

12-14-2000

Curricular Report No. 2000-2001-3B from the Graduate Council to the Faculty Senate: Proposal for a Center for Midwifery

University of Rhode Island Faculty Senate

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Faculty Senate

Serial Number #00-01--10

TO: President Robert L. Carothers

FROM: C. B. Peters, Chairperson of the Faculty Senate

- 1. The attached BILL, titled Curricular Report No. 2000-2001-3B from the Graduate Council to the Faculty Senate: Proposal for a Center for Midwifery is forwarded for your consideration.
2. The original and two copies for your use are included.
3. This BILL was adopted by vote of the Faculty Senate on December 14, 2000.
4. After considering this bill, will you please indicate your approval or disapproval. Return the original or forward it to the Board of Governors, completing the appropriate endorsement below.
5. In accordance with Section 10, paragraph 4 of the Senate's By-Laws, this bill will become effective January 4, 2001 three weeks after Senate approval, unless: (1) specific dates for implementation are written into the bill; (2) you return it disapproved; (3) you forward it to the Board of Governors for their approval; or (4) the University Faculty petitions for a referendum. If the bill is forwarded to the Board of Governors, it will not become effective until approved by the Board.

December 15, 2000 (date)

[Handwritten signature of C. B. Peters]

C. B. Peters

Chairperson of the Faculty Senate

ENDORSEMENT

TO: Chairperson of the Faculty Senate

FROM: President of the University

Returned.

a. Approved __.

b. Approved subject to final approval by Board of Governors [checked].

5-14-01

c. Disapproved __.

12/20/00 (date)

[Handwritten signature of President]

President

UNIVERSITY OF RHODE ISLAND
The Graduate School

Curricular Report from the Graduate Council to the Faculty Senate
Report No. 2000 – 2001 – 3 B: Center for Midwifery

At Meeting No. 365, held on 27 October, 2000, the Graduate Council approved the following proposal that is now submitted to the Faculty Senate.

SECTION I

BACKGROUND INFORMATION

ABSTRACT

The Graduate Council approved a proposal from the College of Nursing to develop a new **Center for Midwifery**. This center creates a collaborative partnership between the University of Rhode Island and Memorial Hospital of RI for nurse-midwifery practice. Council questioned the appropriateness of the use of the usual A, B, C, ranking system for this proposal because it requires no new funds. However, on the premise that no new resources would be required for the implementation of the proposal, and because the proposal was deemed to be of significant merit, it was approved at the Class A level.

BACKGROUND

The Center for Midwifery will allow URI nurse-midwives to develop a faculty practice within the hospital system that will serve as a base for clinical practice, teaching and research. This Center will enable women and families of the Blackstone Valley to access nurse-midwifery care for the first time at this community hospital. The model is presented as a unique demonstration of a partnership between a community teaching hospital and a public institution of higher learning.

The proposal for the Center for Midwifery was reviewed under the process established by the Faculty Senate in which the Graduate Council serves as the Coordinating and Review Committee. Announcements of the receipt of the proposal were sent to the President and Joint Educational Policy Committee, the Provost and the Council of Deans, the Budget Office, and Department Chairs and Directors. Recommendations were sought from each of these, and the comments received are appended. Comments and recommendations received by 27 October have been kept on file in the Graduate School and were considered in the Graduate Council's review.

The response from the Budget Office noted that this center would be supported by revenues derived from the operation of the center, and that staffing would take place in accordance with rules that govern faculty activities as consultants. The Budget Office response also indicated that the proposal is anticipated to require no increase in the General Education Program. The Council of Deans was strongly supportive of the proposal, and while JEPC asked that some issues be further clarified, they also approved the proposal.

SECTION II

RECOMMENDATION

The Graduate Council approved the proposal for the Center for Midwifery at its regular meeting on 27 October, 2000. Council had difficulty in assigning a rank to this proposal because the proposal requires no additional funding, and the ranking system is tied to the allocation of funds. Class A approval of the proposal was granted on the basis of the proposal's merit, and with the understanding that no new resources would be required.

