



• MIDWIFING MIDWIVES •



Midwives College of Utah

Clinical Handbook

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Clinical Handbook

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Midwives College of Utah

Introduction to the MCU Clinical Program

The Clinical Program at MCU is based on the principles and philosophy of the original model of midwifery training—apprenticeship. We believe that student midwives are best prepared for practice by learning directly from experienced midwives.

Our goal is to prepare midwives for the scope of practice outlined by the Midwives Alliance of North America (MANA, www.mana.org). These standards are outlined in the *Core Competencies for Basic Midwifery Practice* located in the Appendix.

The MCU clinical program meets and exceeds all of the National Association of Registered Midwives requirements (NARM, www.narm.org).

Notice of Non-discriminatory Policy to Students

The Midwives College of Utah does not discriminate on the basis of race, color, national or ethnic origin, sex, marital status, creed, age, sexual orientation or physical ability in admissions, administration of educational policies, scholarship and loan programs, and athletic or other school-administered programs and classes. There are no restrictions because of race, color, national, or ethnic origin, sex, marital status, creed, age, sexual orientation or physical ability to all the rights, privileges, programs, and activities generally accorded or made available to students at this school.

A student must be able to show adequate performance of all NARM (or CMRE) skills and MANA Core Competencies in order to complete MCU graduation requirements.

MCU PRECEPTORS

Does MCU help me find a preceptor?

MCU will recommend and support you in securing a placement with a preceptor.¹ Ultimately the student is responsible to build a relationship of trust with potential preceptors. All preceptors must be approved by MCU. Students may contact an MCU coach or the Clinical Dean for guidance.

Who can be a preceptor?

1. All preceptors must meet one of the following criteria:

- Be a nationally certified midwife (CPM, CM, CNM); or
- Be legally recognized in a jurisdiction, province or state as a practitioner who specializes in maternity care; or
- Be a midwife who has been a *primary attendant without supervision* for at least 50 out of hospital births and a minimum of three years.

2. The clinical site that you will be working in must meet basic safety standards.

Your preceptor must be approved by MCU before you can receive credit for clinical work.

¹ Preceptors: An expert or specialist, who gives practical experience and training to a student.

How do I find a preceptor?

Students should prepare in advance in order to secure a preceptorship². The suggestions below are given to help students build relationships of trust with potential preceptors. MCU has found that when students take the time to build relationships of trust with preceptors, the likelihood of obtaining a solid preceptorship increases. Success is not guaranteed, but MCU students prove that these suggestions work time and again.

1. Become a student member of your local, state, or provincial midwifery organization. Be as active as you can in attending meetings, serving on committees, volunteering for special projects, etc. Midwives are interested in knowing that you are willing to do work that might not be as fun as catching babies, that you are interested in the larger community of midwifery, and most importantly, they get to know you.
2. Arrange a face-to-face meeting with any midwives that you might be interested in working with. Your objective is to offer your services as a volunteer. Make sure that you are very clear that you are not asking the midwife to teach you anything or to take you on births; you are only asking to serve her in any capacity that she needs and you can fill—clean her instruments, file birth certificates, build a website, or arrange for a toy box. You may find that after a few months of volunteering your services, the midwife you are volunteering for may offer you a preceptorship. Your volunteer work will give you the opportunity to make sure that this would be a preceptorship you would be comfortable in.

Do I pay my preceptor?

Some preceptors charge a fee for training students. If a student chooses to apprentice with a preceptor that charges fees, the student alone is responsible for these fees. MCU does not pay preceptors. MCU does recommend that if a student chooses to apprentice with a preceptor that charges a fee, the student and the preceptor should create a formal agreement including the fees that will be paid, a payment schedule and a refund agreement.

Can I work with more than one preceptor?

We recommend that you apprentice with more than one preceptor at various times during your clinical program. However, if your preceptor has a busy practice, we recommend that you work with only one at a time. *All preceptors with which you precept must be approved in order for your records to count.*

Students will not be awarded clinical credit for any work done with preceptors that have not been approved with the exception of the required 20 Participant Attendant births. These births need only have a witness's signature to be valid. For all other clinical work that has already been done, you will not be awarded credit until your preceptor has been approved.

² Preceptorship: A period of practical experience and training for a student that is supervised by an expert or specialist in a particular field.

BEGINNING YOUR CLINICAL PROGRAM

When do I start my clinical program?

MCU recommends that you begin your preceptorship between six (6) months to one (1) year after beginning your midwifery studies. By this time, you should be ready to integrate the theoretical knowledge that you have gained through your academic courses with the hands on care of midwifery apprenticeship. However, some students may be farther ahead in their skills and would be ready to begin their preceptorship earlier, or may already be working with a midwife.

How do I apply to the MCU clinical program?

MCU requires that you meet a number of prerequisites prior to officially beginning your clinical program at MCU.

Academically, you must meet the following prerequisites:

1. Maintained a 2.5 GPA
2. Certify in CPR and Neonatal Resuscitation
3. Complete MDWF 144b Midwife's Assistant Orientation

Additionally you should:

4. Have identified a preceptor(s) that is willing to work with you

What does the Clinical Application include?

- Clinical application form
- Preceptor Application (unless your preceptor has been previously approved by MCU).
- Clinical Training Agreement between you and your preceptor

All of the clinical application forms referenced above are found beginning on page 16 of this handbook.

MCU CLINICAL REQUIREMENTS

The MCU Clinical Program is divided into two portions—the Clinical Labs and your required Clinical Experience Numbers.

All skills passed off in labs *and* clinical experience numbers will only count when completed under the direct supervision³ of an approved preceptor. (Please note the exception to this rule under Clinical Experience Numbers.)

MCU Clinical Labs

What exactly are the Clinical Labs?

MCU labs correspond to each core midwifery course. The core midwifery courses teach you the “theory” of midwifery care. The labs then allow you an opportunity to master the hands-on skills involved in providing midwifery care.

The content of the labs consist of the skills found in *Practical Skills Guide for Midwifery* by Pam Weaver and Sharon Evans. Your preceptor will begin teaching you with the goal of developing proficiency in that skill.

When do I complete the labs?

Labs may be completed in concurrence with the core academic midwifery course or after you complete the academic course.

You should not enroll in a lab unless you are in a preceptorship where you can master the skills or are planning to attend MCU Student Conferences.

How do I complete the labs?

Essentially, when you enroll in the lab you will receive a list of the skills that you are required to master with the help of your preceptor. You will provide her with the list of skills and then together, you will begin learning and practicing the skills. When your preceptor feels that you have achieved a sufficient degree of proficiency over the skill, she will initial it. When all of the skills in the lab are initialed, you will make a photocopy of the initialed skills and send it to the office. Upon approval by the Clinical Dean, you will receive a P (Pass) on your transcripts for that particular lab.

All skills in the labs must be signed off by an MCU approved preceptor.

Skills that require two (2) different signatures

There are four (4) skills that require the signature of two approved MCU preceptors. One of the ways to receive a double signature is to come to the MCU conferences. (Please see the section on MCU Conferences.) The skills that require double signatures are as follows:

- The basic physical exam (II-26)
- Routine prenatal exam (II-53)
- Newborn exam (V-16) and
- 4-6 week postpartum exam (IV-16)

³ Under Direct Supervision: The preceptor must be physically present when the student performs any skill or experience that requires direct supervision.

Clinical Experience Numbers

Clinical experience numbers are the required number of prenatal exams, births, postpartum, and newborn exams that you are required to complete for graduation. These numbers must be properly recorded and completed under very specific circumstances. The basic policies and guidelines regarding these numbers are below.

