



# meac

midwifery education  
accreditation council

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## MEAC MEMBER SCHOOLS LETTER #12

### Update on out-of-country clinical training

November 10, 2014

Dear MEAC Member Schools:

As you may be aware, a workgroup has convened over the last year to investigate and discuss the issues and concerns surrounding out-of-country clinical placements for midwifery students. At our October meeting, the MEAC Board reviewed materials provided by the workgroup and spent many hours grappling with the issues they raised.

It is clear from the evidence presented by the workgroup that, due to language and cultural barriers, disparities of power, wealth, and privilege, and the difficulties of obtaining informed consent when students are practicing upon a vulnerable or disadvantaged population, many out-of-country clinical placements for student midwives have caused significant harm to the mothers and babies being cared for, to host communities, and to the students themselves. The MEAC Board is deeply concerned about the possibility of students from our member schools perpetuating or being involved in ethical violations, abuses, and exploitation in pursuit of their clinical education.

While recent events have highlighted the problems associated with out-of-country placements, it also became clear during our discussions that these issues are not unique to out-of-country sites, but reflect deeply rooted flaws in the way clinical midwifery education is conducted and overseen both domestically and abroad. These issues have brought up important questions about the paradigms of clinical education for midwives across *all* settings, yet the most urgent concerns do seem to relate to out-of-country sites. Some stakeholders have called upon MEAC to impose an immediate, comprehensive ban on out-of-country clinical placements. This is not possible, as any changes to our standards legally require a process including stakeholder feedback and a reasonable notice period before changes may take effect. The MEAC Board is actively working towards a set of solutions that will support its member schools in addressing concerns with clinical education both domestically and abroad. MEAC recognizes that this process will take time, and also acknowledges the urgency in addressing harms that are taking place now. In setting forth the roadmap below, MEAC has made every effort to balance the right of all stakeholders to have meaningful input into any changes to MEAC standards with the ethical imperative to mitigate harms as swiftly as possible.

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MEAC urges individual schools to consider taking immediate action, without waiting for the lengthy process of MEAC standards revision to be completed. Two MEAC-accredited schools have recently decided to suspend out-of-country clinical placements for their students due to ethical concerns. The MEAC Board recommends that each school with students who are currently or may in the future be engaged in clinical studies at sites outside of the United States thoughtfully deliberate on the following ethical and practical issues in order to determine whether a voluntary moratorium on out-of-country clinical placements might be an appropriate action for its own circumstances:

- How do we prepare our students who go out of country for a cross-cultural experience and help them to have realistic expectations? Does our faculty have the resources and experience needed to adequately prepare students for going out-of-country?
- What is our school's legal and financial relationship with the out-of-country host site(s) for our students? What is our level of communication with the site while our students are there?
- How do we ascertain whether our students are acting appropriately within their out-of-country placements, both in terms of cultural sensitivity and practicing to their current level of training and expertise?
- If school-approved preceptors accompany students out of country, have we clearly defined the respective responsibilities and authority of the host midwives and preceptors with regard to both patient care and student oversight? If preceptors do not accompany students, how do we ensure that our students are adequately supervised in their out-of-country placements?
- Are there language barriers between students and patients or host midwives, and how are these addressed? Are clients able to give true informed consent to student involvement in their care? Are our students practicing within the parameters of the midwives' model of care in their out-of-country clinical placements?
- How might the presence of our students be causing unintended harm to host midwives or host communities? Are we considering sustainable development practices with respect to funding and/or donations that foreign students may bring to clinical sites in lower resource settings and the potential for corruption and exploitation of vulnerable populations in situations of extreme inequity?

MEAC's first step will be a proposed change to MEAC standards that would place a temporary moratorium on new, out-of-country clinical placements, with exceptions for students who are citizens or permanent residents of the country in which the site is situated, or for students currently in such placements. This moratorium would be lifted only after we have created a better mechanism for assessing the evaluation and oversight provided by accredited schools for their students' clinical placements, both within the United States as well as overseas.

MEAC will provide details on this proposed moratorium in mid-December 2014, along with information about how to provide feedback on the proposed change. MEAC will provide an opportunity for comment through the end of January 2015. The MEAC board will consider all comments submitted timely, and intends to make a final decision about this change in spring 2015, with a proposed implementation date of July 1, 2015.

MEAC is committed to a transparent process while developing fair and effective strategic solutions. Such solutions cannot come from MEAC board members alone, but will require input from our member schools, midwifery students, clients served, and the larger community of stakeholders. We look forward to your thoughts, ideas, and feedback as we work together to support the highest quality in midwifery clinical training, both domestic and international.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristi Ridd-Young". The signature is fluid and cursive, with the first name "Kristi" being more prominent and the last name "Ridd-Young" following in a similar style.

Kristi Ridd-Young  
President