To: Midwifery Students
From: ACNM Board of Directors and Staff
Date: April 2, 2015
Re: Report of the ACNM Residency Task Force

In the 2012 Annual Student Report, the liaisons to the Student Issues Section (now re-named the Students and New Midwives Section) of the Division of Education requested that ACNM explore options and modalities for post-graduation residency or internship programs. A taskforce with representatives from the Directors of Midwifery Education (DOME), the Midwifery Business Network (MBN), the Division of Education (DOE), the Accreditation Commission for Midwifery Education (ACME), ACNM Board of Director (BOD) members including the Student Representative to the BOD, and ACNM staff member for education policy was created in 2012 and these issues were researched and reviewed. At the March 2015 BOD meeting, the Residency Task Force (RTF) submitted its recommendations to the ACNM Board of Directors (see attached report, "Entry Level CNM and CM Competency: Concerns and Issues").

Key Talking Points from the RTF and its report to the BOD:
The following summarizes the discussion among the members of the RTF during the tenure of the task force:

- A few paid residencies exist for entry level midwives which offer fellowships to new graduates to gain experience in out-of-hospital settings.
- Adequate evidence does not exist to support or refute the addition of APRN residencies to improve patient outcomes or improve ability to practice.
- Residency interferes with existing clinical slots for students.
- Available preceptors and faculty are lacking.
- There is no sustainable government or private funding, although there is some sporadic HRSA funding.
- A residency program could be linked to a DNP program which may help DNP recruitment but may be a cumbersome requirement for a new CNM graduate.
- There is no standard definition for residencies; many are primarily used for clinical specialization after attaining the practice doctorate.

Included in the report was:
"Recommendations of the report to ACNM and Midwifery leadership:
The key issues around residency programs appear to be funding and faculty restraints. Residency for advanced practice nurses is not the norm nor have the studies to date shown that it

makes a difference in clinical competency. In light of the current budget restraints within the organization, the recommendation of this report is that ACME look at the issue of adequate preparation for entry-level CNMs/CMs within the context of the educational programs rather than as an additional layer beyond graduation. Simulation activities offer some preparation in managing infrequent and emergent situations."

"It is recognized that these recommendations do not fully address the issues of lack of confidence, obtaining an entry-level CNM/CM employment position, or readiness for practice as brought forth by student membership. Nonetheless, it seems beyond the scope of the organization to take a position at this point in time or to pursue the issue beyond requesting evaluation of educational offerings by ACME and seeking counsel from Dr. Flinter."*

The ACNM BOD has accepted the recommendations of the RTF and dissolved the task force. The full recommendations of the RTF are being sent first to the students and then to DOME, DOE, ACME, MBN and AMCB and will be posted on the ACNM website.

In conclusion, we encourage the students to understand that new graduates in most health professions feel a bit of trepidation in the first few months of practice, and to trust in their preparation for graduation. The educational programs accredited by ACME undergo rigorous review to ensure that students have the basic competencies and can graduate as safe beginning-level practitioners. It is important to note the difference between educational preparation for practitioner competence and the feeling of being competent. We expect the findings in this report to instigate conversation and further study among the leaders of DOME, ACME, and ACNM. The ACNM BOD and Students and New Midwives Section (SANMS) of the DOE will continue our work to make students' issues a priority within the College.

Cc:

Rebecca Bagley, CNM, DNP
Chair, Directors of Midwifery Education

Carrie Bright, IOM, CAE
CEO, American Midwifery Certification Board

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Chair, Division of Education, & Division of Education Governing Board Members

*Dr. Margaret Flinter, national expert on Nurse Practitioner residencies; see reference list at end of agenda item for her publications on residencies.

Entry Level CNM and CM Competency: Concerns and Issues

Submitted by Barbara Anderson, Chair of Residency Task Force
February 9, 2015
Revised April 2, 2015

Purpose of Document

The purpose of this document is to present a literature review and to present talking points from the former Residency Task Force as information to selected decision making entities within ACNM and other entities involved with midwifery. It is suggested that this document will be shared with the following entities. The final decision on the distribution will be made by the President and the CEO.

- President of ACNM
- CEO of ACNM
- ACNM Board of Directors under Open Agenda, March 2015
- Manager, State Government Affairs, in Department of Advocacy and Government Affairs in the ACNM national office
- Directors of Midwifery Education
- Co-Chairs, Division of Education
- Co-Chairs Student and New Midwives, Division of Education
- Senior Education Policy Advisor in the Professional Practice and Health Policy Department, ACNM national office
- Executive Director, Accreditation Commission for Midwifery Education
- President and the Executive Director, American Midwifery Certification Board
- President, Midwifery Business Network

The Institute of Medicine (IOM) Charge to Nursing

The IOM document, *The future of nursing: Leading change, advancing health*, provides eight recommendations for the future of nursing at all levels of nursing. Recommendation #3 speaks to the need to support transition to practice after completion of pre- licensure or advanced degree programs or when entering a new clinical practice area (Institute of Medicine [IOM] 2011, p. 11). The Health Resources and Services Administration (HRSA) offer funding, as provided by Congress, for RN internships and residency programs (U.S. Department of Health and Human Services, 2011).

