Internet Appendix 1

Introduction to the Creighton Model System

Research leading to the development of the **CREIGHTON MODEL FertilityCare™ System** (CrMS) began in 1976 and the system was first fully described in 1980.[1] It is a fully integrated educational system which has an extraordinary degree of scientific understanding and validity.

Woven into the very fabric of the **CREIGHTON MODEL System** is a Catholic understanding of the personal nature of our human sexuality and the challenge to respect one's spouse, to respect the workings of one's body, and to try to understand and further allow for two people to relate in a way that God intended. Thus, this makes a contribution to counteracting the extraordinary crisis that exists in our modern society.

In 1968, Pope Paul VI issued the now-famous encyclical letter, *Humanae Vitae*.[2] In that letter, he outlined the longstanding teaching of the Catholic Church with regard to contraception, sterilization and abortion. Incredibly, he was able to predict the consequences of contraception. The Holy Father predicted that marital infidelity would increase, that there would be a weakening of moral discipline, that husbands would lose respect for their wives and that they would begin using their wives (and others) as instruments for serving their own desires, and that public authority would exercise power by mandating fertility control.[3] Each of these prophetic insights have come true in our modern society.

Humanae Vitae was met with great dissent by the theologians and the Catholic lay population who followed those theologians. The Church's

priests or bishops gave little leadership to help guide the faithful out of that abyss. Along with this dissent to the fundamental teachings, there has been almost complete neglect of what are referred to as the "pastoral directives" of *Humanae Vitae*,[4] or what could be referred to as the "challenges of *Humanae Vitae*."

Pope Paul VI, in seeking aid and protection for married couples and the family in the third part of this encyclical letter, made a personal appeal to seven different groups of people to carry on this work, meet the challenge, and develop the programs necessary to see that the teachings of the Church could become viable. He appealed to public authorities, men of science, Christian spouses, the apostolate of spouses, doctors and health care professionals, priests and bishops. The response to this challenge has been deafeningly silent.

No comparison can be made between the response to these specific challenges given by the leader of the largest religious force in the world and the response that has been given to the scientific investigation into the methods of contraception, sterilization, abortion, the artificial reproductive technologies, and so forth. Those who believe in contraception, sterilization and abortion have far outstripped the formation of programs and developments that would lead to the widespread use of a natural means to regulate human fertility or to a better understanding of what Pope John Paul II calls the "language of the body."[5]

The Need to Aid and Support Couples

The Catholic Church, coming out of the second Vatican Council, presented the following teaching, "Human beings should also be judiciously informed of scientific advances in the exploration of methods by which spouses can be helped in arranging the number of their children. The reliability of these methods should be adequately proven and their harmony with the moral order be clear."[6]

At about the same time in 1969, Pope John Paul II, who was then Cardinal Karol Wojtyola, proclaimed that, "abandoned to their own lights, most married couples will remain stuck with their difficulties and, without competent help, they will run the risk of losing faith in God and remain the prisoners of inextricable and desperate moral conflicts."

After he became Pope John Paul II, he wrote in his apostolic exhortation to families, *Familiaris Consortio*, that, "...the necessary conditions

also include knowledge of the bodily aspect and the body's rhythms of fertility. Accordingly, every effort must be made to render such knowledge acceptable to all married people and also to young adults before marriage, through clear, timely and serious instruction and education given by married couples, doctors and experts."[7]

Since that time, the Holy Father has continued to write in this area. He has developed what is now called the "Theology of the Body."[5] And, in his encyclical letter *Evangelium Vitae* (the Gospel of Life),[11] he specifically called upon institutions and individuals to develop academic centers for research and education in the field of natural family planning and also to develop service programs for such.

The CrMS has responded to all of these calls. The **American Academy of Fertility*Care* Professionals** (formerly the American Academy of Natural Family Planning) was first established in 1982 and is now the official national certifying and accrediting body for the CrMS. **Fertility*Care*™ Centers of America** and **Fertility*Care*™ Centers International** link all of the **CREIGHTON MODEL** programs through a network of **Fertility*Care*™ Centers** throughout the United States, Canada and in many other areas of the world. In 1985, the Pope Paul VI Institute for the Study of Human Reproduction, the home of the CrMS and the new reproductive science of **NaProTECHNOLOGY**, was established for ongoing research and education program development.

The first volume edition of the **CREIGHTON MODEL** training manual was published in 1982.[9] It presented a program capable of making advances in this field in a way no other program had been able to do up to this point. Now, the **CREIGHTON MODEL Fertility*Care*™ System** has well-established effectiveness studies which serve as its foundation, and the CrMS forms the very hub of the new medical and surgical women's health science of **NaProTECHNOLOGY**. This training manual was completely updated in 2002[10] and its companion volume, Book II, on advanced teaching skills was published in 2003.[11]

Thus, it is a system that not only establishes a very strong scientific foundation and service delivery program but has also responded to the appeals of the popes of the last 35 years and responds to the Catholic Church's call for a view of human sexuality that goes beyond what our current society seems to accept.

The CREIGHTON MODEL FertilityCare™ System

The CrMS is a standardized modification of the Billings Ovulation Method. It is a legitimate offspring of that system which is built on ***research, education, and service*** (the "triangle of support" for the CrMS user – see Figure 1) and is an integrated educational system designed to assure the highest quality service delivery possible for the **FertilityCare™ Educator**, **Practitioner**, and the client couple.