1. All of your clinical experience numbers must be done under the direct supervision⁴ of an approved preceptor. (Please see EXCEPTION below.)
 - The preceptor(s) you work with, and who will be signing off your record sheets, must have completed an MCU Preceptor Application and have been accepted as an MCU preceptor.
 - All of the experiences you choose to record must be done under direct supervision by your preceptor.
2. All of your clinical experience numbers must be done with you in the Primary Attendant position. (Please see EXCEPTION below.)
 - This means that you can perform all aspects of the midwifery care you are responsible for to the satisfaction of your preceptor.
 - This also means that you will need to do a number of exams and births before you are ready to officially record any for your clinical experience numbers.
3. Your clinical experience numbers must span at least one year in length.
 - The date of your first prenatal must be one year from the date of your last primary birth. These dates will be verified by the Clinical Dean.
 - You should complete the **majority** of your Active Participant and Assist Births **before** your primary births. These dates will be verified by the Clinical Dean.
4. Determination of primary attendant and/or mastery of skills are at the discretion of your preceptor.
5. The Initial Prenatal Exam includes “covering an intake interview, history (medical, gynecological, family) and a complete physical examination. These examinations do not have to occur all on the first visit to the midwife, but the [student] should perform at least twenty (20) of these examinations on one or more early prenatal visits.” *NARM CIB*
6. Births as a **Participant Attendant** and **Assistant Attendant** are births where the student “is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in [these] births in increasing degrees of responsibility. Catching the baby is a skill that is taught towards the end of the [Assistant Attendant] period, but not counted as a supervised primary [birth].” Students do not need to perform all the skills at every birth as a Participant and Assistant Attendant, “but should be present throughout labor and birth and should perform at least some skills at every birth.” *NARM CIB*
7. Ten (10) of your twenty (20) Participant Attendant births may be births with you acting as an official Doula. The remaining ten (10) must be with you in another role.

⁴ The preceptor must be physically present when the student performs any skill or experience that requires direct supervision.

8. “Births as a **Primary [Attendant]** under supervision . . . means that the [student] demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the [student’s] performance of skills and decision making.” NARM CIB
9. Continuity of Care means that you have given primary care to one woman that includes at least four (4) prenatal exams, the labor and birth, a postpartum and newborn exam. Continuity of Care experience can also be counted individually as part of your clinical experience numbers.

EXCEPTION

1. Births done as a Participant Attendant do not need to be done under the direct supervision of an approved preceptor. These births need only the signature of a witness to verify that you participated in that birth.
2. Participant Attendants are considered to be at the beginning of their clinical training and are not yet ready to provide primary care.

Required Clinical Experience Numbers

- Complete seventy-five (75) prenatal exams including twenty (20) Initial Prenatal Exams⁵ under direct supervision. (Student in primary attendant role.)
- Attend twenty (20) births as a Participant Attendant⁶. *These births do not need to be under the direct supervision of an approved midwife*, they only need the signature of a witness. Ten (10) of the Participant Attendant births may be Doula births. (Student not in primary attendant role.)
- Attend ten (10) births as an Assistant Attendant⁷ under direct supervision. (Student not in primary attendant role.)
- Attend twenty-two (22) births as a Primary Attendant⁸ under direct supervision. (Student in primary attendant role.)
 - 10 of these 22 births must be in-home or other out-of-hospital settings
 - For at least 3 clients of the 22 primary births you must provide continuity of care⁹. This includes 4 prenatal visits, the birth, a newborn exam¹⁰, and postpartum exam¹¹.
- Complete 20 newborn exams under direct supervision. (Student in primary attendant role.)
- Complete 40 postpartum exams under direct supervision. (Student in primary attendant role.)

⁵ Initial Prenatal Exam: The first physical examination, history, and prenatal examination with a pregnant woman. These examinations do not have to occur all at the same time, but the student must perform at least 20 of these exams, in the primary position, at the first or among the early prenatal visits.

⁶ Participant Attendant: The student is just beginning to attend births. Participant Attendant functions include, but are not limited to, the student's own birth, labor support, record keeping, and other minor responsibilities. Approved preceptor not required for these births, only the signature of a witness.

⁷ Assistant Attendant: The student is taking on greater responsibility at births in preparation for managing births as a Primary Attendant. An approved preceptor is required for these births.

⁸ Primary Attendant: The student demonstrates the ability to perform all aspects of midwifery care, skills and decision making, to the satisfaction of the preceptor.

⁹ Continuity of Care: Care provided throughout the prenatal, intrapartum, and postpartum periods for a single client. Records must include 4 prenatal exams, the labor and birth, a newborn exam and one 4-6 week postpartum visit.

¹⁰ Newborn Exam: A complete exam of the newborn within 24 hours of the birth.

Postpartum Exam: A complete exam of the mother and baby following the birth but not immediately after the birth.

HANDS-ON CONFERENCE RETREAT

The Midwives College of Utah sponsors tri-annual hands-on conference retreats each spring, summer, and fall. The conference gives you an opportunity to mingle with fellow students and midwives while you learn and practice your skills! Other courses may be offered at the conference that would be additionally supportive to students.

Signing skills at conferences

Skills are signed off for students during the conference retreats. Students are expected to come prepared with understanding of the theory behind the skill, and to learn and master the skill before it is signed off.

Signing double signature skills at conferences

Additionally, students that need a second signature may make arrangements to demonstrate the skill to an instructor and have the skill signed off. Instructors will only sign off skills that the student is able to accurately perform without prompting or correction from the instructor.

Signing off skills not taught at conferences

MCU realizes that not all preceptors have the equipment or do not teach certain skills. If a student attends a conference and needs skills signed off that were not taught at the conference, the student may contact the school and may make arrangements prior to the conference to meet with an instructor and have those skills signed off. We encourage you to compensate the instructor for the time she spends with you.

SHORT-TERM MIDWIFERY EXTERNSHIPS

MCU highly recommends that closer to the end of your program you take advantage of the many short-term midwifery externships available.

Short-term midwifery externships give students the opportunity to experience a high volume of births in a relatively short time period. Advanced students are able to hone their skills and broaden their clinical experience. Short term midwifery externships can be expensive and vary in length.

Students are not encouraged to use these externships as a method of obtaining required clinical numbers. Required clinical experiences should be obtained in individual preceptorships. However, if a student anticipates getting a small number of required experiences at a short-term midwifery externship, we recommend that you ask the program to complete the Preceptors Application before you make your decision. In order for you to receive any clinical credit, the program must be approved by MCU.

BECOMING A CERTIFIED PROFESSIONAL MIDWIFE (CPM)

The culmination of your studies at the Midwives College of Utah is becoming a Certified Professional Midwife¹² (CPM). Your studies at MCU prepare you to take the North America Registry of Midwives (NARM) Written Exam. MCU students are exempt from taking the NARM Skills Assessment because they are attending a MEAC accredited program.

Passing the NARM (or CMRE exam for Canadian students) written exam is required

Your successful passing of the NARM (or CMRE exam for Canadian students) written Exam is required as part of your graduation requirements. MCU students are required to take the NARM Written Exam prior to graduation unless they are already a CPM. (or if they are a Canadian student.)

When can I take the NARM exam?

You may take the NARM exam when you have completed the following:

1. All required clinical experience numbers
2. All lab classes
3. Are within six months of finishing your degree requirements

You must begin the process of applying to take the Written Exam at least four (4) months before you plan to take the exam.

How do I take the NARM Exam?

