



Resource Guide

Establishing and Maintaining a Lactation Clinical Internship Program

This Resource Guide is a tool for developing and maintaining a clinical internship program. Internship Program Directors are encouraged to use this resource along with LEAARC's *Criteria for the Approval of a Clinical Internship Program*. The LEAARC Criteria reference the Appendices in this guide.

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Appendix A

Affiliation Agreement

SAMPLE AFFILIATION AGREEMENT FOR EDUCATIONAL PROGRAMS

“Effective Date”: _____

This Agreement is made and executed as of the date first written above at _____ by and between _____, a _____ institution of higher education (the “Institution”), and _____ an _____ corporation.

WITNESSETH:

WHEREAS, the Institution administers educational curricula for various health occupations (each a “Program” and collectively the “Programs”), and seeks to provide, as part of the Program curricula, supervised experiences for the Institution interns enrolled in the Programs (“Interns”); and

WHEREAS, _____ serves patients in various health occupations through the provision of medical or other services consistent with the one or more Programs, and seeks to train future health care practitioners by providing Interns with supervised experiences at its various hospitals, sub-acute care centers, outpatient facilities and other business units, subsidiaries, affiliates and entities of which _____ is a Member (each an “Education Setting”), consistent with the educational objectives of Interns and the Institution; and

WHEREAS, the Institution and _____ have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement.

NOW THEREFORE, the Institution and _____ agree as follows:

AGREEMENT

1. **THE INSTITUTION’S RIGHTS AND RESPONSIBILITIES.** In addition to its rights and responsibilities described elsewhere in this Agreement, the Institution shall have the following rights and responsibilities:

1.1 **Preparation of Interns for Placement.** The Institution shall assure, through qualified faculty who meet all of the requirements for their respective faculty positions at Institution, that each Intern assigned to the Education Setting is adequately prepared to benefit from such assignment. Upon request, Institution shall provide _____ with a written description of each faculty member’s position and qualifications. An Intern’s preparedness shall be measured by: (i) academic performance indicating an ability to understand what Intern will observe and/or perform during the placement; and (ii) appreciation of the nature and seriousness of the work Intern will observe and/or perform.

1.2 **Assigning Interns to the Education Setting.** After receiving from the Education Setting the number of placements available for Interns, the Institution shall select Interns to be assigned (with the approval of the Education Setting) to the Education Setting. The Institution shall notify the Education Setting of the Interns assigned to the Education Setting, and each Intern’s availability for participation in experiences. Upon request, Institution shall also provide Education Setting with documentation demonstrating compliance with Section 5.2 herein for each Intern, in a form agreed upon by _____.

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Such documentation shall be maintained at the Institution. Following assignment of a Intern to the Education Setting and during the term of each Intern's experience, the Institution shall continue to supervise each Intern completing an experience on-site at Education Setting in accordance with all standards applicable to the experience as required by the National League for Nursing Accrediting Commission ("NLNAC") and the Commission on Accreditation of Allied Health Education Programs ("CAAHEP") or other applicable accrediting body of the Institution.

1.3 Educational Coordinator. The Institution shall appoint a faculty member to serve as Educational Coordinator, and shall communicate his or her name, title and telephone number to the Education Setting. The Educational Coordinator shall be responsible for overall management of the Interns' educational experience, and may be assigned as Educational Coordinator for one or more Programs.

1.4 Professional Liability Insurance. The Institution shall provide or shall require each Intern assigned to the Education Setting to be covered by, at no cost to the Education Setting, professional liability insurance pursuant to Section 9.3 of this Agreement. If the Institution requires a Intern to purchase his or her own professional liability insurance, the Institution shall provide to the Education Setting evidence of insurance in the form of a certificate of insurance prior to the placement of such Intern at the Education Setting.

1.5 Accreditation and Licensure. The Institution shall maintain, at all times during the term of this Agreement: (i) accreditation as an educational institution; (ii) all licensures and approvals from the State of Wisconsin necessary to the Program; and (iii) full and unrestricted accreditation of the Programs from an accrediting organization. The Institution shall promptly notify the Education Setting of any change in its accreditation or licensure status and shall provide _____ with evidence of accreditation or licensure status upon request.

1.6 Background Investigation and Disclosure. All Interns who are assigned to the Education Setting shall have had a background check performed under the direction of the Institution in accordance with the Wisconsin Caregiver Background Check Law ("BID"). The BID shall include obtaining information from the Department of Justice, the Department of License and Regulations, the Department of Health and Family Services and from out-of-state agencies if the individual has lived outside of Wisconsin within the past three years. If the Intern has a criminal record, the record will be evaluated by the Institution to determine if the individual is barred from performing duties at the Education Setting. Prior to placement of the Intern, the Institution will notify the Education Setting in writing of any crime of which Intern has been convicted so that the Education Setting may make a determination as to how substantially related the conviction(s) is to the duties the Intern would be performing. The Education Setting may refuse placement of any Intern the Education Setting believes could put its patients, employees and/or visitors at risk. The Institution hereby agrees to notify the Education Setting when the Institution becomes aware that any Intern on site at the Education Setting is charged with or convicted of any crime or is investigated by and governmental agency.

1.7 Compliance.

A. Compliance with Laws, Regulations, Policies and Standards. Institution shall and shall require Interns and faculty to: (i) abide by all relevant policies, procedures, standards

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and directives issued or adopted by the Education Setting and made known to Institution, Interns and faculty, including, but not limited to, the Ethical and Religious Directives for Catholic Health Care Services promulgated from time to time by the National Conference of Catholic Bishops, as interpreted by the local bishop; (ii) abide by all relevant state and Federal laws; and (iii) comply with all applicable rules, regulations and standards promulgated by the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) and made known to Institution, Interns and faculty.

B. Mission, Vision and Values. Institution hereby acknowledges that it has received information from _____ regarding the mission, vision, and values of the _____ and agrees that in the performance of all of its obligations under the terms of this Agreement, it shall at all times conduct itself, and shall take reasonable actions to ensure that its, Interns, faculty, employees and agents conduct themselves, in a manner which is consistent with said mission, vision, and values.

2. EDUCATION SETTING RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, _____ shall have the following rights and responsibilities:

2.1 Placements. The Education Setting shall have sole discretion to determine its capacity to accept Interns for placement, whether such capacity is described in terms of the number of Interns on-site at any one time, the number of hours of supervision that the Education Setting can provide over a period of time, or other such description of capacity. The Education Setting shall communicate such capacity to the Institution before Interns may be assigned to the Education Setting.

2.2 Site Coordinator. The Education Setting shall appoint an employee to serve as a coordinator at the Education Setting site (for purposes of this Agreement, the “Site Coordinator”), and shall communicate his or her name, title and telephone number to the Institution. The Site Coordinator shall be responsible for overall management of the Interns’ experience at the Education Setting, and may be so assigned with respect to one or more Programs.

2.3 Orientation. The Education Setting shall provide the Institution with orientation materials via the _____ web site. The Education Setting shall also provide the Institution faculty with orientation to the Education Setting, including work duties, equipment and all applicable policies and procedures of the Education Setting.

2.4 Qualified Supervision of Precepted Interns. For precepted interns, the Education Setting shall assure that a qualified practitioner supervises each precepted Intern. A practitioner shall be qualified if he or she: (i) maintains licensure or certification as appropriate for the particular Program; (ii) possesses adequate experience; (iii) demonstrates competence in the area of practice; and (iv) demonstrates interest and ability in teaching.

2.5 Intern Access to the Education Setting and Patients. The Education Setting shall permit access by Interns to any and all areas of the Education Setting as reasonably required to support Interns’ development and as permitted under Wisconsin law. These areas shall include, without limitation, patient

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care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Education Setting reserves the right to refuse access to any Intern who does not meet, in the Education Setting's reasonable determination, its standards for safety, health or proper conduct.

2.6 Accreditation, Licensure and Eligibility. The Education Setting shall maintain, at all times during the term of this Agreement: (i) full and unrestricted accreditation; (ii) all necessary licensures and approvals from the State of Wisconsin; and (iii) if applicable, eligibility for participation in the Medicare and Medicaid programs. The Education Setting shall immediately notify the Institution of any change in the Education Settings accreditation or eligibility status.

2.7 Final Authority. The Education Setting retains final authority for all aspects of operations at and management of the Education Setting.

2.8 Remuneration. Interns may not receive remuneration for services relating to the Program and performed for or on behalf of the Education Setting.

3. JOINT RIGHTS AND RESPONSIBILITIES. In addition to their rights and responsibilities described elsewhere in this Agreement, the Institution and the Education Setting shall have the following rights and responsibilities.

3.1 Supervision and Evaluation of Interns. The Institution and the Education Setting shall be jointly responsible for supervising and evaluating Interns who are on-site at the Education Setting. The parties agree to, in good faith, work cooperatively to assure adequate supervision and evaluation of Interns while Interns are on-site at the Education Setting. Both parties shall reinforce with Interns: (i) the seriousness of the service being performed at the Education Setting, including the Intern's impact upon patients' wellbeing; (ii) the importance of abiding by the Education Setting rules and regulations; and (iii) the confidentiality of patient identities and medical records. The Institution shall, if the Education Setting so desires, assure prompt feedback to the Education Setting regarding Interns' evaluation of their experience at the Education Setting. The Education Setting shall assure prompt feedback to the Institution regarding Interns' performance at the Education Setting.

3.2 Review and Evaluation of Affiliation. The Institution and the Education Setting agree to meet at periodic intervals to review and evaluate any and all aspects of their affiliation, and to work cooperatively to establish and maintain experiences that meet their respective objectives. This Agreement or any Addendum may be amended or modified, pursuant to Section 7 below, to reflect changes in the parties' relationship.

4. FACULTY AND INTERN RIGHTS AND RESPONSIBILITIES. The Institution and the Education Setting shall instruct Interns regarding Interns' rights and responsibilities while on-site at the Education Setting. These rights and responsibilities shall include the following:

4.1 Conduct. Intern shall, at all times while on the Education Setting premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Intern shall refrain from the improper use of alcohol or other drugs, and shall not carry any firearms or other weapons.

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4.2 Policies, Rules and Regulations. Intern shall abide by all policies, rules and regulations established by the Education Setting and the Institution. If a Intern or faulty member fails to so abide, Education Setting shall have the right to notify the Institution that such Intern(s) or faculty member shall not return to the premises unless authorized to do so by _____.

4.3 Timeliness. Faculty and Intern(s) shall report to the Education Setting at the assigned place and time. Intern shall immediately inform the Education Setting and the Institution of Intern's inability to report to the Education Setting as assigned.

4.4 Uniform and Identification. Intern shall wear the uniform or other clothing as directed by the Institution. Intern shall display proper identification as directed by the Education Setting. Intern's appearance shall be, at all times, neat and clean.

4.5 Insurance. Interns and faculty shall maintain insurance against professional liability claims as required under Section 9.3 of this Agreement.

4.6 Personal Expenses. While at the Education Setting, Intern shall be responsible for Intern's personal expenses such as meals, travel, medical care and incidentals.

4.7 Evaluation of Experience. Intern shall, upon request of the Institution or the Education Setting or _____, provide a candid, written evaluation of the experience at the Education Setting including, without limitation, preparation for the on-site experience, orientation to the Education Setting and experience and supervision at the Education Setting.

4.8 Orientation. Faculty and Interns shall review and complete the _____ web-site orientation materials required by the Education Setting. The Faculty member or preceptor will be responsible for orientation of his/her intern or clinical group to _____ utilizing the materials included on the web site prior to the first clinical day. Faculty or preceptor are also responsible for intern orientation to the department and all _____ and site/unit policies, procedures, equipment, and documentation. Faculty or preceptor shall ensure that documentation demonstrating compliance with the requirements as describe in this Section 4.8 and as outlined per the policy of Education Setting is completed by all Faculty and Intern(s) and submitted to Education Setting. Faculty and Intern(s) will immediately inform the Education Setting and the Institution of Faculty and Intern(s) inability to comply with requirements or acknowledgements as required on the _____ Web-site Orientation.

4.9 Qualified Supervision. Faculty shall be a qualified practitioner and ultimately be responsible for supervision of clinical groups of Interns. Faculty shall be qualified if he or she: (i) maintains licensure or certification as appropriate for the particular Program; (ii) possesses adequate experience; (iii) demonstrates competence in the area of practice; and (iv) demonstrates interest and ability in teaching. The intern to practitioner ratio shall not exceed a ratio determined to be unreasonable by the Institution or _____, but in no event shall the intern to practitioner ratio exceed one to eight, unless otherwise requested and approved by Education Setting.

5. FACULTY AND INTERN HEALTH POLICIES

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5.1 Emergency Medical Services. If a Intern, the Educational Coordinator or a faculty member is injured or becomes ill while at the Education Setting, the Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Education Setting's capability and policies. Intern, the Educational Coordinator or a faculty member shall bear financial responsibility for charges associated with said treatment.

5.2 Institution and Education Setting Policies. Each Intern and faculty member shall be required to comply with reasonable health policies of the Education Setting including, but not limited to, certifying that he or she has received, prior to reporting to Education Setting, a physical examination, are free from communicable disease, including tuberculosis (as documented by a negative skin test or negative chest x-ray, dated after skin test conversion, and are free of signs and symptoms of tuberculosis); have documented immunity to rubella (positive titer) or shown evidence of immunization; demonstrated immunity to mumps (positive titer) or shown evidence of immunization for mumps which meets ACIP definition of immunity (MMWR, June 9, 2006 / 55(22); 629-630); have documented immunity to rubeola (positive titer) or shown evidence of immunization for rubeola which meets ACIP definition of immunity (MMWR, May 22, 1998, vol. 47, no RR-8); have documented immunity to varicella (positive titer), shown evidence of immunization or report a prior history of varicella; have been advised of the risks of hepatitis and have either signed a waiver or have begun the hepatitis B vaccination series, or, in the alternative, have completed the appropriate declination of immunization form, notice of which is provided to the Education Setting.