In the CrMS, fertility is observed as a part of health, not disease. It is a system that is specifically not a natural contraceptive. Rather, it is a true method of family planning…a method that can be used in two ways – to achieve as well as to avoid pregnancy. These principles make this system distinctly different from contraception (artificial or natural).

The CrMS is based upon a couple's knowledge and understanding of their naturally occurring phases of fertility and infertility. Through this understanding, the couple is able to make decisions (choices) regarding the achievement or avoidance of pregnancy. It is the only system (besides the Billings Method) that provides information dealing with the complete dimensions of the procreative ability. In addition, it provides women the added benefit of being able to monitor and maintain their procreative and gynecologic health over a lifetime. CrMS teachers are trained allied health professionals, and physicians are trained to incorporate the CrMS into their medical practice.

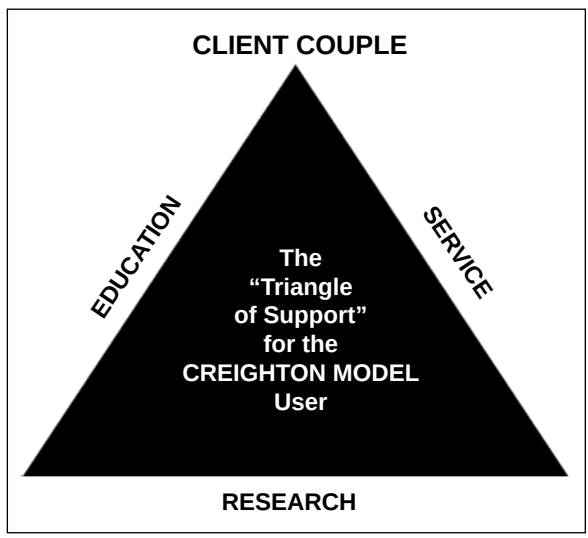

Figure 1: The "triangle of support" for the **CREIGHTON MODEL** user.

It is a system that is completely integrated in its education, research and service orientation. It meets the demands of the allied health and medical professions in the field of the natural means to regulate fertility. It is built to accomplish accountability and competency through a strong professional infrastructure (see Chapter 18) and it works within the context of a Catholic ethical and moral service delivery framework. The CrMS allows married couples the opportunity to consciously cooperate in the achievement of a pregnancy as a component of the use of a natural system. At the present time, the Billings Ovulation Method is the only other system of which we are aware that puts such emphasis on the achievement of pregnancy in couples of completely normal fertility. While an emphasis has been placed on assisting couples with infertility (and the CrMS has a very special capability of helping couples with those types of problems), these two systems are unique in their ability to assist couples of completely normal fertility to use them throughout the course of their reproductive life for both the achievement and avoidance of pregnancy. Therefore, it is, by definition and application, a lifelong system not to be reduced to a fraction of one's procreative life.

Fertility Appreciation

Fertility appreciation is a term that is used in the CrMS. It can be defined as ***the ability to mutually value, respect, and understand one's fertility***. Such a value, respect and understanding should be ***foundational*** to the teaching and use of the CrMS.

Background of the System

The fundamental principles of the CrMS have been known to physicians for many years and well documented although, as Cohen, et al[12] observed, "They have been almost disregarded by gynecologists." In 1952, this group published a schemata of the events that occur relative to the changes in the cervical mucus as ovulation approaches. In retrospect, this schemata also defined the basic principles of the not yet described Billings Ovulation Method and the CrMS (Figure 2).

It was noted that as ovulation approached, the stretchability and clarity of the mucus increased along with its quantity of production. At the same time, the viscosity and its content of leukocytes decreased. The most pertinent observation, however, was the indication that the

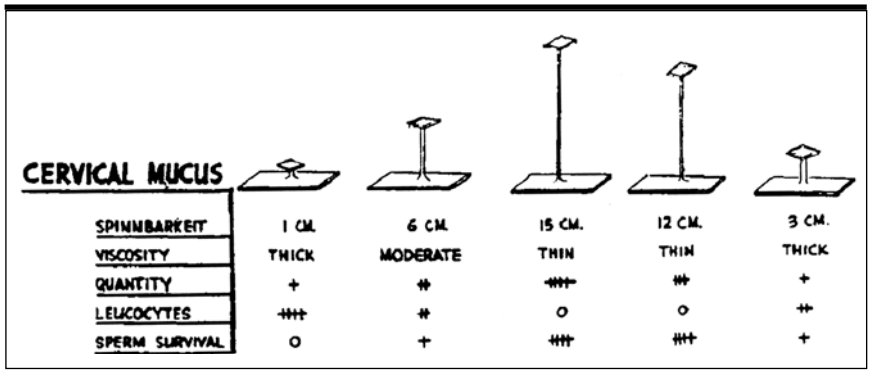

Figure 2: Cohen's original schemata for the events that occur in the cervical mucus around the time of ovulation. Of special note is the depiction of the sperm survival and the, de facto, recognition of the role of the cervical mucus as a biological valve (From: Cohen MR, Stein IF and Kaye BM: Spinnbarkeit: A Characteristic of Cervical Mucus. Fertil Steril, 3: 201, 1952).

survival of the spermatozoa was directly related to the presence or the absence of an ovulatory or periovulatory type of mucus produced form the cervix.

In the CrMS, external vulvar observations of the discharge of the cervical mucus, the presence of bleeding and the days when no discharge is present (dry days) are all used to obtain pertinent information on the phases of fertility and infertility and the state of the woman's procreative and gynecologic health.

