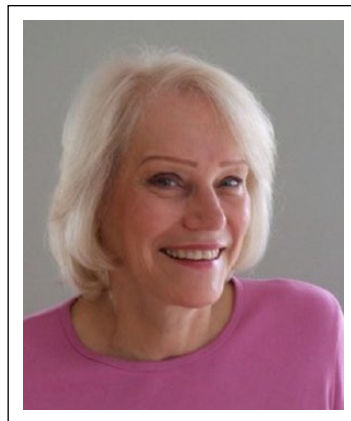


Clinical Internships for the Next Generation of International Board Certified Lactation Consultants

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The growth and advancement of the lactation consultant profession relies on the education and clinical preparation of practitioners. To further these goals, the Lactation Education Accreditation and Approval Review Committee (LEAARC) is establishing minimum standards to encourage the development of new programs and the upgrade of existing programs for clinical experience. Although LEAARC has worked with a number of international lactation education programs, current experience has been primarily in developed countries. We recognize that needs and resources vary considerably across the globe. The content expressed in this article will be relevant and useful within most contexts.



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Those entering the lactation field who work or volunteer in maternal health settings where they have the opportunity to work with breastfeeding dyads are able to gain the required 1,000 hours of clinical experience through their paid or volunteer experiences (Pathway 1). Pathway 2 collegiate lactation programs that are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) enable students to meet the required clinical competencies as set out in the standards established by LEAARC (2017b). These clinical requirements typically go beyond the 300-hour minimum identified by the International Board of Lactation Consultant Examiners (IBLCE) for Pathway 2. Those who embark on Pathway 3 must obtain their 500 clinical hours through a formal internship program supervised by an International Board Certified Lactation Consultant (IBCLC) as approved by the IBLCE.

Pathway 3 candidates often find it challenging to obtain their required clinical hours. The potential Pathway 3 intern submits an application and plan for internship to the IBLCE. When approved, the intern may commence clinical training (IBLCE, 2017). The internship may be provided by an organization or by an individual IBCLC. There are few organized and consistently available clinical education programs in the United States (estimated to be fewer than 100), and

even fewer worldwide (International Lactation Consultant Association [ILCA], 2017). Therefore, potential interns canvas lactation consultants, hospitals, and clinics in their local area for a clinical instructor. Often, this is a frustrating and disappointing process. In some cases, interns temporarily change locations to obtain clinical experience. The United States Lactation Consultant Association intends to establish an online exchange to connect qualified clinical instructors with potential interns. This will help mitigate the difficulty that interns experience locating suitable clinical instructors and sites.

LEAARC provides a structured process to identify quality didactic programs. This review process helps course providers develop and upgrade their curriculum to an established set of standards. It also assures the prospective student that the courses have been peer reviewed and have met the standards. LEAARC provides

- recommendation for accreditation of postsecondary programs,
- approval of lactation courses of 90+ hours of didactic education to CAAHEP, and
- recognition of breastfeeding courses of 40 to 89 hours of didactic education.

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To date, there has been no structure for clinical internship programs similar to the LEAARC standards for didactic training. To facilitate the development of quality internship sites, LEAARC is developing a process for recognition of clinical internship programs. Established criteria will guide the enhancement of existing courses and programs, guide the development of new courses and programs, and give the individual lactation consultants a framework for organizing the mentorship. LEAARC guidance and recognition will assure prospective interns that the program or individual selected can provide quality clinical instruction.

Potential Internship Sites

There is a wide variety of learning opportunities for interns. Thinking creatively beyond typical internship models empowers both interns and clinical instructors to identify sites where interns may acquire needed experience.

- A hospital with maternity services provides interns the opportunity to gain experience in the care of the breastfeeding dyad in the first few days postpartum. Hospitals with a neonatal intensive care unit will provide interns with more complex scenarios to broaden their experience base. Other hospital experiences include breastfeeding children admitted to pediatric units and lactating mothers who are hospitalized for a variety of conditions. The hospital is a collaborative practice of many healthcare workers, in addition to clinical lactation care. Thus, the intern may experience negotiating clinical role overlap and policy development.
- Interns in the United States can acquire valuable experience in community health in settings such as the Special Supplemental Nutrition Program for Women, Infants, and Children, well child provider services, Healthy Start, Families First, teen pregnancy centers, and women's shelters. Similar organizations are available throughout the world such as Australian Breastfeeding Association and La Leche League International. Step 10 of the Baby-Friendly Hospital Initiative encourages the development of breastfeeding support in a variety of community-based support systems, various grassroots organizations, and faith-based organizations. An internship experience in such settings provides learning opportunities as well as a service to families.
- A private lactation practice or pediatric clinic offers experience with older breastfeeding children. However, the patient flow may be inconsistent and obtaining clinical hours may be unreliable.
- A milk bank is another potential site, which can provide unique experiences.