To begin the application process you should:

1. Contact NARM for an application packet.
2. Download/print and review the most current "Candidate Information Bulletin" (CIB) from www.narm.org. READ THE ENTIRE CIB SO THAT YOU ARE FAMILIAR WITH THE MOST CURRENT NARM TESTING POLICIES! YOU WILL BE RESPONSIBLE FOR UNDERSTANDING AND FOLLOWING THESE POLICIES.
3. Complete and submit to the MCU office the "Student Request for NARM Testing" form found at the end of this handbook 30 days before the NARM application deadline. MCU will respond to this request by sending a letter to NARM certifying that you have completed all of your clinical experience numbers and NARM skills; that you have practice guidelines, an informed consent form, an emergency care plan, and you are within six months from graduation. Once NARM receives this letter, your application to NARM will be processed.
4. Submit the NARM application form for MEAC Graduates. You can download this form free from www.narm.org.

¹² See www.narm.org

Because the NARM Written Exam is administered only three times a year, it is wise to plan far enough in advance in order to coordinate the exam and your graduation date. The test is administered:

- Third Wednesday in February
- Third Wednesday in August
- At the annual MANA Convention in the fall

For a list of testing sites, see the *Candidate Information Bulletin* from NARM. For testing dates, visit the NARM web site at www.narm.org

How do I get my MCU diploma after taking the NARM or CMRE Exam?

After you have taken your test, NARM or CMRE will send you a letter notifying you of your score. A copy of this letter must be sent to the MCU office. When you have completed any remaining graduation requirements, you will be sent your diploma.

How do I get my CPM Certificate?

Your NARM certificate will be held by NARM until you send a copy of your MCU diploma or final transcript to them.

For additional information or questions about the NARM Written Exam process, or about MCU's clinical policies, please contact the Clinical Dean at clinicaldean@midwifery.edu.

For additional information on the CPM Certification Examination Process, please contact NARM at: info@narm.org, <http://www.narm.org>.

Midwives College of Utah

Clinical Application

When you are ready to begin your clinical program you must complete the following clinical application.

Your Preceptor's Application and the Clinical Training Agreement are part of this application. If your preceptor has already been approved and is current as an MCU preceptor, they do not need to complete the Preceptor Application again.

A Complete Clinical Application

A complete Clinical Application will include the Preceptor Application with accompanying documentation, and the Clinical Training Agreement. If your preceptor is already an approved MCU preceptor, or is sending their application separately, please note this on your Clinical Application.

Midwives College of Utah
Application to Clinical Area of Study

GENERAL INFORMATION:

Applicant Name _____ Date _____

Address _____

Phone _____ E-mail _____

PRECEPTOR INFORMATION:

Name of preceptor or birth center _____

Phone _____ E-mail _____

- Application Sent Separately Already an MCU approved preceptor/birth center
 Other

REQUIRED PREREQUISITES: (please initial the following)

_____ I have no physical impairment that would restrict me from giving immediate care in emergency situations

_____ I understand that I may need to pay \$250 each year for insurance while I am in clinical training if it becomes available

_____ I have maintained a minimum GPA of 2.5

_____ I have a copy of the MCU Clinical Handbook and the *Practical Skills Guide for Midwifery*

_____ I have a current CPR certificate

_____ I have a current Neonatal Resuscitation Certificate

_____ I have completed MDWF 144b Midwife's Assistant Orientation

PAPERWORK TO BE SUBMITTED WITH APPLICATION

- Clinical Application
- Preceptor Application and accompanying documents (if applicable)
- Signed Clinical Training Agreement (if applicable)
- Photocopy of BOTH sides of CPR Certificate
- Photocopy of BOTH sides of Neonatal Resuscitation Certificate
- \$25 non-refundable clinical application fee

Student Signature

Date

Notice of Student Non-discriminatory Policy

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A student must be able to show adequate performance of all NARM skills and MANA Core Competencies in order to complete MCU graduation requirements.

Evaluator _____	For Office Use Only	Date of Eval _____
<input type="radio"/> Precep App. <input type="radio"/> Precep Prior Approve <input type="radio"/> Clin Train Agree <input type="radio"/> GPA <input type="radio"/> CPR <input type="radio"/> NRP <input type="radio"/> MDWF 144b <input type="radio"/> Notes in DB		

Midwives College of Utah

Preceptorship Forms

Preceptorship Forms

The following forms include the Preceptor Application and the Clinical Training Agreement.

You should provide your potential preceptor with all of the necessary forms. If possible, they should be submitted with your Clinical Application. Make sure that all of the required paperwork for the Preceptor Application is with the application before it is sent to the school to avoid any delay in the evaluation and acceptance of your preceptor.

Individual Preceptor Application

This application is for the approval of individual preceptors. It would be used if you will be working with an individual midwife or with midwives in a small joint practice. Each midwife in the practice should fill out the application. The pictures (see application) or floor plan do not need to be duplicated for each preceptor; however, their application must clearly state that the pictures and floor plan were included in another application.

Birth Center Preceptor Application

This application is for the approval of a birth center that employs many possible preceptors. The Director of the birth center will fill out the application. MCU will re-approve the midwives at the birth center annually.

Your Responsibility when precepting at a birth center

If you will be precepting at a birth center that has been previously approved by MCU, it is your responsibility to make sure all of the midwives at that birth center are on file with MCU. It is possible that a new midwife has been hired at the birth center after or before MCU's annual renewal of the birth center. **ANY** preceptor that signs your skills or documentation forms must be on file at MCU. Any signatures that are not on file with accompanying proof of credential will not be counted for your skills or clinical experience numbers.

Health Skill Mentor; Limited Preceptor Application (Appendix C)

Use this form for arranging a limited preceptorship for learning skills not specific to midwifery such as those covered in HLTH 131 or IV Skills. A health skills mentor can only sign off on non-midwifery-specific skills. If you are not sure which form to use, or which skills are appropriate, contact the MCU office

Experienced Midwife Documentation

This form is for midwives whose qualification falls under "experienced midwife." If your midwife chooses this qualification on the Preceptor Application, she must complete the Experienced Midwife Documentation form in front of a notary public. This form must be included with the application as her credential documentation.

Aiding your preceptor

You may be of service to your preceptor by helping her gather the required documentation and/or helping her develop some of the required facility safety elements if they do not already exist.

Clinical Training Agreement

The preceptor and the student should have a clear understanding of the responsibilities, expectations, requirements, and parameters of a potential preceptorship. Problems in preceptorships will often occur when clear responsibilities and expectations are not discussed and agreed upon.

The Clinical Training Agreement details the responsibilities of both student and preceptor expected by the Midwives College of Utah. In addition, it allows both of you to have discussion and agreement regarding additional expectations and parameters of the preceptorship. The more detailed you and your preceptor can be about expectations, the better.

Midwives College of Utah
INDIVIDUAL PRECEPTOR APPLICATION

Date _____

Name of Preceptor _____

Name of Practice _____

Address _____

Phone _____ Alt. Phone _____

E-mail _____

Name of student you initially intend to precept _____

REQUIRED CREDENTIALS

All MCU preceptors must meet ***one*** of the following criteria, *please initial all options that you meet*:

_____ Nationally certified midwife (CPM, CM, CNM). *Preceptors that meet this criterion must include documentation of certification.*

_____ Legally recognized in a jurisdiction, province or state as a practitioner who provides maternity care. *Preceptors that meet this criterion must include documentation of license, registration, or certification.*

_____ Experienced Midwife: Midwife who has been a primary attendant without supervision for at least 50 out-of-hospital births and a minimum of 3 years. *Preceptors that fall into this category must complete the Experienced Midwife Documentation Form.*

PRACTICE INFORMATION

1. What is the average monthly birth volume of your practice? _____ Annually? _____
How many students/ apprentices can you work with at one time? _____

2. Circle the site(s) where you provide intrapartum care:
client homes birth center hospital other:

3. Do you have written protocols and procedures? **Yes** **No**

4. Are there any midwifery skills that you will expressly **not** provide training for? Yes No

If yes, please list what you will not provide training for:

5. Will you allow students to provide hands-on care for initial exams, prenatal exams, labor & birth, postpartum exam, and newborn exams? Yes No

If no, please list what you will not allow students to do.