A. Rubeola immunity (MMWR, May 22, 1998, vol 47, no RR-8):

- 1) Documented administration of 2 doses of live measles virus vaccine, the first dose given on or after the first birthday. The second dose administered no earlier than 1 month after the first dose.
- 2) Laboratory evidence of immunity.
- 3) Documentation of physician-diagnosed measles.

B. Rubella immunity:

- 1) Documented administration of 1 dose of live measles virus vaccine, the first dose given on or after the first birthday.
- 2) Laboratory evidence of immunity.
- 3) Documentation of physician-diagnosed rubella is NOT considered evidence of immunity.

C. Mumps immunity (MMWR, June 9, 2006 / 55(22); 629-630):

- 1) Documented administration of 2 dose of live mumps virus vaccine, the first dose given on or after the first birthday. The second dose administered no earlier than 1 month after the first dose.
- 2) Laboratory evidence of immunity.
- 3) Documentation of physician-diagnosed mumps.

5.3 OSHA Policies. The Institution shall instruct Interns and faculty regarding General Infection Control (hand washing, etc.), information outlined in the OSHA Bloodborne Pathogens Standard (standard/universal precautions, hepatitis B vaccination etc.), and the CDC Tuberculosis guidelines (epidemiology, signs/symptoms, practices to prevent transmission, etc.). The Education Setting shall instruct Interns and faculty regarding additional precautions, procedures and practices that it expects of Interns or faculty while at the Education Setting.

6. TERM AND TERMINATION

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6.1 Initial and Renewal Term. Subject to Section 6.2 below, this Agreement shall be effective as of the date set forth above (“Effective Date”) and shall continue for an initial term of one academic or Program year. Thereafter, this Agreement shall automatically renew and continue in full force and effect for any and all periods during which any Intern in a Program is placed, at and accepted by the Education Setting. Notwithstanding the foregoing, either party may choose not to renew this Agreement by providing the other with not less than sixty (60) days’ written notice of its intent not to renew at the end of then-current Program. In the event that either party’s non-renewal of this Agreement disrupts the experience of any Intern(s) in a Program, the Agreement shall remain in full force and effect and the Intern’s experience shall continue until such time as this Agreement may expire without disruption of said Intern(s)’ experience. During any time period in which notice of non-renewal has been given and existing Interns are completing the Program, no new Intern may be admitted to the Program and placed at the Education Setting.

6.2 Termination. Notwithstanding Section 6.1 above, this Agreement may be terminated as follows:

A. By Mutual Agreement. The Institution and the Education Setting may terminate this Agreement at any time on any terms to which they agree in writing.

B. For Cause. In the event the Institution or the Education Setting fails in any substantial manner to perform as required herein, this Agreement may be terminated as described below:

(1) Either party may terminate this Agreement at any time, upon material breach of any of its provisions by the other party; provided, however, that not less than thirty (30) days prior to termination, written notice shall be given by the non-breaching party to the breaching party that states the intention of the non-breaching party to terminate this Agreement, the nature of the material breach giving rise to termination, and shall permit the breaching party reasonable opportunity to cure such material breach during said thirty (30) day period.

(2) If the material breach is not resolved to the satisfaction of the non-breaching party during the thirty (30) day period as provided in B.(1) above, the non-breaching party shall immediately give the breaching party written notice of termination of the Agreement.

(3) In the event that termination of the Agreement by the Education Setting pursuant to this Section 6.2 (B) disrupts the experience of any Intern(s) in a Program the parties shall attempt, in good faith and using their best efforts, to continue Interns’ experiences and this Agreement in full force and effect until such time as this Agreement may expire without disruption of said Interns’ experience. During any time period in which notice of termination has been given and existing Interns are completing the Program, no new Intern may be admitted to the Program and placed at the Education Setting.

C. Immediate Termination. The Institution may immediately terminate this Agreement and any and all addenda or amendments if the Education Setting fails to maintain full and unrestricted accreditation, licensure and, if applicable, eligibility as required under Section 2.6 of this Agreement. The Education Setting may terminate this Agreement immediately upon written notice to the Institution if the Institution fails to maintain full and unrestricted accreditation and licensure as required under Section 1.5 of this Agreement. In addition, the Education Setting may also terminate intern placements for any Program if the Institution fails to maintain full and unrestricted accreditation with respect to said Program as required. Additionally, _____ may terminate this Agreement immediately upon written notice to Institution if it determines, in its reasonable discretion, that Institution is not administering the Program at a sufficiently high quality level such that Interns' are not adequately prepared for the experience at Education Setting.

6.3 Effect of Termination. Upon termination of this Agreement, no party shall have any further obligation hereunder except for obligations accruing under the terms of this Agreement prior to the date of termination.

7. AMENDMENTS AND MODIFICATIONS. This Agreement may be changed at any time with the written approval of the parties. Such amendments or modifications will be typed separately, signed by the parties and made a part of this Agreement.

8. INDEMNIFICATION AND LIABILITY

8.1 The Institution. The Institution shall indemnify, defend and hold harmless the Education Setting, its governing board, officers, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Institution or any of its employees.

8.2 The Education Setting. The Education Setting shall indemnify, defend and hold harmless the Institution, its governing board, officers, faculty, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Education Setting or any of its employees, agents, medical residents or members of its medical staff that may occur during or that may arise out of this Agreement.

8.3 Costs. In the event each party is found to be at fault, then each shall bear its own costs and attorney fees and its proportionate share of any judgment or settlement based on its percentage of fault, as determined by a procedure established by the parties.

8.4 Survival. This Section 8 shall continue beyond the expiration or termination of this Agreement.

9. INSURANCE.

9.1 The Institution. The Institution shall maintain, at no cost to _____, general and professional liability insurance covering the Institution as an entity and each of its employees and agents

against general and professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Education Setting prior to the placement of a Intern at the Education Setting.

9.2 The Education Setting. The Education Setting shall maintain, at no cost to the Institution, general and professional liability insurance covering the Education Setting as an entity and each of its physician-employees, nonphysician-employees, medical residents and agents against professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Institution upon request.

9.3 Interns. Interns shall maintain, at no cost to the Institution or the Education Setting, general and professional liability insurance covering the Intern against professional liability claims, in the minimum amount of two hundred fifty thousand dollars (\$250,000) per occurrence and one million dollars (\$1,000,000) aggregate per year. Evidence of such insurance shall be provided to the Education Setting upon request.

10. DISPUTE RESOLUTION. Any dispute arising under or in any way related to this Agreement that is not resolved by agreement of the Institution and the Education Setting may be submitted by either party to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The parties agree that such arbitration shall result in a final and binding award in the State of Wisconsin, and may be judicially enforced. Each party shall bear its own arbitration costs and expenses, unless otherwise determined by the arbitrator.

11. NOTICES AND COMMUNICATION

11.1 Notices. All notices under this Agreement shall be given in writing and shall be deemed to have been properly given when delivered:

If to the Institution: _____

If to the Education Setting: _____

or at other such addresses as a party from time to time may designate by written notice to the other party.

11.2 Other Communications. Communications, other than notices as described in Section 12.1 above, whether written or oral, shall be directed to the appropriate Institution Dean or the Education Setting Site Coordinator or to other such person as a party from time to time may have designated to the other party.

12. NON-EXCLUSIVE. The parties agree that the Institution shall be free to enter into similar agreements with other providers, and that the Education Setting shall be free to enter into similar agreements with other educational institutions.

13. GOVERNING LAW. The laws of the State of Wisconsin shall govern this Agreement.

14. INVALID PROVISION. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

15. ASSIGNMENT. No assignment by a party of this Agreement or its rights and responsibilities hereunder shall be valid without the specific written consent of the other party.

16. RELATIONSHIP OF PARTIES. The Institution, _____ and the Education Setting, including their respective agents and employees, shall be, at all times, independent contractors of the other. Nothing in this Agreement is intended or shall be construed to create a joint venture relationship, a partnership, a lease, or a landlord/tenant relationship. Should any governmental agency question or challenge the independent contractor status of the Institution, the Education Setting or their employees, both the Institution and the Education Setting, upon receipt by either of them of notice, shall promptly notify the other party and afford the other party the opportunity to participate in any government agency discussion or negotiations, irrespective of whom or by whom such discussions are initiated.

17. CONFIDENTIALITY OF RECORDS

17.1 Intern Records. The Institution and the Education Setting acknowledge that many intern educational records are protected by the Family Educational Rights and Privacy Act ("FERPA") and that, generally, intern permission must be obtained before releasing specific intern data to anyone other than the Institution. The Institution agrees to provide the Education Setting with guidance with respect to compliance with FERPA.

17.2 Patient Health Care Records. The Institution and the Education Setting acknowledge that patient health care records are protected under Sections 146.82 and 51.30, of the Wisconsin Statutes and by the Health Insurance Portability and Accountability Act ("HIPAA"), and that, generally, the informed consent of the patient (or person authorized by the patient) must be obtained before disclosing information from patient health care records. The Education Setting agrees to provide Interns and the Institution with guidance with respect to compliance with these statutes and regulations.

17.3 Confidentiality of Terms. The parties agree that the terms and conditions of this Agreement are confidential and shall not be disclosed to third parties by either party without the express written consent of the other party. For purposes of this Agreement, the term "third party" includes any person or entity except (i) the parties to this Agreement; (ii) any employee or agent of a party to this Agreement who has a reasonable need to know of this Agreement's existence and/or its terms; or (iii) governmental entities or persons who have obtained a lawful subpoena or court order for purposes of a lawfully conducted audit by a governmental agency.

17.4 Confidential Information. Institution acknowledges that, it and its Interns may gain knowledge and information about Education Setting's patient bases, referral sources, finances, financial status, fee schedules, business operation, business plans, contract and arrangements with individuals, employers, other providers, health plans and payers, and their marketing and development plans and other

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proprietary information (collectively referred to as “Confidential Information”), the confidential nature of which is of great importance to Education Setting, and disclosure to or use of which by a competitor would result in serious damage to Education Setting. Accordingly, Institution shall not, and shall ensure that Interns do not, divulge or disclose to any other person, firm, or organization, any Confidential Information acquired by Institution or any Interns in the performance of services as an independent contractor of Education Setting unless such information is in the public domain or known by third parties to which Education Setting intends to make any otherwise prohibited disclosure or use.

18. **NON-DISCRIMINATION**. The Institution and the Education Setting shall not unlawfully discriminate against any individual on the basis of race, creed, color, sex, religion, age, disability or national origin, and shall comply with all anti-discriminatory laws and policies promulgated by the Institution and to which the Institution is subject.

19. **WAIVER**. The waiver by either party of the breach of any provision of this Agreement by the other party shall not operate or be construed as a waiver of any other or subsequent breach.

20. **ENTIRE AGREEMENT**. This Agreement, together with one or more addenda attached (or that later may be attached) hereto, constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the subject hereof. This Agreement supersedes any and all other agreements, in writing or oral, between the parties hereto with respect to the subject matter thereof.

21. **AUTHORITY TO SIGN**. Each party represents and warrants that the individual signing on its behalf is its legal representative and is authorized to enter into this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

Name of organization

Name of organization

By: _____

By: _____

Date: _____

Date: _____

Appendix B

Clinical Instructor Application

Sample Clinical Instructor Application

1. Contact person
2. Name
3. Address
4. City/State/Postal code
5. Country
6. Website
7. Area code and phone
8. Area code and Fax
9. E-mail address
10. Date application submitted
11. Clinical Instructors are required to be an International Board Certified Lactation Consultant (IBCLC)
 - a. Date of initial certification, date of re-certification/s
 - b. Certification number
12. Describe your clinical experience with breastfeeding dyads
13. Describe your clinical instructor / clinical preceptor / mentor experience
14. Describe related teaching experience
15. What is your motivation for becoming a clinical instructor?
16. Provide 3 letters of reference from previous interns / mentees / students

Appendix C

Intern Application

Sample Clinical Internship Application

Dear prospective intern

We are pleased to offer a Lactation Consultant Internship Program for those wishing clinical experience in lactation management. You, as an intern, will be paired with an experienced lactation consultant/s who will act as your clinical instructor. This program is designed to give you a broad range of clinical experiences as well as time for developing care plans and researching the rationale for the care you give.

You will have the opportunity to observe and participate in a wide range of lactation consultant activities based on the setting to which you are assigned. Because of the variety of activities, volume of patients available for the day and the types of patients available, there will be variation in your daily activities.

To document your progress, you will use a competency check list to record the skills you learn. Depending on the amount of previous experience you have, you may not complete all skills within the internship. You will know which skills you will need to seek out in order to round your experience.

We offer a 500-hour internship that will meet the clinical practice requirements for Pathway 3 in preparing for the IBLCE certification exam. Please go to the IBLCE website for details regarding Pathway 3 internships. In preparation for the 500-hour internship you will be completing two applications, one for the IBLCE and one for your clinical setting. Please plan your time carefully prior to applying for the IBLCE certification exam so you can meet the IBLCE deadlines.

We think that the experiences you will have and the knowledge you will gain while in the Internship Program will give your lactation consultant career a head start. Working with an intern is a challenging and rewarding experience for us as well. We look forward to welcoming you to our Internship Program!

Sample Internship Program Application Form

Name _____

Address _____

City, State, Zip _____

Phone number _____

Fax number _____ Email _____

Please attach a résumé or CV.

Lactation Consultant Training Program 90 hours (or equivalent) completion date: _____

Attach completion certificate.

Anticipated time schedule for 500 hours of training: (scheduled as space is available). (Days per week, hours per day, completion time frame).