In the woman with **regular cycles**, the cycle begins with the onset of menstruation (see the first cycle of Figure 3). As menstruation tapers

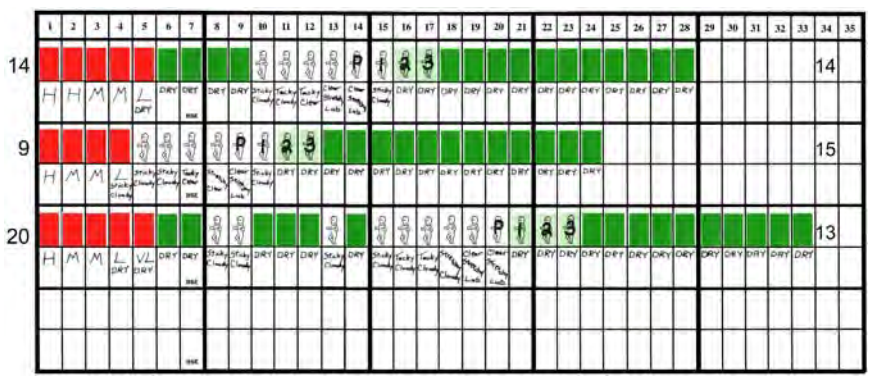

Figure 3: Three cycles charted for the **CrMS** showing the occurrence of menstruation, the pre-Peak dry days, the mucus cycle, the Peak Day (P), and the post-Peak dry days. The pre-Peak phases are variable in length (14, 9, and 20 days) but the post-Peak phases are consistent (14, 15, 13 days).

there is generally no discharge and the woman observes this as dry. As ovulation approaches, there becomes apparent a cervical mucus discharge which often begins as sticky, cloudy or tacky, cloudy discharge and eventually becomes clear, stretchy or lubricative. The *last day* of the mucus discharge that is clear, stretchy or lubricative is identified as the *Peak Day*.

The presence of the cervical mucus discharge correlates well with the rising levels of estrogen (Figure 4) and the occurrence of the Peak Day is correlated well with the timing of ovulation.

Because the production of the periovulatory cervical mucus is an estrogen dependent effect and is produced at the time of follicular development, when estrogen is increasing and ovulation approaching, the cervical mucus is produced and will be discharged before and during the time of ovulation. In **long cycles** (Figure 5) there may be occasional "patches" of mucus prior to the onset of the mucus associated with ovulation. What is prolonged in these cycles is the pre-Peak (or preovulatory) phase of the cycle and what remains relatively consistent is the post-Peak (postovulatory) phase of the cycle.

The same principles apply in anovulatory conditions such as **breast feeding** (Figure 6). Infant suckling may suppress ovulation and fertility

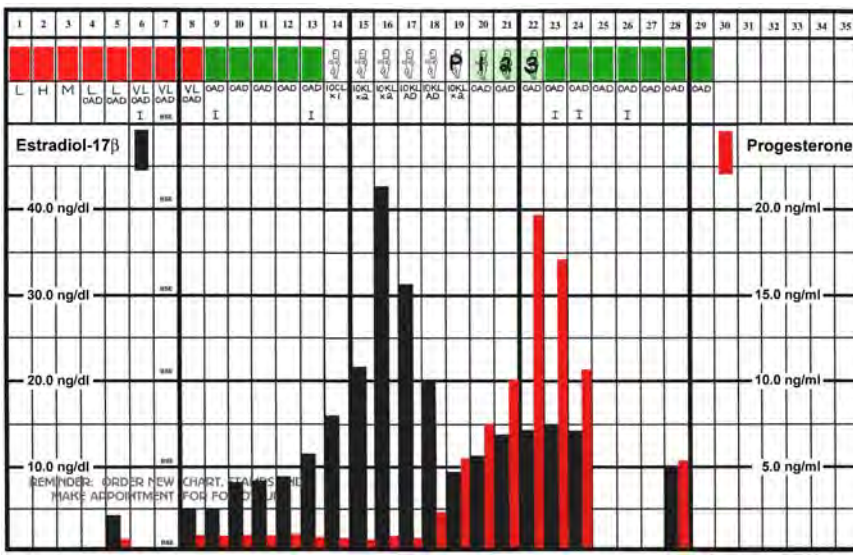

Figure 4: The relationship of serum levels of estradiol-17β and progesterone during the course of the menstrual cycle and the occurrence of the mucus sign and the Peak Day (P) in one cycle of a woman with normal fertility.

for a number of months. The presence or absence of the characteristic cervical mucus discharge associated with ovulation is then delayed until fertility returns and predicts the onset of the first menstrual period.

The *versatility* of the system, clearly one of its strongest features, is found in its fundamental biology. Because it relies on events leading up to ovulation, it defines the times of fertility and infertility in a definitive, day-by-day, prospective fashion. Previously difficult cases, such as long and irregular cycles, breast feeding, coming off of contraceptive pills, anovulatory states and the premenopause, all can now be dealt with in a positive fashion without delay.

