



6329 Genoa Rd Tracys Landing, MD 20779
Phone 443-203-8553, Fax 410-648-2570
Website <http://www.LactationTraining.com>
Email ProgramDirector@LactationTraining.com
Internship Coordinator Cassie Pringle
OfficeAdmin@LactationTraining.com

Dear Internship Applicant,

We are pleased to offer a Lactation Consultant Internship Program for those wishing clinical experience in lactation management. You, as an intern, will be paired with an experienced lactation consultant/s who will act as your mentor. This program is designed to give you a broad range of clinical experiences as well as time for developing care plans and researching the rationale for the care you give.

You will have the opportunity to observe and participate in a wide range of lactation consultant activities based on the setting to which you are assigned. Because of the variety of activities, volume of patients available for the day and the types of patients available, there will be variation in your daily activities.

To document your progress, you will use a competency check list to record the skills you learn. Depending on the amount of previous experience you have, you may not complete all skills within internship. You will know which skills you will need to seek out in order to round your experience.

We offer a 100 hour internship and a 500 hour internship that will meet the clinical practice requirements for Pathway 3 in preparing for the IBLCE certification exam. Details are in the attached Internship Program information. Please view <http://www.iblce.org/preparing-for-ibclc-certification> for an explanation of the exam pathways and <http://iblce.org/resources/iblce-documents/> (scroll down to Pathway 3 Guide and Verification Packet) for the guidelines for applying to the IBLCE for an internship. In preparation for a 500 hour internship you will be completing two applications, one for the IBLCE and one for Lactation Education Resources. Please plan your time carefully prior to application for the IBLCE certification exam so you can meet the IBLCE deadlines.

We think that the experiences you will have and the knowledge you will gain while in the Internship Program, will give your lactation consultant career a head start. Working with an intern is a challenging and rewarding experience for us as well. We look forward to welcoming you to our Internship Program!

Sincerely,

Vergie Hughes RN MS IBCLC FILCA
Program Director



INTERNSHIP PROGRAM

PURPOSE:

To provide educational and practice opportunities in a variety of settings for those interested in obtaining clinical experience in preparation for beginning a lactation consultant practice.

PREREQUISITES:

1. Commitment to complete 100/500 hours.
2. Completion of the Lactation Consultant Training Program or equivalent.
3. Interview with the Internship Director (in person or by phone)
4. Letters of recommendation (2) from a supervisor or someone who can attest to your experience, expertise and character.
5. Malpractice insurance coverage (provide copy). If you do not currently have malpractice insurance you may obtain it from;
 - a. Seabury & Smith, (formerly Maginnis & associates) by calling 1-800-621-3008
 - b. CMF Group <https://www.cmfgroup.com/coverages/ibclc-lactation-consultants-malpractice-insurance>
 - c. Proliability
 - i. <http://www.proliability.com/professional-liability-insurance/students> OR
 - ii. <http://www.proliability.com/professional-liability-insurance/other-professions#>
 - d. or any other carrier of your choice. Obtain the highest coverage they offer.
6. Health clearance (form attached)
7. Personal health insurance coverage (provide copy of policy)
8. Current CPR card. Must be Heart Association CPR for Healthcare Providers
9. Criminal Background Check with both local and national searches and sexual predator search. Proof of a 12 panel drug screen urine panel to test for the following:
 - Amphetamines (1000 ng/mL SCREEN)
 - Barbiturates
 - Benzodiazepines
 - Cocaine metabolites
 - Marijuana metabolites, (50 ng/mL SCREEN)

- Methadone
- Methaqualone
- Opiates (2000 NG/ML SCREEN)
- Phencyclidine
- Propoxyphene
- Oxycodine
- Ecstasy

Available via the internet through PreCheck, approximately \$100 for both. Look for Lactation Education Resources on the list of institutions. Our clinical sites will only accept background checks from PreCheck. Download the instructions from our website.

10. Seasonal flu shot

11. Compliance training

- OSHA training (if you have taken this at your medical facility, provide a copy of your certificate. If you have not taken this course it is available at: <http://www.lactationtraining.com/our-courses/online-courses/iblce-additional-general-education-package> Occupational Safety and Security.
- Universal Precautions and Infection Control (if you have taken this at your medical facility, provide a copy of your certificate. If you have not taken this course it is available at: <http://www.lactationtraining.com/our-courses/online-courses/iblce-additional-general-education-package>
- HIPPA training (if you have taken this at your medical facility, provide a copy of your certificate. If you have not taken this course it is available at: <http://myhipaatraining.com>. The Basic HIPPA Training is fine for \$25.