Goals and learning needs for the Clinical Internship program:

PREREQUISITES:

1. Commitment to complete 500 hours.
2. Completion of 90 hours of lactation specific training.
3. Interview with the Internship Director (in person or by phone)
4. Letters of recommendation (2) from a supervisor or someone who can attest to your experience, expertise and character.
5. Malpractice insurance if required in your country.
 - a. In the U.S., malpractice insurance is available from:
 - i. Seabury & Smith, (formerly Maginnis & associates) by calling 1-800-621-3008
 - ii. CMF Group <https://www.cmfgroup.com>
 - iii. Proliability
 - a) <http://www.proliability.com/professional-liability-insurance/students> OR
 - b) <http://www.proliability.com/professional-liability-insurance/other-professions#>
 - b. Obtain the highest coverage offered.
6. Health clearance
7. Personal health insurance coverage (provide copy of policy)
8. Current CPR card, if this applies in your country.

In the U.S., it must be Heart Association CPR for Healthcare Providers
9. If required in your country, Criminal Background Check with both local and national searches and sexual predator search. Proof of a 12 panel drug screen urine panel to test for the following:

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- Amphetamines (1000 ng/mL SCREEN)
- Barbiturates
- Benzodiazepines
- Cocaine metabolites
- Marijuana metabolites, (50 ng/mL SCREEN)
- Methadone
- Methaqualone
- Opiates (2000 NG/ML SCREEN)
- Phencyclidine
- Propoxyphene
- Oxycodine
- Ecstasy

10. Seasonal flu shot

11. Compliance training if required in your country. These are sources of training in the U.S.

- a. OSHA training (if you have taken this at your medical facility, provide a copy of your certificate. If you have not taken this course it is available at:
<http://www.lactationtraining.com/our-courses/online-courses/iblce-additional-general-education-package> Occupational Safety and Security.
- b. Universal Precautions and Infection Control (if you have taken this at your medical facility, provide a copy of your certificate. If you have not taken this course it is available at:
<http://www.lactationtraining.com/our-courses/online-courses/iblce-additional-general-education-package>.
- c. HIPPA training (if you have taken this at your medical facility, provide a copy of your certificate. If you have not taken this course it is available at:
<http://myhipaatraining.com>.

12. Copy of RN or MD license (if applicable)

13. Pre-approval of your internship program plan by the IBLCE for those who are doing Pathway 3. The application is available at <http://iblce.org/wp-content/uploads/2013/08/Pathway3PlanGuide.pdf> - Pathway 3 Guide AND <http://iblce.org/wp-content/uploads/2013/08/Pathway3PlanVerificationPacket.pdf> - Pathway 3 Plan Verification Packet

Please follow these instructions exactly to avoid having to repeat any one of these steps!

Establishing and Maintaining a Lactation Clinical Internship Program

SAMPLE CLINICAL LACTATION TRAINING APPLICATION

Print in ink or type all information:

Name: _____ Date of Birth: _____

Cell Phone: _____ Alternate Phone: _____ Email address: _____

Mailing Address: _____

REFUND POLICY (Please note: A vendor form will need to be filled out which requires your SSN)

If you withdraw from the CE program on or before the first scheduled day, you will receive a full refund, minus \$100 application fee.

If you withdraw prior to completing 50% of the CE program, you will receive a refund of 50% of fee remaining after \$100 application fee.

If you withdraw after completing 50% of the CE program, you will not be eligible for a refund.

I have read and understand the refund policy as outlined here.

Signature: _____ Date: _____

Are you an employee of the Clinical Internship site? Yes ___ No ___

If applicant is a current employee of the Clinical Internship site, the intern agrees that activity is separate and apart from their employment and will be done in his/her individual capacity and not during working hours. Participation in this program is done as a trainee and at no time should the applicant/trainee's job responsibilities and participation in the training program be confused or overlap.

PROGRAM REQUIREMENTS:

Applicants must have completed all other requirements of the Pathway 3 eligibility as defined by IBLCE and be approved by OBRC.

Have you requested 3 letters of reference be sent to the Program Director?

Yes ___ No ___

1. Do you agree to receive a seasonal flu shot when indicated?

Yes ___ No ___

2. Has your Pathway 3 plan been approved by IBLCE?

Yes ___ No ___

3. Have you submitted:

a. Documentation of completion of a comprehensive lactation management course of at least 90 hours

Yes ___ No ___

b. Documentation of current and inactive healthcare credentials

Yes ___ No ___ N/A ___

c. Documentation of completion of college education requirements for the IBLCE Pathway 3 program

Yes ___ No ___

d. A current resume or CV

Yes ___ No ___

e. Documentation of a national background check, if required in your country

Yes ___ No ___

f. Documentation of required immunizations, including TB test

Yes ___ No ___

g. Copy of current CPR certification

Yes ___ No ___

h. Proof of a 9-panel urine drug screen if required in your country

Yes ___ No ___

ANTICIPATED TIME SCHEDULE

1. To meet the 500 qualifying hour minimum from IBLCE, applicant must commit to be available on a full-time basis for approximately 6 months. Are you willing to commit 5 days/week, including occasional weekend days, from your anticipated start date?

Yes ___ No ___

Clinical Lactation Training Fee: \$2,000.00

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SAMPLE LACTATION INTERNSHIP HEALTH CLEARANCE FORM
(requirements may vary from country to country)

Name of intern _____

DOB _____ has:

1. A negative PPD (Mantoux Method) less than 3 months prior to the date of scheduled clinical observation or a negative chest x-ray less than 1 year prior to scheduled clinical observation.
Date performed _____ mm _____ Date read _____ Results _____
2. Proof of immunity to measles, mumps and rubella. _____ date
3. Laboratory evidence of immunity to varicella, or two doses of chickenpox (VariVax) vaccine.
_____ date (Anyone born before 1957 does not need measles, mumps or rubella documentation, only varicella.)
4. Has had hepatitis B vaccination and hepatitis immune status by serology, if available (or provide statement of declination). (Provide Hep B declination form) _____ date
5. Has had seasonal flu vaccine _____ date
6. Has had Tdap series within 10 years _____ date

I have examined this individual and have found her/him to have no mental, no physical health problems or evidence of infectious or communicable diseases that will interfere with her completion of the Lactation Consultant Internship Program.

Signature of Physician / Nurse Practitioner

Facility

Sample Confidentiality Agreement

I understand that I may, during my internship, see/hear or otherwise come into contact with patient information of a medical and/or personal nature or student education/treatment records. Therefore, I _____ do affirm that I will:

1. Protect and safeguard this information from any oral and/or written disclosure and not disclose any information to third parties, including family members, students, faculty members, or other health care providers.
2. Not view or copy patient schedules, procedure schedules, patient medical records, or similar documents, except as specifically allowed by the Clinical Internship site. I may not use any information in presentations, reports or publications of any kind without prior written approval.
3. Not release information from any medical record source to any unauthorized person while I am at the Clinical Internship site without prior written approval.
4. Restrict my own access to information to that which is essential for and minimally necessary to the proper completion of my responsibilities while at the Clinical Internship site.
5. Complete any training required including, but not limited to, HIPAA Privacy and Security training.
6. Not put any patient information on my personally-owned devices or remove any patient information from the Clinical Internship site.

I understand that all policies of the Clinical Internship site on confidentiality and this agreement apply equally to information stored on paper records, electronically or any other media or that I hear verbally.

Finally, I understand that any misuse of information from a patient's medical record or elsewhere, or any violation of the principles of patient confidentiality, whether intentional or due to neglect on my part, will be grounds for immediate exclusion from future participation in the Clinical Internship Program.

Intern signature _____

Clinical instructor signature _____

Internship site representative _____

Appendix D

Program Objectives

Required Activities

SAMPLE PROGRAM OBJECTIVES

At the end of the internship the Lactation Intern will:

1. Be able to counsel mothers as they initiate lactation and troubleshoot common breastfeeding issues.
2. Distinguish between common breastfeeding problems and more complex problems and provide appropriate referral as needed.
3. Be able to counsel mothers with common breastfeeding difficulties over the phone.
4. Be familiar with the features of different kinds of breast pumps, cleaning and troubleshooting.
5. Be able to recommend a breast pump suitable for the individual needs of each patient.
6. Be competent in providing routine education and support to hospitalized mothers of normal newborns and premature infants.
7. Be informed about the proper storage and handling of breastmilk.
8. Be familiar with resources for breastfeeding information including a medical library, the Internet, and appropriate reference books.
9. Be aware of resources and handouts for patients with special needs: e.g. handicapped infants, mothers of multiples, mothers whose first language is not English, mothers with low-reading level, etc.
10. Provide anticipatory guidance to mothers of normal newborns and mothers with breastfeeding problems.
11. Be able to document assessments and recommendations in appropriate records.
12. Be familiar with the appropriate use of special aids such as breast shells, nipple shields, feeding tube devices, special pillows, periodontal syringes and other related lactation management devices.

Sample Required Activities

Keep records of clinical experiences on the designated forms (The Clinical Competencies for IBCLC Practice).

Write 10 case studies including relevant research. Be concise and focused.

The case study topics:

1. Engorgement
2. Jaundice
3. Sore Nipples
4. Premature infant
5. Infant weight loss greater than 10%
6. Flat or inverted nipples
7. Breast refusal
8. Cultural issues
9. Over-production
10. Low milk production

You may substitute one of these topics for a topic of your choice.

Guidelines for Case Study Reports

Problem	Identify problem/s
Cause	Rank the causes in order of how common they are List the reasons the problem may occur Identify the time period when the problem is likely to occur
History	Mother and infant/s history
Assessment	Describe the clinical findings for mother, infant, breastfeeding assessment
Plan of care	Describe the recommendations including addressing the infant's needs, the mother's needs and the breastfeeding situation
Evaluate	Evaluate the recommendations, what was good, what could have been done better. This might include policies and practices as well as staffing that affected the patient care
Research	Summarize what the text books and research journals say, provide bibliography. At least 3 references required.

- Present a case study or poster presentation on one of these cases at a staff meeting or other group organized by your mentor and you. The presentation might also include posters, flow sheets, charts, pictures, demonstrations or other relevant materials. Please inform Amy of your presentation date so she can attend (programdirector@lactationtraining.com)
- Attend one meeting/class of each of the following categories and provide a written report of each.
 - 1) Professional group: The local ILCA group meeting or state Breastfeeding Coalition meeting
 - 2) Parents class: A prenatal breastfeeding class
 - 3) Mothers support group: A post-partum support group or a La Leche League meeting.

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Appendix E

Suggested Skills and Activities

Clinical Skills for Program in Human Lactation

Communication and Counseling Skills		
Competency	Learning Objectives	Suggested Skills & Activities
		<p>In each case:</p> <p>Define the role of the IBCLC to the patient and family.</p> <p>Identify the goals of the breastfeeding parent related to the IBCLC consult.</p> <p>Interact with all families equitably regardless of their abilities/disabilities, sexual orientation, religion, culture, socioeconomic status, or ethnicity.</p> <p>Critique one's own knowledge pertaining to cultural diversity and the skills needed to gather information without bias.</p> <p>Collaborate to create an effective plan of care to promote and support breastfeeding for the breastfeeding dyad.</p> <p>Refer families to other HCPs and community support resources appropriately.</p> <p>Arrange for follow-up care or support as warranted with each unique circumstance.</p>
A1	Obtain the parents' permission to provide care to their infant/child	<p>Obtains permission to examine a caregiver and infant/child at each encounter</p> <p>Define the role of the IBCLC to parent (defined as identified by the family) and family</p> <p>Obtain written permission to provide hands on care as appropriate for the setting.</p> <p>Obtain permission to touch the parent and infant prior to assessing, and document on appropriate forms.</p> <p>Report the refusal of care as appropriate.</p>
A2	Utilize appropriate counseling skills and techniques	<p>Communicates verbally and with body language appropriate to a variety of clinical situations given cultural differences</p> <p>Assess all families equally regardless of their abilities/disabilities, sexual orientation, religion, culture, socioeconomic status, or ethnicity.</p> <p>Demonstrate effective listening and counseling skills when educating and problem solving with families.</p>
A3	Respect a person's race, creed, religion, sexual orientation/gender identity/gender expression, age, and national origin	<p>Interacts in a way that is culturally sensitive</p> <p>Identify varied cultures and views to incorporate these with evidence-informed information research in a synergistic way.</p>
A4	Integrate cultural, psychosocial and nutritional aspects of breastfeeding	<p>Describes a variety of cultural implications for breastfeeding support</p> <p>Presents research-based information about cultural practices</p> <p>Uses appropriate approach and language with LGBTQI families</p> <p>Utilize one's intercultural awareness in supporting families' breastfeeding goals.</p> <p>Develop a plan of care using evidence-based research within the context of cultural diversity.</p>

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A5	Ascertain parents' goals for breastfeeding	Assesses parents' knowledge of breastfeeding and ascertains current breastfeeding goals	Assess the family's breastfeeding knowledge and their goals using open-ended questions. Evaluate the family's breastfeeding attitude, intent and motivation to successfully meet their goals.
A6	Utilize effective counseling and communication skills when interacting with parents, children, their families and other healthcare providers	Gathers data for counseling purposes in a timely manner Elicits information using effective counseling techniques Effectively communicates gathered data to other health professionals for referral purposes	Identify the needs of the family using of active listening, problem solving, and facilitation of family centered care. Initiate a robust plan of care mutually developed with the family as agreed upon and shares the same final goal. Initiates follow- up appointments with you or other HCP to meet the family's needs.
A7	Provide support and encouragement to enable parents to successfully meet their breastfeeding goals	Uses effective counseling techniques to elicit information and reflect responses back for confirmation	Demonstrate multitasking skills to plan care around each unique family and their situations in a timely manner.
A8	Apply the principles of family-centered care while maintaining a collaborative, supportive relationship with breastfeeding families	Obtains permission from the parent to share information with significant family members Includes significant family members or friends	Identify the needs of the family using active listening, problem solving, and facilitation of family-centered care. Incorporate family solutions based on culture and individual family dynamics. Identify and acknowledge the unique set of circumstances and care for the family without bias.
A9	Describe gender issues within a culture as they relate to breastfeeding	Identifies and counsels sensitively regarding gender issues and concerns as they relate to breastfeeding	Identify the role of the father in the breastfeeding relationship Assess and support the goals and objectives of the LGBTQIA family
A10	Utilize adult education principles	Presents information in response to parents' expressed needs and learning style	Involve parents in learning process and serve as a facilitator for learning Use active collaboration and practices such as Teach Back
A11	Select appropriate teaching aids	Assesses and selects materials appropriate to level of learning and readiness	Use all resources that would help the family meet their goals. Evaluate each family's need based on their learning styles and level of education and health literacy.
A12	Provide information at a level which parents can easily understand	Presents breastfeeding information to families in lay terms	Evaluate and measure the ability of the family to understand what was taught by observing them and having them demonstrate what they learned.
A13	Provide support and information to parents to make evidence-informed decisions	Uses adult learning principles and responds to concerns and questions respectfully	Analyze the literature and knows what is evidence-based practice. Interpret the evidence to the family so they can comprehend breastfeeding in their situation.