Some organizations require formal contracts before agreeing to accept an intern, whereas others accept an informal or

verbal agreement. Hospitals that provide placements for other healthcare students may accept a lactation intern through an affiliation agreement. The facility typically provides the template for the agreement. They generally require completion of the didactic portion of the intern's training, health clearance, a background check, drug testing, and liability insurance. In some countries (e.g., New Zealand), where healthcare workers are involved with children, a safety check is required.

Requirements for Clinical Instructors

The role of the lactation consultant in clinical care has evolved since lactation consultants were first certified in 1985. Although the IBLCE has no requirement for a clinical instructor beyond IBCLC certification (IBLCE, 2017), best practice suggests that clinical instructors would have many years of clinical experience, preferably in several settings. Those who have not mentored lactation interns may capitalize on previous experience mentoring new personnel in other capacities.

"Clinical instructors provide guidance and education to students in the clinical setting, within a formal, structured internship. The relationship between an intern and clinical instructor may evolve into a mentor/mentee relationship after the intern's formal clinical experience is completed" (Kombol, Kutner, & Barger, 2012, p. 22). The IBLCE outlines the duties of IBCLCs in *Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)* (IBLCE, 2012). IBCLCs providing clinical instruction should be familiar with these competencies and be able to provide the education and direct mother-infant dyad opportunities that assure their interns meet these competencies. The competencies also form the basis for the curriculum used by CAAHEP accredited programs and courses recognized by LEAARC (2017a). A five-part clinical instruction program, Lactation Clinical Instruction Curriculum, is available through ILCA. Clinical instructors are awarded 25 CERPs by the IBLCE for mentoring an intern for 500 hours, or a percentage of that if several clinical instructors contribute to supervising the intern.

IBCLCs who consider serving as clinical instructors may be uncertain about the role, concerned about adding to their busy workload, and wary of the liability they assume for interns. These concerns may deter them from even exploring the possibilities. Guidance from LEAARC for developing an internship program and teaching interns will increase the IBCLC's confidence in assuming the clinical instructor role.

The Role of a Clinical Instructor

A fledgling intern often has little concept of the daily activities and responsibilities of a lactation consultant in a variety of settings. Clinical instructors orient the intern to their duties in each setting, as well as being a role model, educator,

socializer, and confidant (Kombol et al., 2012). Clinical instructors model new skills, observe and help interns acquire new skills, and evaluate and provide feedback to the interns as they accomplish their skills (KC Health Careers, 2009; Royal College of Nursing, 2009).

Variety of Experiences

IBCLCs function in a variety of job situations and clinical sites. Therefore, it is the responsibility of the clinical instructor to provide, or arrange for, opportunities for the learner to participate in care in a variety of settings. This will give the learner a range of opportunities to explore lactation counseling, education, support, and clinical decision making with breastfeeding families from prenatal to toddler situations.

Progression of Clinical Skills

Educating future IBCLCs is more than the simple “see one, do one, teach one” approach (Kotsis & Chung, 2013). Students complete didactic education of 90+ hours to provide a foundation of knowledge. The practical application of this knowledge develops with a broad variety of clinical experiences. Dreyfus and Dreyfus (1980) described a five-stage model of the activities involved in skill acquisition. Students move from reliance on abstract principles learned in their didactic education to concrete experiences where they apply their knowledge. The creation and implementation of an individualized care plan for patients employ the problem-solving and reasoning skills that demonstrate that the intern is moving from novice to competent practitioner.

Skills Checklist

Having a method to organize and track the entirety of skills needed, those completed, and those yet to be accomplished is essential. *Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)* is a comprehensive list of the skills that all IBCLCs should possess. This IBLCE document is based on the Role Delineation Studies (now called Practice Analysis) repeated by the IBLCE every 5 years. Thus, the competencies reflect actual work experiences of practicing lactation consultants in a variety of settings (IBLCE, 2012). Clinical instructors can use the competencies to track skills that the intern has completed at the observational level, the novice level, and the competent level.