9. Name of Person(s) to contact during the review:

Holly Powell Kennedy, PhD, CNM
Director, Nurse-Midwifery, CON
874-5328
hkennedy@uri.edu

Dayle H. Joseph, EdD, RN
Dean, CON
874-5300
dayle@uri.edu

B. RATIONALE

Background:

The University of Rhode Island College of Nursing was invited to explore the potential for this model in 1996 to address several issues. First, was to promote a primary care network with nurse-midwives as an integral part of the health care team providing a service not currently available to many underserved women of this community. Second, was to develop a practice in which URI nurse-midwifery faculty and students could establish a practice base with a potential 10% increase in births at Memorial Hospital of RI in five years. Third, was to establish an exceptional model of academic and clinical collaboration between the Department of Family Medicine/Brown University and the College of Nursing/Nurse-Midwifery at the University of Rhode Island.

The development of this Center had input from various partners within Memorial Hospital of RI, including obstetrics, family medicine, nursing, and administration. The nurse-midwifery and graduate faculty, Dean of the College of Nursing and administration at URI have also been closely involved with the evolution of the Center. Both institutions agreed that the establishment of the URI Center for Midwifery at MH of RI, as a model of collaboration in women's health care, would benefit the health care community and each institution.

Scope of Practice for Nurse-Midwifery:

Certified nurse-midwives (CNM) are educated in two disciplines, nursing and midwifery. They are certified by the American College of Nurse-Midwives (ACNM) Certification Council and licensed to practice as midwives through RI statute and regulated through the RI Department of Health. It is the position of the ACNM that CNMs are primary care providers and uphold a model of health care focused on health promotion and disease prevention. CNMs are often the initial contact for providing health care to women. This care is inclusive and integrated with the woman's cultural, socioeconomic, and psychological factors that may impinge on her health status (ACNM, Managed Care Handbook, 1996).

Nurse-midwives usually direct the majority of their services to healthy women in the areas of prenatal, intrapartal, postpartum, and GYN care. They are also certified to provide neonatal care. When a woman develops a complication, the nurse-midwife consults with her/his collaborating physician. Depending upon the nature of the complication, and the nurse-midwife's expertise, the care may be co-managed

collaboratively with the physician, or may be fully referred to the physician.

The URI Nurse-Midwifery Educational Program:

The Graduate Program in Nurse-Midwifery was founded in 1993 and graduated its fifth class in 1999. It was been awarded its third federal training grant by the Division of Nursing (USPHS) in July, 1999 and is committed to preparing nurse-midwives to care for underserved women and their families.

The program is staffed with 3.6 FTEs nurse-midwifery faculty who are expert clinicians. Two are doctoral prepared nurse-midwives with their own programs of research. The faculty is committed to preparing students in an academic environment that provides for clinical excellence, expert teaching, and research relevant to the practice of nurse-midwifery. In order to accomplish these goals the faculty must be able to practice clinical nurse-midwifery, teach students in the clinical setting, and conduct clinical research.

There is another factor to consider in promoting a Center for Midwifery. Current nurse-midwifery salaries in clinical practice are usually 1/3 to 1/2 greater than an academic salary at a public university. This presents a serious impact on the ability of URI to recruit expert clinicians and academicians to teach. Providing a practice opportunity permits faculty to supplement their salary so that it is more reflective of the current market.

When the Memorial Hospital of RI initiated the discussion with URI about establishing a Center for Midwifery it appeared to represent a potential answer for the dilemma. The process of designing the model for the Center with Memorial Hospital took 3 years, with another year to negotiate the contract issues. Temporary approval to go forward with the Center was granted by Provost Beverly Swan in August 1999. A contract was signed August 31, 1999 between the two institutions.

C. INSTITUTIONAL ROLE

Mission of the College of Nursing: The full mission of the College of Nursing is stated below. Sections have been italicized that are particularly relevant to this Center proposal.

The mission of the college of nursing is to educate nursing student at the bachelor's, master's and doctoral levels; *conduct, disseminate and apply nursing research and scholarship; and contribute to the profession of nursing and to society through political, legal, and professional activities that are aimed at improving the health and health care of the people of Rhode Island and beyond.*

Faculty are committed to promoting students' ethical development, critical thinking, and motivation for life-long learning and responsible practice. The baccalaureate program prepares professional nurses to practice in multiple types of health care settings. *The master's program prepares leaders who use advanced knowledge from nursing theory, research, practice, and leadership as advanced practice nurses, educators, or administrators.* The doctoral program prepares nursing scholars and researchers who can contribute to the development of nursing knowledge. Students are sought from a wide range of cultural, economic and ethnic backgrounds. *The college*

encourages close student-faculty interaction and interdisciplinary research partnerships involving faculty, students and practitioners from within the and outside the university.