6. Will students be allowed to gain experience as a primary midwife under your supervision? Yes No

7. Will students be allowed to gain experience in Continuity of Care? (Primary care for at least four prenatal visits, birth, newborn exam, and at least 1 postpartum visit.) Yes No

8. Do you require a teaching fee from student apprentices? Yes No
If yes, what is your fee? Please describe your refund policy:

FACILITY REQUIREMENTS

9. Clinical sites or the preceptors office **must meet one** of the following standards. Please initial those that apply and include the applicable documentation:

_____ My clinical site or office is located in a public or commercial building and has been inspected by local authorities for building and fire safety. *Application must include documentation of inspection.*

_____ My clinical site or office is located in my home which contains smoke alarm(s), a fire extinguisher and an emergency exit plan. *Application must include a diagram of your clinical site or office that identifies smoke alarms and a fire extinguisher. The application must also include a copy of your emergency exit plan.*

Please mark the attachment included in this application

- Copy of local inspection attached
- Diagram and emergency exit plan attached.

10. Your facility or office **must meet** federal and state standards for infection control precautions, hazardous materials management (e.g. bleach and chemicals) and hazardous waste management (e.g. proper storage and disposal of bodily secretions). Please describe how your facility meets these requirements.

Infection Control:

Hazardous Materials Management:

Hazardous Waste Management:

11. Do you provide housing for student apprentices? Yes No
12. In the space below, please diagram a simple floor plan of your clinical site or office. Include room descriptions, (waiting room, bathroom, clinic room, etc.) approximate room measurements, and basic furniture. Identify locations of smoke alarms and fire extinguishers.

Clinical Site or Office Floor Plan Sketch

PRECEPTOR RIGHTS

Please initial that you understand and agree to all of the required rights of an approved MCU preceptor below:

- I have the right to participate in the development, implementation and evaluation of the curriculum.
- I have the right to participate in the evaluation and advancement my student.
- I have the right to participate in periodic evaluations of student admissions criteria.
- I have the right to participate in periodic evaluations of program resources, facilities, and services.
- I have the right to opportunities for professional growth and training.

PRECEPTOR RESPONSIBILITIES

Please initial that you understand and agree to all of the required responsibilities of an approved MCU preceptor below:

- A preceptor for a NARM applicant must be a nationally certified midwife (CPM, CNM, or CM); or legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care; or a midwife practicing as a primary attendant without supervision for a least 50 out-of-hospital births and a minimum of three years. The preceptor privileges of some midwives have been revoked. It is the student's responsibility to verify their preceptor's status by asking their preceptor or contacting NARM.
- The clinical components of apprenticeship should include didactic and clinical experience, and the clinical component should be at least one year in duration, which is equivalent to approximately 1350 clinical contact hours under supervision.
- It is acceptable, even preferable, for the apprentice to study under more than one preceptor.
- The preceptor and apprentice should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.
- I will schedule time to review objectives with the student(s) in order to identify problem areas and provide specific experiences for the student(s) to resolve these.
- The apprentice, if at all possible, should have the Clinical Handbook at the beginning of the apprenticeship, and should have all relevant documentation signed at the time of the experience rather than waiting until the completion of the apprenticeship.

Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatal, postpartum, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

I will monitor the student’s progress in the Practical Skills Guide for Midwives, and document the student’s mastery of the skills by signing in the appropriate places.

The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor must be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

NARM’s definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, gynecological, family) and a complete physical examination. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these examinations on one or more early prenatal visits.

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered being an Active Participant. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice should perform some skills at every birth and should be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete most of the active participant births before functioning as Primary Midwife under supervision at births.

I will give the student(s) increasing levels of responsibility leading to the goal of her managing prenatal care visits, postpartum care visits, and labor and deliveries on her own under direct supervision.

I will provide a physical location and adequate clinical space. I will also provide or help to arrange a variety of client encounters necessary for learning in antepartum, intrapartum, postpartum, and newborn care as well as gynecology/women’s health and family planning when feasible.

Births as Primary Midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision making.

I understand Guidelines for Verifying Clinical Experience.

I will allow the student(s) to eat, rest, or study during lengthy clinical experiences.

I will allow the student(s) to develop as a midwife in her own style.

I will attend at least one preceptor training meeting a year by phone.

I understand I be evaluated every semester by my student(s).

I will evaluate my student every semester.

I understand that I need to participate in an annual performance review yearly.

I have read, understand and agree to my rights responsibilities as an MCU Preceptor as outlined in the Preceptor Responsibilities above.

Preceptor Signature

Initials

Date

DOCUMENTATION TO INCLUDE WITH THIS APPLICATION

- Resume
- Informed Consent for Care
- Emergency Care Plan
- Practice Guidelines/ Protocols

Required Credentials (include at least one of the following)

- National Certification (CPM, CNM, CM)
- License or Registration
- Experienced Midwife Documentation Form

Facility Requirements

- Copy of local inspection, ***or***
- Diagram of clinical site or office documenting location of smoke alarm(s) and fire extinguishers, ***and*** a copy of emergency exit plan
- Any evidence verifying that you meet standards for infection control precautions, hazardous materials management (e.g. bleach and chemicals) and hazardous waste management (e.g. proper storage and disposal of bodily secretions) , ***or***
- State or Local documentation of infection control, hazardous materials management, and hazardous waste management

I, _____, affirm that all of the information in the above application and all of the attached documents and/or pictures are true and accurate, and appropriately reflect the true nature of my practice.

Preceptor Signature

*Preceptor Initials used on Documentation Forms

Date

*Required in order for initialed experiences to count towards credit

Please contact me right away because I have questions.

Mail this completed application and attached documents to:
Midwives College of Utah
C/O Clinical Dean
1174 E 2700 S., Suite 2
Salt Lake City, Utah 84106-2671

For questions or clarification of any part of this application please contact us:
Local 801-649-5230
Toll free 866-680-2756
Fax 866-207-2024
www.midwifery.edu
office@midwifery.edu

Midwives College of Utah
EXPERIENCED MIDWIFE DOCUMENTATION FORM

Preceptor Name _____

Address _____

Phone _____ Alt Phone _____

E-mail _____

I, _____, affirm that I have been a primary midwife since _____ (fill in date) without supervision, and I have attended _____ births without supervision (fill in the total number of births you have attended as a primary midwife without supervision).

Preceptor Signature _____ Date _____

Subscribed and sworn to before me this _____ day, of the month of _____ in the year _____.

NOTARY SEAL

Notary Signature

My Commission expires _____

Midwives College of Utah BIRTH CENTER PRECEPTOR APPLICATION

Date _____

Name of Birth Center _____

Name of Director _____

Address _____

Phone _____ Alt. phone _____

E-mail _____

Name of student you initially intend to precept _____

INSTRUCTIONS

This application should be completed by the birth center director. Documentation of credentials ***for all midwives that will be supervising students*** must be included with this application. Only preceptors that meet the required credentials and are on file at MCU will be eligible to sign off skills and clinical experience numbers for students.

REQUIRED CREDENTIALS

All preceptors that will be supervising students must meet ***one*** of the credential requirements. Please list the name(s) of the preceptors that meet any of these requirements.

