by 3 years of research. From 2003 to 2006, the Canadian Midwifery Regulators Consortium (CMRC) conducted a series of reviews and developed assessment tools which eventually led to the development and approval of the National Midwifery Assessment Strategy in 2006. This, in turn, led to the development of the MMBP.<sup>2</sup> The research phase of the MMBP was done in 2006-2007 and included a needs assessment, an environmental scan, as well as a best practices review.

The development of the MMBP and its first pilot offering took place between September 2007 and March 2010. The implementation and governance structure, the policies and procedures and tools, the administrative systems, all had to be developed during the first year. More specifically, the period ranging from September 2007 and December 2008 represents the design and development phase of the MMBP pilot. December to February 2009 focused on the assessment of candidates and the offering of Prerequisites. The six month period ranging from March to September 2009 represents the period when the Core Midwifery Phase was offered by UBC through the Division of Midwifery. The following months included internal evaluations, integration of lessons learnt and preparation for Pilot 2.

A Formative Evaluation was conducted and covered the period of September 2007 to March 2009. While providing a broad overview of the entire MMPB, the Summative Evaluation focuses on the period of March 2009 – March 2010. It is worth noting here that funding for Pilot 2 was secured from HRSDC-FRC for the period of April 2010 to March 2012. At the time of the final evaluation for Pilot 1, Pilot 2 was underway.

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<sup>1</sup> <http://www.midwifery.ubc.ca/midwifery/multijuristdicbridging/MMBP.htm?PageMode=HTML>

<sup>2</sup> Midwifery Foreign-Credentialing: A Model of Success. By Rachel Rapport-Beck, February 2008.

## 2.2 Overview of Multi-jurisdictional Midwifery Bridging Project (MMBP)

The **GOAL** of the project is as follows: *To ensure that Canadian women have access to maternity care by increasing the number of IEMs working in midwifery, through the creation of a bridging program that facilitates the entry of IEMs into the Canadian labor market.*

The key **OBJECTIVES** of the project are as follows:

- **Objective 1:** *To increase the number of IEMs who are assessed as competent and who are registered and practicing in Canada.*
- **Objective 2:** *To increase the cultural awareness of graduates and preceptors as it applies to the transition to the Canadian context.*
- **Objective 3:** *To create and offer a bridging program that is multi-jurisdictional and harmonized.*
- **Objective 4:** *To lay the foundations for a sustainable bridging program.*

The MMBP is a pilot project of the CMRC, a consortium of midwifery regulators from those Canadian provinces and territories where midwifery is regulated. (See below for list of members.<sup>3</sup>) The mandate of the CMRC is to:

- a) Facilitate the mobility of Registered Midwives across Canada through the implementation of the Agreement on Mobility for Midwifery in Canada;
- b) Establish Canadian competencies for entry-level midwifery practice;
- c) Advocate nationally for regulation, legislation, and standards of practice that support access to regulated midwifery care; and
- d) Provide a forum for Canadian midwifery regulators to discuss and take action on issues of mutual concern.

The CMRC implemented the MMPP in collaboration with the University of British Columbia (UBC), and Mount Royal University (MRU) and l'Université du Québec à Trois-Rivières (UQTR). UBC was the lead institution in delivering the core midwifery curriculum for the pilot project, MRU was responsible for providing or facilitating access to pre-intensive courses, and UQTR brought its expertise regarding running a French language bridging project. It is important to note that the University College of the North (UCN) joined the MMBP in March 2009, and has also contributed its expertise since then.

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<sup>3</sup> Members include: the College of Midwives of British Columbia, the Alberta Midwifery Health Disciplines Committee, the Saskatchewan College of Midwives, the College of Midwives of Manitoba, the College of Midwives of Ontario, l'Ordre des sages-femmes du Québec, and NWT Health Professional Licensing. As of 2010, it also includes the Midwifery Regulatory Council of Nova Scotia.

The College of Midwives of British Columbia (CMBC), which is the regulatory body for midwifery in that province, acts as the legal contracting organization with government for project funds. As such, the CMBC signed a Memorandum of Understanding on behalf of the CMRC and MMBP Steering Committee with the project's educational partners. It held the project contracts with each of those educational partners. The Management Team consists of employees and/or contractors with the CMBC but who are assigned to the MMBP. This Team reports to the MMBP Steering Committee of the CMRC.

The Pilot was funded through a financial contribution from Health Canada via the Western and Northern Health Human Resources Planning Forum ("the Forum") and by in-kind contributions from members of the CMRC.

### **3. Description of the Evaluation Process**

The evaluation process for the MMBP started in 2007 at the onset of Pilot 1 with the development of an evaluation plan. Given the complexity and innovative aspect of MMBP, it was agreed that the evaluation design would be emergent and that it would incorporate elements of an outcome based evaluation as well as elements of a process evaluation. It was also agreed that the approach would be collaborative in nature as well as participatory.

In 2009, a Formative Evaluation was carried out which involved 24 interviews and/or focus groups (with educational partners, regulators, the Management Team, Steering Committee members, learners, the donor, etc.) as well as a web-based survey to 59 applicants. It covered the period of September 2007 to February/March 2009, which essentially, was the time allocated to the design, development and early implementation of the pilot. The main purpose of the Formative Evaluation was to identify what had been accomplished and how, as well as areas for improvement to strengthen the next offering of the MMBP.

The Summative Evaluation was carried out largely through a review of project files, proposals, reports, meeting notes, etc. It was also based on the internal evaluation carried out by UBC Midwifery Division following the completion of the Core Midwifery Phase and the reflection done by MRU with regards to the Prerequisite Phase. The "All Partners" meeting held in December 2009 was also an important source of information with regards to the intended integration of lessons learnt in Pilot 2. Finally, the MMBP Formative Evaluation completed in June 2009 was reviewed closely to determine where lessons learnt were integrated in the next offering.

(It is worth mentioning that a logic model was developed in November 2007 through a participatory planning exercise involving the Management Team, and reviewed during that period by the Steering Committee. It was subsequently updated. The complete Management Team turnover between November 2007 and June 2008, as well as this logic model's overly complicated content may explain, at least in part, why this management tool was shelved. It would be worthwhile to explore which approach would

be most useful to the MMBP in the future, and if a simpler version of the logic model would suffice to support project management and evaluation in the next offering.)