ACNM Response to IOM Recommendations

In response to the IOM recommendation to implement nurse residency programs, the American College of Nurse Midwives (ACNM) issued a white paper (American College of Nurse Midwives [ACNM], 2012a). In acknowledgement of a call for action from ACNM student membership, the ACNM Board of Directors (BOD) formed a taskforce in 2012 to investigate the possibility of developing a residency model for CNMs and CMs (ACNM, 2012a). The charge to the taskforce, entitled the Residency Task Force (RTF), was to convene a working body with

representation from DOME, MBN, DOE, SIS, ACME, the ACNM staff liaison, and the student representative to the Board of Directors to investigate the possibility of developing a residency model. The charge included the possibility of engaging a professional consultant (ACNM Charge Book, 2012). Like other APRN organizations, ACNM states that the requirement for certification and entry into practice is completion of the graduate program and does not require a residency (ACNM, 2012b).

Key Talking Points from the RTF

The following summarizes the discussion among the members of the RTF during the tenure of the task force:

- A few paid residencies exist for entry level midwives including Holy Family Services in Texas offers fellowships to new graduates to gain experience in an out-of-hospital setting
- Residency interferes with existing clinical slots
- Available preceptors and faculty are lacking
- There is no sustainable government or private funding, although there is some sporadic HRSA funding
- A residency program linked to DNP program which may help DNP recruitment but may be a cumbersome requirement for a new CNM graduate

Key Literature Findings on Residency Programs

The literature on residency programs, as one means of transition to practice, among health professionals in America, points to many inconsistencies. Understanding the residency landscape across health care disciplines is essential for a balanced perspective on this issue within ACNM. This report acknowledges the capstone work by Dr. Barbara Crone, DNP, CNM, who completed a seminal work comparing clinical residencies across healthcare disciplines. Key findings are presented in Appendix A. Her complete work can be accessed through Frontier Nursing University library archives under the title *Synthesis of Healthcare Professionals Clinical Residencies*.

Residency Terminology

A point of confusion in examining health care residencies is the terminology used across disciplines. Medical residency is clearly defined as is medical fellowship, a level beyond basic residency (Accreditation Council for Graduate Medical Education, 2014, p. 9). Beyond that, multiple terms are used to describe enhanced experiences for health care professionals, including residency, nursing residency, advanced practice residency, fellowship, advanced training, enhanced orientation, professional development and postgraduate opportunity (Zapatka, Conelius, Edward, Meyer & Brienza, 2014; Al-Dossary, Kitsantas, & Maddox, 2013; Rauch, 2013; Boyar, 2012; Herdrich & Lindsay, 2006). The Nurse Practitioner Roundtable, a collaborative of national organizations representing nurse practitioners (NPs), state that their graduates are prepared for practice upon graduation. They suggest that the best term for post-graduate education is fellowship, differentiating it from a residency leading to specialization and licensure (Nurse Practitioner Roundtable, 2014).

Residency Requirement

The Accreditation Council for Graduate Medical Education defines a medical residency as "a program accredited to provide a structured educational experience designed to conform to the program requirements of a particular specialty" (2014, p. 8). Funding for medical residencies (graduate medical education or GME) is highly subsidized and federally funded through the Social Security Act (Association of American Medical Colleges, 2014; Flinter, 2005). The federal government allocates about $9.5 billion in Medicare and about $2 billion in Medicaid funds per year to subsidize graduate medical education (Healthaffairs, 2012). Physicians may be licensed to practice without residency but credentialing can be problematic. However, completion of a medical residency does not guarantee a safe clinician (Halpern & Detsky, 2014). Podiatry and psychology require residency and both receive a small amount of federal funding. Other health care professions offer multiple kinds of "residency" programs but none of them require this activity for practice (Crone, 2014).

Rationale for Residency Programs

There is lack of clarity and agreement among various health care disciplines about the purpose of residency programs. Reasons for offering residency programs include:

- Enhanced skill and practice transition among entry-level professionals,
- Recruitment and retention, and
- Autonomy versus supervised and/or required collaborative practice.

Residency requirement or recommendation for each of these reasons is based upon a different paradigm. Enhanced skill and practice transition primarily addresses the development of novice practitioners. The recruitment and retention argument is a business approach aimed at maintaining staff stability, increasing job satisfaction, and decreasing the cost of rapid staff turnover (Goode, Lynn, McElroy, Bednash, & Murray 2013; Rhodes et al., 2013; Trepanier, Early, Ulrich, & Cherry, 2012; Herdrich & Lindsay, 2006).