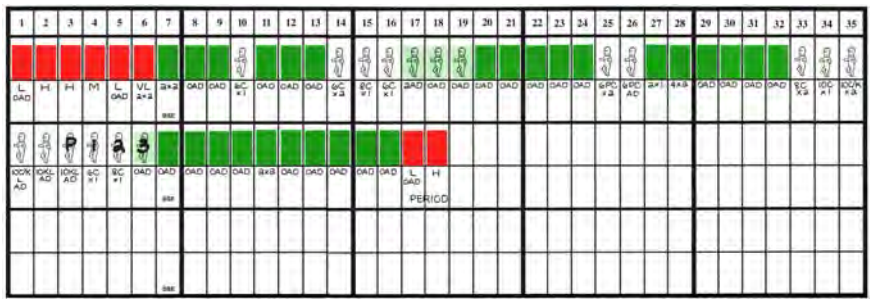

Figure 5: The application of the **CrMS** in long cycles. In this 51-day cycle, the Peak Day (P) occurred on day 38. The post-Peak phase was 13 days in duration. During the pre-Peak phase, "patches" of mucus are apparent.

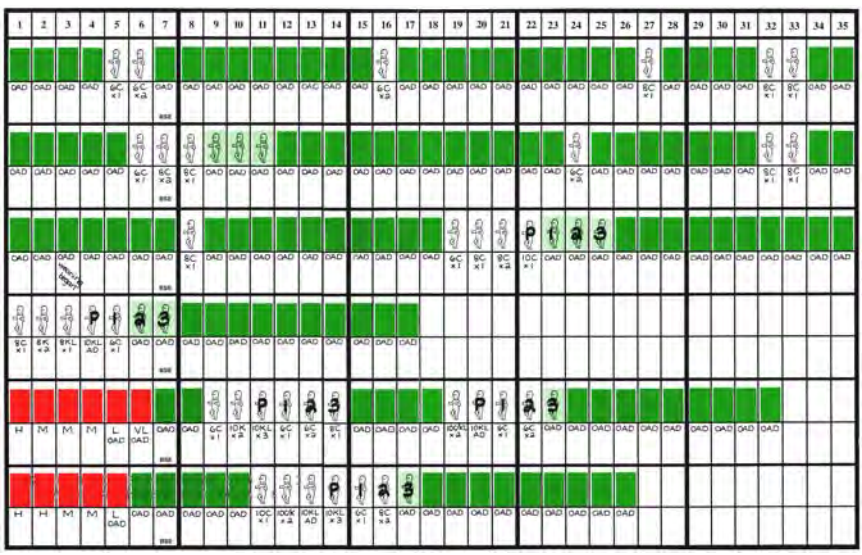

Figure 6: The application of the **CrMS** in breast feeding. "Patches" of mucus occur sporadically, dry days usually predominate, and as fertility returns, the mucus pattern and fertility return.

Even a woman with a **continuous mucus discharge** (Figures 7 and 8) can properly identify the days of fertility by using a *base infertile pattern* (BIP) which is identified with the presence of an unchanging discharge. When fertility begins, *there will be a change in the pattern*, which is easily identified by the woman who has been properly instructed. Thus, fertility is identified.

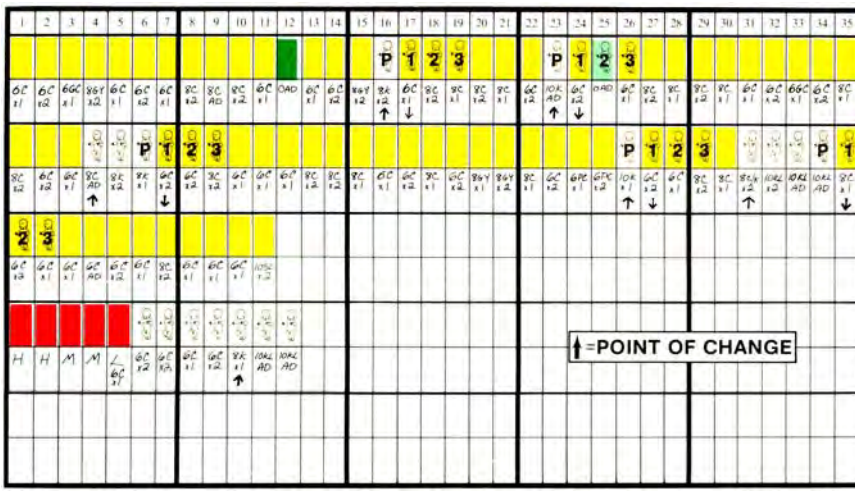

Figure 7: The example shows the use of the **CrMS** in a breast-feeding woman with a continuous mucus discharge. The plain yellow stamps indicate a discharge pattern which is the same from one day to the next. The arrows indicate the points of change and the baby stamps indicate days of fertility.

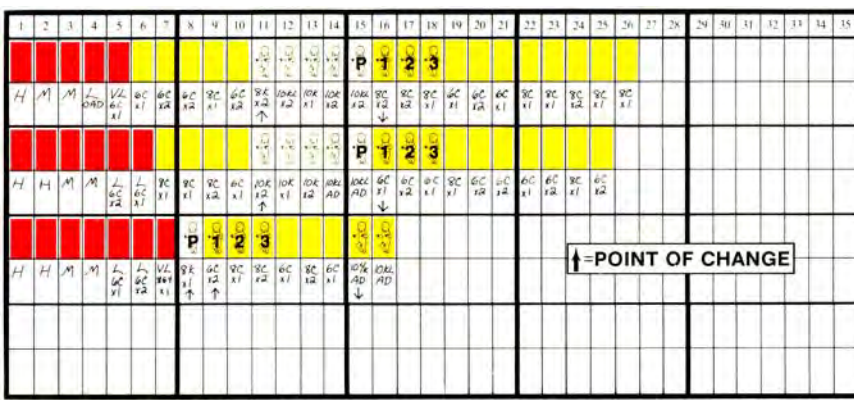

Figure 8: In a woman with regular menstrual cycles and continuous mucus discharge, the base infertile pattern is shown up to the point of the change. The Peak Day is identified and the pre- and post-ovulatory days of infertility are shown with plain yellow stamps.