#### **4. Implementation of the MMBP**

##### **4.1 Completed activities and outputs (2007 – 2009)**

During the first half of the Pilot, as mentioned above, the focus has been to develop and test the processes and procedures, systems and tools, relationships and collaborations. Following is a listing of the key activities and outputs delivered from September 2007 to February 2009 by all stakeholders involved<sup>4</sup>.

##### **Development of administrative and management capacity for pilot**

- In 2007-2008, development of job descriptions, outline of governance structure, TOR for committees, development of internal staff policy manual, etc.
- First Management Team was staffed in late 2007, but by May 2008, there had been a complete staff turnover. New management structure was completed in summer 2008 to include the following: part-time Coordinator, Finance/Administration; part-time Coordinator, Communications; part-time contract Curriculum Facilitator; full-time Office Administrator.
- In 2007-2008, identification and management of a number of contractors to help develop various components of the Pilot.
- In 2008, development of policies and procedures: Application Policy Guide, Required Evidence Document, Question by Question Guide, Accelerated Option Guide, Assessment Manual, etc.
- From January to May 2008, development and approval of standardized eligibility criteria for admission into MMBP.

##### **Development of curriculum and courses**

- Development and signature of Memorandum of Understanding between the CMRC's MMBP Steering Committee and Educational Partners in March 2008.
- Identification of educational institutions providing gap filling courses.
- Adaptation of existing pre-intensive English language course through MRU.
- Provision of pre-intensive computer online assessment and tutorial through MRU.
- Provision of Orientation to Canadian Health Care course through MRU.
- Development of curriculum and courses for Intensive 1 by UBC.
- Development of OSCE for Intensive 2 by UBC.
- Identification of the preceptors from Saskatchewan, British Columbia, Alberta, Manitoba and Northwest Territories by UBC.
- Development of Virtual Midwifery Practice with Gregory Consulting in collaboration with UBC and the Management Team.
- Development of PESA (Pre Exam Self Assessment tool), an online practice exam for the national registration exam by Inspiration Point Consulting in collaboration with the CMRC's Canadian Midwifery Registration Examination Committee.

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<sup>4</sup> For an in-depth look at the implementation of MMBP Phase 1, please refer to the Formative Evaluation.

- Meetings of Educational Partners through the Curriculum Committee.
- Ongoing facilitation of one-on-one meetings with Educational Partners through the Curriculum Facilitator.

### **Marketing and outreach**

- Development of outreach printed material (posters and brochures) and dissemination in July/August to approximately 350 immigrant-serving, health, midwifery, academic and government agencies in western provinces and NWT<sup>5</sup>.
- Media campaign carried out in September 2008.
- Viral linking of MMBP website on related health and midwifery sites.
- Development of MMBP website and launch in July 2008. CMRC website used for notices prior to website launch.

### **Online Application**

- Development of the Online Application tool by Inspiration Point Consulting and extensive testing done before official launch. This was carried out between March and September 2008.
- In-person training offered by the Management Team to regulatory staff and Educational Partners to familiarize them with the online application, as well as application policies and procedures.
- Official launch of the On-Line application on October 3<sup>rd</sup>, 2008, but originally meant to be finished in June/July 2008.

### **Assessment of applications**

- On-line and in-person training offered to regulatory staff and 17 jurisdictional midwife assessors to familiarize them with assessment policies and procedures between October and December 2008.
- MMBP applications sent to regulators, and then evaluated by assessors in each province in January 2009.

### **Notification to successful candidates**

- Candidates and educational partners notified by end of January 2009, and successful candidates registered in mid February 2009.

## **4.2 Completed activities and outputs (2009)**

The second part of the Pilot focused on the implementation of the educational and clinical components. The period covered below is January to March 2009 for the Prerequisites, and March to September 2009 for the Core Midwifery Phase. The following months included internal evaluations, integration of lessons learnt and preparation for Pilot 2.

### **4.2.1 Prerequisite Phase**

The MMBP stipulated that all candidates meet the following requirements in order to participate in the intensive phase of the Pilot: meet the minimum required English

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<sup>5</sup> Report on Marketing Strategy by MMBP Communications Coordinator.

language score; provide evidence of knowledge of the Canadian health care system; demonstrate basic computer skills. Prerequisite courses were designed to support candidates in gaining these competencies and were either offered by MRU or accessed elsewhere but recognized for credit by MRU. Where candidates met pre-defined eligibility criteria, they could be exempt from taking the prerequisites. Once candidates successfully completed the pre-intensive phase, they were able to register in the Core Midwifery Phase at UBC.

MRU purchased the University of Toronto's, Orientation to Canadian Health Care course and delivered it to 3 IEMs enrolled in the MMBP face to face during the first Intensive, March 23-27, 2009 at UBC. (They plan to adapt this course for future distance offerings through MRU.)

MRU created a program where all candidates completed online assessment of basic computer skills with access to a URL on January 16<sup>th</sup>, 2009. Candidates were advised within 10 days of their results. (Because the success rates amongst learners who completed the online assessments were so high, the computer literacy pre requisites will not be offered in Pilot 2.)

Given the tight timeline of Pilot 1, it was difficult for learners to complete English fluency development prerequisite courses. MRU offered modify their onsite English courses for IEMs, but no one enrolled. 'In Manitoba, a similar course was offered when there was a demand but not at the time required by the MMBP.'<sup>6</sup>

#### **4.2.2. Core Midwifery Phase**

The first offering of the Core Midwifery Phase was implemented between March and September 2009 by UBC through the Division of Midwifery. Following were its key components<sup>7</sup>:

##### **Intensive I (March 1 – 21, 2009)**

This was a 3 week in-person course offered at UBC. The curriculum included an orientation to the Canadian midwifery model of practice, and an introduction to the case based and simulation skills workshops (topics included well women care, antenatal, intrapartum, postpartum and care of the newborn, skill review, fetal health surveillance and emergency skills). Attempts were made to assess individual learning needs to facilitate gap filling opportunities.

##### **Community I (April 1 - June 1, 2009)**

This 10 week course was offered at a distance using web based technology and supervised clinical experience arranged in the home communities of students. There were three main components: Virtual Midwifery Practice; gap filling; self paced online modules covering ethics, pharmacology, jurisdictional issues and communication.