Periodic assessment of the competencies can encourage the intern and the clinical instructor regarding the progress they are making and direct the remaining clinical hours. In some cases, the intern may need to commit to additional hours beyond the basic 500 required for Pathway 3 to attain the required competencies.

Homework and Adjunct Activities

The clinical instructor reviews and provides feedback to the intern and assesses further learning needs. Additional activities can augment learning experiences in all phases of the learning process. The clinical instructor should outline homework and engage the intern in selecting meaningful activities (Morrison Healthcare, 2017). Assignments should be pertinent to the specific competency as the internship progresses (Loch, 2013).

Interns should complete homework during nonclinical hours (Morrison Healthcare, 2017). Homework and additional enrichment activities may include reading assignments, reviewing protocols and procedures, becoming familiar with the profession’s guiding documents and websites, journaling, writing a paper, or creating a slideshow or poster about an unfamiliar subject. Providing reference books and familiarizing the intern with a medical library and Internet resources can facilitate homework. Having interns present their work to other staff permits them to learn content as well as teaching skills while also benefiting other staff (Schulenburg, 2016). Other types of homework can be activities not present in the clinical setting such as attending La Leche League meetings or professional conferences or visiting community resources.

Cost of Training

The cost of the prerequisite college courses, 90 hours of lactation-specific education, and a clinical internship can be substantial. Some interns may find the cost of an internship to be a barrier to completing the clinical experience requirement for IBLCE certification. The fee for a 500-hour internship varies from free to several thousand dollars depending on the setting and clinical instructor (IBLCE, 2017). A formal organized internship program, whether in a hospital or free standing, may charge a substantial fee. There are no existing protocols or guidelines for establishing a fee structure. Potential interns are sometimes able to find a colleague who is willing to mentor them in a volunteer capacity. This is most often a feasible arrangement in a physician’s office, a private lactation practice, or a public health clinic where flexibility is available. Occasionally, potential interns can find a situation where they do a work-study program, assisting their clinical instructor with office work or other duties to offset the cost of the instruction.

Other costs that an intern may incur could include the cost of child care, transportation, work days lost from paid employment, and temporary housing if relocation is required, further adding to the economic burden of an internship. “As is the case in preparing for any career, a Pathway 3 applicant must expect to incur expenses such as, but not limited to, textbooks, insurance, seminars and workshops, and mentor’s fees” (IBLCE, 2017).

Intern, Clinical Instructor, and Program Evaluations

Periodic evaluations will benefit the intern, the clinical instructor, and the facility. Most evaluation documentation will be formal, utilizing a prescribed format. However, informal, conversational, and immediate feedback in the clinical setting will likely be most beneficial. Debriefing at the end of the day or week is an important part of clinical learning and allows interns to identify things they thought went well, things they felt had room for improvement, and a plan for next steps when giving care (Royal College of Nursing, 2009). Evaluation should include self-evaluation by both the intern and the clinical instructor. Examples of forms are available in *Clinical Instruction in Lactation* (Kombol et al., 2012), in *Clinical Experience in Lactation* (Kutner & Barger, 2014), and on the LEAARC website at www.leaarc.org.

Evaluations of the learner's progress will initially be frequent and very specific, perhaps daily. Later, less frequent evaluations will be sufficient and will include specific examples of things the intern is doing well, in addition to suggestions about challenging areas. The clinical instructor must address any problem that occurs with the intern's performance immediately. If there is a conflict or difference of opinion about safety or ethics, there should be an immediate discussion with detailed written notes and the option for mediation by another professional as needed. Having a system in place for conflict management before it occurs will safeguard all the individuals involved: learner, instructor, care recipients, and facility (University of Illinois at Chicago, 2012).

At the end of the internship, interns should identify strengths and areas of concern regarding their overall learning experiences, instructors, and structure of the course. Self-evaluation by the instructors allows for personal growth and course modification. In many settings, evaluation of the cost-effectiveness of the educational course will be an essential part of sustainability.

Conclusion

The growth and advancement of the lactation consultant profession internationally relies on the education and clinical preparation of practitioners. The development of internship sites within the easy reach of every fledgling lactation consultant is imperative to the growth of the lactation consultant field. At present, there are no established criteria for a quality clinical internship program and far too few to meet the needs of aspiring lactation consultants. Guidance for developing structured internships, such as those being developed by LEAARC, will increase the availability of skilled clinical instructors to meet the needs of aspiring IBCLCs globally.

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