Canadian Midwifery Regulators Council | Conseil canadien des ordres de sages-femmes

CMRC Midwife Self-Assessment Tool

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About this tool

This Midwife Self-Assessment Tool was developed by the Professional Practice Committee of the Canadian Midwifery Regulators Council (CMRC) in 2021-22. It is intended to facilitate self-assessment and reflection by registered midwives across the following non-clinical roles: Professional, Advocate, Communicator, Collaborator and Learner.[1] CMRC recognizes there are other existing mechanisms to assess clinical competency.

Using this tool, midwives are asked to reflect on the 42 self-assessment items using the rating scales provided. The space beside each item can be used to note thoughts, recent relevant professional experiences, or ideas for resources/ knowledge/skills/experiences needed to enhance competency for that item. These notes can be used to develop a learning plan to guide future professional development.

Development of the self-assessment tool

CMRC engaged Dr. Kathrin Stoll, a senior consultant with a background in midwifery research and instrument development, to help create the tool. The consultant completed a literature review regarding self-assessments in health professional education, and a jurisdictional review of midwifery self-assessment tools from Canada, New Zealand, Australia, the US and the UK. CMRC Professional Practice Committee members participated in consensus building discussions and prioritization exercises to determine which roles and competencies to emphasize in the self-assessment tool. Forty-two midwives from across the country tested the tool and provided feedback in two phases, which resulted in some new self-assessment items, a revised introduction, the addition of reflection-enhancing questions, re-grouping of items and expansion of response options.

Reflective practice

The purpose of reflective practice is to promote life-long learning. Reflective practice models may include debriefing with colleagues, thoughtful self-assessment, case study and peer review. Reflective practice is different from recounting or summarizing an experience because it focuses thinking and discussion on analyzing the case or experience, identifying strengths and areas for change, applying research and evidence, and making a plan for future practice through learning plans or goal setting.[2]

Midwives may encounter challenges during practice that are out of their control and might impact the care they provide. These challenges include scope of practice restrictions, hospital

[1] These are five of the seven roles outlined in the CMRC Canadian Competencies for Midwives (2020). CMRC competencies Dec 2020 FINAL_3-e_Jan 2022.pdf (cmrc-ccosf.ca)

[2] College of Midwives of Manitoba, 2021.

policies, high workload, burnout, racism and discrimination, inter- and intra-professional conflict and more. A midwife's internal perception of what a good midwife is also has an impact on midwifery practice. Please consider these factors when completing the self-assessment and see below and also Appendix A for relevant reflection-enhancing questions.

Cultural safety & humility

Midwives have a responsibility to address racism and bias at the individual and system levels. Midwives are expected to provide culturally safe care and embrace cultural humility, and they are called upon to identify and address power imbalances in the health care system. Adopting reflective practice allows midwives to understand personal and systemic biases and acknowledge the experiences of others.

Midwives are encouraged to seek feedback from Indigenous clients and other clients who have been historically **marginalized** to better understand whether clients feel welcome and safe in their care, and how midwives can better serve clients from communities that have been historically and intentionally excluded.

Examples of reflection-enhancing questions

Below are three of the items found in this self-assessment tool and examples of reflection-enhancing questions that may assist in the self-assessment process. To get the most out of the self-assessment, midwives are encouraged to ask themselves relevant reflection-enhancing questions that may be associated with each item.

Self-assessment item	***Examples of reflection-enhancing questions***
I recognize policies or procedures that may be unsafe or are inconsistent with **evidence-informed practice,** and take action to address these.	**Have you encountered a policy or procedure in the past 12 months that you felt was unsafe or contrary to evidence-informed practice?** • What did you do in that situation? • Would you do anything differently if this happened again? • What do you need (e.g. resources, skills) to better address these issues?
I advocate for the client as primary decision maker in care, even if their decisions are not aligned with my recommendations.	**How do you feel when clients go against your recommendations?** • What are your thoughts in that moment? • What helps you remain respectful and supportive in these situations? • What can you do to improve your practice in this area?

I acknowledge that **cultural humility** is a process of self-reflection and I will always be a learner when it comes to understanding another's experience.	**Please take some time to reflect on your own culture, history and attitudes and how they might affect the way you provide care.** • How do you address power imbalances with clients? • Can you recall a situation when you imposed your own cultural values and personal preferences on a client? Or have you observed another midwife or health care provider do this? • How did the client react? How would you react if that happened again? • How would you respond if a client said they do not feel safe in your care?