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<sup>6</sup> MMBP Mount Royal University Report – December 2009 (DRAFT)

<sup>7</sup> MMBP Pilot 1: Core Midwifery Phase 2009. Internal Evaluation, UBC Division of Midwifery.

### **Intensive II (June 8-12, 2009)**

Candidates attended a 4 day program at UBC so that their skills and knowledge could be tested. This included a comprehensive general written exam focusing on midwifery and emergency skills, as well as an assessment of management of emergencies and general midwifery skills competency. A passing grade was required to proceed to Community II.

### **Community II (June 15 – September 11<sup>th</sup>, 2009)**

During this internship in their home communities, candidates gained clinical experience working in the Canadian model of midwifery practice under the supervision of Registered Midwives. It also enabled them to demonstrate their competency to work at an entry to practice level.

In preparation for Community II, UBC trained 28 preceptors from the various jurisdictions to supervise and mentor participants through their internship. Training sessions for the preceptors took place in Winnipeg, Saskatoon, Vancouver and Victoria. An accelerated option had been planned for Pilot 1. It was meant to provide training to highly experienced midwives on the Canadian model of midwifery and jurisdictional issues. However, there weren't any eligible applicants and so it wasn't offered.

## **5. Integrating lessons learnt so far<sup>8</sup>**

By nature, a pilot project offers the opportunity to implement, learn, correct and improve. The evaluation process, both internal and external, the ongoing reflection of those involved, and the determination to produce a high quality program for IEMs enabled stakeholders to identify a number of lessons. Multiple lessons were learnt over the course of the development and implementation of the first offering of the MMBP, and a large number of them have been integrated in relevant components of Pilot 2.

### **5.1 Delivery of Core Midwifery Phase and Prerequisites**

UBC Division of Midwifery carried out an internal evaluation following the completion of the first offering of the Core Midwifery Phase in September 2009. In its report, it identifies numerous areas for improvement, and proposes how they should be integrated into Pilot 2. (English, culture and preceptor support are discussed in greater detail below as they are integral to our Pilot's objectives). Following is a brief summary of the recommendations put forth following the completion of Pilot 1<sup>9</sup>:

- Create three trajectories each with their own program exit strategy to meet eligibility criteria to write the national CMRE.
- Create a 3-term approach to bridging with a 4<sup>th</sup> term extension option for return to practice or discrete learning deficits that can be addressed in that time frame.
- Review curricula development.

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<sup>8</sup> MMBP Implementation Phase Project – Progress Report April 1, 2009 to September 30, 2009

<sup>9</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC Division of Midwifery

- Include a return to practice component for the midwives who have not practiced within the past 5 years.
- Augment the cultural safety module with a self assessment tool that will be mandatory for all preceptors and students.
- Benchmark English fluency at 7.0 as a prerequisite for the program.
- Provide ongoing support for clinical educators.

### **5.2 Delivery of MMBP administrative functions and support**

The MMBP Formative Evaluation recognized the challenging circumstances in which the first part of Pilot 1 was developed and implemented. While it was noted that its achievements were so far commendable, there were three key conclusions requiring attention<sup>10</sup>:

- a) Delays in project design and development seriously reduced the application timeline for the first cohort of applicants.
- b) Communication and information sharing mechanisms at various levels must be improved to address difficulties as they arise, to cultivate greater transparency and to promote trust amongst stakeholders.
- c) The MMBP was designed to be decentralized. This facilitated the development and implementation of a complex project that is multijurisdictional, and that involves a large number of stakeholders from different professional backgrounds. However, there are specific areas where a more centralized approach might facilitate greater communication and transparency.

In the months following the Formative Evaluation, the Steering Committee, the educational partners and the Management Team demonstrated determination and commitment in their efforts to learn from Pilot 1. The subsections below were identified during the Formative Evaluation as areas for improvement. What follows are the changes made and integrated into Pilot 2.

#### **Support to applicants**

To provide additional support to applicants, as well as academic guidance and clarification where needed throughout the application process, a 1-800 toll free Canadian line was established to respond to inquiries from individuals from all jurisdictions. The position of Applicant Advisor was also created as a focal point for applicants requiring assistance and or clarification.

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<sup>10</sup> See the Formative Evaluation of the MMBP (June 2009)

While the MMBP does not have the funding to offer bursaries, it did post on its website information to orient students towards potential bursary programs or federal /provincial funding bodies.

To reach potential international applicants to the MMBP, advertisements were sent to international midwifery journals in the fall of 2009 and in March 2010.

### **Application and Assessment process**

As suggested in the Formative Evaluation, there was a review of application, assessment and other MMBP policies to achieve effective centralization. Online portfolio applications and supporting documents will go directly to the MMBP office for Pilot 2, instead of to individual regulatory bodies, thus rendering the process more transparent and effective. Two assessments a year are now underway which provides more time for English language upgrading as well as time to deal with immigration where this is warranted.

The MMBP website was revised to integrate valuable input from applicants, project partners and community stakeholders. The newly launched website includes new navigation schemes that facilitate the search for information.<sup>11</sup>

#### **Application process<sup>12</sup>**

- The timeline for the application process was revised.
- The Application FAQs was revised and updated.<sup>13</sup>
- Applications instructions were revised and updated.
- Application policies were revised and updated.
- Required Evidence documents were revised and updated.
- An application checklist was created for use at the onset of the process.
- Checklists relative to required evidence and to mail-in application packages were updated.
- An electronic Eligibility Quiz was created with click through answers to enable potential applicants to determine if they may be eligible to apply.<sup>14</sup>

#### **Assessment process**

In an effort to streamline the assessment process, application files are now being sent directly to the MMBP office where MMBP staff review them to ensure they are complete and filled-out correctly. Once complete, the files are forwarded to the assessors. Applicants whose files are incomplete are invited by letter to complete their application on time.

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<sup>11</sup> <http://cmrc-ccosf.ca/node/213>

<sup>12</sup> Inspiration Pont Consulting Contract with CRMC MMBP Implementation Phase: 2<sup>nd</sup> cycle revision.