12. Copy of RN or MD license (if applicable)

13. Completed LER Internship application

14. Pre-approval of your internship program plan by the IBLCE for those who are doing Pathway III. The application is available at <http://iblce.org/wp-content/uploads/2013/08/pathway-3-plan-guide.pdf>- Pathway 3 Guide AND <http://iblce.org/wp-content/uploads/2013/08/pathway-3-plan-verification-form.pdf> - Pathway 3 Plan Verification Packet

Please follow these instructions exactly to avoid having to repeat any one of these steps!

100 HOUR PROGRAM

The intern will observe, contribute to and participate in consultations, as the mentor sees her develop appropriate skills.

Keep records of clinical experiences on the designated forms (The Clinical Competencies for IBCLC practice).

Tuition \$ 750 (A payment plan is available, inquire at LER@LactationTraining.com)

500 HOUR PROGRAM

The intern will observe, contribute to and participate in consultations, as the mentor sees her develop appropriate skills. Observation hours do not count towards the 500 hours. Only hours when the intern is participating in the consult will “count” towards the 500 hours. Please refer to the IBLCE document: Pathway 3 Plan Approval Packet <http://iblce.org/wp-content/uploads/2013/08/pathway-3-plan-guide.pdf>

Tuition \$ 1500 (A payment plan is available, inquire at LER@LactationTraining.com)

You will receive an Internship Notebook of documents related to your internship at the beginning of your internship. Vergie Hughes will go over these documents with you and your mentor.

Keep records of clinical experiences on the designated forms (The Clinical Competencies for IBCLC Practice) which you will find in your notebook.

Write 10 case studies including relevant research. To document your case studies, use the form in the following link. You may start and save your work and resume later if you can't complete it in one session. Please the instructions on the form so you do not lose your work.

<http://www.formstack.com/forms/?1720292-U6UBx42Zjy> Be concise and focused. Your work will be review by Vergie Hughes RN MS IBCLC FILCA or Jane Bradshaw RN BSN IBCLC. You will receive feedback on some of your case studies. If you do not receive feedback, assume the case study was accepted as is.

Engorgement

Jaundice Sore

nipples

Premature infant

Infant weight loss greater than 10%

You may substitute one of these topics for a topic of your choice.

Flat or inverted nipples

Breast refusal

Cultural issues

Over-production

Low milk production

Guidelines for Case Study Reports

Problem	Identify problem/s
Cause	Rank the causes in order of how common they are List the reasons the problem may occur Identify the time period when the problem is likely to occur
History	Mother and infant/s history
Assessment	Describe the clinical findings for mother, infant, breastfeeding assessment
Plan of care	Describe the recommendations including addressing the infant's needs, the mother's needs and the breastfeeding situation
Evaluate	Evaluate the recommendations, what was good, what could have been done better. This might include policies and practices as well as staffing that affected the patient care
Research	Summarize what the text books and research journals say, provide bibliography

Present a case study or poster presentation on one of these cases at a staff meeting or other group organized by your mentor and you. The presentation might also include posters, flow sheets, charts, pictures, demonstrations or other relevant materials. Please inform Vergie of your presentation date so she can attend (programdirector@lactationtraining.com)

Attend one meetings/classes of each of the following categories and provide a written report of each. Use the form at: <http://www.formstack.com/forms/?1742936-U6UBx42Ziy-v3>.

- 1) Professional group: The local ILCA group meeting or state Breastfeeding Coalition meeting
- 2) Parents class: A prenatal breastfeeding class
- 3) Mothers support group: A post-partum support group or a La Leche League meeting.

COMPLETION OF THE PROGRAM:

The trainee will be awarded a completion certificate when:

- 1) 100/500 hours are complete
- 2) The Clinical Competencies for IBCLC Practice are submitted to the Program Director
- 3) A written evaluation of the Internship Program is submitted
- 4) Payment has been received in full

POLICIES:

Scheduling

Trainees will schedule time at their placements with the supervising Lactation Consultants based on availability. Generally interns work 2-3 days per week. The time limit for completing the 100 hours is 6 months, for 500 hours is one year.

Supervision

During the Internship Program LER will provide guidance and arrange observation/practice opportunities. An intern will begin by observing her mentors. She will then perform the various competencies under the supervision of the Lactation Consultants. When she has been observed several times and is believed to have mastered each skill, she may perform that activity independently with the lactation consultant nearby as a resource for problems or questions. All activities are subject to the approval of the institution's policies.

Learning opportunities are based on the availability of patients and their clinical situations. Every effort will be made to offer a variety of educational experiences. The intern may not reach the level of independent practice in each competency by the completion of the internship.

Conflict of interest

Trainees may not solicit, distribute materials or business cards, or promote goods or services of any type while enrolled in the Internship Program.

