

Criteria for the Approval of a Clinical Internship Program



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The Lactation Education Accreditation and Approval Review Committee (LEAARC) establishes, maintains and promotes appropriate criteria for evaluating and approving courses that contribute in part to the preparation of individuals to enter the Lactation Consultant profession. These criteria are for the development, evaluation, and self-analysis of clinical internship programs in lactation.

LEAARC grants Approval to programs that meet or exceed these minimum criteria through a formal, non-governmental, peer-review process of voluntary self-evaluation. LEAARC Approval honors a diversity of educational opportunities in institutions and with individual lactation consultants. A published list of approved Clinical Internship sites is available for interns, employers, educational institutions and agencies, and the public.

Description of the Profession

The lactation consultant is an allied health care professional who possesses the necessary skills, knowledge and attitudes to provide quality assistance to breastfeeding families. Lactation consultants work within the professional code of ethics, clinical competencies, scope of practice, and standards of practice. They integrate established knowledge and evidence when providing care for breastfeeding families, work within the legal framework of their respective geopolitical regions or settings, and maintain knowledge and skills through regular continuing education.

Lactation consultants educate families, health professionals, and the community about breastfeeding and human lactation. They facilitate the development of policies that protect, promote, and support breastfeeding, and act as advocates for breastfeeding as the child-feeding norm. They provide holistic, evidence-based support and care for breastfeeding families from preconception to weaning. Using principles of adult education, they facilitate learning for clients, health care providers, and others in the community.

Lactation consultants perform comprehensive maternal, child, and feeding assessments related to lactation. They develop and implement an individualized feeding plan in consultation with parents using evidence-based information. They integrate cultural, psychosocial, and nutritional aspects of breastfeeding. They support and encourage families to meet their breastfeeding goals, using effective therapeutic

Criteria for the Approval of a Clinical Internship Program

communication skills when interacting with clients and other health care providers. They use the principles of family-centered care while maintaining a collaborative, supportive relationship with clients.

Lactation consultants maintain accurate records and reports, where appropriate. They preserve client confidence by respecting the privacy, dignity, and confidentiality of clients. They act with reasonable diligence by assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest.

Lactation consultants provide follow-up services as required and make necessary referrals to other health care providers and community support resources when necessary. They deliver coordinated services to families, and work collaboratively and interdependently with other members of the health care team.

Note: Appendices referred to in these Criteria are in the Resource Guide, *Establishing and Maintaining a Lactation Clinical Internship Program*.

I. Internship Provider

- A. The internship provider may be a hospital, clinic, or other facility regularly caring for breastfeeding mothers and infants. New and existing programs are acceptable.
- B. The program should offer a wide variety of clinical experiences (situations and age ranges) and ideally several IBCLC clinical instructors. Outside reading, inquiry, homework, and additional outside settings may be required.
- C. The clinical instructors must comply with the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.
- D. Compensation of Clinical Instructors, if any, such as payment directly from the intern, salary as a staff member, or in-kind remuneration, should be declared prior to beginning clinical instruction.
- E. The program's mission should be consistent with providing a quality internship program and assisting aspiring IBCLCs to pass the IBLCE certification exam. The program should have developed from a perceived need to provide clinical lactation training for aspiring lactation consultants in the local area.
- F. Describe the history of the program and major events that affect the program development. This may include organization sponsorships, program goals, curriculum changes, and clinical resources.

Criteria for the Approval of a Clinical Internship Program

- G. A clinical site may require an Affiliation Agreement for acceptance of a clinical intern. Affiliation agreements may include such items as liability issues, supervision of interns, and pre-requirements. **See examples in Appendix A.**