<sup>13</sup> <http://cmrc-ccosf.ca/node/221>

<sup>14</sup> <http://www.cmrc-ccosf.ca/node/260/>

**Data collection and use**

MMBP staff have full access to the application database, and the Application Portfolio terms of use have been amended to facilitate information sharing between regulators and educational partners to allow educators more time to familiarize themselves with the applicants.

**Governance and management****Management**

The MMBP Management Team was restructured to include the position of a senior manager. The MMBP Project Manager now works in partnership with the Curriculum & Pilot Development Facilitator as well as the Project Coordinator and Applicant Advisor. The Project Manager serves as the main conduit between the Steering Committee and the Management Team. The Steering Committee continues to oversee project direction and development.

**Governance**

The Curriculum Committee Terms of Reference were reviewed as were the Terms of Reference for the Steering Committee. Most notably, educational representatives were added as members of the Steering Committee. The intent was to have parallel representation and responsibility on the two committees in each of their focus areas to promote an overlap and cross fertilization. The reporting structure between the Curriculum Committee and the Steering Committee has changed, and the former one is no longer accountable to the latter. They now report to each other. This process was elicited to promote greater communication and transparency.

## 6. Findings

### 6.1 Review of objectives

Have the objectives set in 2007 been met through the implementation of Pilot 1, and if so, to which extent? Following is a review of each objective to consider this question. Below are the outcomes and outputs per objective identified during the evaluation plan in 2007.

	<b>Objective 1:</b>	<b>Objective 2:</b>	<b>Objective 3:</b>	<b>Objective 4:</b>
<b>OUTCOME</b>	Program is developed and pilot is ready.	Program is culturally appropriate throughout	Content and program design are harmonized, portable and accessible to multiple jurisdictions	Preliminary strategies for sustainable options are developed.
<b>OUTPUT</b>	<ul style="list-style-type: none"> <li>* Program plan</li> <li>* Curriculum and assessment materials and tools</li> <li>* Hosting and delivery arrangements</li> <li>* Administrative policies, procedures and systems</li> </ul>	<ul style="list-style-type: none"> <li>* Culturally appropriate/inclusive curriculum</li> <li>* Profession specific language supports</li> <li>* Tools and info to assist IEMs to learn about the model of practice in Canada</li> <li>* Preceptor training that addresses cultural competency</li> </ul>	<ul style="list-style-type: none"> <li>* Jurisdiction specific and multi jurisdictional curriculum and assessment</li> <li>* Harmonized application processes and assessments, as allowed within jurisdictional regulations.</li> <li>* Partnerships</li> <li>* Course approval system</li> </ul>	<ul style="list-style-type: none"> <li>* Informed stakeholders</li> <li>*MMBP understanding of stakeholder contexts</li> <li>* List of potential funding/financing sources</li> </ul>

#### **Objective 1: *To increase the number of IEMs who are assessed as competent and who are registered and practicing in Canada.***

According to the formative evaluation, 24 individuals finalized their on-line applications process, while 35 in-process applications were not finalized<sup>15</sup>. Twelve applicants were assessed as eligible to proceed. Nine of the twelve eligible applicants enrolled in the program at UBC. Their entry points included BC (n=7), Saskatchewan (n=1) and Manitoba (n=1). Bridging candidates received their midwifery education in Iran (5), Ghana (1), USA (1), New Zealand (1) and Belgium (1). The USA and New Zealand candidates were Canadians who travelled abroad for their education.<sup>16</sup>

<sup>15</sup> P. 10 Report, Formative Evaluation of the MMBP, June 2009

<sup>16</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC, Division of Midwifery

### Statistics from Pilot 1:<sup>17</sup>

	MB	SK	AB	BC
Finalized on-line application	2	2	10	8
Application portfolio assessed	2	2	5	7
Eligible to apply to Core Midwifery Phase (CMP)	1	2	1	6
Accepted into CMP	0	1	0	5
PLEA transfers	1	0	0	2
Total started CMP	1	1	0	7
Successfully completed CMP	1	1	0	5

Of the nine applicants who started the program, seven have completed the MMBP. And six of them were considered eligible to write the CMRE. One is eligible to work in Manitoba, one in Saskatchewan, and four in British Columbia. As of March 2010, the following statistics were available:<sup>18</sup>

- The MMBP graduates whose point of entry was Manitoba and Saskatchewan have passed the CMRE. By the time this evaluation was being completed, neither was registered to practice.
- Of the five MMBP graduates whose point of entry was BC:
  - Two passed the CMRE, were registered and were practicing.
  - Two passed the CMRE, but were waiting to purchase liability insurance in the next quarter, before registering to practice.
  - One was waiting to meet English language eligibility requirements before writing the CMRE exam. Expectations were that she would be able to do so in May 2010.

‘The two participants who were not able to complete the UBC midwifery component had significant English language issues, and one of them also had overwhelming practice and skills deficits as she had not practiced in 15 years.’<sup>19</sup> The former left during Intensive 1 to return to her home country, while the latter failed to pass the program.

In short, of the 9 initial successful applicants who entered the program, 6 have moved on to write the CMRE and all six passed it. Two of the 6 graduates were registered and practicing. One may surmise that it is a question of time before the other four also

<sup>17</sup> MMBP Report to regulators, March 15<sup>th</sup>, 2010

<sup>18</sup> International Midwifery Bridging Assessment Training (IMBAT). Deliverable 7.

<sup>19</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC, Division of Midwifery

register to enter the Canadian health care labor market. Monitoring the number of MMBP graduates who pass the CMRE until they register to practice is essential to determine to which extent this objective can be met.

While the Pilot's first cohort can be considered quite small, it is worth putting it into perspective since 'fifteen IEMs will complete the IMPP this year.'<sup>20</sup>

**Objective 2: To increase the cultural awareness of graduates and preceptors as it applies to the transition to the Canadian context.**

The fact that culture is part of the Pilot's key objectives demonstrates that it is considered inherent to the MMBP success. As a result, learners and preceptors were expected to benefit and learn from culture specific modules and curricula. Also addressed in this objective is the issue of language, as it is often closely linked to culture.