How to use this tool

Please review and rate each of the 42 statements starting on the next page and reflect on your current midwifery practice and how you meet the competencies. Choose a rating using the corresponding 7-point rating scale and make a note of your strengths/experiences/areas for improvement in the space beside each item. If you have difficulty using the 7-point rating scale provided, consider using: 1) *I am confident in this area* or 2) *I need to work on this*. If you cannot rate one or more items, please reflect on why you were unable to do so and what you can do to address this. Completing this self-assessment will likely take 1-2 hours. Bolded words/ terms are defined in the Glossary at the end of this document.

If you feel that you need improvement in one or more areas, please consider the knowledge, skills and experiences you require to become more confident. Consider identifying a timeframe for undertaking the professional development activities that you choose.

Number	Self-assessment Item	Rating	Use this space to record your thoughts, recent relevant professional experiences, or ideas for resources/ knowledge/skills/experiences needed to improve your competency
1	I provide **client-centred care,** always considering the **client**'s identity, distinct circumstances, and physical, emotional, spiritual and cultural needs.	Always Almost always Often Sometimes Rarely Never Unable to rate	
2	I provide **clients** with accurate and complete information to support their right to informed choice and consent.	Always Almost always Often Sometimes Rarely Never Unable to rate	
3	I respect, support and document a **client**'s right to accept or decline care and treatment.	Always Almost always Often Sometimes Rarely Never Unable to rate	
4	I advocate for the **client** as primary decision maker in care, even if their decisions are not aligned with my recommendations.	Always Almost always Often Sometimes Rarely Never Unable to rate	
5	I recognize policies or procedures that may be unsafe or are inconsistent with **evidence-informed practice**, and take action to address these.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	

6	When there is a risk to **client** or public **safety**, I identify the risk and act appropriately to prevent or mitigate harm.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
7	I identify community-based services and refer **clients**, as appropriate.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
8	I work in partnership with people the **client** has chosen to be their supporters in labour, including doulas and other birth workers.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
9	I demonstrate compassion and sensitivity when caring for all **clients**, particularly those who are experiencing grief, loss or unexpected circumstances.	Always Almost always Often Sometimes Rarely Never Unable to rate	
10	I assess for **client safety**, including sexual abuse and assault, intimate partner violence, structural violence, emotional abuse and physical neglect.	Always Almost always Often Sometimes Rarely Never Unable to rate	
11	When **clients** or colleagues raise concerns or are unsatisfied, I engage in open dialogue for problem solving, and do not obstruct them if they choose to make a complaint to the College.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	

12	I work sensitively with **clients** with **diverse** gender expressions, sexual orientations and family structures, and use inclusive language as preferred by the **clients** themselves.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
13	I am committed to dismantling stigma and discrimination experienced by **clients** affected by obesity, substance use, and/or mental, physical or other disabilities.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
14	I act with honesty and integrity, and I treat **clients** and colleagues without discrimination or harassment.	Always Almost always Often Sometimes Rarely Never Unable to rate	
15	I ensure my interactions with **clients** do not perpetuate **systemic bias** and inequities that have impacted **health** outcomes of **clients** who identify as **Indigenous**, Black or People of Colour, **2SLGBTQIA+** or other groups that have been historically and intentionally oppressed.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
16	I understand the unique challenges faced by **clients** with **intersecting circumstances/** characteristics or complex needs and ensure that I am welcoming and supportive.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
17	I speak up when I see other **midwives** or health care providers treat **clients** unfairly	Always Almost always Often	

	because of their culture, individual circumstances or experiences.	Sometimes Rarely Never Unable to rate	
18	I take action to identify, address, prevent and eliminate racism and discrimination in my practice environment(s).	Always Almost always Often Sometimes Rarely Never Unable to rate	
19	I support and facilitate inclusion of **Indigenous** cultural and healing practices in ways that are meaningful for the **client** and their family.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
20	I demonstrate **cultural safety** by addressing **power imbalances** inherent in health care delivery.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
21	I acknowledge that **cultural humility** is a process of self-reflection and I will always be a learner when it comes to understanding another's experience.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
22	I take reasonable steps to meet **clients**' language and communication needs, providing assistance to those who need help communicating, and checking **clients**' understanding.	Always Almost always Often Sometimes Rarely Never Unable to rate	
23	I document **client** interactions in a clear, concise, accurate, objective, contemporaneous	Always Almost always Often	

