

Midwifery Education Program BHSc October 7, 2022, 1 Yr. PPR Implementation Report

IMPLEMENTATION PLAN

RECOMMENDATION 1. The MEP Aboriginal Student Coordinator (ASC) who supports Indigenous students and Indigenizing efforts of the programs is a part-time position. However, reviewers were given the recommendation by stakeholder interviewees that the hours of this position had decreased and that it was recommended to be 24 hours per week at a minimum.

Rationale: Indigenous students in the BIPOC student collective report difficulties engaging with the ASC in 2018 when there was a transition to a new ASC.

Implementation Actions:

- *Wide search for ASC*
- *Obtain referrals from Indigenous midwives and instructors*
- *Obtain referrals from Lynn Lavallee, FCS Lead for Indigenous Resurgence*
- *A new hire was made in Spring of 2019 of Denise McLeod Booth who is well known in the Indigenous community due to her outreach, activism, work with the Toronto Birth Centre and teaching at George Brown College. She has already engaged students with online socials, feasts, research RA positions and student surveys to explore concerns and desires of Indigenous students. Monthly faculty meeting items to report starting January 20, 2021.*
- *Findings of her research, evaluation of her student engagement in 2019-2021 will be presented to faculty by Spring 2021.*

Timeline: *Re-evaluate by 1 year report, June 30, 2022.*

Responsibility for

a) leading initiative: *Director*

b) approving recommendation, providing resources, and overall monitoring: *Dean FCS*

September 2022 follow-up:

RECOMMENDATION 2. Ensure financial assistance for Indigenous students.

Rationale: The RBC health professional loan is no longer available and low resourced students such as Indigenous students face significant financial barriers to enrollment in the MEP despite the Aboriginal Admissions Process.

Implementation Actions:

- *Review with faculty*
- *Work with FCS Advancement staff to acquire new scholarships, grants, loans*
- *Engage assistance of RASS and Lynn Lavallee, Faculty Lead for Indigenous Resurgence in FCS.*
- *Ensure that students are aware of the supports and resources through the National Aboriginal Council of Midwives (NACM)*
- *reviewing the program policies around taking breaks from the program and readmission to the program*
- *Monitor student enrolments with Admissions Committee*
- *Quarterly Admissions meeting items starting January 20, 2021.*

Timeline: <i>Re-evaluate by 1 year report, June 30, 2022.</i>
Responsibility for a) leading initiative: <i>Director</i> b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i>
September 2022 follow-up:

RECOMMENDATION 3. Ensure outreach to Indigenous communities is completed and maintained.
Rationale: This is a key part of maintaining Indigenous student enrollment.
Implementation Actions: <i>e.g.</i> <ul style="list-style-type: none"> • <i>Review with faculty</i> • <i>Continue to consult with Indigenous-identified faculty and instructor, practices and preceptors, as well as NACM.</i> • <i>Monthly ASC meeting items starting January 13, 2021.</i> • <i>Include Indigenous/Aboriginal Student Coordinator (ASC) in faculty meetings, plans for Midwifery Speaker Series, and other student engagement activities</i> • <i>Ensure that Indigenous student RAs are hired for Indigenous-related research and activities</i>
Timeline: <i>Re-evaluate by 1 year report, June 30, 2022.</i>
Responsibility for a) leading initiative: Indigenous faculty and director b) approving recommendation, providing resources, and overall monitoring: Dean FCS
September 2022 follow-up:

RECOMMENDATION 4. Ensure Indigenous students are given the opportunity to be mentored by Indigenous midwives. This has been seen to work especially well with clinical placements at Seventh Generation Midwives of Toronto and with various placements that access the Toronto Birth Centre.

Rationale: The student surveys and focus groups indicate that concordant learning where an Indigenous midwife is paired with an Indigenous student and also learning Indigenous traditions is more effective and satisfying than simply pairing students into a midwifery practice group that is “designated Indigenous” by virtue of 35% of the clientele and midwives self-identifying as Indigenous (the recommendation of the National Aboriginal Council of Midwives which sought to maximize the numbers of specially designated Indigenous Placements).