Nationally certified midwife (CPM, CM, CNM)

preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date
preceptor name	credential and cert. #	expiration date

Birth Center Preceptor Application pg. 1 of 6

5. Will supervising midwives allow students to provide hands-on care? Yes No

List any exceptions other than general safety issues:

FACILITY REQUIREMENTS

6. Clinical sites or the preceptors office ***must meet one*** of the following standards. Please initial those that apply and include the applicable documentation:

_____ My clinical site or office is located in a public or commercial building and has been inspected by local authorities for building and fire safety. *Application must include documentation of inspection.*

_____ My clinical site or office is located in my home which contains smoke alarm(s), a fire extinguisher and an emergency exit plan. *Application must include a diagram of your clinical site or office that identifies smoke alarms and a fire extinguisher. The application must also include a copy of your emergency exit plan.*

Please mark the attachment included in this application

- Copy of local inspection attached
 Diagram and emergency exit plan attached.

7. Your facility or office ***must meet*** federal and state standards for infection control precautions, hazardous materials management (e.g. bleach and chemicals) and hazardous waste management (e.g. proper storage and disposal of bodily secretions). Please describe how your facility meets these requirements.

Infection Control:

Hazardous Materials Management:

Hazardous Waste Management:

8. Do you provide housing for student apprentices? Yes No

9. In the space below, please diagram a simple floor plan of your clinical site or office. Include room descriptions, (waiting room, bathroom, clinic room, etc.) approximate room measurements, and basic furniture. Identify locations of smoke alarms and fire extinguishers.

Clinical Site or Office Floor Plan Sketch

PRECEPTOR RESPONSIBILITIES

All supervising midwives must initial that they understand and agree to all of the required responsibilities of an approved MCU preceptor.

Please make a copy of this sheet and have each precepting midwife initial and sign it.

The signed sheet should then be included with the midwife's proof of credential.

I will give the student(s) increasing levels of responsibility leading to the goal of her managing prenatal care visits, postpartum care visits, and labor and deliveries on her own under direct supervision.

I will supervise or train the student(s) to complete the clinical skills verifications required.

I will document student learning and mastery of skills by signing verification forms when the student(s) has proven competency of the skill.

I will provide a physical location and adequate clinical space. I will also provide or help to arrange a variety of client encounters necessary for learning in antepartum, intrapartum, postpartum, and newborn care as well as gynecology/women's health and family planning when feasible.

I will provide the opportunity for the student(s) to perform clinical activities on site.

I will allow the student(s) to eat, rest, or study during lengthy clinical experiences.

I will supervise, demonstrate, teach, and observe the student(s) in clinical activities in order to develop the student's skills and to ensure proper care of the client.

I will delegate gradually increasing levels of responsibility to the student(s) for clinical assessment and midwifery management as the student's skills develop.

I will schedule time to review objectives with the student(s) in order to identify problem areas and provide specific experiences for the student(s) to resolve these.

I will allow the student(s) to develop documentation of skills relevant to midwifery care.

I will monitor the student's progress in the *Practical Skills Guide for Midwives*, and document the student's mastery of the skills by signing in the appropriate places.

I will initial clinical experience on the MCU Clinical Experience Verification Forms.

I will allow the student(s) to develop as a midwife in her own style.

I will constantly supervise care given to clients and step in when necessary.

I have read, understand, and agree to my responsibilities as an MCU preceptor as outlined in the Preceptor Responsibilities above.

Preceptor Signature

*Preceptor Initials used on Documentation Forms
Required in order for initialed experiences to count
towards credit

Date

DOCUMENTATION TO INCLUDE WITH THIS APPLICATION

Required Credentials (include at least one of the following)

- Proof of credential or an Experienced Midwife Documentation form must be attached for each precepting midwife

Facility Requirements

- Copy of local inspection, or
- Diagram of clinical site or office documenting location of smoke alarm(s) and fire extinguishers, and a copy of emergency exit plan
- any evidence verifying that you meet standards for infection control precautions, hazardous materials management (e.g. bleach and chemicals) and hazardous waste management (e.g. proper storage and disposal of bodily secretions) , or
- State or Local documentation of infection control, hazardous materials management, and hazardous waste management

I, _____, affirm that all of the information in the above application and all of the attached documents and/or pictures are true and accurate, and appropriately reflect the true nature of my practice.

Birth Center Director Signature

Date

○ Please contact me right away because I have questions.

Mail this completed application and attached documents to:
Midwives College of Utah
1174 E 2700 S., Suite 2
Salt Lake City, Utah 84106-2671

For questions or clarification of any part of this application please contact us:
Local 801-649-5230
Toll free 866-680-2756
Fax 866-207-2024
www.midwifery.edu
office@midwifery.edu

Clinical Training Agreement

MCU requires a written agreement between preceptors and students that clarifies the following issues:

- Responsibilities of each person to the other,
- The time expected to be spent in one-on-one training,
- Self or group study,
- Clinical observation,
- Opportunities for demonstration of skills,
- Time on call,
- Vacation notices,
- Dress standards,
- Financial obligations, and
- An understanding concerning the termination of the relationship by either party and the responsibilities of each in such an event.

The preceptor and student should have a clear understanding of the responsibilities, expectations, requirements, and parameters of a potential preceptorship. Problems in preceptorships will often occur when clear responsibilities and expectations are not agreed upon.

The Clinical Training Agreement details the responsibilities of both student and preceptor expected by the Midwives College of Utah. In addition, it allows both of you to have discussion and agreement regarding additional expectations and parameters of the preceptorship. The more detailed you and your preceptor can be about expectations, the better.

Two copies of the Clinical Training Agreement should be made. You and your preceptor should each keep a copy and the original should be sent to the MCU office.

Midwives College of Utah CLINICAL TRAINING AGREEMENT

Student's Name _____

Preceptor's Name _____

TRIAL PERIOD

- We agree to a trial period to last until the student has attended _____ births.
OR
- We agree to a trial period from (dates) _____ to _____.
OR
- We agree that there will be no trial period

EXPECTATIONS TO ADDRESS

The student and preceptor should use the following issues as prompts to discuss and agree upon expectations. Write down the expectation in the available space or on additional paper.

After the trial period

- Specify the preceptorship parameters after the trial period including the estimated date of completion of the preceptorship.

Availability

- Is student expected to attend every birth to which she is invited? May she ever decline?
- How will the student know which births she will be invited to?
- When will the student go on call in relation to due dates? How long past the date should the student be on call after the due date is past?
- Are there certain times that the preceptor will routinely take off or limit?
- How far in advance should student notify preceptor of family vacations or needed time off?
- Can the student attend other births they are invited to either as a doula or by another midwife? What are the parameters for this?
- Will the student be expected to attend regular prenatal days?
- How long should the student stay after a birth?
- What is the expectation for postpartum visits?

Reimbursement

- Will the preceptor reimburse the student for any related expenses?
- Will the preceptor require a teaching fee from the student?
- What is the refund policy for any teaching fees required?
- Will the preceptor pay the student for any student duties or referrals?

Appearance

- What should the student wear to prenatal? Births?
- How does the preceptor feel about scrubs? Jeans? Other specific clothing items?
- Does the preceptor have any requirements about how the student wears their hair?
- Does the preceptor have any requirements/suggestions on wearing jewelry? Perfume?
- Are there any other dress limitations or requirements by the preceptor?

Experience

- How will the student progress in learning skills and obtaining hands-on experience and increased responsibility?
- What limitations does the preceptor place upon hands-on experience?
- What specific experience or skills will the preceptor not provide for the student, if any?

Equipment

- Is there any mandatory equipment the student must obtain?

Other Expectations**Termination of Relationship**

- Is it agreed that both parties may terminate the relationship at any time?
- How will the relationship be terminated by either party?
- What are the responsibilities of either party in the case of a relationship termination?

