

CMM CIRCULAR

Winter 2014

In this Issue:

- Important Reminder
- Committee Recruitment
- AGM Follow Up

COMMITTEE UPDATES

- Standards Committee
- Board of Assessors Committee
- Quality Assurance Committee
- Perinatal Review Committee
- CMRC

NEW ARRIVALS

NATIONAL NEWS

TOPICS OF INTEREST

- Apology Act
- PHIA On Line Training Opportunity
- Manitoba Assessment and Gap Training Update

LIST OF COUNCIL AND COMMITTEE MEMBERS OF THE CMM

BOARDROOM NEWS

- Council/Committee Meeting Dates
- Holiday Schedule

Statements, claims & opinions made in articles are those of the author & do not necessarily reflect the views of the CMM or Executive.

Submissions are subject to editorial changes.

CMM CIRCULAR DESIGN & LAYOUT

Kathy Kirby



Snow is on the ground

and there is a cool nip in the air, it's hard to deny that the winter season is upon us. With the weather comes outdoor activities, ice skating, tobogganing, hot chocolate and, of course, the holiday season. Whatever is beautiful, whatever is meaningful; whatever brings you happiness may it be yours this holiday season and throughout the coming year!

We are pleased to report on the results of the recent election for CMM Council:

- Jenna Mennie, RM, Prairie Mountain Health, has been elected by acclamation (Rural seat requirement) for a 3-year term.
- Tracey Novoselnik, RM, WRHA, has been elected for a 2-year term.
- Fleur McEvoy, RM, WRHA, has been elected for a 1-year term.

Thank you to all CMM Members for your participation and supporting the CMM.

IMPORTANT REMINDER: Please ensure you contact the CMM with any new contact information; (e.g. change of address, email and phone number to make sure you receive important CMM correspondence). Thank you, Kathy

PLEASE CONSIDER BECOMING A MEMBER

Education Committee & Standards Committee

The College needs CMM members to sit on either one these Committees. If you are interested please contact Kathy for the *Terms of Reference* that describe the committees' work and an application form; we would like to fill these positions by December 31, 2014.

Annual General Meeting Follow up

As instructed at the June 20, 2014 AGM, the CMM council established a Special (ad-hoc) Committee to gather information regarding potential 'alternate' practice arrangements and continuity of care requirements. This Special Committee has met twice to discuss what options might be considered and to review what work has been done on these issues in other jurisdictions. The Committee has recommended that it does not have sufficient information to present to members at this time. The Committee will continue to gather information in the coming months and make a recommendation to CMM Council regarding a Special General Meeting at a future date.

COUNCIL OF THE COLLEGE

Darlene Birch, RM (KD Rep) Northern
 Thelma Mason, (KD Rep) Northern
 Jenna Mennie, RM (Rural)
 Tracey Novoselnik, RM (WRHA)
 Fleur McEvoy, RM (WRHA)
 Gina Mount, RM (WRHA)
 Shannon Lavell (Pub. Rep) (Rural)
 (retired Oct 2014)
 Carolyn Markmann (Pub. Rep) (Rural)

MEMBERSHIP AS OF NOVEMBER 2014

54 - Practicing Midwives
 15 - Non-practicing Midwives

NEW ARRIVAL

Baileigh Kaptein, midwife, is pleased to announce the birth of Hendrik Steve Anaka; born at home on August 30th, 2014. He weighed 8lbs 9oz. 'Our third newborn was definitely the most difficult to birth but certainly worth the work!' Paisley and Otto just cannot get enough kisses and snuggles with their little brother!



NATIONAL NEWS

NEW CMBC REGISTRAR AND EXECUTIVE DIRECTOR

The Board of the College of Midwives of BC has announced the appointment of Louise Aerts, BA, MBA, as the new Registrar and Executive Director of the College effective October 1, 2014.

Committee Updates

Standards Committee: Council has approved the *Guideline for Water Immersion in Labour and Birth*. This guideline has been distributed via email; check your inbox. Please remember that you are obligated to incorporate the document into your *CMM Registrant's Handbook*.

Members of the committee have listed the items below as review and development priorities for 2014-2015. Should you have specific interest in any of these topics please advise the CMM and your comments will be welcomed by the Standards Committee.