Implementation Actions:

- Re-evaluate the definition of “Indigenous Placements” with the help of the newly formed Consortium MEP Anti-racism and Action Committee, and the Indigenous community and NACM.
- Review across the Consortium at the director, faculty and Placement Committee levels.
- Implement a study of the numbers of Indigenous placements that could offer traditional knowledge sharing as defined by self-identified Indigenous midwives.
- Formalize the process for responding to students’ requests for interprovincial midwifery placements in their own Indigenous communities despite the current funding agreements from the MOHLTC to prioritize Ontario placements. NACM sought to maximize the number of placements. The process began in 2019-2020. Re-evaluate 2022.
- Explore funding mechanisms for out-of-province preceptors.
- Work with Placement Committee to redefine placement types in the Policy & Procedure Manual and to be transparent in the definitions used to minimize confusion

- Monitor demand for Indigenous placements following new definitions of specially designated Indigenous placements. Monthly faculty meeting items starting January 13, 2021.

Timeline: Course development complete by Winter 2022

Proposal to Senate by June 2022

Active in calendar and available for students to enroll by Sept of 2023

Responsibility for

a) leading initiative: e.g., Program Chair/Director

b) approving recommendation, providing resources, and overall monitoring: e.g. Faculty Dean, UPO

September 2022 follow-up:

RECOMMENDATION 5. Ensure more curriculum taught and developed by Indigenous midwives.

Rationale: Representation is important to Indigenous students. Indigenous midwives provide mentorship, empowerment and diverse epistemologies. *The BIPOC students have repeatedly requested more representation.*

Implementation Actions:

- *For the last hiring round, the posting highlighted the goal of the MEP to diversify the faculty and extra points were provided for lived experience of race.*
- *The MWF108 Aboriginal Childbearing course was changed from an elective to a required course.*
- *Complete development of The Indigenous Anatomy & Physiology (A&P) course, which could be launched by 2022 Winter and could be taught by an Indigenous instructor.*
- *Review with faculty*
- *Implement assessment/approvals process for integration of Indigenous concentrations into a masters curriculum*
- *Monthly faculty meeting items starting January 13, 2021.*
- *Clearly communicate availability of concentrations and registration process to students.*
- *Monitor course availability*
- *Monitor student enrollments in BLG10A/B versus the new Indigenous A&P course.*
- *Faculty course evaluations and MEP student evaluations of this course will be conducted and reviewed.*

Timeline: *Re-evaluate by 1 year report, June 30, 2022.*

Responsibility for

a) leading initiative: *Director and Indigenous faculty*

b) approving recommendation, providing resources, and overall monitoring: *Dean FCS*

September 2022 follow-up:

RECOMMENDATION 6. Although the Truth and Reconciliation Commission of Canada (2015) recommends a required Indigenous course in nursing and medical schools with various elements (e.g., Indigenous history/health, anti-racism, conflict resolution, etc.), it is recommended that in addition to the course Aboriginal Childbearing, the content may also be scaffolded into the RU MEP curriculum.

Rationale: The new CMRC competencies and BIPOC students call for increased attention to TRC recommendations. The TRC was primarily focusing on Indigenous students rather than BPOC.

<p>Implementation Actions:</p> <ul style="list-style-type: none"> • <i>Develop tracking of Indigenous historical, health, anti-Indigenous racism and conflict resolution with Curriculum Committee</i> • <i>Review with faculty: 2 courses per year will be evaluated until the entire curriculum is reviewed; Senior research RAs will be hired to assist in this work. Monthly faculty meeting items starting January 13, 2021.</i>
<ul style="list-style-type: none"> • <i>At the annual Work & Planning for both the RU MEP and the Consortium develop new required content for each course across the curriculum</i> • <i>Clearly communicate this intention with students through student-faculty meetings, school newsletter, School Council.</i> • <i>Monitor student evaluations</i>
<p>Timeline: <i>Re-evaluate number of courses reviewed/revised by 1 year report, June 30, 2022.</i></p>
<p>Responsibility for</p> <p>a) leading initiative: <i>Director</i></p> <p>b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i></p>
<p>September 2022 follow-up:</p>