II. Program Goals and Outcomes

- A. Programs are encouraged to include interns from diverse backgrounds.
- B. Prerequisites to admission to a clinical program may include completion of 90 hours of didactic training, a health clearance background check, drug screen, and other items required by the institution. **See examples in Appendix C.**
- C. There must be a written statement of the program objectives and required activities. **See examples in Appendix D.**
- D. There must be a written statement of the program's methods to identify, monitor, and respond to changing needs and expectations. This can include periodic evaluations, progress reports, and discussions. The Clinical Instructors must identify, monitor, and respond to changes in the needs and expectations of interns.
- E. The program must annually assess and review its goals and ability to meet the interns learning needs. This may include reviewing intern evaluations of the program and the clinical instructors.
- F. Evaluations should be conducted and evaluated on how well the Clinical Instructors and the program met the intern's learning needs.
- G. A summary of the past year's intern evaluations is required. New programs may not have evaluations for past interns. The application should demonstrate the intention to collect this data.

III. Resources

- A. Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include at least one Clinical Instructor. In smaller programs, the clinical instructor may also assume administrative tasks in addition to clinical instruction. Larger programs may also need clerical and administrative support. Clinical Instructors must be current IBCLCs in good standing.
- B.** Clinical Instructors should indicate an interest in mentoring interns and should have experience and ideally training specific to instruction and

Criteria for the Approval of a Clinical Internship Program

coaching. An application may be required. **See examples in Appendix B.**

- C. The Clinical Director must organize, administer, continuously review, plan, and develop processes that assure general effectiveness of the program. Ideally the Clinical Director has experience in a variety of clinical settings and mentoring other professional staff.
- D. All programs should have access to record keeping, computer and office resources, and instructional reference materials. **See Appendix F.**

IV. Curriculum

- A. The clinical curriculum should ensure the achievement of the LEAARC Competencies. **See Appendix D and G.**
- B. All skills must be accomplished. In settings where certain experiences are not available, the Clinical Instructor may require an alternate activity, additional reading, presenting a report, or utilizing an outside setting.
- C. A variety of teaching methods should be used by Clinical Instructors including cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. This may include demonstration, return demonstration, discussion, additional reading, case studies, videos, and other related activities.

V. Resource Assessment

- A. The program must annually assess the appropriateness and effectiveness of the resources described in these Criteria.
- B. The results of resource assessment must be the basis for ongoing planning and appropriate change. The program will develop an action plan when assessment identifies deficiencies in the program resources.

VI. Intern Assessment

- A. The program must have a method to assess intern progress toward achievement of the competencies stated in the curriculum. **See Appendix I.**
- B. Records of intern assessments must be maintained in sufficient detail to document learning achievements.
- C. The program may require numbers of hours completed or number of clinical competencies completed to determine program completion

Criteria for the Approval of a Clinical Internship Program

depending on whether the program offers the whole or part of the required 500 hours of clinical hours.

- D. The program should collect intern evaluations of the Clinical Instructors and the program and use this data in program development.

VII. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. The following must be made known to all applicants and interns:
 - a) Admissions policies and practices
 - b) Number of internship hours required for completion of the program
 - c) Tuition/fees and other costs required to complete the program
 - d) Policies and processes for withdrawal and for refunds of tuition/fees

B. Lawful and Non-discriminatory Practices

1. All activities associated with the program, including intern and clinical instructor recruitment, intern admission, and faculty employment practices must be non-discriminatory, in accord with the statutes, rules, and regulations of the geopolitical region or setting where they are offered, and in accord with the IBLCE Scope of Practice.
2. There must be a grievance procedure for clinical instructors and interns. This procedure must be included in the application.

C. Intern Records

1. The program will maintain records for intern admission, advisement, and evaluation.
2. Credit for the completed program must be recorded on the intern certificate and the records permanently maintained by the program in a safe and accessible location.

Criteria for the Approval of a Clinical Internship Program

VIII. Annual Reporting

- A. The program must submit an Annual Report to LEAARC by March 1 beginning with the first full calendar year following Approval. **See example in Appendix H.**
- B. The program must report any substantive change(s) to LEAARC in a timely fashion. These may include:
 - a. Ownership or management of the program
 - b. Significant departure in curriculum content or delivery
- C. Programs should encourage and support interns from under-represented populations (e.g., gender, ethnic background, country of origin, sexual orientation).