- Pandemic Planning
- Guideline on Vaginal Birth after Caesarean Section (VBAC)
- Guideline for the Management of the Third Stage of Labour
- Code of Ethics
- Standard for Shared Primary Care
- Policy on Records and Record Keeping
- Guideline on Female Genital Cutting (FGC)

Board of Assessors: The Board of Assessors continues to meet as required. There were 9 new midwives approved for registration since our last newsletter (see below) including five graduates of the UCN Bachelor of Midwifery program.

- Jennifer Bamford, RM - Women's Health Clinic Birth Centre, Winnipeg
- Melissa Brown, RM – Mount Carmel Clinic, Winnipeg
- Krista DiCecco, RM, Northern Regional Health Authority
- Brianne Fortier, RM – Boundary Trails Health Centre, Winkler
- Sarah Harpe, RM – ACCESS River East, Winnipeg
- Emma Jo Knapp, RM, Prairie Mountain Health Regional Health Authority
- Fortuna Osiwemu, RM - Prairie Mountain Health Regional Health Authority
- Lindsay Stevenson, RM – ACCESS Downtown, Winnipeg
- Susan Wintoniw, RM - Women's Health Clinic Birth Centre, Winnipeg

Quality Assurance Committee: Topics of review at Quality Assurance Committee meetings include revision of the *Standard on Quality Assurance for Midwives*, documentation/reporting of Quality Assurance components, Chart Review and Peer Review, as well as review of the Quality Assurance Workbook.

The Committee hopes to present on the revisions to the Standard, as well as updated reporting form at the 2015 AGM.

Perinatal Review Committee: At its meeting on November 14th the Committee approved a "PRC Case Submission Form". It was designed to make the referral of cases by midwives much more convenient and streamlined. The form is one page in length, can be completed quickly and then faxed in to the CMM. You will receive a copy at your work emails that you can print and use, and, the CMM will mail some forms to each practice site.

Canadian Midwifery Regulators Council: The CMRC is now an incorporated organization, in place of the previous more informal Consortium. It's national annual meeting was held in conjunction with the recent CAM Conference in Saskatoon in early November. The current focus of work is launching an updated website and formulating a proposal for funding that will enable development of a long sought-after national process for approving Canadian midwifery education programs. The CMRC will be lending expertise to the Newfoundland & Labrador government at the end of November to enable the regulation of midwifery in that jurisdiction.

TOPICS OF INTEREST

MANITOBA HAS AN APOLOGY ACT – LEARN MORE ABOUT IT!

THE IMPORTANCE AND IMPACT OF AN APOLOGY

An Information Sheet from the Manitoba Institute for Patient Safety and the Manitoba Alliance of Health Regulatory Colleges

Patients^a and their families expect to be told when something has happened that has harmed them or had the potential to harm them. Patients have a right to know this information. Informing them honestly and fully is the right thing to do.

Disclosing and apologizing go hand in hand.

After advising a patient of a harmful event, including a critical incident^b, it is natural to follow with a sincere and honest expression of regret (an apology).

Why patients need to hear an apology.

An apology, given sincerely, can help lessen the emotional impact of the harm, be therapeutic for the patient and health professional as well as lead to healing, regaining trust, and a greater possibility of reconciliation^{2,3}. Apologizing – demonstrating our humanity and the concern we feel makes it possible for the patient and family to forgive.

By apologizing am I admitting liability?

No. An apology can't be admitted as evidence of fault or legal liability. The majority of Canadian Provinces and Territories, including Manitoba⁴, have enacted apology legislation which prohibits apologies from being used in court.

Why do we have Apology Legislation?

A significant number of patients want a sincere apology for what has happened to them. Health professionals may be afraid that apologizing to a patient will create legal liability, or will negatively affect their malpractice insurance coverage. This is not the case in Manitoba. The Apology Act allays these fears and concerns. Allowing health professionals to apologize freely, without creating liability, provides an opportunity to begin making amends.

Why apologizing can also heal the practitioners involved.

After a patient is harmed, health professionals often feel fear, remorse, guilt, shame, self-anger and depression for

what has happened. They “are the second victims, devastated by having been the unwitting instrument that seriously harmed another”⁵. Apologizing, expressing remorse, and a desire to make amends, can lead to forgiveness and healing for health professionals as well.

