



FINAL ASSESSMENT REPORT

**PERIODIC PROGRAM REVIEW (PPR)
Bachelor of Health Sciences
In Midwifery
Faculty of Community Services**

In accordance with the Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of the undergraduate **Bachelor of Health Sciences – Midwifery** program. The report identifies the significant strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.

The Implementation Plan identifies who will be responsible for leading the implementation of the recommendations; who will be responsible for providing any resources entailed by those recommendations; and timelines for acting on and monitoring the implementation of the recommendations.

SUMMARY OF THE PERIODIC PROGRAM REVIEW OF THE MIDWIFERY EDUCATION PROGRAM

The Midwifery Education Program (MEP) submitted a self-study report to the Vice-Provost Academic on November 6, 2019. The self-study presented the program description and learning outcomes, an analytical assessment of the program, and program data including the data collected from students, alumni, and employees along with the standard University Planning data tables. Appended were the course outlines for all core required and elective courses in the program and the CVs for all faculty members in the MEP and all other instructors who have recently taught core courses.

Two arm's-length external reviewers, Dr. Kellie Thiessen, Associate Professor and Director, Bachelor of Midwifery Program, College of Nursing, Rady Faculty of Health Sciences Helen Glass Centre for Nursing, and Deepali Upadhyaya, Associate Professor and Interim Coordinator, Bachelor of Midwifery Program, Mount Royal University, Faculty of Health, Community, and Education, School of Nursing and Midwifery, were appointed by the Dean of the Faculty of Community Services from a set of proposed reviewers. The Peer Review Team (PRT) reviewed the self-study documentation and then conducted a site visit at Ryerson University from January 21 to 22, 2020.

The visit included meetings with the Vice-Provost Academic; Dean, Faculty of Community Services; Associate Dean, Undergraduate Studies, Students and Pedagogy; and the Director, MEP. The PRT also met with several other members of the MEP including staff, students, preceptors, teaching practice coordinators, faculty members, as well as with alumni, Ryerson student services representatives, Executive Director of the OVPECI, and the Chief Librarian. A general tour of the campus was provided, including Library services, Student Learning Centre, Human Rights Services, Aboriginal Student Services, Daphne Cockwell Health Sciences Complex, Clinical Simulation Lab, and the MEP offices. The PRT also toured the Toronto Birth Centre, which included a discussion with students in interprofessional placements at the Centre.

In their report, dated February 18, 2020, the PRT provided feedback that describes how the MEP meets the IQAP evaluation criteria and is consistent with the University's mission and academic priorities.

The main areas of strength identified by the PRT include the embeddedness of Indigenous content into the curriculum, as well as its hiring and outreach practices, interprofessional placements which allow students to experience a 'bigger picture', and incorporation of an 'Academic Day' in the clinical courses.

The PRT also identified areas for improvement, including application of a critical lens on the program's admissions policy to address potential inequities, more structured peer review of cases that students experience in clinical courses, and a redesign of the Reproductive Physiology course.

The Director of the MEP submitted a response to the PRT Report on April 2, 2020. The response to both the PRT Report and the Program's Response was submitted by the Dean of the Faculty of Community Services on August 17, 2020.

The Academic Standards Committee completed its assessment of the MEP Review on November 23, 2020. The Committee indicated that a thorough, analytical, and self-critical program review was conducted. The program integrated into the developmental plan feedback from students, alumni, employers, and peer reviewers, and outlined a comprehensive plan for program enhancements moving forward.

The Academic Standards Committee recommends that the program continue, as well as provide a one-year follow-up report by June 30, 2022, to include:

1. Updates on the status of the initiatives outlined in the Implementation Plan;
2. A review and update of course outlines to ensure compliance with Policy 166 Course Management.

Presented to Senate for Approval: January 26, 2021

Start date of next Periodic Program Review: 2023-24

SUMMARY OF THE REVIEWERS' RECOMMENDATIONS WITH THE PROGRAM'S AND DEAN'S RESPONSES

RECOMMENDATION 1. The MEP Aboriginal Student Coordinator (ASC) who supports Indigenous students and Indigenous 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.