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A14	Provide evidence-based information regarding use of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, including their potential impact on milk production and child safety	Provides reputable resources to reference regarding the use of medications and recreational drugs	Describe safe medication use while breastfeeding. Use current resources for medication recreational drug use while breastfeeding. Interpret research-based findings to the family objectively, clearly, and concisely.
A15	Provide evidence-based information regarding complementary therapies during lactation and their impact on milk production and the effect on the infant/child	Discusses drug and folk remedies and their relationships to breastfeeding Provides reputable resources to reference regarding the use of medications and complementary and alternative therapies	Appraise the various alternative therapies that support breastfeeding and incorporate them into the plan of care. Provides information on the safety and efficacy of galactagogues to families.
A16	Provide anticipatory guidance to reduce potential risks to breastfeeding parents or their infant/child	Educates parents about the most common breastfeeding complications related to her history and provides tools to avoid problems	Assess the ability of the family to learn and how much to learn during each session. Prioritize the care plan to maximize positive outcomes. Develop/assess a prenatal breastfeeding class.
A17	Counsel and support the family in coping with the death of a child	Describes basics of counseling and supporting the family in coping with the death of a child	Describe the 5 stages of grief in the death of a loved one. Appraise the family situation during each stage of the grieving process. Develop a plan of care to meet the family where they are at in this unique situation.
A18	Make appropriate referrals to other healthcare providers and community support resources in a timely manner depending on the urgency of the situation	Provides appropriate follow-up	Identify HCP in the community where families may be referred. Develop collaborative relationships with community resources.
A19	Provide information on community resources for breastfeeding assistance	Provides appropriate referrals	Provide community resource information to families.
A20	Assess social supports and possible challenges	Defines limitations of IBCLC role Identifies appropriate professional and other resources available and method of referral	Practice within the Scope of Practice for the IBCLC. Identify when a referral is needed and support a smooth transition within the HC system.
A21	Provide follow-up services as required and requested	Compiles, and shares community resources for assistance with breastfeeding	Collect and maintain a list of community resources for breastfeeding support and assistance. Develop a plan of care for follow up appointments.

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A22	Counsel and support donations to milk banks	Objectively educates about milk banking, based on needs of learners Counsels and supports donations to milk banks Describes the components of recruitment, screening and processing, and safety criteria Describes the clinical uses of donor human milk	Assist families in accessing milk banks in or near the community. Evaluate the Human Milk Banking website. Promote milk donation and describe the process of milk donation. Describe the clinical use of donor milk and refer families who qualify for donor milk.
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Documentation and Communication		
Competency	Learning Objectives	Suggested Skills & Activities
B1	Work collaboratively with the healthcare team to provide coordinated services to families	Communicates effectively with other members of the healthcare team Demonstrate basic written and verbal skills needed to connect with patients, families and the healthcare team. Develop professional relationships with families and other healthcare team members. Schedule time for family meetings with the health care team on an inpatient and outpatient basis.
B2	Obtain parental consent for obtaining and disclosing of information as needed or as specified by local jurisdiction	Demonstrates ability to protect personal and clinical privacy Apply privacy regulations (HIPPA in the U.S.) in all transactions related to families within the healthcare system. Interpret the laws within the environment one is working as they relate to personal and clinical privacy.
B3	Maintain documentation of all contacts, assessments, feeding plans, recommendations and evaluations of care and retain records for the time specified by the local jurisdiction	Identifies the parent's concerns or problems, planned interventions, evaluation of outcomes and follow-up Documents findings for a clinical record entry or report to other members of the healthcare team Document contacts appropriately as required by the clinical setting. Demonstrate time management that ensures timely and adequate documentation. Demonstrate professional communication when documenting contacts and reporting to other members of the healthcare team.
B4	Provide written assessments as required	Uses documentation as appropriate to the geopolitical region, facility, and culture in which the student is being trained Document assessments appropriately as required by the geopolitical region, facility, and culture of the clinical setting.
B5	Respect the privacy, dignity and confidentiality of families except where the reporting of a danger to a parent or infant/child is specifically required by law	Recognizes, addresses, and documents situations in which immediate verbal communication with healthcare provider is mandated by law, such as serious Identify and document situations in which there is potential danger to a parent or infant/child. Describe the appropriate role of the IBCLC in mandated reporting of a risk to the parent or infant/child.

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	illness, abuse or neglect in the infant/child or parent	
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History Taking and Assessment

	Competency	Learning Objectives	Suggested Skills & Activities
C1	Obtain a lactation history	Asks relevant questions Organizes, records, and analyzes data appropriately	Demonstrate appropriate counseling skills when obtaining a lactation history. Assess the lactation history and document appropriately as required by the clinical setting.
C2	Identify events that occurred during the pregnancy, labor and birth that may adversely affect breastfeeding	Identifies risk factors accurately Discusses and recommends breastfeeding adjustments to a person experiencing risk factors	Identify prenatal, intrapartum, delivery and postpartum experience and document appropriately as required by the clinical setting. Utilize information from the parent and data from the patient charts to consider an appropriate plan of care.
C3	Assess physical, mental and psychological states	Obtains and interprets a psychosocial history (relationships, habits)	Assess the social, physical and mental wellbeing of the parent, infant and support persons. Screen for PPMD and potential domestic violence. Document appropriately as required by the clinical setting.
C4	Assess the breasts to determine if changes are consistent with adequate function in lactation	Performs breast assessment Identifies variations in normal anatomy and implications for breastfeeding Assesses a flat or inverted nipple and utilizes techniques for achieving effective latch if parents desire Assesses evidence of previous breast surgery or trauma Discusses various impacts of breast surgery/trauma on breastfeeding	Evaluate the parent's breasts considering age, surgeries, delivery, and day postpartum as it relates to breastfeeding. Demonstrate the ability to multitask during the exam and ask questions during the assessment. Demonstrate appropriate problem solving while maintaining respect and privacy.
C5	Assess for normal child behavior and developmental milestones	Describes observations of child behavior accurately to parents in a nonjudgmental manner	Evaluate the infant/child based on developmental age. Identify normal child behavior and situations that are outside the range of normal.
C6	Assess and determine strategies to initiate and continue breastfeeding when	Performs a comprehensive breastfeeding assessment, and supports normal and effective breastfeeding	Observe and assess a complete breastfeeding session to determine if assistance is needed to achieve effective breastfeeding. Establish a plan of care based on lactation history and assessment of the parent, infant/child, and breastfeeding.

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	challenging situations exist/occur	Demonstrates ability to evaluate and work with a variety of parents and babies Demonstrates ability to make recommendations relative to client's needs	
C7	Identify correct latch and attachment	Assesses effectiveness of latch Assists and describes in lay terms to parents how to achieve an effective latch	Describe elements of an effective latch. Teach and assist parents as necessary in achieving an effective latch. Evaluate latch through observation and the document using the tool used within the clinical setting. Assess, without judgement, the parent's pain level during the latch assessment. Identify varied positions and techniques to minimize pain.
C8	Assess effective milk transfer	Assesses milk transfer by using multiple techniques including history, observation, and identifying concerns	Use different methods to assess milk transfer during the breastfeeding session. Document appropriately as required by the clinical setting.
C9	Assess for adequate milk intake of the infant/child	Assesses milk intake by using multiple techniques including history, observation, and identifying concerns	Observe a breastfeeding session to assess the adequacy of milk intake. Demonstrate appropriate use of a weight scale to compare pre-and-post feeding weights. Evaluate intake data and growth/weight patterns in comparison to expected standards. Rate the child's growth on the current World Health Organization growth charts.
C10	Address inadequate milk intake	Provides feedback to parents and relevant caregivers Demonstrates use of a pre/post feeding weight scale	Identify parents' concerns and incorporate them into the plan of care. Plan of care promotes adequate intake to optimize growth.
C11	Assess infant oral anatomy	Recognizes and describes normal and abnormal oral anatomy	Assess and identify all factors in the infant's anatomy that may impact breastfeeding, including oral anatomy. Differentiate between normal and abnormal findings based on the infant's age, delivery method and postpartum day. Assess the parent's ability to breastfeed in positions that are comfortable for her and her infant. Review with the family their goals and begin a plan of care.
C12	Assess normal neurological responses and reflexes	Recognizes and describes normal and abnormal sucking patterns relative to ability to breastfeed Teaches parents how to recognize normal sucking patterns	Observe the infant's cry, reflexes and all other neurological responses. Identify normal and abnormal sucking patterns. Teach parents how to recognize normal sucking patterns. Review with the family their goals and begin a plan of care.
C13	Provide information regarding increasing or decreasing milk volume as needed	Discusses milk production physiology and growth spurts with parents	Explain to the family the physiology of milk production and how the body functions in response to their infant's needs. Develop care plans for when milk flow is too fast or too slow. Teach hand expression appropriately using demonstration, website, books or handouts.

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C14 Assess milk supply	Identifies insufficient milk intake and real versus perceived insufficiency Identifies excessive flow of milk: forceful letdown	Evaluate the adequacy of the milk production as it relates to the dyad, day postpartum and history of pregnancy and delivery. Develop a plan of care to meet the goals of the family to increase the milk supply. Help parents recognize when they have adequate milk production and intake. Assist parents with decreasing excessive milk flow or forceful letdown with techniques such as laid back positioning.
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Prenatal and Perinatal Breastfeeding Support		
Competency	Learning Objectives	Suggested Skills & Behavior
D1	Teach a prenatal breastfeeding class	Develops and follows an outline of topics to be covered in a class with teaching strategies for each topic
		Develop topics, learning objectives, lesson content, handouts, and an evaluation form for a prenatal parent’s class. Attends, conducts, or co-teaches a prenatal parents class, interacting with attention to individual and group learning needs.
D2	Perform a prenatal breast assessment	Recognizes and describes normal and abnormal breast development during pregnancy Counsels effectively while examining breasts at different stages of pregnancy and postpartum
		Describe variations in breast development and structure that may affect subsequent breastfeeding. Examine breasts prenatally and postpartum and identify any anomalies that may affect breastfeeding. Counsel parents appropriately regarding findings of the breast assessment.
D3	Address health related life style issues, including alcohol, tobacco and drugs	Addresses health related life style issues: alcohol, tobacco and drugs
		Explore a family’s life-style choices without judgement. Counsel parents regarding impact of alcohol, tobacco and drug use on infant and self. Make referral to counseling or legal agencies when parental behavior jeopardizes the infant or parent.
D4	Assess and counsel parents on nutrition	Counsels women of various nutritional status and intakes, pre and postpartum Counsels women about nutritional needs following bariatric surgery
		Assess parent’s nutrient intake with attention to special needs such as age and post-bariatric surgery status. Refer parents to dietary counseling services when dietary issues or concerns are noted. Demonstrates knowledge of the common cultural variations in diet in local communities.
D5	Support labor and birth practices that optimize breastfeeding outcomes	Identifies how practices and events that occur during labor and birth can impact breastfeeding Presents evidence and rationale for the role of labor support
		Describe the possible outcomes of common practices used in labor and delivery. Gather data from client’s chart that may impact subsequent breastfeeding. Advocate for minimal labor medications, doula support, and immediate skin-to-skin contact. Elicit discussion with parents regarding their birth experiences and their perceptions/reactions.
D6	Identify and promote positive breastfeeding practices	Identifies practices that support or interfere with breastfeeding in the clinical setting and suggests improvements where needed
		Apply knowledge of research on birth practices to policies and practices. Advocate for practices supporting the Baby-Friendly Hospital Initiative.
D7	Promote continuous skin-to-skin contact of the newborn and caregiver	Presents the underlying technical arguments and counseling messages for skin-to-skin care Counsels parents appropriately about keeping the parent and newborn together
		Apply knowledge of research on skin-to-skin contact to recommendations for newborn care. Responds to family’s desires and concerns regarding immediate newborn care procedures, being mindful of the parent’s health literacy.

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		Recognizes hospital practices that may be disruptive of establishment of breastfeeding	
D8	Discuss the appropriate continuation of breastfeeding when parents and their infant/child are separated	Discusses strategies with parents to meet the breastfeeding needs of the parent and infant/child when separated	Evaluate the impact of separation on the dyad's subsequent breastfeeding success. Demonstrate appropriate strategies for initiating and maintaining milk production and subsequent breastfeeding. Explain normal ranges of milk production based on days/weeks/months/years postpartum.
D9	Provide education to assist the family to identify newborn feeding cues and behavioral states	Identifies and describes newborn behavior and feeding cues to parents	Interpret normal feeding behaviors and patterns such as cues and states of the newborn to parents. Identify infant states and demonstrate waking techniques.
10D	Educate families on normal child behaviors indicating breastfeeding needs; signs of readiness to feed, and expected feeding patterns	Teaches parents and family about feeding the baby on cue, 8-10 times in each 24-hour period	Interpret feeding patterns in relation to milk production. Help parents recognize their infant's feeding pattern. Describe normal limits for child behavior, feeding patterns and growth
D11	Assist parents and their infant/child to find comfortable positions for breastfeeding	Assists parents to achieve comfortable and adequate positions for initial feedings	Demonstrate a variety of feeding positions and collaborate with parents for those most suitable for their situation. Help parents learn how to facilitate their infant's self-attachment.
D12	Provide suggestions as to when and how to stimulate a sleepy baby to feed	Describes when it is appropriate and how to awaken a sleepy baby Describes observations regarding the baby to parents in a non-threatening manner Develops a feeding plan, including milk expression, as necessary to protect milk production Educates parents regarding feeding human milk in preference to a substitute, the importance of skin-to-skin contact, and the ability to implement the plan	Demonstrate techniques to wake a sleepy infant and instruct parents on how and when to use them. Explain changes in infant behavior that may indicate illness. Determine when milk expression is required to protect milk production. Teach parents the preference for breastmilk rather than a substitute and the use of skin-to-skin contact in waking a sleepy baby.
D13	Provide education for the family regarding the use of pacifiers/ dummies including the possible risks to lactation	Presents risks associated with use of pacifiers and artificial nipples to parents in a respectful manner, in consideration of parental wishes	Teach parents the appropriate use of a pacifier and times it may compromise breastfeeding by substituting for a feeding or being used too early. Demonstrate techniques that may be used to comfort infants without the use of a pacifier.