<p>RECOMMENDATION 7. Formalize BIPOC designated clinical placements.</p>
<p>Rationale: Specially designated BIPOC placements have been recommended by students, midwives. The research supports concordant learning in BIPOC populations.</p>
<p>Implementation Actions:</p> <ul style="list-style-type: none"> • Create the Consortium MEP Anti-racism Action Committee (completed in summer 2019) • MAAC will propose new Specially Designated Placement (SDP) definitions for Black, Indigenous and People of Colour. August 2020 Black SDP placements were defined in collaboration with students at consortium-wide BIPOC student townhalls and implemented for the first time with the MWF120 first clinical placement lottery in 2019 Fall. These placements launched in Winter 2020 for the first time. • Monthly faculty meeting items starting January 13, 2021. • Implement assessment and evaluation into the existing preceptor/practice evaluation process • Implement preceptor’s feedback feed-back on online survey after every placement to address their perspectives re. curricular changes and student-preceptor relationships. • Add demographics to measure concordance in the Placement Evaluation Tool. • Move to online, survey-type preceptor and practice evaluation (Google Form or Opinio) to facilitate accessibility • Clearly communicate new SDP to preceptors, tutors, faculty. • Prepare report for the first full year of SPD by Spring 2021.
<p>Timeline: BPOC placements available to students beginning with Fall 2020 lottery POC placements planned to start with Fall 2021 lottery</p>

Responsibility for

a) leading initiative: Clinical Experience coordinator and Director

b) approving recommendation, providing resources, and overall monitoring: Dean FCS

September 2022 follow-up:

RECOMMENDATION 8. Increase and improve current mechanisms for supporting students of color.

Rationale: the student focus groups and race reports describe reports of trauma, dissatisfying learning environments, and lack of expertise in addressing disputes. *There are significant numbers of incidents in the classroom and clinical placements identified by students.*

Implementation Actions: *e.g.*

- *Continue to evaluate the BIPOC mentorship program*
- Widen search for a more permanent BIPOC mentorship administrator position held by a graduate prepared BIPOC instructor who can devote the time to improved administration, pairing of mentors and continuing education/support of student mentees and midwife mentors.
- Complete evaluation of the BIPOC mentorship program by February 2021 and report findings to the Consortium
- Consult EDI, Human Rights, Legal and Disability Studies departments at Ryerson.

Timeline: *Re-evaluate by 1 year report, June 30, 2022.*

Responsibility for

a) leading initiative: *Director, Clinical Education Coordinator, BIPOC mentorship Senior Research Associate*

b) approving recommendation, providing resources, and overall monitoring: *Dean FCS*

September 2022 follow-up:

RECOMMENDATION 9. Invest more in resources for mentoring students of color.

Rationale: The student focus groups and race reports describe reports of trauma, dissatisfying learning environments, and lack of expertise in addressing disputes.

Implementation Actions: *e.g.*

- *Develop online tools, social media, newsletter,*
- *Continue to evaluate the BIPOC mentorship program*
- Utilize funding from equity grants and student engagement grants to fund research, evaluation and activities.
- Develop BIPOC student engagement portal to house resources for BIPOC students (The D2L Everyone's MEP Orientation ORG was developed in 2019 but this can be transitioned into more accessible resources on the MEP website, possibly using a Moodle).
- January 2021, new website with accessible IT was launched & web designers are currently working on development of the portal for BIPOC students & placements.
- Widen search for a more permanent BIPOC mentorship administrator position held by a graduate prepared BIPOC instructor who can devote the time to improved administration, pairing of mentors and continuing education/support of student mentees and midwife mentors. This was achieved in January 2021 with the hire of a PhD prepared senior researcher for the BIPOC mentorship program administrator role.
- Engage EDI consultant to advise re equity infused, non-complainant driven dispute resolution processes. Feb 2021, Stacey Alderwick contracted to address faculty in Work & Planning Meeting.
- Proposal of Associate or Assistant Director Role 1.0 FTE with 0.5 teaching and 0.5 clinical placement coordination and liaising with practices.
- Monthly faculty meeting items starting January 13, 2021.
- Proposal to OVPFA by Winter 2021 in hopes of posting for hire by Summer 2021.
- Monitor how well the increased hours and protected hours of work for placement liaison work improves resources for preceptor training.