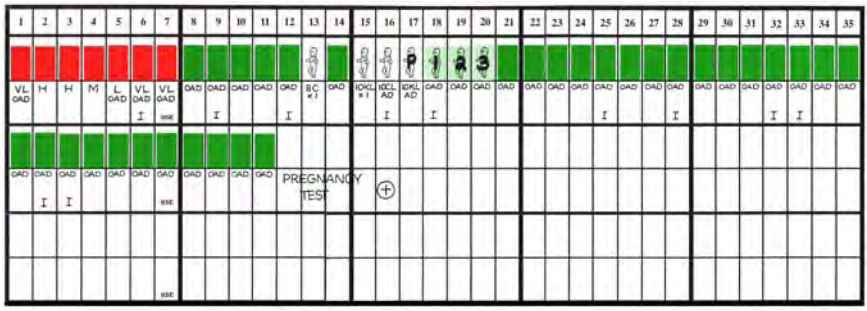

Figure 9: In this case, a woman of normal fertility, the system is used to achieve pregnancy. The acts of intercourse in the midst of the mucus cycle (days 16 and 18) should be expected to result in pregnancy as they did in this example.

The CrMS is *not* a contraceptive system. It is a system of *true family planning* (see Figure 9). The information obtained from monitoring the phases of fertility and infertility can be used *to either achieve or avoid pregnancy*. Users of the CrMS know their fertility status on any particular day and are given the freedom to utilize that information as they so choose. Those who use a day of fertility to achieve a pregnancy are successful users and not failures. A pregnancy can legitmately be observed as the result of the system's successful use.

At the same time, it can also be used by couples, with a high degree of security, as a means of avoiding pregnancy. The data not only support this but our own experience with this system shows that even those couples who have very strong medical reasons to avoid pregnancy can use it effectively so long as they are connected to a quality education system for proper training and support.

Because the CrMS is based upon biological markers that include not only the cervical mucus but also the absence and the presence of various types of bleeding, it can be used *as a means of monitoring and maintaining reproductive and gynecologic health*. Investigation of this has given birth to the whole new reproductive science of **NaProTECHNOLOGY**. Most of the work that has been done in this area has been completed at the Pope Paul VI Institute for the Study of Human Reproduction in Omaha, Nebraska. This reflects the Institute's background and experience in obstetrics and gynecology and in reproductive medicine and surgery. As this system has been used over the years, it has become *an ideal tool for any gynecologist*.

After many years of extensive evaluation, these biomarkers hve been shown to reveal the presence or absence of certain types of pathologic or physiologic abnormalities. They give the physician and the patient a

"handle" on the menstrual cycle and allow for its proper evaluation. It allows one to treat abnormalities of the menstrual cycle in cooperation with its function.

The CrMS and the Use of Criteria

In studying the biomarkers of the menstrual cycle as observed through the eyes of the standardized CrMS, one recognizes that the CrMS is a ***criteria-driven system***. In other words, the physician, the **Fertility*Care*™ Practitioner** (FCP) and the woman who is charting her cycles can identify certain biological events that are occurring by the objective presence of a biomarker. Such biomarkers have been associated, with a high degree of clinical correlation, with either one or more abnormal physiologic parameters of either reproductive function or woman's health.

The health care provider must recognize the importance of *criteria*. These criteria are objective signs that have been studied in such a fashion so that when they are observed in the **CREIGHTON MODEL** charting system they can be evaluated in an objective fashion. The discovery of these various objective markers (the presence of certain criteria) will indicate where evaluation should begin and what type of evaluation should be conducted. Furthermore, with a high degree of probability, it will give an insight into the potential underlying causes of the clinical abnormality.

Although the biomarkers of the CrMS are not 100 percent correct, they are *strongly suggestive of* a specific problem or set of underlying problems. When these objective parameters – these biomarkers – are identified, the health care provider and the woman who is making the observations will be able to understand more fully the nature of the underlying problem, the type of evaluation that needs to be done and eventually the treatment that would be best implemented. Furthermore, it needs to be stressed that these biomarkers can only be identified with the use of the CrMS.

The CrMS is truly unique. It is not only a standardized system but an enormous amount of research has gone into the basic understanding and correlation of these various biomarkers to underlying physiologic and pathophysiologic events. Thus, nobody should be confused that any other system can provide the same information. Perhaps it may be possible, some time in the future, for other approaches to approximate

what the CrMS does in this regard. However, significant research needs to be done prior to that being accomplished.

The Teaching System

The CrMS is based upon individual follow-up of client couples. This assures individual attention, allows for questions and answers, and allows the system to be "tailor-made" to the individual couple.

It is also built upon a *case management concept*. This is an approach to client care that allows for complex problems to be solved. The case management approach allows for a comprehensive and prioritized approach to the management of difficult cases. It is truly a benefit of standardization and it is completely holistic in its approach.

CREIGHTON MODEL services are delivered by educating couples about their fertility. This is accomplished through a network of service programs developed and operated by specialists in CrMS education.