How to apologize / What you can do.

Talk with your team about who will apologize and how the apology should occur. The words “I’m sorry” should be part of any apology². Apologize as soon as possible. Be compassionate, honest and sincere in your apology. An apology will not be as easy to accept if the patient feels you are forced to apologize or are not genuine in your apology^{2,3,6}. The following may take place over several meetings. These are guidelines. Check your organizational policies for further information.

- Acknowledge that something (e.g. a critical incident) has happened.
- Explain the facts of what has happened without accepting or assigning blame.
- Explain how the incident will affect the health of the patient.
- Make a genuine apology for the incident that shows remorse, humility and compassion. Consider using words like “I feel badly for what happened.” “We are sorry.” “We know that what happened has caused you unnecessary pain/anguish/health complications....”
- Explain what can happen to help remedy the situation.
- Document the conversation with the patient and family.
- If possible, explain what will change so this same situation is less likely to happen to other patients in the future. People usually want to know that some good may come about as a result of the situation that has caused them emotional or physical pain.
- Once the event has been reviewed, follow-up with the patient to see how they are doing and advise them on what progress has taken place to reduce the likelihood that it does not happen again to others.

^aThe term “patient” includes any recipient of care by a health professional in any setting

^bA critical incident¹ is an unintended event that occurs when health services are provided to an individual that result in serious and undesired effects such as death, disability, injury, harm, an unplanned admission to hospital, or an extension of care in hospital. The unintended event is not as a result of the patient’s illness or the risk in treating the illness, but from the healthcare provided.

Under Manitoba's Apology Legislation⁴...

- apologizing does not create legal liability
- an apology does not void, impair or affect your malpractice or liability insurance coverage
- an apology is not admissible in court, including "a tribunal, an arbitrator and any other person who is acting in a judicial or quasi-judicial capacity"⁴ such as disciplinary and grievance hearings, and civil litigation
- it does not apply to criminal offences, such as sexual or physical assault, which fall under federal jurisdiction

Where can I get reliable, confidential advice about apologizing?

Review your regional health authority or health facility policies and procedures or consult the regulatory body governing your profession. You may also consult your professional insurer or protective association.

References

1. Government of Manitoba. *The Regional Health Authorities Act*. <http://web2.gov.mb.ca/laws/statutes/ccsm/r034e.php>
2. Disclosure Working Group. *Canadian disclosure guidelines: being open and honest with patients and families*. Edmonton, AB: Canadian Patient Safety Institute; 2011. <http://www.patientsafetyinstitute.ca/english/toolsresource/disclosure/pages/default.aspx>
3. College of Occupational Therapists of Ontario (COTO). *Guide to the Apology Act (2009)*. Toronto, ON: COTO; 2011. http://www.coto.org/pdf/guide_to_the_apology_act.pdf
4. Government of Manitoba. *The Apology Act*. <http://web2.gov.mb.ca/laws/statutes/ccsm/a098e.php>
5. Leape LL. Full disclosure and apology--an idea whose time has come. *Physician Executive*. 2006 Mar; 32 (2): 16-18.
6. Lazare A. *On apology*. New York, NY: Oxford University Press; 2004.

Download MIPS' resource "*The Facts about Critical Incidents and their Disclosure: Frequently Asked Questions for Healthcare Providers*" at www.mips.ca



**MANITOBA INSTITUTE
FOR PATIENT SAFETY**

www.mips.ca www.safetoask.ca

The Manitoba Institute for Patient Safety promotes, coordinates and facilitates activities that have a positive impact on patient safety throughout Manitoba.

MEMBERS

Manitoba Alliance of Health Regulatory Colleges
 College of Audiologists and Speech-Language Pathologists of Manitoba
 College of Dental Hygienists of Manitoba
 College of Dietitians of Manitoba
 College of Licensed Practical Nurses of Manitoba
 College of Medical Laboratory Technologists of Manitoba
 College of Midwives of Manitoba
 College of Occupational Therapists of Manitoba
 College of Pharmacists of Manitoba
 College of Physiotherapists of Manitoba
 College of Podiatrists of Manitoba
 College of Registered Nurses of Manitoba
 College of Registered Psychiatric Nurses of Manitoba
 Denturist Association of Manitoba
 Manitoba Association of Optometrists
 Manitoba Association of Registered Respiratory Therapists
 Manitoba Chiropractors Association
 Manitoba Dental Association
 Manitoba Naturopathic Association
 Psychological Association of Manitoba
 The College of Physicians and Surgeons of Manitoba
 The Opticians of Manitoba



Protecting your right to safe and ethical care.

PHIA Online Training Opportunity

The CMM would like to share the following information received from Manitoba Health, Healthy Living, and Seniors (MHLS) regarding PHIA online training opportunities. MHLS has developed the following three PHIA online training programs primarily for private practitioners and their staff:

1. Direct PHI Version - for health professionals and their staff who are required to access personal health information in providing care and services to patients and clients;
2. Indirect PHI Version – for individuals who are not required to access personal health information in carrying out their duties, but may have access to it, including for example custodial staff; and
3. Administrator Version – for office managers and IT administrators of a private professional practice who are responsible for developing office policies and procedures.

Participation in the Direct PHI Version counts toward CMM requirements for continuing educations. Access to this online training is available via the following link <http://www.trainingtodo.com/mbhealth/secure/index.asp>

In addition to the training program, revised Guidelines have been approved respecting the legislated requirement for the creation and auditing of Records of User Activity by trustees that maintain personal health information in an electronic information system (ex: an electronic patient record or electronic medical record). Finally, MHLS has developed a list of the policies and procedures required by trustees, including health professionals in private practice, to comply with PHIA. This list and other PHIA resources are available on the MHLS website at: <http://www.gov.mb.ca/health/phia/resources.html>.

Please feel free to contact the Legislative Unit of Manitoba Health, Healthy Living and Seniors at 204-788-6612 or by email at PHIAinfo@gov.mb.ca with any questions or requests, for further information on any of the above-noted matters.

Manitoba Assessment and Gap Training Update



As most of you are all aware, Manitoba is developing the *Manitoba Assessment and Gap Training Process for Internationally Educated Midwives*. It is a pilot program which began in 2014. Successfully completing the *Manitoba IEM Assessment and Gap Training Process* is a way to become eligible to be registered (licensed) as a midwife in Manitoba.

There were 28 candidates that applied to the first Pilot and completed the written and clinical exams in March; out of those, six were successful and taking part in a 6-week Classroom Intensive, to be followed by a 12 to 16-week Clinical Practicum beginning in January.

The next assessment phase will take place on November 26, where 14 candidates are scheduled to write the general midwifery and language exam. The next written exam will take place on March 4, 2015, followed by a clinical exam for all eligible candidates in May. If you wish to know more about the *Manitoba IEM Assessment and Gap Training Process* you can go to the CMM website www.midwives.mb.ca. The *Manitoba IEM Assessment and Gap Training Process* is funded by Health Canada and Manitoba Health to help prepare internationally educated midwives apply for registration (licensure) as midwives in Manitoba.

Council and Committee Members of the College

Council of the College

Darlene Birch, RM (Kagike Danikobidan) (Northern RHA)
 Thelma Mason (Kagike Danikobidan Rep) Northern
 Tracey Novoselnik, RM (WRHA)
 Jenna Mennie, RM (Prairie Mountain RHA) Rural
 Fleur McEvoy, RM (WRHA)
 Gina Mount, RM (WRHA)
 Carolyn Markmann (Appointed Public Rep) Rural
 Shannon Lavell (Appointed Public Rep) Rural (retired Oct 2014)(Replacement pending)

Board of Assessors

Marla Gross, RM, (Southern RHA) Rural
 Sheila Mills, RM Chairperson (WRHA)
 Mary Beens (Appointed Public Rep)
 Cara McDonald, RM (Southern Health)Rural
 Janet Macaulay, RM (WRHA)
 Doris Young, (Kagike Danikobidan Rep)Northern

Complaints Committee

Shannon Lavell (Appointed Public Rep) Rural (retired Oct 2014) (Replacement pending)
 Leah Walkty, RM (Non-prac.)
 Kari Hammersley, RM (Prairie Mountain RHA) Rural
 Darlene Mulholland (Kagike Danikobidan Rep) Northern

Education Committee

Marla Gross, RM Chairperson (Southern Health)Rural
 Kari Hammersley, RM (Prairie Mountain RHA) Rural
 Freda Lepine (Kagike Danikobidan Rep)Northern
 Sandi Howard, RM (Alternate for F. Lepine)Northern
 Sara Corrigan (Appointed Public Rep)
 Tracey Novoselnik, RM (WRHA)

Perinatal Review Committee

Gisele Fontaine, RM Chairperson (WRHA)
 Lara Petkau, RM (Southern Health) Rural
 Ling Ou Chen, RM (WRHA)
 Abigail Tackie Larson, RM (WRHA)
 Megan Wilton, RM (WRHA)
 Lisa Harcus, RM (Southern Health) Rural
 Dr. Ferd Pauls, OBS

Standards Committee

Darlene Birch, RM (Kagike Danikobidan)(Northern RHA)
 Joelle Ross, RM Chairperson (Southern Health) Rural
 Gordana Lemez, RM (WRHA)
 Jocelyne Anderes, RM (WRHA)
 Lyn Hotchkiss (Appointed Public Rep)(Rural)
 Kellie Thiessen, RM (Non-Prac.)
 Heba Al Nashef, RM (WRHA)

Quality Assurance Committee

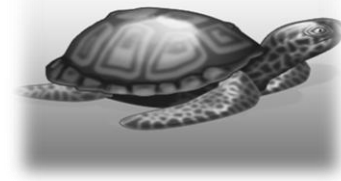
Rebecca Wood, RM Chairperson (WRHA)
 Julia Allen, RM (Non-prac.)
 Baileigh Kaptein, RM (Northern RHA)
 Darlene Mulholland (Kagike Danikobidan) Northern

Kagike Danikobidan (KD)

Darlene Birch, RM (Northern RHA)
 Maggie Flett (Island Lakes)Northern
 Freda Lepine (Chairperson) Thompson
 Thelma Mason (Garden Hill)Northern
 Nelliane Cromarty (Garden Hill)
 Darlene Mulholland (Thompson)
 Doris Young (The Pas)Northern
 Sandy Howard, RM (Northern RHA)
 Melissa Brown, RM (WRHA)

Committee to Select Public Representatives

Trina Larsen (Rep appointed by the Women's Health Clinic)
 Bibianne Lafleche (Appointed Public Rep)
 Doris Young, (Kagike Danikobidan Rep)(Rural)



Board Room News

COUNCIL & COMMITTEES MEETINGS

Standards Committee – December 12, 12:30 – 3:30 p.m.

Education Committee - November 25, 2014 11:30 – 1:30 p.m.

Perinatal Review Committee – January 9, 2015, April 17, June 5 (all meetings begin at 9:30 – 1:30 p.m.)

Quality Assurance Committee – December 9, 2014 9:30 – 11:00 a.m.

Council Meetings – December 11, 2014 9:00 – 2:00 p.m.

UPCOMING HOLIDAYS:

Christmas Eve – December 24, 2014 Office closed

Christmas Day – December 25, 2014 Office closed

Boxing Day – December 26, 2014 Office closed

New Years Eve – December 31, 2014 Office closed at noon

New Years Day – January 1, 2015 Office closed

Friday, January 2, 2015 Office closed

Louis Riel Day – February 16, 2015 Office closed

RETURNING TO PRACTICE?

Please remember that in order to return to practice you must submit your

RETURN TO PRACTICE FORM

30 days prior to returning back to work.

You must also be current in CPR & NRP.

No Exceptions! No Grace Period!

Contact the CMM

College of Midwives of Manitoba (CMM)

230-500 Portage Avenue

Winnipeg, Manitoba R3C 3X1

Phone: (204) 783-4520

Fax: (204) 779-1490

Email: admin@midwives.mb.ca

Website: www.midwives.mb.ca

CMM STAFF

Registrar: Janice Erickson, BA, RM (non-prac.)

Executive Director: Patty Eadie, BA, BSW

Administrative Officer: Kathy Kirby

DECEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				