Grievance Policy

Clinical interns are contacted quarterly to determine the intern's satisfaction with the program and the mentor's evaluation of the intern. Mentors and interns are encouraged to contact Amy Black, Director of Clinical Internships, at any time a problem situation appears. If a problem is uncovered, it is discussed with the intern, her clinical instructor, the Director of Internships and Program Director in necessary, to determine a resolution.

Confidentiality

No confidential medical, personal or programmatic information may be divulged to others in any way. Turn in your assigned Confidentiality Statement with your application. Patients should be identified only by pseudonym or "mother", "baby" in any case reports.

Parking

Parking will be provided by the institution. Interns will be responsible for parking fees, if any.

LEARNING OBJECTIVES:

At the end of the internship the Lactation Intern will:

1. Be able to counsel mothers as they initiate lactation and trouble shoot common breastfeeding issues.
2. Distinguish between common breastfeeding problems and more complex problems and provide appropriate referral as needed.
3. Be able to counsel mothers with common breastfeeding difficulties over the phone.
4. Be familiar with the features of different kinds of breast pumps, cleaning and trouble shooting.
5. Be able to recommend a breast pump suitable for the individual needs of each patient.
6. Be competent in providing routine education and support to hospitalized mothers of normal newborns and premature infants.
7. Be informed about the proper storage and handling of breastmilk.
8. Be familiar with resources for breastfeeding information including a medical library, the internet, and appropriate reference books.
9. Be aware of resources and handouts for patients with special needs: e.g. handicapped infants, mothers of multiples, mothers whose first language is not English, mothers with low reading level, etc.
10. Provide anticipatory guidance to mothers of normal newborns and mothers with breastfeeding problems.
11. Be able to document assessments and recommendations in appropriate records.
12. Be familiar with the appropriate use of special aids such as breast shells, nipple shields, feeding tube devices, special pillows, periodontal syringes and other related lactation management devices.



Lactation Education Resources

Internship Program Application Form

Name _____

Address _____

City, State, Zip _____

Phone number _____

Fax number _____ email _____

Please attach a résumé or CV.

Lactation Consultant Training Program 90 hours (or equivalent) completion date: _____

Anticipated time schedule for 100/500 hours of training: (scheduled as space is available). (Days per week, hours per day, completion time frame)

Goals and learning needs for the Internship program:

Tuition Payment

Tuition 100 hour program \$750

Tuition 500 hour program \$1500

Payment:

Check attached _____

Bill my credit card _____ exp date _____

If you would like a payment plan, please contact the LER office to set up an arrangement, 443-203-8553, or LER@LactationTraining.com.



Lactation Education Resources

**LACTATION INTERNSHIP
HEALTH CLEARANCE FORM**

Name of intern _____ DOB _____ has:

1. A negative PPD (Mantoux Method) less than 3 months prior to the date of scheduled clinical observation or a negative chest x-ray less than 1 year prior to scheduled clinical observation. Date performed _____ Date read _____ Results _____ mm

2. Proof of immunity to measles, mumps and rubella. _____ date

3. Laboratory evidence of immunity to varicella, or two doses of chickenpox (VariVax) vaccine. _____ date

(Anyone born before 1957 does not need measles, mumps or rubella documentation, only varicella.)

4. Has had hepatitis B vaccination and hepatitis immune status by serology, if available (or provide statement of declination). (Provide Hep B declination form) _____ date

5. Has had seasonal flu vaccine _____ date

6. Has had Tdap series within 10 years _____ date

I have examined this individual and have found her/him to have no mental, no physical health problems or evidence of infectious or communicable diseases that will interfere with her completion of the Lactation Consultant Internship Program.

Signature of Physician / Nurse Practitioner Facility



Lactation Education Resources LACTATION INTERNSHIP

CONFIDENTIALITY STATEMENT

In the course of your activities with patients you will have access to confidential medical and personal information and records. This information may not be divulged to others in **any way**. Case reports and written assignments should identify patients only by a pseudonym or general reference “mother”, “infant”. In addition, you may become aware of sensitive programmatic information. This may not shared with anyone outside of the organization.

Medical information is protected by HIPAA (The Health Insurance Portability and Accountability Act of 1996) regulations. Protected Health Information, the medical record, and records of payment held by health care clearinghouses, employer sponsored health plans, health insurers, and medical service providers and their employees and business associates is covered by the Privacy Rule and may not be divulged without the person’s consent. You may not discuss patients and cases with anyone other than your mentor/s. Infringement results in severe legal penalties and fines.

An infraction in this area is considered very serious and may be grounds for disciplinary action and/or dismissal from the Internship Program.

By signing this statement, you acknowledge that you have read this document and will not share or divulge any personal, medical or programmatic information to anyone who is not authorized to have access to it.

Signature of Intern

Date