Curriculum Concepts

The education of teachers in the CrMS is built upon an allied health educational model. The **Fertility*Care*™ Practitioner** (FCP) program is a 13-month core curriculum built upon *two theoretical phases* (nine and seven days in duration) and *two supervised practica* (five and eight months long). During the second supervised practicum, the student undergoes an *on-site visit* so that the faculty supervisor can personally witness the Practitioner's teaching skills. At the conclusion of the program, a final exam must be completed in order to receive the certificate.

During the supervised practicum, the individual practitioner interns are supervised by individuals who are themselves trained to provide that supervision. These supervisors are the **Fertility*Care*™ Educator** (FCE) and **Fertility*Care*™ Supervisor** (FCS). The curriculum is managed, directed and carried out by the advanced level FCE. There are many such programs throughout the United States and in other countries. They have the assistance of FCSs, Natural Family Planning Medical Consultants, and certain special faculty who are invited to participate in these programs.

An Integrated Allied Health System

The teachers of the CrMS are referred to as **Fertility*Care*™ Practitioners** (FCP) (a program designed to assist couples with all difficulties or problems that they might face) and **Fertility*Care*™ Insturctors** (FCI) (a seven-month program designed to provide only the very basics in **CREIGHTON MODEL** education).

Comprehensive Research Programs

Throughout the history of the CrMS, there has been a significant, comprehensive commitment to research and education program development in the field of better understanding the natural means to regulate fertility.

In the basic sciences, this has involved hormone correlation studies of ovulation, endocervical mucus correlations, use effectiveness studies, ultrasound evaluations of ovulation, and so forth. Many years of research in education led to the development of the core curriculum of the **CREIGHTON MODEL** program and the **American Academy of Fertility*Care* Professionals** for the certification of teachers and accreditation of programs.

From a clinical point of view, the new medical and surgical women's health science of **NaProTECHNOLOGY** has been a fruit of the commitment to **CREIGHTON MODEL** research objectives and the development of the Pope Paul VI Institute for the Study of Human Reproduction to carry it out. Because it is a completely standardized system, information has been built into the system as it has been learned through this commitment to research. The very science of **NaProTECHNOLOGY** could not have been developed without the standardization inherent to the CrMS. The CrMS, as a result, offers support to client couples that is based on education, service and research. This three-pronged effort provides the couple a cutting-edge teaching session, which is in constant evolution in terms of its significance and meaning to their practical everyday lives.

NaProEDUCATION Technology

NaProEDUCATION Technology (natural procreative education) is a technology that has developed as the result of the commitment to education research in the CrMS. It is an advanced educational technology, the principles of which have not been previously used in either medical or patient education. The allied health education model and standardized educational content previously mentioned are a part of this NaProEDUCATION Technology. It also involves:

1. objective and measurable standards that are incorporated into the system
2. the use of a ***Picture Dictionary*** which objectively presents the mucus observations
3. a ***Follow-up Form*** which allows for the *standardization of teaching* from one teacher to the next and an *orderly transfer of knowledge* providing "equal access" to the vital information to utilize the system properly
4. a **Vaginal Discharge Recording System**SM (VDRS) which allows for *a standardized terminology* to be used. *Standardized observations* and *standardized charting* have also been developed.
5. a ***pregnancy evaluation form***
6. ongoing ***assessment and evaluation tools***.

Advantages of the CrMS

The advantages of the CrMS are numerous. First of all, it is *safe*! There are *no known medical side effects* associated with its use. It is *inexpensive*! The cost of **Fertility*Care*™** services is considerably less than that of contraceptives. Finally, it is *highly reliable* and it is *natural*. The CrMS cooperates with the couple's own natural fertility process.

Another important advantage to the system is that it is a *shared method of fertility regulation*. The responsibility for its use is placed equally upon both spouses. To use the system successfully, it is necessary to make accurate observations and to chart them correctly. In addition, one must follow the instructions of the system which depend upon the

couple's decision to either achieve or avoid pregnancy. Also, the couple should be mutually motivated in its use and enter into it with a loving and cooperative spirit.

As the couple learns more about their natural phases of fertility and infertility, they will begin to realize how important and vital these gifts really are. Unlike contraceptives, the CrMS treats fertility as a *normal and healthy process*. It does not treat fertility as a disease! The challenge to live in harmony with one's fertility is often one of the most exciting and meaningful aspects in the use of this system. Most couples find that the love and respect each holds for the other grows as their understanding and appreciation of their fertility increases. It is a system that is firmly based in a respect for human life, human dignity, and the integrity of marriage. Indeed, it is the couples who use this system and their families that benefit from this experience.

Education of Teachers

The Pope Paul VI Institute for the Study of Human Reproduction has developed a curriculum for the education of new **Fertility*Care*™** teachers. At the present time, five different programs for educational training exist.

There are two programs that are designed to train individuals to teach the CrMS to new client couples. These programs, in affiliation with the Continuing Medical Education Division of Creighton University School of Medicine, educate **Fertility*Care*™ Practitioners** (FCP) and **Fertility*Care*™ Instructors** (FCI). The education programs are all designed to provide teachers with an adequate *theoretical background* and *clinical exposure* to teaching the CrMS so that an adequate development of teaching skills can occur. The clinical phases are all conducted under supervision. The FCP program trains teachers to be able to perform *both basic and advanced* teaching skills and educational services. This program educates new teachers so that they can provide educational services to *all* couples. The FCI program is designed to train teachers to be capable of performing *basic* teaching skills and educational services. This program trains teachers to provide educational services to a majority, *but not all*, new client couples. While FCPs can work independently, all FCIs must work in association with an FCP.