As mentioned above, MRU offered the course Orientation to Canadian Health Care to three students during Intensive 1 in March 2009. Content on cultural competence was also included in preceptor training. An online module was also available to both preceptors and learners in the virtual midwifery lab during Community II. However, taking this module was not mandatory. Although culture specific modules were available, as noted, it appears that the options provided during Pilot 1 were not sufficient to adequately address knowledge or perception gaps on this topic.

In its internal evaluation, UBC identified culture as an important variable that must be addressed in preceptor development and learner education. It also noted that: 'Bias and prejudice are barriers to integrating internationally educated midwives from within the profession. Potential preceptors (4) declined to participate in the pilot citing concern around taking midwifery candidates who might not be a 'good fit' in their practice.'<sup>21</sup>

UBC recommended the following for integration into Pilot 2:

- That this training not be optional and that the module be further developed to include an assessment component and self reflection with more case based scenarios.
- That this be considered a 'safety to practice' issue and that all registrants be able to demonstrate their skills in this area.
- That regulators consider this a safety to practice issue and that they require all registrants to demonstrate continuing skill review in this domain as is done with NRP, CPR and FHS.

These recommendations are expected to be assimilated, at least in part, if not fully, into Pilot 2. A cultural safety and sensitivity component designed for preceptors and learners is to be developed and implemented by University College of the North.

<sup>20</sup> MMBP Application for Funding to HRSDC-FCR Division, July 2009

<sup>21</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC, Division of Midwifery

**Preceptors** are essential to the success of the MMBP. They are the Registered Midwives who shadow, train and support the learners while they are undergoing their placements in the community. During the planning phase of the evaluation in 2007, the following risk had been identified: ‘A number of midwives will be asked to be preceptors for IEMs enrolled in the program. Given that the number of suitably experienced midwives is small, it may be difficult to find sufficient numbers of preceptors. Current educational institutions who also call upon preceptors are already concerned that their pool of midwives will be drawn upon as a result of the MMBP.’<sup>22</sup> To address this problem, the MMBP was designed to call upon preceptors only during summer months, so that it wouldn’t compete with other educational program or put undue requests on preceptors.

UBC’s internal evaluation echoed this concern<sup>23</sup>: ‘This small group of students posed few challenges to finding preceptors in nursing and medicine. However it took several weeks through HSPnet to access resources. (...)No requests were denied. However with larger program this may pose a problem (...) would recommend requests be placed at least 6 weeks in advance of need with aggressive phone follow up within the week of sending HSPnet request.’

The importance of formalizing the arrangement with preceptors was also highlighted amongst the lessons learnt. Following recommendations made by UBC and discussion by the larger group of MMBP partners, Pilot 2 is to integrate the following changes:

- Signed contracts with preceptors that outline responsibilities, timelines, resources and expectations.
- Adequate compensation for preceptors as well and continuing professional development.
- Plans to create a pool of preceptors upon which to draw.

**English:** As noted in the Formative Evaluation, MMBP eligibility criteria included two language thresholds – one for entry and a higher threshold enabling them to take the CMRE. Initially only students demonstrating English fluency minimum requirements enabling them to take the CMRE were to be admitted to the program. However, tight deadlines prevented students from upgrading their language skills in time. ‘To help redress this situation, some applicants who met lower threshold of fluency were interviewed and admitted into the midwifery specific coursework if they had a plan to improve their English fluency over the course of the program.’<sup>24</sup>

During the Core Midwifery Phase, it became apparent that some learners’ English skills became an impediment to their learning and sometimes to that of fellow students. ‘The three week Intensive 1 was rated highly by participants. However, the volume of material and additional learning needs around English as an acquired language created a stressful learning environment.’<sup>25</sup> During the Virtual Midwifery Practice on-line course, students

<sup>22</sup> Evaluation Plan, MMBP p. 7

<sup>23</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC, Division of Midwifery

<sup>24</sup> p.16 Report, Formative Evaluation of the MMBP, June 2009

<sup>25</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC, Division of Midwifery

with English gaps were unable to communicate as clearly as would have been expected from a health care professional, which caused some frustration amongst other classmates. Furthermore, ‘gaps in language comprehension combined with cultural differences led to several issues in the clinical placements that were difficult for students to recover from.’

The UBC internal evaluation highlighted English competency as integral to the success of the learners and to the MMBP. UBC also noted the following: ‘English language scores necessary for entrance into the pre-intensives and therefore the intensives must be at a higher standard and the minimum scores required must be easier for the applicants to understand. The same standard to enter the MMBP should be used to write the CMRE.’<sup>26</sup>

As a result, Pilot 2 will incorporate the following changes: ‘If you achieve the “minimum score”, you meet the English fluency requirements for entry into the MMBP, and can take the MMBP Pre-requisite Phase Courses while you work on improving your English fluency. You can only take the MMBP Core Midwifery Phase Courses (Community 1, Intensive and Community 2) when you achieve the “higher score” listed in the table above, or your eligibility for exemption from testing has been verified.’<sup>27</sup>

In other words, applicants must achieve the CMRE level of English language competency required to take the CMRE prior to entering the MMBP Core Midwifery Phase offered by UBC, and not by the end of the program.

### **Objective 3: To create and offer a bridging program that is multi-jurisdictional and harmonized.**

**Harmonization:** The *Canadian Competencies for Midwives* is compatible with provincial/territorial competency statements but it does not replace them. Since midwifery in Canada is regulated by province or territory, provincial/territorial competency documents take precedence over this national document and are the ultimate source of information about what a midwife is expected to know and do in any specific province or territory.<sup>28</sup>

MMBP Pilot 1 has espoused a harmonized approach leading to the preparation of entry level midwives. Accepted amongst the regulatory bodies of the participating provinces in the MMBP are the **eligibility requirements for education** (type, duration and structure) and clinical experience requirements for IEMs who wish to enter a multi-jurisdictional program to bridge into Canadian practice. Regulatory bodies agree that the eligibility requirements are in accordance with their own provincial legislation. Also agreed upon are the **standards used to assess the application portfolio** as well as the clinical competency of the applicants.