Department's Response: It is an accurate observation that we had been unable to find an ASC to fill this position adequately during the Fall semester. The newly hired ASC however has re-established a visible presence, office hours and is actively engaging with Indigenous students in an effective way. This role is vital. It is obvious that the compensated work hours in this role should be increased. We are hoping to sustain this role with more permanency than can be offered with the multiple grants that currently fund this part-time position.

Dean's Response: The role is currently funded through a variety of small grants, and the School is hoping to sustain the role with a more permanent form of funding. While the Dean's Office cannot now commit to more funding for this position, we support the School's response and efforts to maintain this position. Additionally, the Dean's Office encourages the School to draw upon and work with Lynn Lavallee, Strategic Lead, Indigenous Resurgence for FCS to support the work of the School-based ASC.

RECOMMENDATION 2. Ensure financial assistance for Indigenous students.

Department's Response: The National Council of Aboriginal Midwives (NACM) and the Association of Ontario

Midwives (AOM) have been in discussions with the MEP to widen the endowments, scholarships, and grants for Indigenous students.

Dean's Response: The Dean's Office supports the School's response and approach and encourages the School to utilize Lynn Lavallee, Strategic Lead, Indigenous Resurgence for FCS to support these efforts.

RECOMMENDATION 3. Ensure outreach to Indigenous communities is completed and maintained.

Department's Response: The ASC performs community outreach to attract Indigenous students. The MEP will continue to forge relationships in the Indigenous communities and to partner with Indigenous recruiters in HR and the rest of the university.

Dean's Response: The Dean's Office supports the School's response and approach. The Dean's Office encourages the School to contact Dani Gomez-Ortega, Manager of Student Experience, for additional supports relating to outreach to Indigenous applicants.

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.

Department's Response: Currently the Black, Indigenous, and People of Color (BIPOC) mentorship program, National Aboriginal Council of Midwives (NACM) and the ASC provide access to Indigenous mentors. This could be strengthened. The hiring of an Indigenous midwifery professor will allow more midwifery courses to be taught by an Indigenous professor. The ASC and NACM will be consulted for improving branding, media communications, community activities (e.g., powwows) to make the MEP a more visible option for prospective Indigenous students. Continue to advocate with the Canadian MEPs for Indigenous placements nationally when the numbers of provincial placements are inadequate.

Dean's Response: The Dean's Office supports the School's response and approach.

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

Department's Response: Agreed. The development of the Indigenous Anatomy & Physiology course continues. Indigenous content is being infused into MWF11A/B and will be evaluated. Indigenous courses will be embedded into the proposed masters program curriculum.

Dean's Response: The Dean's Office supports the School's response and approach.

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.

Department's Response: Agreed. This content is already included in MWF150 and MWF11A/B but the newly developed core Indigenous competencies could be used by Indigenous faculty within other existing courses.

Dean's Response: The Dean's Office supports the School's response and approach.

RECOMMENDATION 7. Formalize BIPOC designated clinical placements.

Department's Response: Agreed. Presumably, there are two reasons for this recommendation, 1. provision of cultural safety for racialized students and 2. providing clinical experts who work within BIPOC communities which marks the first step in passing along their expertise and knowledge in working with their communities and thereby growing their own community midwives. The consortium placement committee will be consulting about the development of special BPOC or Black Alliance third year placements that will be focused on policy, research and creative change or social innovation. The committee is also considering risk benefit analysis of also having specially designated BPOC placements identified and run similarly to the Aboriginal placements currently designated.

Dean's Response: The Dean's Office supports the School's response and approach.

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

Department's Response: Agreed. The BIPOC mentorship program is being evaluated to see how improvements might be made. Funding has been requested to increase the number of media and digital tools or webinars that could be organized to build esteem and promote resilience of both BIPOC midwifery mentors and student mentees. In particular the needs of students who self-identify as both students of colour or from the African Diaspora and also Indigenous have been identified. Current challenges and critical issues within the student body who hold intersecting identities and experience multiple oppressions or isolation are surfacing. Creative ways of addressing their needs, providing expert advice and referrals for support are currently being addressed.

Continue mentorship program, and support student-led equity strategies, make referrals to HR, OVPECI and equity specialists. The student union, ARMS, has begun initiatives such as communication workshops to build capacity for diverse students within the MEP to work more effectively with each other and to manage intra-student conflict. Just as an equity book club has been launched for faculty, staff and students will be invited to have their own equity reading circles.

Dean's Response: The Dean's Office supports the School's response and approach. The Dean's Office has launched an Anti-Black Racism Action Plan for the coming academic year and encourages the School to draw upon Faculty-level supports in this arena.

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

Department's Response: Student engagement funding has proven to be inadequate to meet all the needs. External funding will be sought to supplement internal funding.

Dean's Response: The Dean's Office supports this response and encourages the School to draw upon Faculty-level supports that are available as part of the FCS Anti-Black Racism Action Plan.

RECOMMENDATION 10. Share knowledge resources related to diversity and inclusion with clinical teaching practice sites.

Department's Response: There is a dearth of resources for equitable teaching and learning (both in academia and clinical placements). Many of the resources amassed so far are represented in web resources such as www.equitymidwifery.org. The director is a member of an international educators' equity consortium that is currently seeking funding for building a database and think-tank for this reason. Seminars, equity training and faculty development continues locally. Consultant Stacy Alderwick has been contracted to deliver the first day-long workshop for the consortium Feb 11, 2020

(http://www.companylisting.ca/Alderwick_Associates/default.aspx)

Dean's Response: The Dean's Office supports the School's response and approach.

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.

Department's Response: Agreed. There will be a curricular review of MWF201 to decrease the embryology content. This course is taught using lecture and flipped classroom. It is not an online tutorial or problem-based methodology any longer.

Dean's Response: The Dean's Office supports the School's response and approach.

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.

Department's Response: The MEP has begun a review of the third-year IP courses.

Dean's Response: The Dean's Office supports the School's response and approach.

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.

Department’s Response: The MEP recognizes that these third-year courses are due for re-evaluation. This process has just begun. Considering feedback from students and preceptors, namely that one year of IPE placements might contribute to the uneven skills acquisition demonstrated by the MWF320 students, it may be necessary to reduce the IP placements to one semester only and to increase the number of midwifery placements in both second and third year. This is currently being reviewed by the Consortium. There will be challenges in acquiring adequate midwifery placements to meet this goal. It is hoped that any curricular changes would still afford students the option of having international, rural, and remote or Northern placements. These have been consistently sought by students who desire the opportunity to prepare for the future career opportunities in low resource settings.

Dean’s Response: The Dean’s Office supports the School’s response and approach.

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.

Department’s Response: Agreed the curriculum does not immediately permit a student to repeat a course but they must wait for the following year when the course is offered. It is one of the most stressful aspects of our program. The course MWF370 already exists and it is utilized for students to regain or to build clinical skills prior to commencing a clinical course. It is strategically scheduled at the students’ convenience prior to the next clinical course taken and lasts at least 8 weeks. There is no academic work; nor are there any clinical evaluations or assessments. It provides a flexible opportunity for the student to make up for leaves of absence or to build confidence after a failed course.

This course information might not have been provided, although it was mentioned in the P&I handbook. It may also become necessary to provide an updated course description for the MEP Calendar so that this course is not necessarily restricted to international students wishing to audit Canadian midwifery models (the course was also utilized in this way in the past.).

Dean’s Response: The Dean’s Office supports the School’s response and approach.

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: <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>

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: <ul style="list-style-type: none"> • <i>Review with faculty</i> • <i>Work with FCS Advancement staff to acquire new scholarships, grants, loans</i> • <i>Engage assistance of RASS and Lynn Lavallee, Faculty Lead for Indigenous Resurgence in FCS.</i> • <i>Ensure that students are aware of the supports and resources through the National Aboriginal Council of Midwives (NACM)</i> • <i>reviewing the program policies around taking breaks from the program and readmission to the program</i> • <i>Monitor student enrolments with Admissions Committee</i>
• <i>Quarterly Admissions meeting items starting January 20, 2021.</i>
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>

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: <i>Indigenous faculty and director</i> b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i>

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).

<p>Implementation Actions:</p> <ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Monitor demand for Indigenous placements following new definitions of specially designated Indigenous placements. Monthly faculty meeting items starting January 13, 2021.
<p>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</p>
<p>Responsibility for a) leading initiative: e.g., Program Chair/Director b) approving recommendation, providing resources, and overall monitoring: e.g. Faculty Dean, UPO</p>

<p>RECOMMENDATION 5. Ensure more curriculum taught and developed by Indigenous midwives.</p>
<p>Rationale: Representation is important to Indigenous students. Indigenous midwives provide mentorship, empowerment and diverse epistemologies. <i>The BIPOC students have repeatedly requested more representation.</i></p>
<p>Implementation Actions:</p> <ul style="list-style-type: none"> • <i>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.</i> • <i>The MWF108 Aboriginal Childbearing course was changed from an elective to a required course.</i> • <i>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.</i> • <i>Review with faculty</i> • <i>Implement assessment/approvals process for integration of Indigenous concentrations into a masters curriculum</i> • <i>Monthly faculty meeting items starting January 13, 2021.</i> • <i>Clearly communicate availability of concentrations and registration process to students.</i> • <i>Monitor course availability</i> • <i>Monitor student enrollments in BLG10A/B versus the new Indigenous A&P course.</i> • <i>Faculty course evaluations and MEP student evaluations of this course will be conducted and reviewed.</i>
<p>Timeline: <i>Re-evaluate by 1 year report, June 30, 2022.</i></p>
<p>Responsibility for a) leading initiative: <i>Director and Indigenous faculty</i> b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i></p>

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.

<p>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>
<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>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>
<p>Responsibility for</p> <p>a) leading initiative: Clinical Experience coordinator and Director</p> <p>b) approving recommendation, providing resources, and overall monitoring: Dean FCS</p>

<p>RECOMMENDATION 8. Increase and improve current mechanisms for supporting students of color.</p>
<p>Rationale: the student focus groups and race reports describe reports of trauma, dissatisfying learning environments, and lack of expertise in addressing disputes. <i>There are significant numbers of incidents in the classroom and clinical placements identified by students.</i></p>

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

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

RECOMMENDATION 10. Share knowledge resources related to diversity and inclusion with clinical teaching practice sites.

Rationale: Clinical Placements continue to be a challenging and traumatic experience for some BIPOC students.

<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</p> <p>a) leading initiative: <i>Clinical Education Coordinator & Director</i></p> <p>b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i></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>
<p>Implementation Actions:</p> <ul style="list-style-type: none"> • 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.
<p>Timeline: <i>Course revision Winter and S/S 2021</i> <i>New course outline available for students Fall 2021.</i></p>
<p>Responsibility for</p> <p>a) leading initiative: <i>Director & Science Course Lead</i></p> <p>b) approving recommendation, providing resources, and overall monitoring: <i>Dean FCS</i></p>

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.

<p>Rationale: The course has not been revised since 2009 and is due for evaluation and revision based upon student feedback.</p>
<p>Implementation Actions: e.g.</p> <ul style="list-style-type: none"> • 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/
<p>Timeline: Re-evaluate by 1 year report, June 30, 2022.</p>
<p>Responsibility for</p> <p>a) leading initiative: Director & Third Year Faculty Lead</p> <p>b) approving recommendation, providing resources, and overall monitoring: FCS Dean</p>

<p>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.</p>
<p>Rationale: The course has not been revised since 2009 and is due for evaluation and revision based upon student feedback.</p>
<p>Implementation Actions: e.g.</p> <ul style="list-style-type: none"> • 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.
<p>Timeline: Re-evaluate by 1 year report, June 30, 2022.</p>
<p>Responsibility for</p> <p>a) leading initiative: e.g. Program Chair/Director</p> <p>b) approving recommendation, providing resources, and overall monitoring: e.g. Faculty Dean, UPO</p>

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

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*

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*