Introduction

Massachusetts General Hospital (MGH) employs more than 650 Advanced Practice Registered Nurses (APRNs) in their roles of: Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists, Certified Nurse Practitioners, Clinical Nurse Specialists, and Psychiatric Clinical Nurse Specialists. To ensure that newly-hired APRNs deliver the highest quality of care to our patients, unit-based leadership provide the support and resources necessary to assist with APRNs' transition into their new role. The process of transitioning the APRN into clinical practice balances the expectations for the role as defined by the patient population, the knowledge and skills required to safely care for patients, and the existing skills and experiences of the newly-hired APRN. The overarching goal is to ensure that the APRN is an effective and highly functioning member of the interdisciplinary team.

Certified Nurse Midwives (CNMs) are recognized as APRNs in Massachusetts. Their role at MGH includes providing prenatal, labor, and birth care, including performing physical exams, ordering diagnostic tests and prescribing medications as well as health education and counseling to women cared for by the MGH Obstetrical Service. In June 2015, Joelle Leacock, CNM, MS, was a newly-licensed CNM and the MGH process that facilitated her effective and successful transition into practice is described below.

Transitioning into the Certified Nurse Midwife Role

All applicants for positions at MGH have an initial screening by Human Resources (HR) to ensure that they meet the criteria for the role. HR collaborates with the hiring manager to decide which candidates meet criteria and subsequently, the hiring manager meets with qualified applicants. In the Midwifery Service, applicants also meet with other CNMs and members of the interdisciplinary team (e.g. Obstetrics, Nursing). If the hiring manager decides to offer the position, HR verifies the applicant’s educational credentials, checks references and performs a Criminal Offender Record Information assessment. If all elements are verified, the applicant is made a formal job offer and hired.

Leacock was hired by Marie Henderson, CNM, MS, Chief Nurse Midwife in June 2015. Prior to the start of her employment, Leacock completed her application to practice as a CNM at MGH. The credentialing and authorization process, which can take from four to
six weeks to complete, is required to practice as an APRN is described in OOD 11. Her first day on staff at MGH was June 15, 2015. Leacock successfully completed the two-day new employee orientation on June 17, 2015 as required of all new employees. As she awaited authorization to practice Leacock was oriented to the Obstetrics and Gynecology Service through meetings with members of the team, including the genetics counselor and intake and triage nurses.

Evaluating the Effectiveness of the Transition

Leacock was authorized to practice as a CNM by the Massachusetts General Hospital Board of Trustees on June 24, 2015 and began the process of transitioning to practicing as a CNM at the MGH. The transition process for the newly-hired CNM involves completion of CRICO program requirements, orientation and meeting the competencies associated with the CNM as identified in the Focused Professional Practice Evaluation (FPPE). Each of these components is described below.

CNMs at MGH are required to have individual malpractice insurance through CRICO, the MGH insurance carrier. To ensure competence, a key element in the transition process, CRICO requires newly-hired CNMs to complete several activities designed to provide guidance and to support the safest maternal and fetal outcomes within the first year of practice.

The pass/fail activities include:

- Fetal monitoring and Obstetric case reviews: These reviews assess the CNM’s clinical reasoning and decision-making in diagnosing and managing a variety of clinical scenarios. Leacock successfully completed the case reviews on October 16, 2015.
- Guideline test: The clinical guidelines offer a framework for provision of obstetrical care and Leacock successfully completed the test on June 17, 2015.
- Simulation-based training: These sessions allow for teaching, rehearsing, and analyzing the interdisciplinary performance of members of the Obstetrical team as a way to improve clinical skills, communication, teamwork, and patient outcomes. Leacock successfully completed simulation-based training on September 2, 2015.
- K2™ Perinatal Training Program: This on-line program covers fetal monitoring and maternity crisis management. Leacock successfully completed the program on October 16, 2015.

Per the established service standards, the length of her orientation as a new CNM would be dictated by her ability to demonstrate competence in the role and skills of a CNM as assessed and evaluated by the Chief Nurse Midwife, her CNM mentors and physician colleagues as well as Leacock’s own level of confidence, comfort and self-reflection. The term mentor, rather than preceptor is used in the Midwifery Service.

Henderson developed an orientation schedule with Leacock where she would transition into the role of CNM guided by experienced mentors through the various areas of
practice including Labor and Delivery, outpatient practices and health centers. Leacock’s mentors and Henderson were able to evaluate Leacock’s performance and transition into independent practice in the CNM role through daily goal setting and debriefings, direct evaluation of her interactions with patients and members of the team, performance of skills and procedures, and case reviews. Leacock’s perceptions and self-evaluation were also included in this process. As Leacock gained experience and competence, her mentors allowed an increased level of independent practice in the role of CNM. Leacock successfully completed the competencies associated with the role of the CNM at MGH (attachment SE7d.a) and transitioned into her role as a CNM on November 18, 2015.

Ongoing Evaluation of Effectiveness

In addition to assessing role competencies, Leacock was evaluated through an initial Focused Professional Practice Evaluation (FPPE) within the first three months of her practice at MGH. In the FPPE, the APRN is evaluated on new, privilege-specific competencies. The FPPE is also used to evaluate the competence of the APRN if they have fallen below performance standards in a competency. Leacock’s FPPE was conducted by one of her mentors, Katherine Rushfirth, CNM, MS, covering the period of June 15, 2015 through September 15, 2015. The FPPE includes a peer review as well as five case reviews. Leacock successfully met all criteria for FPPE on September 24, 2015 (attachment SE7d.b). As an APRN, Leacock was required to complete the Ongoing Professional Practice Review (OPPE) which includes a self-assessment, in March and September of 2016. Similar to the FPPE, the OPPE consists of a peer review as well as five case reviews. Rebecca Keller, CNM, MS, completed Leacock’s peer review on March 23, 2016 (attachment SE7d.c) and assessed that Leacock successfully met all criteria for OPPE. Because the OPPE process was converted from a paper to an electronic system, Leacock’s OPPE was delayed. Dana Cvrk, CNM, MS, completed Leacock’s OPPE on October 25, 2016 (attachment SE7d.d) and determined that Leacock successfully met all criteria for OPPE.

As a member of the Midwifery Service, Leacock continues to participate in ongoing evaluation of her clinical practice through case reviews, educational programs, and ongoing meetings with the Chief Nurse Midwife as well as Obstetric provider meetings. These structures have allowed Leacock to successfully transition into her role as a CNM at MGH.