<sup>26</sup> MMBP MRU – Report December 3, 2009 DRAFT

<sup>27</sup> [http://cmrc-ccosf.ca/files/pdf/National\\_Competencies\\_ENG\\_rev08.pdf](http://cmrc-ccosf.ca/files/pdf/National_Competencies_ENG_rev08.pdf)

<sup>28</sup> [http://cmrc-ccosf.ca/files/pdf/National\\_Competencies\\_ENG\\_rev08.pdf](http://cmrc-ccosf.ca/files/pdf/National_Competencies_ENG_rev08.pdf)

MMBP Pilot 1 aimed to prepare students to meet the requirements for registering and practicing as a midwife in British Columbia, Alberta, Saskatchewan, Manitoba, and the Northwest Territories. To be selected for the MMBP, all participants had to demonstrate that they have been educated as a midwife, that they met eligibility requirements, and that they were able to acquire everything they needed to practice midwifery in Canada. Midwives come from different backgrounds, so MMBP Pilot 1 accepted different combinations of education and experience.<sup>29</sup> If candidates were successful graduates of the MMBP, they were eligible to write the CMRE and, if they passed, they could apply for registration in their jurisdiction once they met provincial/territorial requirements.

During Pilot 1, the following guidelines and processes were created to ensure that assessment standards, as well as eligibility requirements for education and clinical experience of IEMs were harmonized amongst all provinces participating in the MMBP.

- Requirements for Initial Midwifery Registration in a Canadian Jurisdiction – revised September 2009<sup>30</sup>
- Entry Requirements for the MMBP, as of November 2009<sup>31</sup>
- Midwifery Background Requirements for Eligibility to the MMBP *October 2009*<sup>32</sup>
- *English Language Fluency Requirements for Eligibility to the MMBP (December 2009)*
- Online Application Portfolio (October 2009) and relevant documents (October 2009) :
  - *Information About MMBP Required Evidence Document (October 2009)*
  - *Application Policies (October 2009)*
  - *MMBP Assessment Policies (February 2010)*

### **Portable & Accessible**

The Memorandum of Agreement for Participating in the Multi-Jurisdictional Midwifery bridging project states that ‘We (...) agree that the MMBP will:

- Balance distance accessible and in-person intensive learning options in the curriculum and, be made available in various participating jurisdiction as appropriate and sustainable.
- Facilitate internships in the province or territory where each participant plans to register and in, or as close to as possible, where individuals hope to practice.

**Portable** means that Prerequisites and the Core Midwifery Phase should be designed and offered in such a way that they can be delivered in other MMBP participating provinces/territory by other providers (educational bodies) where numbers warrant.

The MMBP has developed agreements or partnerships with a number of post secondary educational providers to complement its offering. A number of courses are offered online,

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<sup>29</sup> Midwifery Background Requirements for Eligibility to the MMBP *October 2009*

<sup>30</sup> Note that this includes legislated and other requirements for full registration.

<sup>31</sup> <http://cmrc-ccosf.ca/node/254>

<sup>32</sup> <http://cmrc-ccosf.ca/files/pdf/MMBP%20Midwifery%20Elig%20Req%202009.pdf>

while others are offered through intensive in-person training on various campuses in the following provinces: Saskatchewan, Alberta, British Columbia, Manitoba and Ontario.

At its inception, the MMBP Core Midwifery Phase was being delivered by UBC and the Prerequisite curricula were being offered by MRU and other institutions. With regards to English specific courses, the other participating institutions included: Red River College in Winnipeg, Kwantlen Polytechnic University in Vancouver and University of Toronto. Computer tutorials were online, so portable.

Also portable were Community 1 and 2. Community 1 was primarily offered as online distance education modules with some individual gap filling components in communities identified by learners. The three key components of Community 1 were: Virtual Midwifery Practice; gap filling; and self paced online modules covering ethics, pharmacology, jurisdictional issues and communication. Community II took place in home communities and provided an internship for learners to gain clinical experience working in the Canadian model of midwifery practice under the supervision of Registered Midwives. It also enabled them to demonstrate their competency to work at an entry to practice level.

Although there were some technological challenges associated with online resources and virtual tools, as well as some logistical considerations surrounding timing of prerequisites and availability of students, most components of the MMBP may be deemed portable in that they were delivered and/or accessible in multiple jurisdictions. The only component that was not portable by end of the Pilot 1 was Intensive 1 and Intensive II Core Midwifery curriculum.

### **Accessible to multiple jurisdictions**

As mentioned above, MMBP Pilot 1 was designed to help learners prepare to meet the requirements for registering and practicing as a midwife in British Columbia, Alberta, Saskatchewan, Manitoba, or the Northwest Territories. It was meant to be accessible to multiple jurisdictions, although how many was not clearly stated in the earlier project documents.

In 2010, the funding application for Pilot 2 reiterated the same intent: ‘Multi-jurisdictional bridging ensure that all IEMs are updated and oriented to Canadian practice using the Canadian Competency for Midwives, the national standard for midwifery care. This is done through high quality, standardized curriculum that encompasses jurisdictional variations and is delivered through both distance education and in-person instruction.’<sup>33</sup>

Nova Scotia was added after the province became regulated, and participants there will be eligible for Pilot 2. Quebec remains an observer to the program and has a representative on the Steering Committee, although it offered its own French language bridging program to IEMs in Quebec at UQTR in the same timeframe as the MMBP pilot offering. While there is keen interest to have learners from Quebec benefit from the

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<sup>33</sup> p.18 MMBP Application for Funding to HRSDC – FCR Division July 2009

MMBP, it is as of yet still unclear how this will materialize and when. This is meant to be explored in greater depth during Pilot 2. Learners from Ontario are expected to apply to the International Midwifery Pre-registration Program (IMPP). And so, Pilot 2 will be available to applicants from the following jurisdictions: British Columbia, Alberta, Saskatchewan, Manitoba, Northwest Territories, and Nova Scotia. (Nunavut is the Canadian jurisdiction to most recently regulate midwifery.) The provinces of New Brunswick, Prince Edward Island, Newfoundland Labrador, and the territory of Yukon are not yet regulated.<sup>34</sup>

The MMPB has clearly made strides towards meeting its objective during Pilot 1: a) it is serving 5 jurisdictions; b) eligibility requirements for education (type, duration and structure) and clinical experience requirements are harmonized, as are the assessment standards to evaluate application portfolio; c) curriculum and clinical placements are portable and accessible to a large degree, although not completely.