Timeline: *Re-evaluate by 1 year report, June 30, 2022.*

Responsibility for

a) leading initiative: *Director & BIPOC mentorship Senior Research Associate*

b) approving recommendation, providing resources, and overall monitoring: *Dean FCS*

September 2022 follow-up:

<p>RECOMMENDATION 10. Share knowledge resources related to diversity and inclusion with clinical teaching practice sites.</p>
<p>Rationale: Clinical Placements continue to be a challenging and traumatic experience for some BIPOC students.</p>
<p>Implementation Actions:</p> <ul style="list-style-type: none"> • Develop more accessible and engaging methods of continuing education for preceptors • Develop anti-racism, anti-oppression, trauma informed content for continuing education based upon consultation with equity experts. • Continue to recruit placements with a commitment to anti-racism and diverse preceptors.
<ul style="list-style-type: none"> • Implement new policies to make current preceptor training mandatory prior to placement of students • Clearly communicate these strategies with students at student-faculty meetings, School Council, newsletter • Monitor & evaluate trends in disputes surrounding clinical placement • Continue to develop anti-racism training specific for midwifery education. Commenced in 2020. • Annual Work & Planning Meetings with consortium starting February 16, 2021 and with RU specific quarterly starting Sept 2021. • Begin curriculum for continuing education and graduate program courses on infusing equity into clinical education that is trauma informed. • New Placement liaison/Assistant Director position: Proposal to OVPFA by Winter 2021 in hopes of posting for hire by Summer 2021. • Monitor how well the increased hours and protected hours of work for placement liaison work improves resources for preceptor training.
<p>Timeline: <i>Re-evaluate by 1 year report, June 30, 2022.</i></p>
<p>Responsibility for a) leading initiative: <i>Clinical Education Coordinator & Director</i> b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i></p>
<p>September 2022 follow-up:</p>

<p>RECOMMENDATION 11. Reproductive Physiology (MWF201) has too much emphasis on embryology; consider broader teaching of physiology as it relates to the peripartum period. A recommendation is to support the current contract faculty to redesign the course through expertise in the RU Centre for Excellence in Teaching in Learning. Of note, other Canadian programs also report similar revision suggestions to their reproductive physiology courses.</p>
<p>Rationale: Student focus groups indicate that the course could do with redesign. The last course revision in 2012 increased the vaccination and immunology content but did not address other content.</p>

Implementation Actions:

- Develop new content in collaboration with Curriculum Committee
- Review with faculty (Science lead)
- Implement assessment/approvals process for integration of new content into curriculum by October 2021 Calendar deadline.
- Clearly communicate plan and process to students.
- Monitor student evaluations of new course.
- Once per semester faculty meeting items starting May, 2021.

Timeline: *Course revision Winter and S/S 2021*

New course outline available for students Fall 2021.

Responsibility for

a) leading initiative: *Director & Science Course Lead*

b) approving recommendation, providing resources, and overall monitoring: *Dean FCS*

September 2022 follow-up:

RECOMMENDATION 12. The Interprofessional (IP) Courses (i.e., MWF305, 315) have content that does not relate to placements and too much of an emphasis on discussion boards. In addition, learners stated that the Problem-Based structure does not work well with online courses. One suggestion is for more structured peer review of cases that students experience in clinical.

