

# Developing an Innovative Model to Grow the Provider Workforce

**An exciting new project—ACNM-ACOG Maternity Care Education and Practice Redesign—aims to increase numbers of midwives through interprofessional education, thanks to the Macy Foundation.**

The American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists in collaboration with 4 demonstration sites are designing and implementing an interprofessional education (IPE) curriculum for graduate midwifery students and ob-gyn residents. The 3-year project, which is funded by a grant from the Josiah Macy Jr. Foundation, builds on the work of a 2014 ACNM-ACOG Interprofessional Education Workgroup to redesign clinical care for women into a collaborative model between obstetrician-gynecologists and midwives to lead to an increase in the number of midwifery graduates.

Leading the project to develop this model are past ACNM and ACOG presidents, Melissa Avery, PhD, CNM, FACNM, FAAN and John C. Jennings MD, as well as ACNM special projects technical advisor, Elaine Germano, CNM, DrPH, FACNM. A midwife and ob-gyn physician from each of the 4 sites—Baystate Medical Center/Tufts University School of Medicine (Baystate), Drexel University/Frontier Nursing University/Reading Health Systems (Frontier), the University of California at San Francisco (UCSF), and the University of Minnesota (UNM)—will co-lead the development and implementation of an IPE curriculum at their sites. Didactic, laboratory simulation, and clinical practice experiences for graduate midwifery students and ob-gyn residents will all be included, and the learning materials will be shared among the sites. By the project's conclusion, a model IPE curriculum will be accessible for use by other educators and institutions.

## Developing Core Modules

The group met this past June at UNM where they participated in TeamSTEPPS training and planned modules through Spring 2018. Now each of the sites is simultaneously creating opportunities to teach these 2 groups of learners together while developing the core modules that cover basic IPE principles including “Role Clarification,” “Difficult Conversations,” and “Introduction to Guiding Principles.” Many midwifery education programs are already engaged in interprofessional education to diverse groups of learners, as described in the November 2015 issue of *JMWH* (<http://bit.ly/2yJKP7x>). At that time, UCSF identified challenges of IPE including the residents and midwifery students having different academic calendars. Residency training is primarily clinical and operates on a year-round July 1 to June 30 schedule, while midwifery education is based on an academic calendar and is focused on both didactic and clinical education. Another challenge that has emerged at UCSF and elsewhere relates to residents being licensed physicians and thus able to sign health records and orders, whereas the midwifery students, while licensed as RNs, must have their notes and orders in health records co-signed, usually by their midwifery faculty member. This problem reflects much larger systemic issues that most midwifery education programs grapple with, and although the IPE project cannot solve the broader challenges behind these discrepancies, we hope to contribute to possible solutions to some of these barriers.



Professor Melissa Avery, CNM, PhD, FACNM, FAAN, assists midwifery students and residents practicing assessing labor progress and placing an intrauterine pressure catheter.

Adjusting for these challenges, the programs are moving forward with interprofessional activities. Baystate, for example, which has had a collaborative midwifery and ob-gyn practice for years, but had not engaged in extensive IPE, now has embarked on an outpatient communications simulation tailored for first- and third-year residents and midwifery students who are halfway through their program. The initial simulation involves a contraception visit, which starts with a midwifery student counseling a 20-year-old woman requesting a bilateral tubal ligation while residents observe the interaction. Interestingly, during a debriefing after this first half of the simulation, the residents remarked on the thoroughness of the midwife's patient education. This led them to reconsider their counseling during the second half of the sim to avoid repetition, to the benefit of the patient. A third-year resident and midwifery faculty member evaluate the students' communication styles for eye contact, reflexive listening, and asking open-ended questions.

### Partnered Placement Opportunities

UMN recently implemented a well-received 3-hour skills lab session for second-year midwifery students and first-year ob-gyn residents. The 4 stations, each facilitated by a midwifery or ob-gyn faculty member, included labor support techniques; manual removal of the placenta;

amniotomy and applying a fetal scalp electrode; and cervical dilation, effacement, station assessment along with placement of an intrauterine pressure catheter. The project team also will be developing additional simulations and partnered clinical placement opportunities along with the didactic modules. Frontier University and UCSF have likewise moved forward with IPE simulations and activities.

The Macy grant is also bringing together the accreditation agencies for the two professions to develop joint IPE criteria. The standards they develop may assist in expanding maternity workforce numbers. For instance, if the 85 medical centers where midwives are now teaching medical students and residents were to include even 1 or 2 midwifery students at their sites, this could significantly boost CNM/CM numbers over time. For now the project promises a modest increase in graduates by its wrap-up in 2020, but looking ahead, the potential is enormous.

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### Preceptor's Pointers

## Will Precepting Affect My Clinic Productivity?

Welcome to our new column by and for preceptors (and for midwives considering precepting). Please think of it as your forum for sharing expertise, ideas, questions, and concerns.

**Q:** *I'm thinking about precepting a midwifery student. The catch is that I'm worried that precepting will slow me down and negatively affect my clinic productivity. Thoughts?*

**A:** This is a common response and can be a challenging issue. At our site, we are given 2 fewer patients on our schedule per half day, slots blocked as "mentor time for SNM," so it helps a bit. However, that being said, I find the "burden" of having a new student really only lasts a couple of days. I have them shadow me for the first day or half day depending on how quickly the student is catching on and how confident he or she is. After that, there is always something they can do, e.g. go in and do the patient's history and start the physical. Then I will join them and answer any questions the student or the patient has. Or for OB patients, the students can almost always do fundal height and FHR. Allowing them to do this starts to give them a feel for independence and builds their confidence. We review the chart together so the student knows what's expected in the visit, and they just start doing more and more on their own. I also ask them to do the patient teaching and go over what I usually cover. Before you know it, they are really sharing the workload with me, and I hate the days when I don't have a "helper"!

**A:** Precepting is trying, frustrating and very rewarding. There are days the student slows you down, and days when your patients get some much needed one-on-one because the student spends time with them while you see other patients. There are days you learn something from the student and ones when externalizing all of your thoughts, so the students gets why you are doing what you are doing, is exhausting. Sometimes the patients get annoyed, but most like participating in the learning process and helping the student learn.

**A:** I did have reservations, and I discussed them with the obstetrician with whom I worked. He said let us try to assist the students, and he also supported us. I was fortunate to have a student who was eager to learn, and who did not mind coming out at night and being on call. It was a rewarding experience for her and me. She eventually worked in the same clinic that I did and was a great midwife, safe practitioner, and a joy to her patients. Give the students a chance. Become a preceptor.

### Question for Winter 2018 Quickenning

**Q:** *I'll soon be precepting a student who is very different from me culturally. How do I establish a relationship with her that is culturally sensitive and minimize the potential for conflicts or misunderstandings?*

Responses should be no more than 250 words (they may be edited) and can be submitted to [quick@acnm.org](mailto:quick@acnm.org).