#### **Objective 4: *To lay the foundations for a sustainable bridging program.***

The intent of this objective was not to achieve sustainability during the first pilot, but rather to identify the steps required to work towards sustainability. This section considers what is necessary to make this program sustainable, and what has been done so far to do so.

The **key elements contributing to the sustainability** of the project are intrinsically linked to its success. They include:

- Ongoing funding that is predictable and reliable
- Sufficient number of interested applicants, successful graduates and registrants
- Effective marketing strategies to attract applicants
- Accessibility of the program
- Credibility and validity of the program (educational and clinical components)
- Assessment processes that produces competent IEM capable of being registered and of practicing in Canada
- Support to students (financial, employment, guidance, etc.)
- Sufficient number of willing and qualified preceptors
- Capacity for key stakeholders to collaborate effectively, namely the regulators and educators.

**Integrating lessons learnt** in Pilot 2 is critical to the sustainability of the MMBP. As mentioned above, the Formative Evaluation process focused on process and outputs, and the improvement of the Pilot and its implementation structure.<sup>35</sup> UBC Midwifery Division carried out an internal evaluation process after the completion of the Core Midwifery Phase 2009 and MRU also reflected on the delivery of prerequisites. Recommendations from these reports have been seriously considered and a number have

<sup>34</sup> <http://cmrc-ccosf.ca/node/19>

<sup>35</sup> See the Formative Evaluation Report.

been implemented to improve the design, content and delivery of the MMBP so that they are integrated into Pilot 2. This is key to the program's sustainability.

On March 25<sup>th</sup> and 26<sup>th</sup> 2009, a meeting of numerous stakeholders involving government, educational institutions, regulators and other partners was held to consider the long term sustainability of the program. Subsequent to this meeting, a **business plan and cost benefit analysis** was developed by the Management Team and the CMBC Director of Finance with input from all MMBP partners in June 2009. The latter's projection focuses on the period of 2012 and 2017, since the second pilot will be completed in 2012.

This analysis was performed to 'determine whether the benefits derived from the savings to the Canadian health care system and in the training of maternity care providers meet or exceed the costs required for funding the continuous offering of the Multi-jurisdictional Midwifery Bridging Program.'<sup>36</sup> The estimates were based on the assumption that an estimated 140 midwives will be introduced into the health care system over a 5 year period as a result of the MMBP.

The analysis compared the cost of training a participant in the MMBP for 9 months with students participating in a 4 year baccalaureate program, these two sets of variables being the most similar. The analysis also calculated the estimated cost to the maternity care system of 40 births a year per midwife, with 20% of them being attended at home, for 140 midwives over a five year period. Moreover, additional costs considered included coordination, processing and assessment of applications, as well as program delivery.

The study concluded that while there remained challenges, the net benefits derived from the MMBP, included savings to the Canadian health care system and in the training of maternity care providers.

**In order to secure funds for Pilot 2**, a proposal was developed and presented to the Foreign Credential Recognition Division of Human Resources and Skills Development Canada in July 2009. In this proposal, the following was noted: 'A second pilot will ensure the integration of evaluation recommendations from the first pilot, fine-tune processes, test new timeline and curriculum delivery and ensure that we are going forward with a high quality, portable, sustainable and cost-effective program. With feedback from participants, educators and midwifery regulators we have already identified program content, timeline and structural changes to improve the process.'<sup>37</sup>

HRSDC approved the full requested amount of \$1, 674,929, and Pilot 2 is scheduled to run April 1<sup>st</sup> 2010 to March 31, 2012.

Steps taken so far by the MMBP indicate that MMBP has done its **due diligence to lay the foundations for sustainability**, in terms of securing additional funding, albeit short term, developing a cost-benefit analysis, developing partnerships across the country, building support, as well as developing and constantly improving quality programming.

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<sup>36</sup> Multi-Jurisdictional Midwifery Bridging Project: Business Plan and Cost Benefit Analysis. June 2009

<sup>37</sup> p. 4 MMBP Application for Funding to HRSDC – FRC Division, July 2009

## 6.2 Consideration of additional questions

When the evaluation plan was developed in 2007, stakeholders involved in the process identified key questions they considered important to have addressed throughout the evaluation process. Those questions were revisited in December 2009 in light of the lessons learnt during the implementation of Pilot 1 and reformulated below.

Already addressed in the above objectives are the following questions:

- *How many IEMs will be registered and practicing as a result of this program?*
- *What has been done during Pilot 1 to strive towards sustainability<sup>38</sup>?*
- *Does this program meet multi-jurisdictional goals?*

The remaining questions are addressed here, but will likely require a more in-depth analysis as part of the Pilot 2 offering, given that the insight below is more summary and descriptive, rather than analytical in nature.

### 6.21. Is this program valid<sup>39</sup> to prepare participants for entry to practice competencies in the Canadian health care system?

‘The CMRE is a national written examination designed to assess applicants for midwifery registration to ensure that they meet entry-level competency standards set out in the [Canadian Competencies for Midwives](#). Its goal is to ensure that midwives gaining registration are competent and safe practitioners providing a consistent standard of care across Canada.’<sup>40</sup> When participants have successfully completed the CMRE with a pass score, they are deemed capable of meeting entry level competency standards<sup>41</sup>.

For the purposes of determining validity, only those who wrote the exam are considered here. Six graduates of the MMBP wrote the exam, and all six succeeded with a passing score. Although this is a 100% success rate, there are clearly too few registrants to draw a sound conclusion or to consider validity on a wider scale. Pilot 2 should help elucidate this question further. As noted above, it should also monitor the entry into the labor market of those who complete the CMRE.

‘With the addition of Nova Scotia and Nunavut, the proposed 2010 pilot offering of the MMBP is expected to include 20-25 IEMs. Beyond the pilot stages, the MMBP is expected to have the capacity to graduate 30 – 35 internationally-educated midwives annually, increasing the annual number of IEMs registering in Canada substantially.’<sup>42</sup>

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<sup>38</sup> Sustainability is defined here as follows: ‘The extent to which a program’s contributions are institutionalized successfully and continued over time.’

<sup>39</sup> Definition of ‘valid’ for the purpose of this evaluation: appropriate to the end in view: effective (Webster’s Dictionary)

<sup>40</sup> <http://cmrc-ccosf.ca/node/23>

<sup>41</sup> [http://cmrc-ccosf.ca/files/pdf/National\\_Competencies\\_ENG\\_rev08.pdf](http://cmrc-ccosf.ca/files/pdf/National_Competencies_ENG_rev08.pdf)

<sup>42</sup> MMBP Application for Funding to HRSDC-FCR Division, July 2009

### **6.2.2 How does the program support IEMs in the following areas: finance; travel costs; living without pay, etc?**

The financial burden associated with becoming a registered and practicing midwife extends beyond the costs incurred through MMBP. It includes the purchase of professional liability insurance coverage, the cost of living without pay for an extended period of time, travel, etc. The MMBP is not able to provide financial support. However it attempts to provide information on its website regarding access to financial support through various provincial or federal bodies.

### **6.2.3 Are education phases of the program fair and transparent in their academic and assessment standards?**

The academic standards used by UBC are those that figure prominently amongst industry standards within midwifery, medicine and nursing. They include:

- CMRC Canadian Competencies for Midwives
- Evidence based medicine standards such as those within medical, midwifery, and/or nursing field
- Entry level<sup>43</sup> to practice standards established by regulatory bodies
- Ethical standards, such as the CMBC code of ethics
- Jurisdictional standards established by regulatory bodies

The academic benchmarks used by UBC for the MMBP learners are those applied to the participants of the Midwifery Education Program at UBC<sup>44</sup>. This is a four-year, direct entry, full time undergraduate program leading to a Bachelor of Midwifery degree. UBC expects its MMBP graduates to have the same knowledge and skills as would graduates of their undergrad program. As a result, UBC uses the same assessment and evaluation tools as it would for its undergrad learners, which include:

- Practice level written general written midwifery exam
- OSCES
- Skills stations
- Portfolio reviews
- General exams to assess general midwifery and emergency skills
- Typhon clinical experience tracking system

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<sup>43</sup> Entry level midwives are defined as those who have been assessed as eligible to start practising in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements on their registration. [http://cmrc-ccosf.ca/files/pdf/National\\_Competencies\\_ENG\\_rev08.pdf](http://cmrc-ccosf.ca/files/pdf/National_Competencies_ENG_rev08.pdf)

<sup>44</sup> The program functions as an independent unit within the Department of Family Practice, Faculty of Medicine. It is unique within the Faculty of Medicine as it is the only undergraduate program which prepares graduates for direct entry into practice. It has all of the same responsibilities as a school and is directly funded by the Ministry of Advanced Education and Ministry of Health. This is a full degree-granting program with its own admissions and selections process, responsibilities to the College of Midwives and Midwives Association to meet regulatory and certification guidelines. <http://www.midwifery.ubc.ca/midwifery.htm>

Because UBC's key objective is to prepare learners to take and pass the CMRE exam, its approach to teaching is one that tries to identify and address gaps or barriers that might prevent a learner from succeeding. It also aims to create a certain level of familiarity with the evaluation tools and formats through explanations, trial runs, practice exams, etc. As a result, when a learner undergoes the actual testing, the only obstacle to passing should be because the learner doesn't know the answer.

There is recognition, however, that language skills and culture may have been an impediment for some students, despite the efforts by UBC to address gaps. 'Knowledge translation and evaluation of competency were influenced by language literacy. (...) Gaps in language comprehension combined with cultural differences led to several issues in the clinical placements that were difficult for students to recover from'<sup>45</sup>. It is also noted that due to the short assessment phase of the pilot, UBC did not have the time to fully assess and identify the shortfalls of each student and to address individual needs in a personalized manner.

With regards to the prerequisites, the academic and assessment standards referred to by MRU as benchmark were those commonly used in continuing education for other bridging programs such as nursing or those with a patient centered practice.

## **7. Conclusion**

By definition, a pilot project means that something is being developed and tested, and lessons are expected to be learnt. It involves an element of uncertainty. Within the context of the MMBP, the pilot has meant the development and testing of processes and procedures, systems and tools, relationships and collaborations. It has led to the very first offering of a multi jurisdictional and harmonized midwifery bridging program. As was noted in the Formative Evaluation, the complexity of this project cannot be overstated.

Over the entire Pilot design, development and implementation phase, there were considerable challenges: a) recognizing and managing the complexity of the project; b) dealing with a very timeline for Pilot 1; c) establishing collaborative and productive working relationships between numerous stakeholders from different jurisdictions and professional background; d) sharing information effectively and developing transparent communication.

Despite these challenges, the academic experience and profound commitment of the Educational Partners, the sheer determination of the Management Team and the Steering Committee, and the collective vision have been essential to the completion of the Pilot. What is even more important is the 'culture of learning' that has evolved since 2007 to enable the ongoing identification of challenges or problems associated with all facets of the Pilot, and then the intentional integration of these lessons into Pilot 2.

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<sup>45</sup> MMBP Pilot 1: Core Midwifery Phase 2009 – Internal Evaluation, UBC, Division of Midwifery

However, communication between stakeholders, namely regulators and educational partners remains problematic, as does sharing of information. As was noted in the Formative Evaluation, the MMBP is rooted in two philosophical approaches, namely regulation and education, and although both are deeply committed to the same objective, differences in schools of thoughts are evident. During Pilot 2, it will be critical to pay close attention to setting up adequate and effective processes and structures so that ongoing transparency and problem solving between all stakeholders are promoted and practiced.

Overall, a review of the objectives indicates that Pilot 1 has largely achieved its goal: A multijurisdictional program was created; it is harmonized and to some extent portable. Although the MMBP is not sustainable, nor was it expected to be after its first pilot offering, strides have been made to consider long term sustainability and some steps have been taken. Cultural safety and sensitivity components were integrated into the offering, and while considered sufficient to promote full cultural awareness, they will be improved for Pilot 2.

Furthermore, the first cohort produced 6 IEMs who graduated from the MMBP and who went on to pass the CMRE successfully. Only 2 of the 6 IEMs who passed the CMRC were registered as midwives at the time of the Summative Evaluation. Although that number is expected to increase, it does illustrate the need to monitor the transition into the health care system, once graduates pass the CMRC. Increasing the number of IEMs assessed as competent and who enter the Canadian labor market is, after all, the long term goal.