Rationale: The course has not been revised since 2009 and is due for evaluation and revision based upon student feedback.

Implementation Actions: e.g.

- Develop concentrations with Curriculum Committee
- Review with faculty
- Implement assessment/approvals process for integration of concentrations into curriculum
- Clearly communicate availability of concentrations and registration process to students.
- Develop any core elective courses required for the concentration, if needed
- Monitor course availability
- Monitor student enrolments in concentrations
- Annual faculty meeting items every Dec and May at the ending of clinical semesters for 3rd year starting May, 2021/

Timeline: Re-evaluate by 1 year report, June 30, 2022.

Responsibility for

a) leading initiative: Director & Third Year Faculty Lead

b) approving recommendation, providing resources, and overall monitoring: FCS Dean

September 2022 follow-up:

RECOMMENDATION 13. IP courses should be evaluated to ensure the complexity of courses is more organized and benefits learners in a more efficient way without draining RU MEP resources.

Rationale: The course has not been revised since 2009 and is due for evaluation and revision based upon student feedback.

Implementation Actions: e.g.

- Develop new definitions for required interprofessional placements
- Review with faculty
- Implement assessment course description changes, sending revisions to Senate by October deadline as necessary.
- Clearly communicate planning and process to students and revise Calendar as necessary.
- During the COVID-19 pandemic, 2019-2020 and 2020-2021 academic years, these curricular changes were initiated without needing Senate approval due to restrictions to placements and hospital access. These will be evaluated for outcomes, student satisfaction etc. by Summer 2021.
- Monthly faculty meeting items starting January 27, 2021.

Timeline: Re-evaluate by 1 year report, June 30, 2022.

Responsibility for

a) leading initiative: e.g. Program Chair/Director

b) approving recommendation, providing resources, and overall monitoring: e.g. Faculty Dean, UPO

September 2022 follow-up:

RECOMMENDATION 14. In the case that a student withdraws or fails a clinical course there is no immediate option for remediation. A student will have to wait until the next iteration of the clinical course, which is typically in a year's time. In the interim, a student, who likely needs more support and not less, will suffer deskilling and lack of access and a means to practice and strengthen skills. One way to combat this issue is to create a floating independent clinical course, which can be offered or canceled based on student need. Such a course would have individualized learning objectives tailored to each student situation and suffice to count for the failed/withdrawn clinical or to retain clinical skill until the next iteration of the course. They would be a requirement in the case that a student failed and CUPE instructors could be hired to act as tutors based on need.

Rationale: There was very little in the way of systematic, documented explanation for withdrawals and attrition in the PPR.

Implementation Actions: e.g.

- The exit interview process continues but is not well documented and not made to be a compulsory step for the director to complete.
- Arrange with Program Manager to notify director whenever a student withdraws or does not return from a leave.
- Exit interview by phone Zoom, Google Meet or in person should be formalized.
- Report on statistics, trends on why students withdraw or predicating circumstances.
- End of semester meetings with Program Manager starting end of January 2021.

Timeline: Re-evaluate by 1 year report, June 30, 2022.

Responsibility for

a) leading initiative: *Director & Program Manager*

b) approving recommendation, providing resources, and overall monitoring: *FCS Dean*

September 2022 follow-up:

RECOMMENDATION 15. Submit to ASC and Senate for approval of a variation from the specified program balance per Senate Policy 2.

Rationale: The current program balance is necessary due to the accreditation requirements of the Midwifery Education Program. The Academic Standards Committee recommended that the program submit a request for a variation to ensure that the variation is explicitly noted in the Senate Policy.

Implementation Actions:

- Prepare a written proposal for a program balance variation.
- Seek internal approvals (School/Faculty level)
- Submit to Academic Standards Committee for review and recommendation to Senate

Timeline: August 31, 2021

Responsibility for

c) leading initiative: *Director & Program Manager*

d) approving recommendation, providing resources, and overall monitoring: *FCS Dean*

September 2022 follow-up: