

GUIDE FOR DEVELOPING A LACTATION CONSULTANT CURRICULUM

International Lactation Consultant Association

The International Lactation Consultant Association defines guidelines and standards for the education of lactation consultants. Use of curriculum guidelines will ensure that graduates of lactation consultant preparation programs receive appropriate didactic and clinical instruction to function at the novice to advanced beginner levels. These guidelines provide a template for the development of new programs and as a self-assessment tool for existing programs regardless of length and scope.

This *Curriculum Development Guide for Lactation Consultant Programs* was prepared by ILCA's Professional Development Committee. It forms the foundation of ILCA's commitment to quality education for lactation consultants. Educators are encouraged to use these documents to evaluate the content, learning strategies, outcomes and evaluations of their program. Those planning to institute a new program are encouraged to use these guidelines to direct the development of their program.

Documents in Guide

- *Developing a Competency-based Program for Lactation Consultants*
- *A Model Academic Lactation Program*
- *Model Four-year Curriculum for the Lactation Consultant*

Supporting Documents

- *ILCA Education Mission* (ILCA)
- *Standards of Practice for IBCLC Lactation Consultants* (ILCA)
- *Scope of Practice for IBCLC Lactation Consultants* (ILCA)
- *Clinical Guidelines for the Establishment of Exclusive Breastfeeding* (ILCA)
- *Clinical Competencies for IBCLC Practice* (ILCA/IBLCE)
- *The IBCLC's Code of Ethics* (IBLCE)
- *IBLCE Blueprint* (IBLCE)

Further areas for consideration:

- Prerequisites for entry, including parameters for prior learning
- Programme content, including flexible entry and exit points, and lower level credential
- Teaching and learning methods, including opportunities for practice and supervision
- Assessment system

DEVELOPING A COMPETENCY-BASED PROGRAM FOR LACTATION CONSULTANTS

ILCA recognizes the need for a standard, minimum entry-level educational requirement for lactation consultants. Excellence and consistency in educational preparation are essential for a lactation consultant to be recognized as a credible source of quality health care and a legitimate partner in the interdisciplinary health care team. This requires uniformity among programs in such factors as pre-admission requirements, faculty and program director qualifications, curricula, and the number of clinical hours required. Use of a standard curriculum will contribute to consistency within the lactation consultant profession and produce graduates who meet the minimum educational requirement.

This does not preclude the fact that there are multiple methods of entry into the profession of lactation consulting. Individuals who are already expert health care providers, for instance, may have accomplished college prerequisites through their basic educational preparation and thus would need only to add components specific to lactation consultant practice. This guide outlines preparation for a student entering an advanced level academic program without some type of healthcare background (i.e., graduating from high school and completing a four-year college degree). It provides a point of comparison for individuals from a variety of backgrounds to evaluate their educational needs in preparation for entering the lactation consultant profession. It also guides administrators of courses with varying length and scope, and those that prepare students for varying practice levels.

Competency standards

The ultimate goal of any curriculum is competence in the workplace. Competency standards form the benchmarks for assessment and the basis for accepted qualifications. Competence is the ability to apply knowledge, skill and attitude to the standards required in employment in both routine and non-routine situations (Bloom, 1956). Level of competence reflects the degree of supervision required, and areas of responsibility, as well as the degree to which the learner can apply knowledge and skills. Assigning a competency level for individual areas of skill acquisition will help to identify areas for improvement.

All technical professionals need to consider the important question of how to develop competency in areas that are appropriate to their job. Overall competence involves individual competencies in many different areas. There are several questions to ask in defining a profession's competencies.

- What does the role encompass?
- What is needed to be competent in this role?
- What combination of knowledge, skill and attitude are needed to perform this work competently?
- What basic knowledge or expertise is needed?
- What level of skill is required to be competent?
- What performance standards apply to this work?
- What could an individual do to prove their competence?

Acquiring competency

A precursor to acquiring skills competency is the acquisition of a knowledge base that includes the scientific principles and rationale for the incorporation of skills into practice. Educators are instrumental in developing learning methods that will assure initial skills competence of their graduates. Students need one or more practice sessions in order to learn how to perform the

required steps, with instructors assisting and coaching them. They reach competence when they can perform the required steps in the proper sequence.

Competence progresses to proficiency when the student performs the skill efficiently. Ability to pass an exam about didactic information does not equate with ability to offer the best care to patients. Clinicians develop skills through practicing as well as learning. The ability to synthesize competencies in the context of complex practice takes variable amounts of time to refine. Proficiency requires an ability to recognize differences from usual patterns, the need for individualization, and warning signs in a patient and then determining the best course of action.

Teaching for professional competency

Clinical education is a significant component of any health care professional's educational program. Students approach the learning institution with the assumption that they will acquire the necessary knowledge and skills to become competent practitioners. Furthermore, employers assume that completion of training certifies competent performance (Redman, 1999). Educators, therefore, need to assess what students can *do*, not just their knowledge base and ability to pass a written test.

Course directors can contribute toward establishing competency among their students by teaching and assessing competencies as part of the educational process. A competency-based curriculum goes beyond teaching knowledge, skills and attitudes. It focuses on outcomes and prepares students for practicing skills in a real-life setting. Designing a curriculum based on competency outcomes also helps instructors know what they should teach.

A wide variety of skills can be taught in a realistic job-related situation (Lenburg, 2001). Core practice competencies can be taught and demonstrated in the classroom and then in supervised clinical settings. They may include:

- Physical assessment
- History taking
- Common interventions
- Therapeutic communication
- Critical thinking
- Teaching
- Establishing therapeutic caring relationships
- Identifying and managing common clinical problems
- Leadership; fostering organizational change

Competency-based learning strategies

Educators need to utilize a wide variety of instructional strategies and to recognize when to use those strategies. Instructional techniques, activities and learning experiences need to be learner-centered and to engage the learner actively in the learning process. Instructors can assess student performance through classroom demonstration and return demonstrations structured to apply competencies. Such a competency-based curriculum enables students to learn and demonstrate a competency in the educational setting and to refine their skills in the practice setting. The key to such a curriculum is demonstration of competency before leaving the learning setting.

Competency assessment

The goal of competency assessment is to evaluate effective application of knowledge, skill and attitude in the practice setting. Competency assessment is always outcome oriented. It provides a way to measure students' demonstration of learning. The learner should receive a set of criteria so that both the learner and the assessor are clear on what performance is required. The criteria should specify outcomes and describe what the learner must do to demonstrate competency. The instructor can then evaluate the learner's performance against the established outcome criteria.

A consideration of anticipated outcomes assessments early in curriculum planning facilitates the design effective learning activities. Continued monitoring, review, and evaluation of the curriculum will indicate whether it is having the desired effect on student learning. Such review enables educators to identify strengths and weaknesses of the curriculum and make changes that will raise student achievement and competency. Current and former students, faculty, and employers are all good sources of feedback on program assessment.

Self-assessment of competency

It takes time for a student to develop competence. Students can assess their performance to identify gaps and target competencies they need to achieve. Examining their performance against each of the profession's competence statements will help to determine the level at which they currently function or practice. The student's comparison of their own practice to that of others, using respected colleagues as a benchmark of good practice, provides insight about areas of growth needed. See *Clinical Competencies for IBCLC Practice*.

Formal assessment of competency

In formal competency-based assessment, the assessor sets goals and objectives, collects evidence of competence, and compares the evidence with the objectives. Assessment may occur daily or weekly, and may be a combination of formal evaluation and feedback from the worker. From these assessments, the assessor then forms an opinion of whether the individual is competent or not yet competent. Individuals are competent when they are able to apply their knowledge and skills to complete work activities successfully in a range of situations and environments, in accordance with the standard of performance expected in the profession and in the particular workplace. See *Standards of Practice for IBCLC Lactation Consultants*.

In the process of assessing competency, the assessor gathers evidence to determine whether the student has met the desired standards for performance. This competency evidence must be valid, reliable, authentic, current, and sufficient (VET, 2006).

- Valid: the performance assessment confirms the competency standard
- Reliable: the assessment consistently measures the standard from candidate to candidate, and from assessor to assessor
- Authentic: the evidence actually measures the candidate's performance
- Current: the evidence indicates recent performance
- Sufficient: there is enough evidence to conclude that competence has been achieved

If the evidence indicates that an individual is competent, the assessor is saying that this person has demonstrated that they have the necessary skill, attitudes and knowledge to perform a function or

task to the standard required by the profession. There is no concept of passing or failing in competency-based assessment. Individuals are either competent or not yet competent. There are no degrees of competence. A person judged as not yet competent may need further coaching or learning opportunities, or they may need to produce more evidence of their skills.

In competency-based assessment, standards describe the expected competency outcomes. The standards include criteria that provide details of what they consider a good job. Characteristics of a competency-based assessment include:

- It is individual, with no comparison among students.
- It judges the assessed student as either competent or not yet competent.
- It takes place in real working situations.
- It is a process rather than a particular moment or predetermined period.
- It is not subject to the completion of a specific training action.
- It recognizes competencies acquired through work experience (recognition of prior learning).
- It is a tool for the student's orientation and performance in the practice setting.

Information from the workplace will help to develop a complete picture of competency needs. Therefore, assessors need to have knowledge of the relevant processes, procedures and performance standards that operate within the practice setting. Answers to these key questions will help to provide this overall picture.

- How would competent practitioners in this setting perform the task?
- How would competent practitioners apply their knowledge in this setting?
- What level of performance would be expected?
- What would competent practitioners do if something went wrong?
- How would competent practitioners handle multiple competing priorities?
- What would the product or service look like?
- How would competent practitioners transfer their skills to other contexts?
- How would competent practitioners apply generic skills?
- What would a competent practitioner *not* do?

Summary

ILCA recognizes that curriculum encompasses content, learning strategies, assessment processes, and evaluation processes. The specific curriculum design of individual programs is the prerogative of the program faculty. ILCA supports the creativity of program faculty to design a curriculum that meets the needs of their student population. Through the process of didactic and clinical learning, professionals are able to acquire competency by acquiring knowledge, attitudes and skills. Competence increases as students apply their learning of increasingly complex skills across a wide and often unpredictable variety of contexts.

References

- Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. New York: David McKay Co Inc.
- Lenburg, C.B. (2001). The competency outcomes and performance assessment model applied to nursing case management systems. In E. Cohen & T. Cesta, *Nursing Case Management: From Concept to Evaluation* (3rd edition). St. Louis: Mosby, 269-279.

Redman, R.W., Lenburg, C.B., Hinton Walker, P. (Sept. 30, 1999): Competency Assessment: Methods for Development and Implementation in Nursing Education. Online Journal of Issues in Nursing. Available http://www.nursingworld.org/ojin/topic10/tpc10_3.htm

Vocation Education and Training (VET), Western Australia Department of Education and Training. www.vetinfonet.det.wa.edu.au/home/default.aspx. Accessed August 22, 2006.

Prepared by ILCA Professional Development Committee
March 2007 © International Lactation Consultant Association

A MODEL ACADEMIC LACTATION PROGRAM

This curriculum model promotes consistency among current and future programs for lactation consultants. A model lactation curriculum merges didactic and clinical instruction throughout the student's program. The goal of the program is to produce professionally qualified graduate lactation consultants who will promote, protect and support breastfeeding, and who are competent in knowledge and skill to provide safe and effective professional care for breastfeeding mothers and babies.

Assumptions

- Programs to deliver this curriculum will be situated primarily in academic settings with associated opportunities for clinical practice.
- The curriculum will prepare a lactation consultant to work as a professional member of the health care team.
- For the student with no prior learning, it may take up to four years to reach the desired outcomes.
- The student will have the knowledge and skills at the end of this programme to sit the IBLCE exam, however the curriculum does not have passing this exam as its main outcome.

Approach

A competence-based approach facilitates the following:

- Current views on accountability of training and employability
- Flexible entry and exit points to take account of prior learning of the student, and to award lesser qualifications if desired
- Timetabling and integration with existing courses, as well as inter-disciplinary learning
- Different models of education between individual academic institutions as well as education systems in different countries

Outcomes

The student ready for graduation will demonstrate the following outcomes:

- Effective communication skills to maintain collaborative and supportive relationships in all interactions with mothers, families, healthcare professionals and peers
- Individualized care with an emphasis on provision of information, assisting of learning and facilitating the mother's ability to make informed decisions
- Proficiency in basic clinical skills within the parameters of lactation consultant practice, including the ability to take a history, to perform a visual and physical examination, to interpret the findings, to assess and treat conditions utilizing diagnostic and treatment aids, as well as the services of other health professions as needed
- Ethical, evidence-based, professional practice with the ability to advocate for their patients and communities, to function as members of the health team, and to participate in lifelong learning

Knowledge base

These skills are underpinned by knowledge of the following:

- Importance of breastfeeding for the health and wellbeing of the child, mother, family and wider community
- Supports and programs to promote breastfeeding, good lactation consultant practice, and international standards of excellence
- Actions and influences that might undermine breastfeeding and means of assisting protection from these threats
- Education principles and practices with regard to assisting patient learning as well as learning of other healthcare team members, and community health promotion activities related to optimal health for children and their families
- Relevant physical sciences, biological sciences, and behavioral sciences which relate to lactation
- Normal structure, functions, and development of a mother and baby as a dyad and as individuals within the context of the family and community
- Promotion of health and the prevention, management and treatment of conditions, diseases and pathological processes relevant to lactation
- Therapeutic principles and problem-solving and decision-making, with due consideration of ethical aspects, as they apply to lactation
- Sources of evidence and methods of critical appraisal of information on which to base practice

Model four-year curriculum

The *Model Four-year Curriculum for the Lactation Consultant* presents one example of how to implement curriculum in a four-year program. It includes recommended college courses, lactation topics, and clinical experience/activities. A student who is already a healthcare provider will have successfully completed college level courses in some of these areas. The student's individualized program requirements can be designed to reflect this prior learning. The focus for each of the four years is:

- Year 1: The student takes mostly basic college courses
- Year 2: The student continues with basic college courses, begins with introduction to lactation and basic breastfeeding information
- Year 3: The student completes most of the remaining basic college courses, studies more complex breastfeeding problems, and acquires experience in areas off the mother/baby unit and at public health clinics and pediatrician's offices
- Year 4: The student has time for college electives, does a research project and can spend time at a clinical site of her/his choice

Lactation content

One common element necessary in any lactation curriculum is that it promotes familiarity with and reflects current standards, evaluation criteria, and guidelines within the profession. Relevant documents include:

- *ILCA Standards of Practice*
- *Clinical Guidelines for the Establishment of Exclusive Breastfeeding*

- *Clinical Competencies for IBCLC Practice*
- *IBCLC's Code of Ethics*
- Disciplines reflected in the IBLCE blueprint

Recommended topics for the didactic portion of a lactation management curriculum appear below. Selected clinical experiences and skills accompany each didactic section, with the intent of merging them with didactic learning so that students practice clinical skills within the instructional setting. The six topic groups correspond to six college semesters, typically about 45 classroom contact hours for each 3-semester credit course. Lactation topics begin in the student's second year of a four-year curriculum. Curriculum developers may wish to organize topics differently and to begin the lactation topics earlier in the student's program.

Lactation I

- History of breastfeeding and breastfeeding promotion
- Epidemiology of breastfeeding
- Professional resources, including information about ILCA and IBLCE
- Evidenced-based practice
- Professional attitudes and behaviors
- Maternal anatomy and physiology as it pertains to lactation
- Composition of breastmilk and artificial baby milk
- Assessment of the infant/baby as it pertains to lactation
- Position and latch
- Physiology of milk transfer, evaluating and documentation of feedings

Lactation II

- Counseling and communication skills for interacting with the breastfeeding family
- Taking a lactation history
- Impact of birthing and hospital interventions on breastfeeding
- Evaluating information targeted at parents, including prenatal classes
- Maternal issues – Selection of the less complex issues in *Clinical Competencies for IBCLC Practice*

Lactation III

- How to create a feeding plan
- Medication and herbs as related to the breastfeeding dyad
- Maternal issues – Selection of the more complex issues in *Clinical Competencies for IBCLC Practice*
- Infant issues – Selection of the less complex issues in *Clinical Competencies for IBCLC Practice*

Lactation IV

- Impact of culture or cross-cultural care as it pertains to lactation
- Nutrition during lactation
- Milk banking
- Infant issues – Selection of issues, based on complexity, in *Clinical Competencies for IBCLC Practice*

Lactation V

- Ethical and legal issues for the practicing lactation consultant
- Breastfeeding and politics
- Infant issues – Selection of issues, based on complexity, in *Clinical Competencies for IBCLC Practice*

Lactation VI

- Research in an area of interest.
- Clinical reasoning and problem solving
- Leadership role of the professional lactation consultant
- Topics of interest to students and instructor what do you have in mind by this?

Supervised clinical experiences in lactation

The expectation is that students will have had exposure to the knowledge base and attitudes necessary to begin demonstration of competence. A student will not necessarily become proficient or expert during the guided educational process. Acquisition of clinical skills requires guidance and coaching by an experienced professional who helps the student progress from novice to competent clinician. A structured program for supervised, clinical experience will provide opportunities for the student to learn and practice skills in a variety of settings. This enables the novice clinician to progress toward expertise and an understanding of patient care.

The clinical training a lactation consultant student receives should be broad-based, with exposure to the various sites where a lactation consultant may work. For optimal learning to take place, the instructor should have no clinical responsibilities when supervising a student's clinical activities. The instructor's primary attention should be on the student and the student's assignment.

ILCA Professional Development Committee
March 2007 © International Lactation Consultant Association

Example of a 4-Year Academic Curriculum for the Lactation Consultant

Year 1: The student takes basic college courses and participates in a general hospital orientation.

YEAR 1 FIRST SEMESTER

Basic college courses – Total 16 credits

- Computer Basics 3
- Language Composition – introductory 3
- General Mathematics 3
- Human Anatomy and Physiology I 4
- Introduction to Psychology 3

YEAR 1 SECOND SEMESTER

Basic college courses – Total 16 credits

- Language Composition – intermediate 3
- Speech/Public speaking 3
- Human Anatomy and Physiology II 4
- Psychology of Human Development 3
- Introduction to Sociology 3

Lactation experience/instruction

- General Hospital Orientation
-

Year 2: The student continues with basic college courses, and begins an introduction to lactation and basic breastfeeding information.

YEAR 2 FIRST SEMESTER

Basic college courses – Total 18 credits

- Child Development 3
- Chemistry 3
- History taking and physical exam 4
- Obstetrics survey course 4
- Lactation I 4
 - History of breastfeeding
 - Epidemiology of breastfeeding
 - Breastfeeding promotion
 - Professional resources, including information about ILCA and IBLCE
 - Evidenced-based practice
 - Professional Attitudes and Behaviors
 - Maternal anatomy and physiology as it pertains to lactation
 - Composition of breastmilk and artificial baby milk
 - Assessment of the infant/baby as it pertains to lactation
 - Position and latch
 - Physiology of milk transfer, evaluating and documentation of feedings
 - What needs to be taught in a prenatal breastfeeding class

Lactation clinical experience/activities

- Attend a series of childbirth classes, note how breastfeeding information is or is not included
- Attend a series of mother to mother support group sessions
- Attend a stand alone breastfeeding class
- Observation of several vaginal births and first attachment
- Observation of several c/sections and first attachment (if they occur in a reasonable amount of time)
- Observation of several first attachments on the birthing unit
- Observation of mother's nursing on the mother/baby unit

YEAR 2 SECOND SEMESTER

Basic college courses – Total 17 credits

- Pediatrics survey course 4
- Biology 3
- Adolescent psychology 3
- Counseling /Communication 3
- Lactation II 4
 - Counseling and communication skills for interacting with the breastfeeding family
 - Impact of birthing and hospital interventions on breastfeeding
 - Evaluating information targeted at parents
 - Maternal issues I
 - Engorgement
 - Plugged ducts
 - Mastitis
 - Nipple pain
 - Mothers with abnormal breast and nipple anatomy
 - Working mothers