The Practitioner and Instructor programs are not designed to train teachers to train other new teachers. The educational skills necessary

to educate FCPs and FCIs are different from those necessary to educate new clients. Thus, specific programs have been developed to train FCPs to educate other FCPs and FCIs. The two programs that have been developed for this are the **Fertility*Care*™ Educator** (FCE) and **Fertility*Care*™ Supervisor** (FCS) programs. New education programs can only be developed under the auspices of an FCE. FCEs are either registered nurses or have the equivalent of a bachelor's degree in another field. They are FCPs with one additional year of teaching experience. Their curriculum involves additional, in-depth exposure to the theoretical and clinical aspects of educating and supervising FCPs and FCIs. **Fertility*Care*™ Supervisors** are also FCPs with one additional year of teaching service. However, the other educational requirements are unnecessary. FCSs work in conjunction with FCEs and are trained to be particularly skilled in the clinical supervisory aspects of the CrMS. Many other independent education programs for FCPs and FCIs are now active at other sites around the United States and in several other countries.

An additional program that exists is the Natural Family Planning Medical Consultant Program. This program trains physicians, physician assistants, nurse practitioners, and nurse midwives who are committed to the natural methods of fertility regulation to enhance their expertise in this field. It is a six-month program which requires extensive theoretical input, a supervised practicum, and other assignments specifically geared toward their special area of expertise. Additionally, they are exposed to the foundations and applications of NaProTECHNOLOGY.

Certification and Accreditation Standards

Each new CrMS education program must submit itself to the review of the Commission on Accreditation (COA) of the **American Academy of Fertility*Care* Professionals** (AAFCP). This review is mandatory and assures the public that the highest standards for CrMS education are being met. Once the review has been completed and the program meets those standards the COA formally accredits the program. Such accreditation is a great achievement. Similarly, once an FCP, FCI, FCE, FCS or NFPMC has completed the education program, then he or she may apply for formal certification through the Commission on Certification (COC) of the AAFCP. At the present time, such certification is optional but, when accomplished, assures the public that the individual

is providing services that meet the highest standards and that he or she has successfully completed a peer review process.

For a program to be identified as a **Fertility*Care*™ Center**, the program must be formally affiliated with etiher **Fertility*Care*™ Centers of America** or **Fertility*Care*™ Centers International**. This reinforces the standards set by the AAFCP.

Awareness, Acquisition, and Internalization

As one studies the CrMS and learns the skills that are necessary to impart the knowledge required for proper use, it is helpful to draw a distinction between the educational concepts of *awareness*, *acquisition*, and *internalization*. These concepts will help a new teacher better understand his or her own educational needs. In addition, it will be very helpful to the new teacher in understanding the process involved in educating a new client. These three terms represent three distinct levels of the educational process. Understanding them is *essential* to understanding the teacher's and the user's responsibilities. The teacher should read these concepts carefully and, rather than be forgotten, they should be *internalized*.

- **Awareness**: A level of simple recognition: I am aware that a fact, concept or body of knowledge exists and can be sensibly understood.

- **Acquisition**: A level of more complete learning: I have the capacity, acquired through drill and practice, to use a fact, concept or body of knowledge. I understand how it operates in relation to other facts, concepts or bodies of knowledge, and I am able to bring other individuals to an awareness of the same.

- **Internalization**: A level of *unity* with certain knowledge and skills: I possess a level of unity with certain facts, concepts or bodies of knowledge that allows me to clearly, confidently and spontaneously explain these and help others acquire a greater knowledge and skill with the same.

Information Versus Education

In educating new teachers in the CrMS, it is important to recognize that there has been a tendency, historically, in this general field to simply provide information. Such informational sessions do an injustice to the challenge of education programs in this field. Thus, it is helpful to understand the distinctions.

When *information* is provided, facts are given. However, information is only at the level of awareness and is, by its nature, superficial. Informational programs are not sufficient for the development of good judgment.

Education programs are designed to impart knowledge and require using the process of *internalization*. By their nature, they are substantive and are better able to instill in the new teacher the ability to make good judgments.

Qualities of Good Teachers

Teaching the CrMS is both a science and an art. Indeed, the science reflects an adequate knowledge of all aspects of the system. The art deals with the teacher's ability to communicate with new client couples, who come from all walks of life and all backgrounds. Drs. John and Lyn Billings have listed the following qualities of a good teacher of the Billings Ovulation Method to which we can concur:

1. They must have an adequate knowledge.
2. They must have the ability to impart confidence.
3. They must be compassionate and friendly, and this should be based upon their respect for human life and human dignity.
4. They should be tactful and sensitive, and respectful of the confidential nature of the teacher-user interaction.
5. They must be patient, have a willingness to listen, and have a respect for the clients and an acceptance of them. Combined with this, they should have the capacity to give advice based upon a philosophy in which the teacher recognizes his or her own principles.

6. They must have the ability to teach with simplicity in all cases and to impart knowledge at a level appropriate to the client's education and intelligence.
7. They must have the ability to help the husband and the wife to become independent of the teacher.