MCU STUDENT RESPONSIBILITIES

The student must understand, agree to, and initial the following responsibilities required by MCU:

- I will be responsible for my own paperwork, completion of forms, and acquiring my preceptor's signature in the *Practical Skills Guide for Midwifery*, MCU Clinical Experience Verification Forms, and all other required documentation and evaluation forms.
- I am willing to accept increasing levels of responsibility.
- I am willing to be on call, 24 hours a day, 7 days a week, with vacations scheduled according to the clinical training agreement.
- I understand that I must have a working car available at all times.
- I understand that if I have children I must have child-care quickly available 24 hours a day, seven days a week.
- I agree to the expectations outlined with my preceptor in this clinical training agreement.
- I will participate in office work, including maintaining client handout files, pulling charts, preparing rooms, cleaning sterilizing instruments, filing birth certificates, newspaper notification, etc.
- I will complete other appropriate duties as assigned by my preceptor.

MCU PRECEPTOR RESPONSIBILITIES

The preceptor must understand, agree to, and initial the following responsibilities required by MCU:

- I will give the student(s) increasing levels of responsibility leading to the goal of her managing prenatal care visits, postpartum care visits, and labor and deliveries on her own under direct supervision.
- I will supervise or train the student(s) to complete the clinical skills verifications required.
- I will document student learning and mastery of skills by signing verification forms when the student(s) has proven competency of the skill.
- I will provide a physical location and adequate clinical space. I will also provide or help to arrange a variety of client encounters necessary for learning in antepartum, intrapartum, postpartum, and newborn care as well as gynecology/women's health and family planning when feasible.
- I will provide the opportunity for the student(s) to perform clinical activities in the practice site.
- I will allow the student(s) to eat, rest, or study during lengthy clinical experiences.
- I will supervise, demonstrate, teach, and observe the student(s) in clinical activities in order to develop the student's skills and to ensure proper care of the client.
- I will delegate gradually increasing levels of responsibility to the student(s) for clinical assessment and midwifery management as the student's skills develop.
- I will schedule time to review objectives with the student(s) in order to identify problem areas and provide specific experiences for the student(s) to resolve these.
- I will allow the student(s) to develop documentation of skills relevant to midwifery care.
- I will monitor the student's progress in the *Practical Skills Guide for Midwives*, and document the student's mastery of the skills by signing in the appropriate places.
- I will allow the student(s) to develop as a midwife in her own style.
- I will constantly supervise care given to clients and step in when necessary.

Student Signature

Date

Preceptor Signature

Date

The preceptor and student should each keep a copy of this agreement. The original should be sent to MCU.

Midwives College of Utah

Evaluation Forms

You will submit a Clinical Evaluation of your preceptorship annually or at the end of each preceptorship. You will not be able to complete the clinical portion for MCU graduation requirements unless all of these forms have been turned in at the appropriate times. Submission of these forms also completes requirements for Clinical Practicum 100.

Clinical Evaluations will consist of the following items:

- Clinical Evaluation & Statement of Clinical Progress Form
- Self evaluation
- Student evaluation of preceptor
- Preceptor evaluation of student

**Midwives College of Utah
CLINICAL EVALUATION &
STATEMENT OF CLINICAL PROGRESS**

Student _____ Phone _____
 Preceptor/Birth Center _____ Phone _____
 Date: _____ Date of last evaluation: _____

GENERAL INFORMATION

Will you be continuing in your current preceptorship? Yes No
Comments:

If no, why not, and what are your plans for future clinical experience?

STATEMENT OF CLINICAL PROGRESS

Please indicate the number of clinical experiences you have received ***to date***:

- Prenatal Exams as _____ Participant Attendant _____ Assistant Attendant _____ Primary Attendant
- Labor & Births as _____ Participant Attendant _____ Assistant Attendant _____ Primary Attendant
- Postpartum Exams as _____ Participant Attendant _____ Assistant Attendant _____ Primary Attendant
- Newborn Exams as _____ Participant Attendant _____ Assistant Attendant _____ Primary Attendant
- Well Woman Exams as _____ Participant Attendant _____ Assistant Attendant _____ Primary Attendant
- Complete Continuity of Care _____

CLINICAL CREDIT APPLICATION (complete ONLY if you are applying for clinical credit at this time)

Column 1	Column 2		
# of your Experiences	Type of Experience	Multiply Column 1 by this number	# of Clinical Hours Obtained
	Participant Attendant Births	10	
	Assistant Attendant Births	10	
	Primary Attendant Births	10	
	Initial Prenatal Exams	1	
	Prenatal Exams	1	
	Postpartum Exams	1	
	Newborn Exams	.5	
	Well-woman Care Exams	1	

Well-woman care exams can be used for extra credit. They are not required.

TO INCLUDE WITH THIS EVALUATION

- Clinical Evaluation & Statement of Clinical Progress Form
- Copy of Student Self Evaluation Form
- Evaluation of Preceptor Form
- Copy of Preceptor Evaluation Form

Midwives College of Utah Student Self Evaluation

Student _____

Date of Evaluation _____

Evaluation Overview

The objective of this evaluation is to give you an opportunity to evaluate where you are at as a student midwife in regards to strengths, weaknesses, needs, and goals. Please be as honest as possible.

Complete this evaluation with the intention of getting the mentoring help you need, making any necessary adjustments in your clinical preceptorship, setting specific goals, or having any important “crucial conversations” that will improve and deepen your clinical experience.

Internal Evaluation

Remember, achieving your goals successfully means that you must exercise self-leadership. Self-leadership requires that you effectively collaborate with others to achieve your goals—you can’t do it alone. The following tool will help you exercise greater self-leadership with the most frustrating or important goal you are working on right now.

If this concept is new to you or you need help going through this process contact a MCU Personal Coach.

Instructions

1. Choose the goal that is causing you the most frustration or anxiety right now, or choose one that is really important to you (this does not have to be midwifery specific).
2. List the goal below. Be as specific as you can.
3. Circle the description of how you are feeling about that goal right now (the high, hitting the wall, the pull out, or mastery).
4. Answer the “WHAT I NEED” questions.

GOAL:

The HIGH: High energy, motivation, confidence. I’m not quite sure how to accomplish it though. *You need someone to give you strong direction.*

Hitting the Wall: Frustrated, discouraged, disappointed, low motivation and confidence. Still not sure how to accomplish it. *You need serious support and strong direction.*

The Pull Out: Fluctuating motivation and energy, beginning to be more competent at accomplishing it, but still struggling. *You need strong support and less direction.*

Mastery: High energy, motivation and confidence. I totally know how to do this and I’m doing it well. *You’re doing great!*

WHAT I NEED:

1. What type of help do I need? (Refer to the feeling that you circled above):
2. Who can help me with this need?
3. What do I need from them? (be as specific as you can, even if it’s only “I need to talk to you for 15 minutes. When would be a good time to schedule that?”):

Technical Skill evaluation

1. What was your strength during the last 4 months?
2. What weakness(es) did you identify in your skills or competence during the last 4 months?
3. What are your plans for working on this weakness(es)?
4. What skills or issues would you like to address with your preceptor or coach during the next 4 months?
5. Are there any adjustments that need to be made in your preceptorship?
6. Describe any "Crucial Conversations" you need to have.

Preceptorship Goals

7. What was the goal(s) you made for your last 4 months? *○ this is my first evaluation, I haven't set goals yet. Please skip to question 10.*
8. What challenges did you encounter in completing this goal(s)?
9. What goal(s) did you move forward in and/or accomplish?
10. What is your goal(s) for the next 4 months?

Evaluation of Preceptor

Date _____

Name of Preceptor _____

My preceptor's license is current. Yes No (If no, please attach a current license.)

1 = Definite Problem 2 = Needs Work 3 = Satisfactory 4 = Very good 5 = Excellent

Overall, how do you feel about your apprenticeship? 1 2 3 4 5

My preceptor and I have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations. 1 2 3 4 5

My preceptor schedules time to review objectives with me in order to identify problem areas and provide specific experiences for the me to resolve these. 1 2 3 4 5

My preceptor signs the documentation for me at the time the skill is performed competently. 1 2 3 4 5

My preceptor discusses and resolves any misunderstanding regarding expectation of satisfactory completion of experience or skills. 1 2 3 4 5

My preceptor monitors my progress in the Practical Skills Guide for Midwives, and documents the my mastery of the skills by signing in the appropriate places. 1 2 3 4 5

My preceptor has provided adequate opportunities for the me to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of her. 1 2 3 4 5

My preceptor is physically present when I perform the primary midwife skills. 1 2 3 4 5

My preceptor holds final responsibility for the safety of the client or baby, and has become involved, whenever warranted, in the spirit of positive education and role modeling. 1 2 3 4 5

My preceptor has given me increasing levels of responsibility leading to the goal of her managing prenatal care visits, postpartum care visits, and labor and deliveries on her own under direct supervision. 1 2 3 4 5

My preceptor has provided a physical location and adequate clinical space. 1 2 3 4 5

My preceptor has provided or helped to arrange a variety of client encounters necessary for learning in antepartum, intrapartum, postpartum, and newborn care as well as gynecology/women's health and family planning when feasible. 1 2 3 4 5

My preceptor allows me Births as Primary Midwife under supervision means that the I demonstrates the ability to perform all aspects of midwifery care to the satisfaction of my preceptor. 1 2 3 4 5

My preceptor is physically present and supervising my performance of skills and decision making. 1 2 3 4 5

My preceptor understands the Guidelines for Verifying Clinical Experience. 1 2 3 4 5

My preceptor allows me to eat, rest, or study during lengthy clinical experiences. 1 2 3 4 5

My preceptor has allowed me to develop as a midwife in my own style. 1 2 3 4 5

Preceptor does not embarrass me in front of clients. 1 2 3 4 5

Preceptor gives good instructions before I am expected to do something on my own. 1 2 3 4 5

Do you have any concerns regarding your apprenticeship? Yes No If so, please explain:

Do you feel that your preceptor is practicing midwifery in an appropriate way? Yes No If no, please explain:

Student Signature

Date

Midwives College of Utah Preceptor Evaluation

Student _____

Preceptor/Birth Center _____

Date of Evaluation:

Evaluation Overview

The objective of this evaluation is to give both the preceptor and student midwife an opportunity to evaluate the student in regards to strengths, weaknesses, needs, and goals. Please be as honest as possible.

This evaluation form does not need to be directly shared with the student, however, the content should be a source of discussion and decision making between the preceptor and student.

General Evaluation

1 = Excellent 2 = Needs Work 3 = Satisfactory 4 = Very Good 5=Definite problem

Has student attended all births that it was agreed she would attend?	1	2	3	4	5
--	---	---	---	---	---

Has she attended all agreed upon clinic days?	1	2	3	4	5
---	---	---	---	---	---

Is she reachable 24 hours a day?	1	2	3	4	5
----------------------------------	---	---	---	---	---

Does the student have appropriate appearance/hygiene for clientele?	1	2	3	4	5
---	---	---	---	---	---

Does the student show commitment by making required expenditures?	1	2	3	4	5
---	---	---	---	---	---

Arrives at births and appointments prepared?	1	2	3	4	5
--	---	---	---	---	---

Does the student show initiative?	1	2	3	4	5
-----------------------------------	---	---	---	---	---

Student is willing to perform tasks when asked by preceptor?	1	2	3	4	5
--	---	---	---	---	---

Student is able to question authority appropriately?	1	2	3	4	5
--	---	---	---	---	---

Student shows appropriate professionalism and sensitivity to client and family?	1	2	3	4	5
---	---	---	---	---	---

Do you have any concerns regarding the student's communication skills with you or your clients?

Do you have any concerns regarding the student's ability to provide labor support?

Do you have any concerns regarding the student's ability to maintain client confidentiality?

Is the student sufficiently maintaining commitments made on the initial Clinical Training Agreement?
 Yes No

If no, which commitments are not being sufficiently kept?

Technical Skill Evaluation

What was the student's strength during the last four months?

What weakness(es) did you identify in the student's skills or competence during the last four months?

What are your and the student's plans for working on this weakness(es)?

What skills or issues would you like to address with the student over the next four months?

Are there any adjustments that need to be made in the preceptorship?

Other

Are there any other issues or feedback not addressed in this evaluation that should be given to the student?

Preceptor Signature

Date

Midwives College of Utah

Clinical Experience Numbers Verification Forms

The Clinical Experience Verification Forms are used to document your required Prenatal Exams, Labor & Births, Out-of-hospital Births, Postpartum Exams, Newborn Exams, Continuity of Care and Well Woman Care Exams. An explanation of each form is found below.

In order to maintain client confidentiality, it is required that you assign your clients numbers or use their initials in the "Client #" field on the clinical experience verification forms. There is a possibility that NARM will audit your clinical experience logs. If this occurs, you will need to produce the file for that particular client. For this reason, it is advisable that you keep a client key to remind you which client is which. Your key might look like this:

Client #1 = Jane Doe, client file with Sally Doe (midwife)

Client #2 = Karen Doe, client file with Sally Doe (midwife)

When you are fulfilling clinical experience numbers, make sure you always initial the client chart for any prenatal, birth or postpartum visits that you attend. If client files are audited, NARM will want to verify your presence by seeing your signature or initials on the client chart.

Births Record

The birth record includes Participant Attendant Births, Assistant Attendant Births, and Primary Attendant Births.

Participant Attendant Births

Births as a Participant Attendant are births where the student is participating at the birth in some manner or another. The student could be acting as a Doula, could be acting as a supporting friend, and could be serving as a new apprentice under a midwife; or could have been or could be giving birth to one of her own children. Essentially, the student should be a participant at some level. Areas of responsibility will increase as the number of births attended increases. The student should be present throughout labor and birth and should perform at least some skills at every birth.

Participant Attendant births do not need to be completed under the direct supervision of an approved preceptor. However, students must obtain the signature of a witness to the birth.

The student must attend 20 births as a Participant Attendant. Ten (10) of these may be Doula births. The remaining ten (10) must be in a different role. You must have a witness sign each birth.

Assistant Attendant Births

As an Assistant Attendant, the student should have increasing levels of responsibility including beginning to learn to "catch" the baby. You do not need to complete all of the skills during the labor and birth, but, again, the student's level of responsibility should be increasing.

Assistant Attendant births must be completed under the direct supervision of an approved preceptor. *The preceptor has authority to designate between a Participant and Assistant Attendant birth.*

The student must attend ten (10) labor and births as an Assistant Attendant.

Primary Assistant Births

"Births as a Primary [Attendant] under supervision . . . means that the [student] demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the [student's] performance of skills and decision making." NARM CIB

Primary Assistant births must be completed under the direct supervision of an approved preceptor.

The student must complete twenty-two (22) Primary Assistant births; these births may not include more than two (2) transports. They also must include 10 out-of-hospital births and three continuity of care clients.

Out of Hospital Birth Record (Form 204)

The student is required to document which Primary Assistant births were specifically out-of-hospital births. Transports may not count as part of these ten (10) out-of-hospital births. Please see the Out-of-hospital Birth Record. This record must be submitted to NARM as part of your application for the NARM written test.

Continuity of Care Record (Form 200)

All continuity of care is done with the student in the Primary Attendant position. Continuity of Care means that the student has given primary care to one woman that includes at least four (4) prenatal exams, the labor and birth, a postpartum and newborn exam. Continuity of Care experience can also be counted individually as part of the clinical experience numbers.