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		Identify parent's attitudes and practices regarding calming infants while respecting their needs and desires. Identify one's own attitudes about techniques to calm infants.
D14	Provide information and strategies to prevent and resolve sore, damaged nipples	Assesses a breastfeeding parent's nipples clinically Assists parents in preventing and treating sore nipples, referring as needed Evaluates and assists parents with improved latch, when needed Suggests modes of symptomatic treatment (pain control, etc.) Identifies other reasons for nipples pain
		Assess nipple status and possible causes of damage (incorrect latch, bacterial or yeast infection, mastitis, abscess or plugged duct). Evaluate applicability of various healing modalities and evaluate results. Recommend, in consultation with the parent, solutions to promote healing including the effectiveness of techniques and breastfeeding aids. Demonstrate sensitivity to parent's discomfort, worry, frustration, or denial. Refer the family for additional care if recommendations are not effective.

Extended Breastfeeding Support		
Competency	Learning Objectives	Suggested Skills & Activities
E1	Teach appropriate food selection for breastfed children	Counsels on infant/child feeding for various stages in the infant/child's first 2 years
		Counsel regarding situations where formula use may be warranted. Instruct families in culturally appropriate food selection, complementary feeding recommendations for the breastfed infant/child and creative safe food choices, preparation, and presentation.
E2	Provide information and strategies to minimize the risk of Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death of an Infant (SUDI)	Respectfully teaches back sleeping using current research regarding breastfeeding in SIDS/SUDI prevention
		Counsel parents about safe sleep principles and how to bed share safely. Interpret research about SIDS/SUDI and recommended practices to support breastfeeding during hours of sleep. Inform families regarding developmental issues related to prolonged back positioning and tummy time.
E3	Provide information regarding family planning methods including Lactation Amenorrhea Method (LAM) and their impact on lactation	Appropriately discusses various forms of contraception and the risks and benefits of use during breastfeeding
		Describe various birth control options including LAM, hormonal contraceptives, including pills, implants and injections, and barrier forms of contraception such as foam, condoms, and IUD's. Counsel parents about the risks and benefits of their contraception choice during breastfeeding. Demonstrate sensitivity to parental autonomy and decision making.
E4	Assist parents with their child's teething and biting as it impacts on breastfeeding	Works with a parent/child dyad experiencing teething and biting
		Conduct a physical exam, including oral-motor function and history of this behavior. Instruct parents in techniques to prevent or stop biting.

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E5	Identify issues related to early weaning and appropriate interventions/teaching for the family	Works with a parent/child dyad experiencing early weaning	Conduct a history and physical exam, including oral-motor function. Instruct parents in characteristics of a nursing strike and how to distinguish it from breastfeeding refusal because of pain such as an ear infection, teething, thrush or gastric upset. Counsel the parent who is not ready to wean when their child indicates readiness and the reverse.
E6	Provide information regarding weaning from the breast when appropriate, including care of the breasts and preparation and use of human milk substitutes	Counsels parents about weaning issues at various ages and with multiples	Describe infant-led and parent-led weaning techniques, and reasons for each including undesired and/or untimely weaning or weaning for medical reasons. Instruct parents in the World Health Organization Guidelines for Safe Preparation, Storage and Handling of Powdered Infant Formula.
E7	Provide instruction and guidance on toddler breastfeeding	Counsels parents of toddlers on breastfeeding maintenance in parent's social setting	Discuss the changing needs of the parent and infant/child and the role breastfeeding plays in the infant/child's life. Demonstrate acceptance of different values and lifestyles without judgment.
E8	Describe and teach approaches to breastfeeding while pregnant and tandem nursing	Counsels on the pros and cons of tandem nursing, and on anticipatory planning	Instruct parents on the pros and cons of tandem nursing. Describe how parents can meet the emotional needs of an older child with or without nursing. Counsel parents in changing maternal emotional needs and how they differ between people.

Problem-Solving

	Competency	Learning Objectives	Suggested Skills & Activities
F1	Evaluate potential and existing factors impacting a parent's breastfeeding goals	Identifies and differentiates between normal and abnormal conditions and clinical situations Carries out basic diagnostics in problem situations	Evaluate common breastfeeding problems, differentiating mechanical breastfeeding problems and milk production issues. Recommend solutions for each presenting problem.
F2	Assist and support parents to develop, implement and evaluate an appropriate, acceptable and achievable breastfeeding plan utilizing all resources available	Works with the parent to create an appropriate plan that addresses all issues identified Assists with maternal implementation of the plan documented Demonstrates ability to carry out steps necessary for evaluation of outcomes	Organize problems and solutions so families understand their choices and how their choices will impact infant/child health, breastfeeding and milk production. Create an appropriate care plan at the health literacy level of the family. Locate community resources and make referrals as needed. Counsel the parent to feel successful in meeting her breastfeeding goals.

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	Creates and shares follow-up plans with a parent to answer breastfeeding questions	
F3	Evaluate parents' understanding of all information and education provided	Recognizes signs that parents understand information and education provided
		Verify understanding with the parent. Evaluate the feasibility of the plan of care for the parents to implement at home. Discuss any parts of the care plan that parents may find problematic and re-evaluate.
F4	Provide evidence-based information to parents regarding the use of techniques and devices	Correctly identifies appropriate use of a device or aid Provides appropriate education to parents
		Teach parents the appropriate use of breastfeeding and lactation aids, including, but not limited to: <ul style="list-style-type: none"> • Supports such as slings and pillows to assist the parent in holding the infant/child • Nipple shields and nipple everters to assist with difficult latch • Accurate scales for pre/post feeding weight to determine milk transfer • Nursing supplementing devices and other alternative feeding methods such as cup feeding and bottle feeding to improve intake • Topical treatments and breast shells for nipple pain • Hand expression and breast pumps
F5	Evaluate and critique how techniques and devices may be used to ensure initiation and/or continuation of breastfeeding in certain circumstances	Correctly identifies appropriate use of a device or aid Uses devices safely and correctly and provides appropriate education to parents Clearly documents rationale for and use of aids and devices Communicates with HCP as needed
		Demonstrate familiarity with the appropriate use of breastfeeding techniques and devices. Use problem-solving skills to assist the parents to meet their breastfeeding goals. Communicate with others on the health care team regarding recommendations and document rationale in the client record.
F6	Critique and evaluate indications, contraindications and use of techniques, appliances and devices which support breastfeeding	Correctly identifies appropriate use of a device or aid Uses devices safely and correctly and provides appropriate education to parents Clearly documents rationale for and use of aids and devices Communicates with HCP as needed
		Recommend the use of appropriate device or technique for various situations Instruct parents on the safe use of devices and techniques. Document rationale for use of equipment in the client's record. Report to primary HCP regarding plan of care.
F7	Evaluate, critique and demonstrate the use of techniques and devices which support breastfeeding, understand that some devices	Considers all factors when recommending use of an aid or device, including assessment of need, cost, acceptability for the
		Interpret pro and con information to families when recommending use of a device. Instruct family on safe use of the device. Use ethical principles when recommending devices.

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	<p>may be marketed without evidence to support their usefulness and may be harmful to the continuation of breastfeeding</p>	<p>client/patient and sustainability for a specific situation</p> <p>Educates family appropriately in use and care of aids or devices</p> <p>Describes ethical responsibility regarding financial gain from recommending aids or devices</p>	
F8	<p>Carefully choose a method of feeding when supplementation is unavoidable and use strategies to maintain breastfeeding to meet the parent's goal</p>	<p>Correctly identifies indications for use of an aid or device and selects the most appropriate one</p>	<p>Recommend use of specific feeding devices, instructing parents in pros and cons and expected outcomes.</p> <p>Discuss drawbacks to the use of devices in certain situations, including sustainability.</p> <p>Re-evaluate the effectiveness of any aids and any potential safety concerns considering the parents feeding goals.</p>

Infant/Child Breastfeeding Challenges		
Competency	Learning Objectives	Suggested Skills & Activities
		<p>In each case below, the following interventions apply:</p> <p>Identify parental concerns.</p> <p>Conduct a thorough birth history.</p> <p>Conduct a thorough physical exam on the baby, including oral-motor function examination.</p> <p>Evaluate a breastfeeding session.</p> <p>Evaluate the parent's milk supply using evidence-based strategies.</p> <p>Observe the interaction between parent and baby.</p> <p>Document your findings.</p> <p>Teach the parent proper hand expression technique and/or proper pumping technique.</p> <p>Initiate strategies to support or increase milk exchange, including a milk expression regimen using evidence-based strategies.</p> <p>Develop and initiate a plan of care to adequately feed the infants using feeding strategies that will preserve or restore suck-swallow-breathe coordination.</p> <p>Utilize effective communication skills to provide psycho-emotional support for the parents.</p> <p>Refer to the appropriate support practitioners.</p> <p>Schedule follow-up until the breastfeeding issues have been resolved.</p> <p>Work collaboratively with specialists if prescription medication is indicated.</p>

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G1	Develop and apply a plan of action to assist the breastfeeding dyad that has undergone a traumatic birth	Describes observations to parent regarding her newborn in a non-threatening manner Develops and implements a plan of action for feeding the newborn and protecting the milk supply	Assess the baby and parent for signs of trauma, both physical and psycho-emotional. Instruct parents in techniques to mitigate effects of birth trauma e.g. skin-to-skin contact and special positioning. Recommend practitioners who specialize in working with birth-trauma sequelae.
G2	Develop and apply a plan of care for the breastfeeding parent with a preterm or late preterm infant	Develops and implements a plan of action with a parent including both feeding the preterm or late preterm newborn and protecting milk production	Identify the baby's maturation, developmental and skill level, focusing on general motor coordination, oral-motor coordination and behavior. Instruct parents in techniques to assist these infants such as special positioning and techniques to address low tone. Teach the parents about the unique needs and feeding behaviors of preterm and late preterm infants. Teach the parents strategies for addressing maturation issues such as disorganized suck-swallow-breathe, reduced awake times, and shorter feed length. Model patience with persistent problems that are due to the baby's immaturity.
G3	Design and implement a plan of care for the parent with a newborn that is small for gestational age (SGA) or large for gestational age (LGA)	Develops and implements a plan of action with a parent including both feeding the SGA or LGA newborn and protecting milk production	Identify parental concerns. Take a thorough history. Conduct a physical exam of the baby, including oral-motor function, and identify. Identify deficits. Observe and evaluate a breastfeeding session. Evaluate the mother's milk supply using evidence- based strategies. Using the WHO Breastfed Baby Growth Charts, plot and evaluate the SGA or LGA baby's growth trajectory.
G4	Design and implement a plan of care for breastfeeding multiples	Develops and implements a plan of action with a parent including both feeding multiples and protecting milk production	Provide general instruction on logistics of feeding more than one infant. Instruct parents in techniques to assist infants such as dual positions and use of pillows. Utilize special support and positioning strategies for any infant who requires them. Develop and initiate a plan of care to adequately feed the infants using feeding strategies that will preserve or restore suck-swallow-breathe coordination. Develop and initiate a plan of care to establish and maintain an abundant breastmilk supply using evidence-based strategies. Follow -up until breastfeeding is well established.
G5	Facilitate breastfeeding for the medically fragile and physically compromised infant/child	Describes observations regarding their infant/child to parents in a non-threatening manner Implements a plan of action that includes ongoing assessment, evaluation and subsequent change in management	Provide general instruction on logistics of feeding the medically fragile or physically compromised infant. Instruct mothers in techniques to assist these infants. Identify and discuss the unique feeding needs and feeding behaviors of the infant with parents. Utilize special support and positioning strategies for any infant who requires them. Develop and initiate a plan of care to adequately feed the infants using feeding strategies that will preserve or restore suck-swallow-breathe coordination.