The autonomy argument, supported by the IOM, cites the limitations on access to services for the public when qualified professionals are held back by legal statutes from practicing to the full scope of their education (American Association of Colleges of Nursing [AACN] 2014; Schiff, 2012; Flinter, 2005). The Federal Trade Commission (FTC) supports elimination of legal statutes, such as required collaborative practice agreements between APRNs and physicians, as a way to improve health care access and decrease costs (Gallegos, 2013). Residency for APRNs might contribute to the argument for eliminating collaborative practice agreements.

Barriers to Establishing Residency Programs

The only substantial funding for residency programs is for medical doctors. Whatever paradigm is espoused, cost, time and adequate faculty preparation are cited as barriers to developing residency programs for non-physicians (Crone, 2014).

Evidence for the Necessity for Nurse Residency Programs

The question remains whether residency is necessary for non-physician health professionals. In a systematic review of the literature about entry-level RNs, Al-Dossary, Kitsantas, & Maddox

(2013) stated, "90% of educators believe new nurse graduates are adequately prepared while 90% of nurse leaders disagree" (p. 1). New graduates may be caught in employment limbo. They cannot get a job because they do not have experience and they cannot get experience without a job.

However, adequate evidence does not exist to support or refute the addition of residency for APRNs as a means to improve outcomes or improve their ability to practice to the full extent of their education. Schiff (2012) completed a literature review including twenty-one peer reviewed articles and three systematic meta-analysis for the National Governor's Association. None of the studies had concerns about the quality of care offered by NPs. Schiff concluded NPs are well qualified to deliver primary care. NPs have clinical experience integrated in their education prior to completion of their degree. APRNs, whose model of education does not include a residency, continue to demonstrate outcomes within their scope of practice, similar to or better than their physician counterparts (Johantgen et al., 2010; Newhouse et al., 2011; O'Brien et al., 2010; Stapleton, Osbourne & Illuz, 2013). In support of residencies, however, the American Nurses Credentialing Center (ANCC) has initiated a program entitled "Practice Transition Accreditation Program" that includes APRN Fellowships (ANCC, 2014).

Recommendations of this Report to ACNM and Midwifery Leadership

The key issues around residency programs appear to be funding and faculty restraints. Residency for advanced practice nurses is not the norm nor have the studies to date shown that it makes a difference in clinical competency. In light of the current budget restraints within the organization, the recommendation of this report is that ACME look at the issue of adequate preparation for entry-level CNMs/CMs within the context of the educational programs rather than as an additional layer beyond graduation. Simulation activities offer some preparation in managing infrequent and emergent situations.

ACNM could open dialogue with the American Nurses Credentialing Center in terms of offering continuing education programs through the "Practice Transition Accreditation Program" (American Nurses Credentialing Center, 2014). This, most likely, would be housed in the DOE.

Dr. Crone was privileged to have Margaret Flinter as her content expert for her capstone. Dr. Flinter is a national expert on the area on APRN residencies and her work is well described in her publications (See Flinter, 2005 and Flinter, 2011)... Dr. Flinter could be approached in an advisory position to advise ACNM.

It is recognized that these recommendations do not fully address the issues of lack of confidence, obtaining an entry-level CNM/CM employment position, or readiness for practice as brought forth by student membership. Nonetheless, it seems beyond the scope of the organization to take a position at this point in time or to pursue the issue beyond requesting evaluation of educational offerings by ACME and seeking counsel from Dr. Flinter.

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Appendix A

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Key Findings of Capstone Study

Submitted by Barbara Crone, DNP , CNM

Health Care Professional Residency Programs: Developing Patterns

- National examinations are utilized to assure qualification of individuals to practice within a profession; such examinations are profession specific, often portable and may be utilized by states as proxy of a separate licensing examination.
- Individual licensing is required for individuals in most states for health care professionals who receive a degree from an institute of higher education accredited by a nationally recognized accrediting agency.
- Health care professions who have individuals who can submit and receive third party reimbursement are either currently utilizing or moving towards doctorate education as the terminal degree. Advance Practice Nursing is a notable exception.
- Residencies are being utilized primarily for clinical specialization after attaining the practice doctorate. No standard definition of residency is utilized across all health care professions.
- Fellowships are being utilized post residency and/or immediate post degree to focus on a subspecialty within a profession. No standard definition of fellowship across all health care professions exists. Fellowships also exist for students prior to graduation in some professions.
- Fellowships, internships, externships are terms sometimes used interchangeably to describe a period of clinical immersion for health care professionals before they graduate.
- Residencies, fellowships, internships and externships exist that are not accredited.