	and legible manner to facilitate continuity of care and decision-making, and to optimize **safety**.	Sometimes Rarely Never Unable to rate	
24	I communicate the midwifery **scope of practice** to **clients** and explain how care can be integrated with other health care professionals if needed.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
25	I treat my colleagues with respect during professional interactions, even if I disagree with them.	Always Almost always Often Sometimes Rarely Never Unable to rate	
26	I consult with, or refer to, other **midwives** or other health care professionals, as required.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
27	I am accountable to **clients** and colleagues and take responsibility for all my decisions and actions.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
28	I uphold my duty to protect **client** confidentiality and privacy.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	

29	I do not use my position as a **midwife** to promote personal opinions or causes with **clients**.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
30	I maintain appropriate **professional boundaries** with current & past **clients** and their families.	Always Almost always Often Sometimes Rarely Never Unable to rate	
31	I seek feedback from **clients** and colleagues and use this feedback to improve my practice.	Always Almost always Often Sometimes Rarely Never Unable to rate	
32	I act as a role model to help student **midwives** develop their professional behaviours and clinical skills.	Always Almost always Often Sometimes Rarely Never Unable to rate	
33	I am accountable for my decisions to delegate tasks to others by ensuring that everyone I assign tasks to is **competent** to provide the care.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
34	I understand the limits of my knowledge, skills and abilities.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	

35	I identify ethical issues when providing care and respond using **ethical principles**.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
36	I routinely review the latest clinical evidence and apply it to my practice.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
37	I participate in **quality improvement** activities to enhance midwifery practice and health care delivery.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
38	I participate in relevant **research** activities/ opportunities to advance the profession's body of knowledge.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
39	I understand how trauma (e.g. intergenerational trauma, abuse, adverse childhood experiences) shapes the lived experience of **clients** and I am responsive to the needs of **clients** who have experienced trauma.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	

40	I refer to another appropriate practitioner when my ability to practise safely is impaired due to illness, fatigue or other factors.	Always Almost always Often Sometimes Rarely Never Unable to rate	
41	I am aware and follow **mandatory reporting requirements** in my jurisdiction.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	
42	I engage in ongoing self-reflection, identify my learning needs and take action to address these.	Strongly agree Agree Somewhat agree Somewhat disagree Disagree Strongly disagree Unable to rate	

Next steps - Creating a learning plan

Now that you have completed the self-assessment ratings, please reflect on:[3]

- your strengths and areas for improvement;
- how to maintain or improve your practice; and
- the development of a realistic, achievable professional development plan.

A learning (professional development) plan allows the midwife to analyze their reflections and determine the most important area(s) to focus on in the upcoming practice year.

Questions to help formulate a learning plan may include:[4]

- What specific knowledge/skill/experience do you want to obtain? (Learning goals)
- How will you acquire this? (Learning activities)
- When will you complete this learning? (Timeline for achieving the goals)
- What are the learning outcomes and implications for practice?

Comments and feedback on this self-assessment tool are most welcome.
Please email: tracy.murphy@cmrc-ccosf.ca

[3] Ordre des sages-femmes du Québec, 2018.
[4] College of Midwives of Ontario, 2022.

Glossary of Terms

2SLGBTQIA+: Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer (or Questioning), Intersex, Asexual. The placement of Two Spirit (2S) first is to recognize that Indigenous people are the first peoples of this land and their understanding of gender and sexuality precedes colonization. The '+' is for all the new and growing ways we become aware of sexual orientations and gender diversity. (University of British Columbia, n.d.)

Client: The person who comes to the midwife for care. The client varies in race, national or ethnic origin, religion, age, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and socio-economic background. The client may have experienced trauma (e.g. intergenerational trauma, abuse, adverse childhood experiences) that shapes their current lived experience. (CMRC, Canadian Competencies for Midwives, 2000)

Client-centred care: An approach in which clients are viewed as whole persons. Client-centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination and participation in decision-making. (Registered Nurses Association of Ontario, 2002)

Competent: Having the necessary ability, knowledge or skill to do something successfully. (Lexico)

Cultural humility: A process of self-reflection to understand personal and systemic barriers and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. (First Nations Health Authority, n.d.)

Cultural safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (First Nations Health Authority, n.d.)

Diverse/Diversity: Differences in the lived experiences and perspectives of people that may include race, ethnicity, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, gender identity or expression, sexual orientation, age, class, and/or socio-economic situations. (University of British Columbia, n.d.)

Ethical principles: The fundamental ethical principles are respect for autonomy, beneficence, nonmaleficence and justice. (Varkey, B. 2021)

Evidence-informed decision-making/practice: The integration of best available evidence with client context and the personal knowledge and experience of the midwife to inform clinical problem solving and decision-making. (CMRC, Canadian Competencies for Midwives, 2000)

Health: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (World Health Organization, 1946)

Indigenous: The original peoples of North America and their descendants. In Canada, Indigenous refers to First Nations peoples, Inuit and Métis. (Government of Canada)

Intersecting circumstances: Multiple and possibly interconnected characteristics, conditions or situations the client is living, such as race, poverty, gender, etc. These may be regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Adapted from Lexico)

Mandatory reporting requirements: Statutory responsibility to report specific matters to the midwifery regulatory authority or other authorities, for example incompetence, sexual abuse, privacy breach, voluntary restriction of practice, etc.

Marginalization/Marginalized: A social process by which individuals or groups are (intentionally or unintentionally) distanced from access to power and resources and constructed as insignificant, peripheral, or less valuable/privileged to a community or "mainstream" society. (University of British Columbia, n.d.)

Midwife: A person who has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or is legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery. (International Confederation of Midwives, n.d.)

Power imbalance: In health care, this refers to tiered levels of power between clinicians and clients. A more balanced partnership between providers and clients better aligns with client-centred care. (Heath, S., Patient Engagement HIT, 2021)

Professional boundaries: Rules and limits that prevent the lines between the midwife and the client from becoming blurred. Professional boundaries are set by legal, ethical and organizational frameworks to maintain a safe working relationship for the client and the midwife. (Adapted from Ausmed). In this document, the term "appropriate professional boundaries" is used to recognize that in small/rural geographic areas the midwife may be well-known to the client and their family, and this relationship may continue after the client is no longer in the care of the midwife.

Quality improvement: A continuous process for evaluating effectiveness of a programme, which includes making needed improvements and re-assessing effectiveness. (International Confederation of Midwives, 2021)

Research: A systematic investigation to identify, create and/or confirm existing or new concepts, knowledge, methodologies and understandings.

Safety: The condition of being protected from risk, injury, coercion, abuse, hurt or loss physically, emotionally and psychologically. (Adapted from Merriam Webster) Safety also includes cultural safety.

Scope of practice: The activities that the health care provider is authorized to perform, as set out in legislation and described by practice standards, limits, and conditions set by regulators. (CMRC, Canadian Competencies for Midwives, 2000)

Systemic bias: Systemic bias or institutional bias occurs when systems or processes within an institution, organization or unit are designed to disparately impact, and result in differential outcomes for, **marginalized** groups. Systemic bias creates and sustains institutional barriers to equity and social justice. (University of British Columbia, n.d.)

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Appendix A: Additional Reflection-Enhancing Questions

Please think of a situation when you or a colleague did not speak up when you witnessed a client being treated unfairly because of their culture, individual circumstances, or experiences.

- What was the impact on the client, colleague and yourself?
- What can you do when you observe a client being treated unfairly?
- How would you respond if a client told you they feel discriminated against by you or a practice partner?

Please think about a situation when there was an adverse outcome as a result of your actions or decisions.

- How did you communicate about this event with your clients and colleagues?
- How did you take care of yourself after the incident?
- What would you do differently next time?

Please think about your relationships with other midwives and health care professionals in your community.

- In what ways is the quality of care you are able to provide to clients affected by these relationships?
- What relationships would you like to change or improve?
- What steps could you take to do this?

What is a good midwife?

- How do your perceptions about this impact the way you provide care to clients?
- How do your perceptions about this impact your relationships with other health care providers?
- How do your perceptions about this impact your relationship with family and friends?

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