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	Reviews milk expression in the development of milk production and the effect of skin-to-skin contact when appropriate	Develop and initiate a plan of care to establish and maintain an abundant breastmilk supply using evidence-based strategies. Provide re-evaluation and modify care plan as needed. Plan for transition to full breastfeeding as soon as appropriate. Participate in planning for long range care and provision of breastmilk as needed.
G6	Describe and implement a plan of care for the breastfed hypoglycemic newborn Describes observations regarding their newborn to parents in a non-threatening manner Develops and implements a plan of action, including milk expression if necessary to establish milk production Discusses the importance of skin-to-skin contact and feeding human milk in preference to infant formula	Identify parental concerns. Utilize effective communication skills to provide psycho-emotional support for the parents. Initiate and support early and frequent feedings to mitigate low blood sugar issues. Observe and evaluate a breastfeeding session. Evaluate the mother's milk supply using evidence based strategies. Instruct parents who are at high risk for an infant with hypoglycemia in skin-to-skin contact. Instruct parents on the importance of feeding human milk in preference to infant formula. Develop and initiate a plan of care to adequately feed the infant using feeding strategies that will preserve or restore suck-swallow-breathe coordination. Develop and initiate a plan of care to establish and maintain an abundant breastmilk supply using evidence-based strategies. Identify when supplementation is necessary.
G7	Calculate an infant/child's caloric/Kilojoule and volume requirements Accurately calculates amount of fluids/calories required according to predicted weight for age Develops a plan for feeding the infant/child with the parents that includes infant/child volume and calorie needs and increasing milk production if appropriate	Calculate the amount of fluids/calories required by the infant/child according to predicted weight for age. Convert English units to metric units and vice-versa (if applicable) for calculating weight loss/gain and feeding needs. Observe and evaluate a breastfeeding session. Evaluate the mother's milk supply using evidence- based strategies. Identify and discuss the unique feeding needs and feeding behaviors of the infant with parents. Utilize special support and positioning strategies for the infant as needed. Develop and initiate a plan of care to adequately feed the infant using feeding strategies that will preserve or restore suck-swallow-breathe coordination and that includes infant/child volume and calorie needs. Develop and initiate a plan of care to establish and maintain an abundant breastmilk supply using evidence-based strategies.
G8	Assess the breastfeeding infant/child's growth using World Health Organization adapted growth charts Differentiates slow weight gain from failure to thrive Assesses problem(s) contributing to poor weight gain Evaluates need for referral	Determine if infant/child is gaining weight and growing appropriately for age using a series of weight and growth data points plotted on the WHO growth charts. Assess adequate milk intake by observing feeding behavior at breast, evaluating infant suck, and using pre-and post-feed test weights. Evaluate possible cause(s) of weight loss or slow weight gain using history and physical exam of the parent and infant/toddler. Evaluate the baby for dehydration and impending shock.

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		<p>Refer immediately if warning signs and symptoms are observed.</p> <p>Discuss with the parent and initiate the use of expressed parent's own or donor milk if supplementation is necessary.</p> <p>Revise the plan of care until breastfeeding is well established and the infant's weight gain and growth have normalized.</p>
G9	<p>Assess and implement a breastfeeding plan for the hyperbilirubinemic newborn</p> <p>Describes observations regarding their newborn's condition to parents in a non-threatening manner</p> <p>Develops a plan of action, including milk expression if necessary to establish milk production and demonstrated ability to use phototherapy and other devices effectively and safely</p>	<p>Instruct parents about hyperbilirubinemia and its risks.</p> <p>Instruct parents on the role of breastfeeding in resolving jaundice.</p> <p>Instruct parents on the role of phototherapy in resolving jaundice.</p> <p>Develop and initiate a plan of care to adequately feed the infant using feeding strategies that will preserve or restore suck-swallow-breathe coordination and that includes infant/child volume and calorie needs.</p> <p>Develop and initiate a plan of care to establish and maintain an abundant breastmilk supply using evidence-based strategies.</p> <p>Communicate with the health care team members.</p> <p>Revise the plan of care until jaundice is resolved and breastfeeding is well established.</p>
G10	<p>Identify infant/child conditions that may impact breastfeeding, including but not limited to disorganized or ineffective suck, ankyloglossia, cleft lip/palate, Pierre Robin syndrome, and Down syndrome</p> <p>Demonstrates abilities in counseling and problem solving with families for long-term solutions</p> <p>Recognizes signs and symptoms of each condition, including breastfeeding risks</p>	<p>Identify parental concerns.</p> <p>Utilize effective communication skills to provide psycho-emotional support for the parents.</p> <p>Collect information on the family history.</p> <p>Use an evidence-based screening tool to identify ankyloglossia.</p> <p>If Ankyloglossia is present, communicate to the parents the risks of various surgical treatments, the risks of not treating, the outcomes of such treatment and the alternatives to such treatment.</p> <p>Thoroughly examine the infant's mouth for oral anomalies: cleft lip, cleft palate, retracted mandible, tongue posture, and tongue tone, cysts, and other oral anomalies.</p> <p>Thoroughly examine the infant's cranium and facial features for characteristics typical of syndromes.</p> <p>Instruct the parents on the impact of various anomalies on normal suck-swallow-breathe coordination.</p> <p>Initiate therapy or refer for therapy to mitigate or resolve sucking deficits.</p> <p>Instruct parents in techniques and strategies for working with an infant whose suck is disorganized or ineffective.</p> <p>Recommend the use of techniques and breastfeeding aids and instruct parents in their use.</p> <p>If the infant is unable to breastfeed, instruct the parent on ways to provide her milk for her infant.</p>
G11	<p>Identify yeast infection and instruct the parent on appropriate interventions</p> <p>Works with a parent/child dyad experiencing yeast infection</p>	<p>Perform a thorough breast and nipple exam especially assessing for signs and symptoms of thrush.</p> <p>Examine the infant's genital area and oral areas for signs of thrush.</p> <p>Screen for alternate causes for nipple pain including but not limited to nipple compression, neuralgia, and Raynaud's phenomenon.</p> <p>Instruct the parents on predisposing factors to yeast infections.</p> <p>Instruct the parents on the sequelae of thrush on infant behavior and growth.</p>

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		<p>Discuss the range of treatments for thrush and when each is appropriate.</p> <p>Initiate a treatment regimen when using over-the-counter remedies for thrush (e.g., coconut or olive oil, gentian violet, and homeopathic remedies)</p> <p>Revise the plan of care until thrush is resolved in both mother and baby.</p> <p>Recognize when referral is appropriate.</p>
G12	Assess the infant/child for colic, gastric reflux, lactose overload, and food intolerances and their impact on breastfeeding	<p>Works effectively with a parent and infant/child with colic, gastric reflux, lactose overload, or food intolerance</p> <p>Apply a differential breastfeeding diagnosis model to determine the exact nature of the gastrointestinal issues.</p> <p>Design a plan of care that includes strategies, both palliative and corrective, such as upright feedings, frequent burping, changing feeding patterns, completing a food diary, dietary elimination, and block feeding.</p>
G13	Assist parents of an infant/child with a chronic medical condition that may impact breastfeeding	<p>Works effectively with a parent/child dyad experiencing a chronic medical condition</p> <p>Identify parental concerns.</p> <p>Use effective communication skills to provide psycho-emotional support for the parents.</p> <p>Recognize that not all chronic medical conditions negatively impact breastfeeding.</p> <p>Evaluate the unique needs of the baby that addresses the chronic medical issue (e.g., special positioning for a spina bifida baby or partial formula feeds with a phenylalanine free-formula for a phenylketonuric baby, Down Syndrome, etc.).</p> <p>Design a plan of care that includes strategies specific to the chronic medical condition of the affected infant.</p> <p>Use and recommend appropriate techniques and devices.</p>
G14	Recognize and offer breastfeeding assistance for the infant/child with cardiac problems	<p>Works effectively with a parent/child dyad experiencing cardiac problems</p> <p>Identify parental concerns.</p> <p>Utilize effective communication skills to provide psycho-emotional support for the parents.</p> <p>Recognize that not all cardiac conditions negatively impact breastfeeding.</p> <p>Design a plan of care that includes strategies specific to cardiac conditions (e.g., short, frequent feeds; calorie fortification; and supplementation with the parent's expressed milk).</p> <p>Utilize and recommend appropriate techniques and devices.</p> <p>Provide anticipatory guidance.</p> <p>Revise the plan of care until breastfeeding is normalized within the extent of the chronic medical condition.</p> <p>Assess and recommend referral when appropriate.</p>

Maternal Breastfeeding Challenges

Competency	Learning Objectives	Suggested Skills & Activities In each of the following cases:
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		<p>Identify parental concerns.</p> <p>Utilize effective communication skills to provide psycho-emotional support for the parents.</p> <p>Obtain a history and conduct a thorough physical exam, including oral-motor function.</p> <p>Develop and initiate a plan of care to adequately feed the infant using strategies that will preserve or restore suck-swallow-breathe coordination and that includes infant/child volume and calorie needs.</p> <p>Develop and initiate a plan of care to establish and maintain an abundant milk exchange using evidence-based strategies, with special consideration to the parent's school or work schedule and physical or emotional state</p> <p>Utilize and recommend appropriate techniques and devices.</p> <p>Follow up and modify the plan of care until breastfeeding is normalized within the extent of the parent's condition or situation.</p> <p>Work collaboratively with specialists and recognize when referral is appropriate including but not limited to educating other professionals on the impact of breastfeeding, sudden weaning on mood disorders and the impact of prescription drugs on breastfeeding.</p>
H1	Identify medical conditions that impact breastfeeding and appropriate teaching for parents	<p>Appropriately supports breastfeeding when various medical conditions are present (e.g., diabetes, polycystic ovarian syndrome (PCOS), cystic fibrosis)</p> <p>Apply knowledge learned through research about the condition to the discussion with parents and the creation of the plan of care.</p> <p>Develop a plan of care with parents that considers the special medical circumstance potentially or currently affecting the breastfeeding relationship.</p> <p>Assist with safe weaning from one or both breasts using an evidence-based weaning strategy if the medical condition precludes breastfeeding.</p>
H2	Identify special needs of adolescent breastfeeding parents	<p>Assess one's own attitudes and biases.</p> <p>Identify special needs of the adolescent parent, which may include sexual abuse or intimate partner violence.</p> <p>Instruct the parent, not her parent, when counseling and teaching.</p> <p>Employ age and culture appropriate strategies when counseling and teaching.</p> <p>Investigate the policy for breastfeeding/pumping in local schools and workplaces.</p> <p>Conduct an adolescent breastfeeding class.</p>
H3	Assist and support the parents to identify strategies to cope with peripartum mood disorders (prenatal depression, "baby blues", postpartum depression, anxiety and psychosis) and access community resources	<p>Appropriately identifies peripartum psychological issues and how they can impact breastfeeding</p> <p>Makes appropriate referrals</p> <p>Obtain information on symptoms of each and recommended strategies from management, and apply this knowledge when interacting with a parent affected by a mood disorder.</p> <p>Demonstrate awareness of the effects of untreated postpartum depression on the parents, infant/child and family.</p> <p>Demonstrate awareness of the local requirements for reporting infant neglect and abuse.</p> <p>Administer one or more of the evidence-based postpartum depression scales, e.g. Edinburgh Postpartum Depression Scale.</p> <p>Evaluate various levels of depression as they pertain to breastfeeding, including communication with the primary care provider and possible referral for counseling and medications.</p>

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H4	Support parents who are inducing lactation or re-lactating	Describes basics of resuming and inducing lactation	<p>Demonstrate awareness of relevant protocols, techniques and devices, and apply this knowledge when educating the parents and designing the plan of care.</p> <p>Teach the parents the physiology of breast growth and of milk production.</p> <p>Discuss the pros and cons of medication regimes and lactation aids to stimulate milk production.</p> <p>Instruct parents on the use of pumping regimens and supplementing devices.</p> <p>Use cultural sensitivity when counseling parents to resume or induce lactation (including male lactation.)</p>
H5	Address physical disabilities which may limit parents' handling of their infant/child	Counsels and plans with the parent and family to support optimal breastfeeding for a parent with physical disabilities which may limit her handling of her infant/child	<p>Counsel parents on how physical disabilities (e.g., arthritis, multiple sclerosis, effects of a stroke, or blindness) may limit a parent's ability to care for or breastfeed her infant/child.</p> <p>Refer as necessary for occupational therapy approaches.</p> <p>Use creativity in recommending strategies for accommodating breastfeeding.</p> <p>Design a plan of care that provides strategies to mitigate or overcome the challenges the parent faces because of her physical disability.</p>
H6	Counsel and support HIV positive parents and those of unknown HIV status, and be able to convey current recommendations on infant feeding	<p>Counsel and supports HIV positive parents and those of unknown HIV status</p> <p>Conveys current recommendations on infant feeding</p>	<p>Use cultural sensitivity to the parent's decision regarding testing and her diagnosis and living situation.</p> <p>Educate parents on the current CDC and WHO guidelines on HIV and Breastfeeding.</p> <p>Discuss exclusive breastfeeding (or formula feeding when that is appropriate.)</p> <p>Design a plan of care that incorporates the guidelines appropriate to the geographic area in which the parents reside.</p>

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Public Health		
Competency	Learning Objectives	Suggested Skills & Activities
11 Teach the use of breastfeeding during emergencies and appropriate support	<p>Presents the importance of breastfeeding as preventative in emergencies</p> <p>Presents steps necessary to implement breastfeeding support in an emergency</p>	<p>Instruct parents in the role of breastfeeding in emergency situations, including risks to health and survival of not breastfeeding.</p> <p>Teach manual expression.</p> <p>Educate the parents on appropriate storage of human milk.</p> <p>Support parents in emergency situations to make choices that are best for their infant and family.</p>
12 Utilize quality assurance standards in delivery of care	Demonstrates awareness of local quality standards	<p>Employ quality assurance standards using the evidence for breastfeeding as the gold standard.</p> <p>Evaluate the quality of breastfeeding support in a local organization.</p>
13 Develop a community outreach program	Carries out the steps necessary to develop and sustain outreach	<p>Evaluate outreach facilities in the community for effectiveness, funding, grant process and coordination with other services.</p> <p>Participate in community outreach programs (e.g., peer support meetings; health fairs; free clinics).</p>
14 Describe national and global policy and program development, history, rationale and current issues	Demonstrates understanding of basic aspects of policy analysis methods including problem identification, policy synthesis, preparation of policy background and overview documents, and development of policy options and recommendations	<p>Demonstrate knowledge of national and global history, policies, issues and rationale.</p> <p>Demonstrate the use of negotiation and consensus as an alternative to universal agreement.</p> <p>Demonstrate openness to opposing views and how to achieve agreement.</p> <p>Participate in formulation of policy and procedure.</p>

Research, Legislation and Policy		
Competency	Learning Objectives	Suggested Skills & Activities
J1 Critique, evaluate and incorporate evidence-informed findings into practice within the laws of the work setting	<p>Identifies and discusses basic theories and causal inference</p> <p>Differentiates appropriate research for a topic area</p> <p>Critically appraises relevant research and indicates how this may affect practice</p> <p>Presents and accurately describes a variety of graphic presentations of research findings</p>	<p>Demonstrate awareness of basic study design.</p> <p>Locate and compile research as references for a variety of breastfeeding topics.</p> <p>Evaluate and analyze research results.</p> <p>Use relevant research in developing care plans.</p> <p>Use computerized search tools such as local medical library, MedLine, PubMed and Google scholar.</p> <p>Use research in development of a presentation for public speaking.</p> <p>Identify and begin collecting reference materials for personal library.</p>

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	Adheres to policies, procedures, protocols within a healthcare agency	
J2	Evaluate research and breastfeeding data	Explains the definitions of breastfeeding used in research and practice, and how they impact interpretation of breastfeeding data Define breastfeeding terms related to research and policy (e.g., exclusive, nearly exclusive, partial, and token breastfeeding). Describe how breastfeeding definitions can impact the results of research.
J3	Describe various research methods and the most appropriate method for a given research question	Differentiates between study designs Selects appropriate design for a given hypothesis and situation Describe principles of study design, study variables, and impact on outcome. Differentiate between a primary research source and a secondary source. Describe the types of research (e.g., systematic reviews, meta-analyses, randomized clinical trials, cohort studies, case-control studies, cross sectional surveys, and case reports). Define research terms (e.g., qualitative study, quantitative study, prospective study, and retrospective study). Define terms such as hypothesis, validity, reliability, mean, median, mode, range, standard deviation, odds ratio, and relative risk ratio. Evaluate funding sources for research and how funding can impact study results.
J4	Use appropriate resources for research to provide information to the healthcare team on conditions, modalities, and medications that affect breastfeeding and lactation	Completes and communicates review of research on a relevant issue for the healthcare team Identify appropriate breastfeeding resources. Provide relevant research to members of the health care team or related committee. Develops a research paper on a breastfeeding condition using appropriate resources. Present an analysis of research to mentor, other interns, or other health care providers.
J5	Describe and apply behavior change theories	Assesses progress from lack of knowledge, to knowledge, understanding, acceptance, action, and repeated action with self-efficacy Assess environmental, personal, and behavioral maternal characteristics that influence behavioral determination for breastfeeding. Assess an individual's impression of their own ability to breastfeed. Assess the individual's prior experience with breastfeeding. Assess the individual's physiological state. Assess outside sources of influence. Utilize appropriate communication techniques (e.g., open-ended questions, affirmations, reflective listening, and summaries) to assess and support change.
J6	Participate in the development of policies at global, national, and local levels which protect, promote and support breastfeeding	Locates, reads and interprets laws as they apply to breastfeeding or to health system support Share information about working and breastfeeding laws or public breastfeeding laws with families. Attend local breastfeeding coalition or state breastfeeding meetings. Participate in a task force or committee to work on a local or global breastfeeding law.

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Professional Responsibilities and Practice		
Competency	Learning Objectives	Suggested Skills & Activities
K1 Conduct oneself in a professional and ethical manner, practicing within the framework defined by the profession's scope of practice, and clinical competencies	Demonstrates professional behavior in clinical settings Performs within the framework defined by the professional code of conduct, clinical competencies, and standards of practice Functions well with mutual respect in settings with other health professionals	Demonstrate professionalism with adherence to the: <ul style="list-style-type: none"> • Standards for lactation consultant practice • Scope of practice • Clinical competencies • Code of ethics • Code of Marketing of Breastmilk Substitutes Maintain principles of collaboration within the healthcare team.
K2 Assist families with decisions regarding feeding their infants/children by providing evidence-based information that is free of any conflicts of interest	Locates and uses current research findings to provide a strong evidence base for clinical practice	Describe infant feeding options using evidenced-based information. Promote informed decision making. Demonstrate awareness of the potential for conflict of interest and avoid conflicts.
K3 Advocate for breastfeeding women, infants, children and families in all settings and promote breastfeeding as the infant/child feeding norm globally	Advocates for breastfeeding families, parents, infants, and children in the workplace, community, and within the healthcare system	Participate in community events to promote normalization of breastfeeding, including breastfeeding in public. Educate families, peers, lay and professional organizations about breastfeeding.
K4 Promote the principles of the WHO Global Strategy for Infant and Young Child Feeding	Identifies the principles of the WHO Global Strategy for Infant and Young Child Feeding Participates in breastfeeding advocacy	Participate in community events to promote practices based on the principals of the WHO Global Strategy for Infant and Young Child Feeding. Develop a handout that describes the risks of formula feeding and promotes breastfeeding.
K5 Promote the principles of the Baby Friendly Hospital Initiative	Identifies the principles of the Baby Friendly Hospital Initiative Participates in breastfeeding advocacy	Demonstrate understanding of Baby-Friendly principles. Identify local hospitals that are Baby-Friendly or working toward becoming Baby-Friendly. Participate in meetings to discuss achieving or maintaining Baby-Friendly status. Educate staff in ways to increase breastfeeding support.
K6 Demonstrate the process to report a lactation consultant who is found guilty of a criminal offense or is functioning outside	Demonstrates ethical activity and decision-making	Provide examples of potential ethical misconduct within the health care community. Identify a potential offence under the criminal code of the country or jurisdiction.

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	the profession's scope of practice, or not maintaining an ethical practice which meets the clinical competencies		<p>Articulate the process to report an individual if found guilty of any offence under the criminal code of the IBCLC.</p> <p>Demonstrate understanding of the scope of practice, code of ethics, and clinical competencies.</p> <p>List practices or behaviors that violate the profession's guiding documents.</p> <p>Follow IBCLC recommendations for steps/strategies to implement regarding IBCLC colleagues' unethical conduct.</p>
K8	Describe and analyze practice setting options for lactation consultants	<p>Differentiates the roles of the lactation consultant in various practice settings</p> <p>Outlines steps for setting up a practice in a clinical setting and an independent setting</p> <p>Develops a draft marketing approach, either social or commercial</p> <p>Defines strategies for working within a budget and with current resources</p> <p>Completes forms for reimbursement, including forms for 3rd party payers where applicable</p> <p>Demonstrates agency and office/bureaucratic skills</p>	<p>Compare the role of the IBCLC in the various practice settings.</p> <p>Participate in review/development of a job description in one of the practice settings.</p> <p>Develop a personal résumé or curriculum vitae.</p> <p>Articulate the role of various levels of lactation providers, their education, experience and scope of practice.</p> <p>Demonstrate an understanding of insurance reimbursement for breastfeeding services.</p> <p>Develop a business plan that includes referral systems, social marketing, payment systems, and other business elements for a breastfeeding practice.</p>

Leadership and Teaching

	Competency	Learning Objectives	Suggested Skills & Activities
L1	Demonstrate personal leadership skills that reflect self-awareness and vision	<p>Demonstrates group leadership and team building skills</p> <p>Reflects on actions and attitudes and applies them to understanding of self</p>	<p>Develop a long-term career plan.</p> <p>Develop a personal leadership statement of philosophy.</p> <p>Demonstrate a willingness to seek and welcome feedback on performance from others.</p> <p>Lead, conduct or contribute to a meeting for designing a new program or activity, including goals, objectives, and measurable outcomes.</p> <p>Demonstrate a balance between personal and professional life.</p> <p>Demonstrate continued interest in learning.</p>

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2L	Demonstrate leadership and cultural awareness when communicating within an organization and when representing an organization to others	<p>Communicates to negotiate, listen, find key agreement and disagreement areas to move discussion forward, including crisis management</p> <p>Demonstrates an understanding of diverse cultures and meets diverse needs</p>	<p>Present ideas in a clear, organized, objective, and consistent manner.</p> <p>Practice effective listening skills and an interest in understanding diverse populations.</p> <p>Demonstrate the ability to listen to different perceptions/perspectives and then incorporate/accommodate them into practice.</p>
L3	Provide breastfeeding information to lay and health professional audiences utilizing adult learning methods and demonstrating public speaking skills	<p>Identifies and utilizes the elements of adult learning theory and teaching methods in both group and individual settings</p> <p>Speaks effectively outside the classroom for lay and health professional audiences</p>	<p>Develop a presentation for use in teaching parents class</p> <p>Prepare and share a case study with fellow interns or mentor.</p> <p>Research and develop a topic to present to fellow interns or mentor.</p> <p>Research and review/critique/revise/develop a handout for parents on a breastfeeding topic.</p> <p>Critique/Review/Revise/Create a resource list for parents or professionals.</p> <p>Utilize adult learning theory and variety of teaching/learning strategies.</p> <p>Demonstrate a willingness to seek and welcome feedback on teaching effectiveness.</p> <p>Use/Critique/Review/Revise/Create an evaluation tool.</p>

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Appendix F

Resources

Sample Personnel Resources

Program Director

- Current certification as an International Board Certified Lactation Consultant
- Experience in mentoring lactation interns or equivalent recommended but not required
- Experience in teaching lactation professionals or equivalent recommended but not required
- Ability to assume administrative tasks is needed
- May also be the clinical instructor

Clinical Instructor

- Current certification as an International Board Certified Lactation Consultant
- Experience in mentoring lactation interns or equivalent
- Experience in teaching lactation professionals or equivalent
- Ability to assume administrative tasks is needed
- Possess the knowledge and skills to guide the growth of the intern

Reference books

Clinical Experience in Lactation: A Blueprint for Internship

Linda Kutner & Jan Barger. Lactation Education Consultants, Wheaton, IL

Clinical Instruction in Lactation: Teaching the Next Generation

Phyllis Kombol, Linda Kutner, Jan Barger. Praeclarus Press

Clinical Internships for the Next Generation of IBCLCs

Journal of Human Lactation in press

Vergie Hughes, Phyllis Kombol, Kathleen Donovan, Deborah Albert, Felisha Floyd, Angela Laove-Zaranka

Core Curriculum for Interdisciplinary Care in Lactation in press

Lactation Education Accreditation and Approval Review Committee (LEAARC)

Mentoring chapter

Educational opportunities

Training for clinical instructors. Clinical Curriculum Parts 1-5

International Lactation Consultant Association

Phyllis Kombol

<https://portal.ilca.org/i4a/ams/amsstore/itemview.cfm?ID=1194>

Appendix G

Clinical Instruction Curriculum

Clinical Competencies for IBLCE Practice

Instructions for use

The intern will write the date in the appropriate box each time a competency is completed. It is expected that there will be several dates entered into the columns *Observe* and *Novice* one final date in the column *Competent*.

Observation – Intern observes Clinical Instructor complete a task, no hands-on. Indicate dates performed in observe column.

Novice – Intern preforms/demonstrates skill with observation, coaching and feedback from the Clinical Instructor. Indicate dates performed in novice column.

Competent – Intern completes a task with mentor nearby (readily available). Indicate date preformed in competent column. All competencies are expected to be completed at the competent level at the end of the internship.

Alternate Activity – Interns may not have access to all competencies during their internship. Those that cannot be obtain in a live setting may be completed by an Alternate Activity (case study, group presentation, written assignment, critical review of recent research article, conversation with the Clinical Instructor about her experiences, mini-lesson lead by the Clinical Instructor, discussion with group of interns, or role play).

Mentor Initials – Clinical Instructor signs off each competency when the intern is competent.

A	Communication and Counseling Skills – In all interactions with mothers, families, health care professionals and peers, the intern will demonstrate effective communication skills to maintain collaborative and supportive relationships respecting the mothers right to make informed decisions	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials and date
1	Obtain the parents' permission to provide care to their infant/child					
2	Utilize appropriate counseling skills and techniques (active listening, body language, tone of voice, conflict resolution)					
3	Respect a person's race, creed, religion, sexual orientation/gender identity/gender expression, age, and national origin					

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4	Integrate cultural, psychosocial and nutritional aspects of breastfeeding					
5	Ascertain parents' short term and long term goals for breastfeeding					
6	Utilize effective counseling and communication skills when interacting with parents, children, their families and other healthcare providers					
7	Provide support and encouragement to enable parents to successfully meet their breastfeeding goals					
8	Apply the principles of family-centered care while maintaining a collaborative, supportive relationship with breastfeeding families					
9	Describe gender issues within a culture as they relate to breastfeeding					
10	Utilize adult education principles					
11	Select appropriate teaching aids					
12	Provide information at a level which parents can easily understand					
13	Provide support and information to parents to make evidence-informed decisions					
14	Provide evidence-based information regarding use of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, including their potential impact on milk production and child safety					
15	Provide evidence-based information regarding complementary therapies during lactation and their impact on milk production and the effect on the infant/child					
16	Provide anticipatory guidance to reduce potential risks to					

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	breastfeeding parents or their infant/child					
17	Counsel and support the family in coping with the death of a child					
18	Make appropriate referrals to other healthcare providers and community support resources in a timely manner depending on the urgency of the situation					
19	Provide information on community resources for breastfeeding assistance					
20	Assess social supports and possible challenges					
21	Provide follow-up services as required and requested					
22	Counsel and support donations to milk banks					
B	Documentation and Communication. Communicate effectively with other members of the health care team, using appropriate written, verbal, telephonic, digital means	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Work collaboratively with the healthcare team to provide coordinated services to families					
2	Obtain parental consent for obtaining and disclosing of information as needed or as specified by local jurisdiction					
3	Maintain documentation of all contacts, assessments, feeding plans, recommendations and evaluations of care and retain records for the time specified by the local jurisdiction					
4	Provide written assessments as required					
5	Respect the privacy, dignity and confidentiality of families except where the reporting of a danger to a parent or infant/child is specifically required by law					

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C	History Taking and Assessment	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Obtain a lactation history					
2	Identify events that occurred during the pregnancy, labor, birth, post-partum period that may adversely affect breastfeeding					
3	Assess previous and current physical, mental and psychological states					
4	Assess the breasts to determine if changes are consistent with adequate function in lactation					
5	Assess for normal child behavior and developmental milestones					
6	Assess and determine strategies to initiate and continue breastfeeding when challenging situations exist/occur					
7	Identify correct latch and attachment					
8	Assess effective milk transfer					
9	Assess for adequate milk intake of the infant/child					
10	Address inadequate milk intake					
11	Assess infant oral anatomy					
12	Assess normal neurological responses and reflexes					
13	Provide information regarding increasing or decreasing milk volume as needed					
14	Assess milk supply					
D	Prenatal and Perinatal Breastfeeding Support Prior to discharge from care, the intern will observe feedings and effectively instruct mothers about:	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Teach a prenatal breastfeeding class					

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2	Perform a prenatal breast assessment					
3	Address health related life style issues, including alcohol, tobacco and drugs					
4	Assess and counsel parents on nutrition					
5	Support labor and birth practices that optimize breastfeeding outcomes					
6	Identify and promote positive breastfeeding practices					
7	Promote continuous skin-to-skin contact of the newborn and caregiver					
8	Discuss the appropriate continuation of breastfeeding when parents and their infant/child are separated					
9	Provide education to assist the family to identify newborn feeding cues and behavioral states					
10	Educate families on normal child behaviors indicating breastfeeding needs; signs of readiness to feed, and expected feeding patterns					
11	Assist parents and their infant/child to find comfortable positions for breastfeeding					
12	Provide suggestions as to when and how to stimulate a sleepy baby to feed					
13	Provide education for the family regarding the use of pacifiers/ dummies including the possible risks to lactation					
14	Provide information and strategies to prevent and resolve sore damaged nipples					
15	Provide information and strategies to prevent and resolve engorgement, blocked ducts and mastitis					

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16	Provide appropriate education for the family regarding the importance of exclusive breastfeeding to the health of the parent and infant/child and the risk of using human milk substitutes					
E	Extended Breastfeeding Support. Prior to discharge from care, the interns will observe feedings and effectively instruct mothers about:	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Teach appropriate food selection for breastfed children					
2	Provide information and strategies to minimize the risk of Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death of an Infant (SUDI)					
3	Provide information regarding family planning methods including Lactation Amenorrhea Method (LAM) and their impact on lactation					
4	Provide anticipatory guidance on issues related to extended breastfeeding such as teething, biting, toddler and tandem breastfeeding, tummy time, prevention of plagiocephaly, swaddling, starting solids foods					
5	Identify issues related to early weaning and appropriate interventions/teaching for the family					
6	Provide information regarding weaning from the breast when appropriate, including care of the breasts and preparation and use of human milk substitutes					
7	Provide instruction and guidance on toddler breastfeeding					
8	Describe and teach approaches to breastfeeding while pregnant and tandem nursing					

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F	Problem-Solving	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Evaluate potential and existing factors impacting a parent's breastfeeding goals					
2	Assist and support parents to develop, implement and evaluate an appropriate, acceptable and achievable breastfeeding plan utilizing all resources available					
3	Evaluate parents' understanding of all information and education provided					
4	Provide evidence-based information to parents regarding the use of techniques and devices					
5	Evaluate and critique how techniques and devices may be used to ensure initiation and/or continuation of breastfeeding in certain circumstances					
6	Critique and evaluate indications, contraindications and use of techniques, appliances and devices which support breastfeeding					
7	Evaluate, critique and demonstrate the use of techniques and devices which support breastfeeding, understand that some devices may be marketed without evidence to support their usefulness and may be harmful to the continuation of breastfeeding					
8	Carefully choose a method of feeding when supplementation is unavoidable and use strategies to maintain breastfeeding to meet the parent's goal					
G	Infant/Child Breastfeeding Challenges	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Develop and apply a plan of action to assist the breastfeeding dyad					

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	that has undergone a traumatic birth					
2	Develop and apply a plan of care for the breastfeeding parent with a preterm or late preterm infant					
3	Design and implement a plan of care for the parent with a newborn that is small for gestational age (SGA) or large for gestational age (LGA)					
4	Design and implement a plan of care for breastfeeding multiples					
5	Facilitate breastfeeding for the medically fragile and physically compromised infant/child					
6	Describe and implement a plan of care for the breastfed hypoglycemic newborn					
7	Calculate an infant/child's caloric/Kilojoule and volume requirements					
8	Assess the breastfeeding infant/child's growth using World Health Organization adapted growth charts					
9	Assess and implement a breastfeeding plan for the hyperbilirubinemic newborn					
10	Identify infant/child conditions that may impact breastfeeding, including but not limited to disorganized or ineffective suck, ankyloglossia, cleft lip/palate, Pierre Robin syndrome, and Down syndrome					
11	Identify yeast infection and instruct the parent on appropriate interventions					
12	Assess the infant/child for colic, gastric reflux, lactose overload, and food intolerances and their impact on breastfeeding					

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13	Assist parents of an infant/child with a chronic medical condition that may impact breastfeeding					
14	Recognize and offer breastfeeding assistance for the infant/child with cardiac problems					
H	Maternal Breastfeeding Challenges	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Identify medical conditions that impact breastfeeding and appropriate teaching for parents					
2	Identify special needs of adolescent breastfeeding parents					
3	Assist and support the parents to identify strategies to cope with peripartum mood disorders (prenatal depression, “baby blues”, postpartum depression, anxiety and psychosis) and access community resources					
4	Support parents who are inducing lactation or re-lactating					
5	Address physical disabilities which may limit parents' handling of their infant/child					
6	Counsel and support HIV positive parents and those of unknown HIV status, and be able to convey current recommendations on infant feeding					
I	Public Health	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Teach the use of breastfeeding during emergencies and appropriate support					
2	Utilize quality assurance standards in delivery of care					
3	Develop a community outreach program					
4	Describe national and global policy and program development, history, rationale and current issues					

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J	Research, Legislation and Policy	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Critique, evaluate and incorporate evidence-informed findings into practice within the laws of the work setting					
2	Evaluate research and breastfeeding data					
3	Describe various research methods and the most appropriate method for a given research question					
4	Use appropriate resources for research to provide information to the healthcare team on conditions, modalities, and medications that affect breastfeeding and lactation					
5	Describe and apply behavior change theories					
6	Participate in the development of policies at global, national, and local levels which protect, promote and support breastfeeding					
K	Professional Responsibilities and Practice	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials
1	Conduct oneself in a professional and ethical manner, practicing within the framework defined by the profession's scope of practice and clinical competencies					
2	Assist families with decisions regarding feeding their infants/children by providing evidence-based information that is free of any real or perceived conflicts of interest					
3	Advocate for breastfeeding women, infants, children and families in all settings and promote breastfeeding as the infant/child feeding norm globally					

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4	Promote the principles of the WHO Global Strategy for Infant and Young Child Feeding					
5	Promote the principles of the Baby Friendly Hospital Initiative					
6	Demonstrate the process to report a lactation consultant who is found guilty of a criminal offense or is functioning outside the profession's scope of practice, or not maintaining an ethical practice which meets the clinical competencies					
8	Describe and analyze practice setting options for lactation consultants					
I	Leadership and Teaching	Observe	Novice	Competent	Alternative Activity (Type and date)	Mentor Initials and date
1	Demonstrate personal leadership skills that reflect self-awareness and vision					
2	Demonstrate leadership and cultural awareness when communicating within an organization and when representing an organization to others					
3	Provide breastfeeding information to lay and health professional audiences utilizing adult learning methods and demonstrating public speaking skills					

Appendix H

Annual Report

Sample Annual Report

Name of clinical site _____

Name of person completing this form _____

Contact information _____

List any change in legal status of the sponsor	
Identify any changes in ownership of the program	
Report any significant departure in curriculum content or delivery	
Report changes in internship location, new clinical sites added	
How many interns completed the program in the past 12 months?	
Have you hired any new clinical instructors in the past 12 months?	
What education have you provided for your clinical instructors in the past 12 months?	

Appendix I

Intern Assessment

Clinical Instructor Assessment

Sample Intern Self Evaluation

Evaluations of the intern's progress should be conducted at regular intervals and at the completion of the program.

Intern name _____

Evaluation date _____

Percentage of the internship completed to date _____

Please evaluate the development of your clinical skills	1 = Low 4= High			
	1	2	3	4
I can effectively assess breastfeeding for position and latch.	1	2	3	4
I can effectively assess milk production and transfer.	1	2	3	4
I can take a pregnancy, delivery and breastfeeding history	1	2	3	4
I can assess risk factors				
I can develop a plan of care for a breastfeeding mother and infant				
I can effectively counsel families related to breastfeeding.	1	2	3	4
I can teach evidence-based breastfeeding information to families	1	2	3	4
I can provide evidence-based breastfeeding information to other health care providers				
I can effectively assess infant behavior and oral anatomy	1	2	3	4
I can collaborate with other health care team members.	1	2	3	4

Sample Intern Monthly Evaluation

Intern Name: _____ Date: _____

Mentor Name: _____ Hours completed to date _____

Evaluate on a scale of 1 to 5 [1 = Needs Improvement 5 = Excellent]	Write comments below
Maternal Assessment History of pregnancy, birth, breasts and today's physical and psychological evaluation. Assesses family resources.	
Infant Assessment History, weight, oral assessment, normal growth & development	
Feeding Assessment Feedings since birth. P&L/O assessment, test weight, adequacy of intake.	
Plan of Care Includes mother, infant, BF. Recommendations are researched based. Provides appropriate education and handouts. Utilizes teaching aids as needed. Includes hand expression or pumping as appropriate. Recommends feeding devices and equipment as needed. Provides evidence based information on use of medications, herbals, alcohol, street drugs	
Charting Accurate, clear, reports to provider as appropriate	
Follow-up Knows limitations, refers appropriately, refers to provider or community resources as needed.	
Counseling Skills Uses effective counseling and communication skills to establish rapport, validate mother's feelings. Uses flexible approach. Maintains a collaborative, supportive relationship.	
Professionalism On-time for consult, appropriate dress. Obtains consent for visit and touching. Utilizes people resources and references. Provides services to all without prejudice. Provides education on SIDs, bonding. Upholds WHO Code. Integrates cultural, psychosocial and nutritional aspects related to breastfeeding. Protects client's privacy, dignity and confidentiality.	
Strengths	
Weaknesses	
Suggestions for Improvement	
Signature of intern and clinical instructor, date	

Sample Clinical Instructor Evaluation

Please rate your Clinical Instructor's helpfulness in your mastery of the following areas:

Evaluate on a scale of 1 to 5 [1 = Not helpful 5 = Extremely helpful]

History Taking	1	2	3	4	5
Maternal Assessment	1	2	3	4	5
Infant Assessment	1	2	3	4	5
Feeding Assessment	1	2	3	4	5
Plan of Care	1	2	3	4	5
Charting	1	2	3	4	5
Follow-up	1	2	3	4	5
Counseling Skills	1	2	3	4	5
Professionalism	1	2	3	4	5

Please comment on the assistance and supervision you received from your Clinical Instructor.

Describe ways in which your Clinical Instructor was most helpful.

Describe ways in which your Clinical Instructor could have been more helpful.

Additional Comments:

Lactation Consultant Intern's signature

Date

Date evaluation discussed with Clinical Instructor _____

Appendix J

Program Assessment

Sample Clinical Lactation Training Evaluation

Name _____ Date _____

Instructions: Please complete the following statement by circling the number that describes your rating. The rating scale ranges from 1 to 4, where 1 = poor; 2 = fair; 3 = good; 4 = excellent

Evaluate the internship program as a whole	Poor	Fair	Good	Excellent
1. To what extent have you been able to meet your personal objectives?	1	2	3	4
2. To what extent have the IBCLCs been helpful in answering questions?	1	2	3	4
3. To what extent has the resource manual been helpful?	1	2	3	4
4. I have received feedback that was positive and instructive.	1	2	3	4
5. I have had sufficient time for patient contact.	1	2	3	4
6. I have had sufficient time for assigned reading/case studies.	1	2	3	4
7. I have had sufficient exposure to diverse clinical experiences.	1	2	3	4
8. I have received feedback and direction from the program leadership.	1	2	3	4

What has been most helpful about this training to date?

What has been least helpful about this training to date?

What do you think would improve this training program?

Other comments:

Signature: _____

Date: _____

Sample Intern Evaluation of Program

Please complete and return to your clinical instructor at the conclusion of your program.

Intern's name _____ Date _____

Street Address City State/Province Zip/Postal Code _____

Day Phone _____ E-mail _____

Primary Clinical Instructor _____

Dates of Internship from _____ to _____

1. Description of On-site Experience:
2. Description of Off-Site Experiences:
3. What were your expectations for this program?

To what extent did the program meet your expectations?

Describe how this was accomplished.

4. Describe your overall "hands-on" experience at the on-site campus.

How could this aspect of the program be improved?

Which experiences seemed to be the most difficult to obtain?

To what extent did you have adequate opportunities to do consultations by yourself?

5. To what extent did you find your off-site experiences helpful? Please explain.

How easy or difficult did you find it to locate off-site experiences?

Please describe your most helpful off-site experience.

Please describe your least helpful off-site experience.

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6. How helpful were the education conferences? Please explain.

Describe those that were the most helpful.

Describe those that were the least helpful.

What additional education conferences would you suggest?

7. What do you think is the strength of this program?

8. What do you think is the weakness of this program?

9. What suggestions do you have for improving this program?

10. How helpful was this program in preparing you to take the IBLCE exam?

11. Do you feel you are ready to sit for the next offering of the IBLCE exam? If not, what additional preparation do you believe you need?

12. Do you feel that you have gained sufficient experience from this program to begin practice as a lactation consultant? If not, what additional experience do you believe you need?

Additional Comments:

Lactation Consultant Intern's signature

Date

GLOSSARY

Mentor

- Experienced, trusted adviser
- Adviser or trainer
- Supportive relationship
- Informal transmission of knowledge
- On-going relationship
- Participates in the learning process side-by-side with the learner

Preceptor

- Teacher, tutor or instructor
- Headmaster or principal of a school

Clinical Instructor

- Responsible for connecting the classroom material to its real-life application
- Role model for a profession