Faculty are responsive to changing health care needs and changing roles of nurses within society. *Faculty respond through collaboration with professional organizations, governmental and other agencies, and other educational institutions, and with health care agencies.* The college strives for excellence in teaching, research/scholarship in diverse scholarly activities, practice, and service through cooperative governance and on-going evaluation

Relationship to long-range institutional plans:

The URI Center for Midwifery at MH of RI is in keeping with the University's mission statement and tradition of outreach and research. The following statements from the mission of URI reflect the goals of this Center:

- ◆ The University of Rhode Island is the principal public research and graduate institution in the State of Rhode Island with responsibilities for expanding knowledge, for transmitting it, and for fostering its application.
- ◆ Graduate programs provide rigorous advanced study and research opportunities for personal and professional development.
- ◆ With undergraduate and graduate programs in the liberal arts and sciences and focus programs in the areas of marine and environmental studies; health; children, families, and communities; and enterprise and advanced technology, the University strives to meet the rapidly changing needs of the State, the country, and the world.
- ◆ To help achieve the teaching, research, and service objectives referred to above and to extend intellectual, cultural, and social horizons, the University offers a variety of special programs, including opportunities for learning outside the classroom and for community service.

The URI College of Nursing is moving in many directions. One of these is to assist programs currently relying on federal funding to become financially independent. This Center provides one avenue for the Graduate Program in Nurse-Midwifery to move toward this goal.

D. INTERINSTITUTIONAL CONSIDERATIONS

Impact of the organizational change on other higher educational institutional institutions in Rhode Island:

The URI Center for Midwifery at MH of RI should have little to no impact upon other higher educational institutions in RI.

E. RESOURCES

The cost of this Center is supported in a unique financial relationship with MH of RI.

The Center is situated within a private OB/GYN practice that is maintained by MH. The nurse-midwives have their own cost center within that practice. MH maintains the office space, medical records, and billing. The midwives pay a certain percent of overhead to MH to cover these costs, as well as actual office space. Once the overhead is covered the rest of the net revenue is paid directly to the midwives.

The monies that are derived from the net revenue will be distributed based on a decision made jointly with the URI nurse-midwifery faculty and the College of Nursing Dean. Potential ways in which they will be used include supplement nurse-midwifery faculty salary, funding of continuing education, funding of conferences presented by the nurse-midwifery program, marketing of the Center, and equipment and supplies for the Center.

URI covers no cost of maintaining the Center other than staffing it with URI faculty. This is justified for the following reasons:

1. The URI faculty provide clinical teaching for nurse-midwifery students in the Center.
2. The Center requires coverage 24 hours/day and 7 days/week year round. The URI nurse-midwifery faculty provide this coverage. The amount of clinical time provided to the Center by the URI midwives is equal to 1 FTE in the civilian sector based on projected client volume. The amount of hours this requires is well beyond the 35 hours/week – 9-month clinical appointment that is given to the faculty. This justifies the revenue being paid directly to the nurse-midwifery faculty. The system is set up similarly to the rules that govern faculty in consultation roles outside of the University.

At this time there is no plan to create a separate facility or additional personnel to operate the Center other than what has been previously designed.

F. EVALUATION

The Center will be evaluated on a yearly basis for the following outcomes:

1. Continued growth of the Center's client base. It is anticipated that it will take 3-5 years to become a viable and independent practice.
2. Joint evaluation of the mutual relationship between URI and MH of RI.
3. Client satisfaction surveys.
4. Nurse-midwifery faculty satisfaction with the Center.
5. College of Nursing satisfaction with the Center.
6. Ability to demonstrate research development and clinical teaching in the Center.
7. Student surveys of their clinical experience in the Center.

ATTACHMENT #1

Mime-Version: 1.0
Date: Wed, 29 Nov 2000 16:51:12 -0400
To: hbibb@uri.edu
From: "M. Beverly Swan" <cygnet@uri.edu> Subject: JEPC Response to Proposals
Cc: blord@uriacc.uri.edu, CNX101@uriacc.uri.edu, sheilafs@uriacc.uri.edu

Harold,

As we discussed on the phone, the Joint Education Policy Committee (JEPC) met yesterday to review two proposals. The group's comments follow:

1. Center for Midwifery at Memorial Hospital of Rhode Island.

The group took a formal vote to approve the Center and asked that the following comments be forwarded:

"Supplement salaries of midwifery faculty members (p.3)." The JEPC wants to be sure that such supplements are in accordance with University and Collective Bargaining practices and policies.

"It is anticipated that it will take 3-5 years to become a viable and independent practice (p.6)." The JEPC suggested that clarification of the concept of independence was needed. Is this financial independence or does it mean independence from the University or something else?

2. Post Baccalaureate Certificate Programs

The JEPC endorsed the concept of post baccalaureate certificate programs but suggests that the following areas need to be addressed:

Certificate programs need not be tied to the ASF College of Continuing Education. We may also want to do some in Kingston and in the summer, etc.

Continuing faculty should dominate any certificate programs (as stated, a student could earn a URI certificate and never take a course from a tenure-track faculty member).

The proposal talks about a "Sponsoring college/department." How will interdisciplinary programs be established? Who will sponsor them?

How will coherence be guaranteed among the four courses (i.e., can a student take any four courses from a list and call it a certificate?)?

The proposal might include more examples of certificate programs and identify markets as illustrations.

Why must these use only existing courses? Why shouldn't we try some new areas?

Is guaranteed admissions to a graduate program as a result of completing a certificate program appropriate?

I hope these comments are useful to you.

Beverly

M. Beverly Swan
Provost and Vice President for Academic Affairs University of Rhode Island
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ATTACHMENT #2

TO: Harold Bibb
Associate Dean Graduate School

DATE: October 26, 2000

FROM: Linda A. Barrett
Director, Budget

SUBJECT: Budgetary Impact Statement for
Graduate Program Proposal for Center for Midwifery

In accordance with regulations detailed in section 8.85.11 of the University Manual, I have completed a financial review of the program proposal for a Graduate Program for Center for Midwifery.

There are no additional resources required for the Center for Midwifery Program. The proposed program would support an already existing program and collaboration with Memorial Hospital of Rhode Island for nurse-midwifery practice. This is a unique demonstration of a partnership between a community teaching hospital and a public institution of higher learning in concert with the mission of the College of Nursing.

The cost of this center is supported in a unique relationship with Memorial Hospital of Rhode Island. The monies derived from revenue cover office cost. URI staffing set-up is similar to that of consultants in accordance with the rules that govern faculty in this role. The program would be offered and administered by the Nursing Instructional Department. The College of Nursing can adequately support this program with present resources; therefore no anticipated increase in the General Education Program is required.

\img

Attachment

cc: M. Beverly Swan
Blair Lord
Dayle H. Joseph
Dr. Holly Kennedy

lmg/lb/harold bib-center for midwifery

ATTACHMENT #3

MEMORANDUM

TO: Harold Bibb, Associate Dean
Graduate School

FROM: Blair M. Lord
Vice Provost for Academic Affairs

DATE: October 16, 2000

SUBJECT: New Program Proposals for Post Baccalaureate Certificate
Programs and Center for Midwifery

The Council of Deans at its meeting of October 11 reviewed the proposals for the Post Baccalaureate Certificate Programs and the Center for Midwifery. The Council was strongly supportive of both proposals, but it did have a fairly lengthy discussion of the Certificate proposal with several comments and observations about it which I am conveying to you with this memo.

The issues raised with respect to the proposal for Post Baccalaureate Certificate Programs included the following. First, the designation as Post-Baccalaureate seems somewhat more restrictive than is probably intended. For example, any sort of post degree certificate program is probably what is really envisioned whether it be post baccalaureate, post master's, or even post doctorate. Perhaps the term "post graduate certificate" would be more appropriate. The Council also discussed the role of college faculty in the approval process. There was some discussion that a college faculty approval was advisable. In some cases, proposals may have cross-departmental effects which will not be well understood without a college-wide discussion. Finally, there was a conversation about the potential for problems associated with the mixing of Ledger #2 and Ledger #3 students and courses. For these certificates to work, courses supported from either ledger need to be leveraged so that the excess capacity can be utilized for the certificates. Dean Crocker has indicated that this confound can be accommodated, but this will have to be a very intentional part of any certificate program proposed and needs to be carefully considered in the development process.

One dean called me after the Council meeting to express a concern that the Certificate proposal was too narrowly construed. Because this view was not expressed during the Council's discussion, I asked him to write a separate memo to you. I cannot really comment on his issue. It did not come up during the Council's discussion. It is my hunch that the Council might not have agreed with him, but I cannot be sure of this.

I wish you good luck with all these programs as they move ahead.

rhb

c: M.B. Swan
C.B. Peters