It is also very important that *teachers be users* of the CrMS. By being a user of the system, the teacher can better develop a keen sensitivity to the needs inherent in its use. In addition the teacher can better develop an appreciation for the values that the use of the CrMS upholds and projects. This assists the teacher in being committed to the successful use of the CrMS for *all* individuals who come to them for assistance. No case should ever be looked upon as too difficult or impossible to solve. Because the use-dynamics of the CrMS are substantially different from the use of contraceptive methods, the teacher's use of the CrMS is a very important component of quality service where support and assistance for those use-dynamics must be meaningful and credible.

If the teacher is single or celibate, then it is vital that that individual be a credible **philosophical acceptor** of the CrMS. Being a *credible* philosophical acceptor of the CrMS means that the teacher is *committed* to the inherent value that this approach to family planning has for human relationships. If the teacher is a woman, it is important that she chart the signs of her fertility so that she has an appreciation for this aspect of its use.

Quality Assurance in the CREIGHTON MODEL **Fertility***Care*™ **System**

The system of teaching has been designed to provide a framework for the monitoring of quality control in the CrMS. The development of quality control measures in the CrMS programs is critical to its application to users and its future development.

When one discusses quality control in the CrMS, it is first of all important to ask the question, "If quality control measures are developed, *who* would be the beneficiary of those measures?" It seems like such an obvious question that it need not be asked. It is precisely because of the obvious nature of the question that it should be asked and, of course, answered.

Quality control procedures in the CrMS should have as their goal the user's improved utilization of the system. When one talks about the utilization of the CrMS, it is important to keep in mind that it is used *both* as a system to achieve as well as a system to avoid pregnancy. Therefore, improved utilization does not simply mean, as is so often stated, the use to avoid pregnancy. Any quality control measures in the CrMS that are oriented only to the avoidance of pregnancy are inappropriate.

Since delivery of quality services is one of the ultimate goals, it is obvious that the delivery system must be adequately evaluated on an ongoing basis. However, the delivery systems are only as good as the people who deliver the services. Therefore, quality control begins with the training and education of those individuals who actually provide the services to interested couples. Quality control measures need to be implemented at the level of the education programs to which new teachers are exposed. This requires an ongoing evaluation of the curriculum, the training personnel, and the goals and objectives of the educational needs of the CrMS. Whenever such goals or objectives are neglected or discarded, it is the user of the CrMS who is shortchanged.

Quality control is an ongoing process involving various measures that can constantly bring to the attention of the program personnel problems that may be correctable. All programs require constant monitoring in order to achieve a level of high quality. Quality control is, in essence, an ongoing process of self-evaluation which assures the delivery of quality services.

Qualities of Being A Professional

Teaching the CrMS can be considered an emerging allied health profession. It is exciting to see the potential that **CREIGHTON MODEL** services has for married couples. For the **CREIGHTON MODEL** teacher, an opportunity exists to be a part of that growth and development. However, as with all new professions, there is a need to be exposed to those qualities which elevate the activity to the level of professional. It should be pointed out that professionalism is *not determined* by financial reimbursement for the services. A person can be a professional whether or not he or she is paid for the activity. Thus, the following qualities make up professionals:

- They possess a specialized knowledge.
- They display expertise with tools necessary to transfer knowledge properly.
- They maintain a high standard of achievement and conduct.
- They are committed to continued study.
- They render a public service.
- They are responding to "a calling."
- They have the ability to love.
- They possess qualities of poise, confidence, self-respect and reliability.
- They respect another's value system but are able to challenge it in a constructive way without being judgmental.
- They respect the client's confidentiality.
- They are both accountable and responsible to themselves, their clients, their profession and their values.
- They *respond* rather than *react*.
- They are well-groomed, punctual and organized.
- They possess good communication techniques, both verbal and non-verbal.
- They have the ability to guide the couple toward independence.
- They look beyond their own personal needs. They possess the skills to listen as well as to present clearly and succinctly.
- They are emotionally stable and sensitive to the needs of others.
- They are open to comment and criticism.
- They are capable of adequately handling conflicts and stress.
- They are reasonably predicable to those who work with them.
- They are both approachable and yet assertive.
- They are capable of following through with their commitments.
- They are aware of the need to use good judgment and are consciously engaged in developing that quality.

Words Convey Attitudes

The natural methods have "grown up" with a rhetoric of their own. Many times, the words that are currently used to describe certain events, actions, or behavior in teaching or using these methods convey truly negative attitudes. For example, the days of fertility are often referred to as "unsafe" or "dangerous" days. Indeed, there is nothing unsafe or dangerous about those days. Couples who use the days of fertility are often charged with "taking a chance . . . (that they will not get pregnant)" when, in fact, they have used the method to achieve a pregnancy. These methods are often derogatorily referred to as "Vatican roulette" and user couples are often ridiculed. Even the word *abstinence* negatively portrays what is in fact a positive experience and one of the true advantages of these systems.

As the new student of the CrMS begins his or her studies, a *conscious reappraisal* of attitudes and the words used should be conducted. Often, while new teachers may not hold such negative attitudes themselves, they often convey these attitudes without thinking. In some ways, the use of certain words and phrases are so deeply ingrained in our social communication that even individuals with positive attitudes may find they are using them without their awareness.

The words we use convey attitudes so new teachers must become diligent in their use of words and phrases that properly convey the true dimensions of the CrMS. Through this process, attitudes can eventually be changed on a wider scale.

Final Note

A complete and total presentation of the CrMS can be found in the training manuals for teachers[7,8] and while a good summary of the system is present in this textbook, a complete discussion of it can only be found in those manuals.

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Chapter 4: Introduction to the Creighton Model System