Lactation clinical experience/activities

- Work on the mother/baby unit with instructor and staff
 - Assist mothers on the mother/baby unit with latch and positioning
 - Assist mothers with pumping
 - Assist doing discharge instructions for mother on the mother/baby unit
-

Year 3: The student completes any remaining basic college courses and studies more complex breastfeeding problems. The student has experience in areas outside the mother/baby unit and at the WIC/public health clinics and pediatrician's office.

YEAR 3 FIRST SEMESTER

Basic college courses – Total 19 credits

- Research Methods 3
- Introduction to statistics 3
- Pharmacology 3
- Microbiology 3
- Human Nutrition 3
- Lactation III 4
 - Taking a lactation history
 - How to create a feeding plan
 - Medication and herbs as it applied to the breastfeeding dyad
 - Infant Issues I

- Latch and suck problems
- Appropriate use of various nursing positions
- Special needs infants
- Preterm infants
- Near term/late preterm infants
- Kangaroo mother care
- How to bottle feed safely and to prepare formula correctly
- Alternative feeding methods, hand expression and use of breast pumps
- Maternal Issues II (complete list can be obtained from the IBLCE competencies??)
 - Diabetes
 - Thyroid problems
 - Psychological issues and sexual abuse
 - Induced and relactation
 - Mother's with physical problems
 - Breast surgery and lactation
 - Adolescent mothers

Lactation clinical experiences/activities

- Work on the mother/baby unit with instructor/staff
- See breastfeeding dyads in the ER, medical/surgical area, pediatric unit with instructor/staff
- Teach safe formula feeding to bottle feeding mothers
- Observe at a WIC/public health office using the activity sheets in Blueprints as a guide
- Observe at a Pediatrician's office using the activity sheet in Blueprints as a guide

YEAR 3 SECOND SEMESTER

Basic college courses – Total 16 credits

- Principles of Adult Learning 3
- Cultural diversity 3
- Public Health/epidemiology 3
- Healthcare management and economics 3
- Lactation IV 4
 - Women of other cultures as it pertains to lactation
 - Nutrition during lactation
 - Milk banking
 - Infant Issues II
 - Slow/no weight gain
 - Low milk supply issues
 - Colic/fussy infant
 - Food intolerances
 - Lactose overload/low fat feeds
 - Ankyloglossia
 - Hypoglycemia

Lactation clinical experiences/activities

- Observe at a cleft lip/palate clinic
 - Work in outpatient lactation clinic with instructor/staff
-

Year 4: The student has time for electives in her/his area of interest. The student does a research project and spends time at a clinical site of her/his choice.

YEAR 4 FIRST SEMESTER

Basic college courses – Total 16 credits

- Electives in area of interest 6
- Medical Ethic 3
- Family in Society 3
- Lactation V 4
 - Ethical and legal issues for the practicing lactation consultant
 - Breastfeeding and politics
 - Infant Issues III (complete list can be obtained from the IBLCE competencies??)
 - Babies second night
 - Pacifiers
 - Co-sleeping
 - SIDS
 - Facial abnormalities, cleft lip/palate, facial asymmetry
 - HIV, TB, malaria

Lactation clinical experience/activities

- Work in the lactation outpatient setting with instructor/staff
- Work in the NICU with instructor/staff

YEAR 4 SECOND SEMESTER

Basic college courses – Total 16 credits

- Electives in area of interest 6
- Marriage and the Family 3
- Lactation VI 4
 - Development of a research project 3
 - Clinical reasoning and problem solving
 - Leadership role of the professional lactation consultant
 - Topics of interest to students and instructor

Lactation clinical experience/activities

- Develop and teach a stand alone breastfeeding class
- Develop and teach as staff education class
- Clinical experience at site of student's choice

ILCA Professional Development Committee
March 2007 © International Lactation Consultant Association