All Continuity of Care must be done under the direct supervision of an approved preceptor.

Prenatal Exam Record

The prenatal exam record allows you to track all of your prenatal exams as participant to primary attendant.

You are required to complete twenty (20) initial prenatal exams as a primary attendant under direct supervision.

The Initial Prenatal Exam includes “covering an intake interview, history (medical, gynecological, family) and a complete physical examination. These examinations do not have to occur all on the first visit to the midwife, but the [student] should perform at least twenty (20) of these examinations on one or more early prenatal visits.” *NARM CIB*

All Initial Prenatal Exams used to meet clinical requirements must be with the student in the Primary Attendant position; the student is able to perform all of the skills of the Initial Prenatal Exam to the preceptor’s satisfaction.

These exams must be under the direct supervision of an approved preceptor.

You are required to complete fifty-five (55) prenatal exams in addition to your twenty (20) initial prenatal exams.

For recorded Prenatal Exams to be used for clinical credit, they must be with you in the Primary Attendant position; the student is able to perform all of the skills of the Initial Prenatal Exam to the preceptor’s satisfaction.

These exams must be under the direct supervision of an approved preceptor.

Postpartum Exam Record

The student is required to complete forty (40) postpartum exams.

For recorded Postpartum Exams to be used for clinical credit, they must be with the student in the Primary Attendant position; the student is able to perform all of the skills of the Postpartum Exam to the preceptor's satisfaction.

These exams must be under the direct supervision of an approved preceptor.

Newborn Exam Record

You are required to complete twenty (20) newborn exams.

For recorded Newborn Exams to be used for clinical credit, they must be with the student in the Primary Attendant position; the student is able to perform all of the skills of the Newborn Exam to the preceptor's satisfaction.

These exams must be under the direct supervision of an approved preceptor.

Well-Woman Exam Record

You are not required to complete any well-woman exams, however a form is included if you would like to keep record of them.

A Well-Woman Exam includes an intake interview, history (medical, gynecological, family) and a complete physical examination including a breast exam and Pap smear.

If you want to use Well-Woman Exams for clinical credit, they must be with the student in the Primary Attendant position; the student is able to perform all of the skills of a Well-Woman Exam to the preceptor's satisfaction.

These exams must be under the direct supervision of an approved preceptor.

Clinical Experience Summary

When ready to apply for graduation, complete this form and have it notarized. This is the final documentation that validates completion of the clinical requirements of the Midwives College of Utah.

Out-of-Hospital Birth Documentation Form 204

Applicant's Name: _____ Social Security #: _____

Applicants must keep the original client charts, copies, or best written documentation for all births. This form must record ten births, not including transports, the applicant attended in an out-of-hospital setting as primary midwife or primary under supervision.

These births may also have been listed on other forms in this application such as Births as Primary under Supervision Form, Report of Clinical Experience Form or Continuity of Care—Practical Experience Form 200.

* Preceptor initials are required for Entry Level and MEAC applicants. Witnesses may initial the information for those applying through other categories.

Client Code or #	Date of Birth	Birth Site ¹³	Outcome	Preceptor Initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

¹³ "Birth Site" HM = Home; O = Office; FBC = Freestanding birth center; O = Other

Fill out the name, address, phone, signature and initials of each Preceptor/Witness*. Attach a copy of this sheet if necessary.

Print Preceptor/Witness* Name, Address, Phone	Signature	Initials
1.		
2.		
3.		

All applications, regardless of route of entry are subject to audit.

Continuity of Care—Practical Experience Form 200

Applicant's Name: _____ Social Security #: _____

Applicants must keep the original client charts, copies, or best written documentation for all births.

For each birth recorded below, the applicant must have provided at least: four prenatal visits, birth, one newborn examination, and one postpartum examination as primary or primary under supervision.

These births may also have been listed on other forms in this application such as Births as Primary under Supervision Form, Report of Clinical Experience Form or Out-of-Hospital Birth Documentation Form 204.

* Preceptor initials are required for Entry Level and MEAC applicants. Witnesses may initial the information for those applying through other categories.

Birth #	Client # or Code	# Prenatal Visits	Birth site ¹	Date of Birth	New-born Exam y/n	# PP Visits	Preceptor Witness Initials	Outcome including actions, complications, transfers, etc.
1								
2								
3								

¹ "Birth Site" HM = Home; O = Office; FBC = Freestanding birth center; O = Other

Fill out the name, address, phone, signature and initials of each Preceptor/Witness*. Attach a copy of this sheet if necessary.

Print Preceptor/Witness* Name, Address, Phone	Signature	Initials
1.		
2.		
3.		

All applications, regardless of route of entry are subject to audit.

CLINICAL EXPERIENCE SUMMARY

Student's Name _____ Date: _____

Phone # _____ E-mail _____

I, _____, affirm that I have attended the following clinical experiences:

- A total of 75 prenatal exams, including 20 initial prenatal exams as a Primary Attendant, under supervision of an approved preceptor.
- 52 births, including 22 as Primary Attendant under supervision of an approved preceptor.
- 10 of the 22 primary births were in homes or out-of-hospital settings.
- 3 of the primary births were Continuity of Care where I provided primary care for at least four prenatal visits, the birth, one newborn exam, and one postpartum exam.
- 20 newborn exams as a Primary Attendant under supervision of an approved preceptor.
- 40 postpartum exams as a Primary Attendant under the supervision of an approved preceptor.

Date of first Prenatal exam as an apprentice: _____

Date of last Birth as a primary midwife under supervision: _____

How many hours you spent doing Prenatal Exams, Births, Newborn Exams, Postpartum Exams and completion of all the skills in the Practical Skills Guide for Midwives? _____

I also affirm that all documentation of the above is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal or falsify information, the result of which could be cause for dismissal from the Midwives College of Utah. I can provide written documentation that I attended each of the births and procedures I have described herein in the capacity of "primary midwife under supervision."

Student Signature

Date

Subscribed and sworn to before me this _____ day, of the month of _____ in the year _____.

NOTARY SEAL

Notary Signature

My Commission expires _____



• MIDWIFING MIDWIVES •

STUDENT REQUEST FOR NARM TESTING

GENERAL INFORMATION:

STUDENT NAME _____ DATE _____

ADDRESS _____

PHONE _____ E-MAIL _____

Students preparing to apply to take the NARM Written Exam must have a letter sent from MCU stating that they have official permission from MCU to take the exam. This Form must be received by MCU 30 days prior to your NARM application deadline.

All of the following requirements must be complete in order for you to be able to take the NARM Written Exam. Please mark all that you have completed.

- I am within 6 months of graduation from MCU
- I have completed levels I-VII in the Practical Skills Guide for Midwifery
- I have obtained a second signature from an approved preceptor for the following skills:
 - The basic physical exam (II-26)
 - Routine prenatal exam (II-53)
 - Newborn exam (V-16) and
 - 4-6 week postpartum exam (IV-16)
- I have developed Practice Guidelines
- I have developed an Informed Consent
- I have developed an Emergency Care Plan for your clients
- I have accurately completed Form 200 and Form 204 (Check to make sure that all the client # or codes, dates and signatures match your records.)

Please include with this request

- Notarized Clinical Experience Summary Form (Found in the Clinical Handbook)
- Copy of Informed Consent Form
- Copy of Emergency Care Plan for your clients
- Copy of Signatures in the back of the Practical Skills Guide for Midwifery (Unless MCU already has complete copies in your file.)

I, _____, request that the Midwives College of Utah submit a letter of approval to NARM giving me permission to sit for the NARM Written Exam.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Midwives College of Utah

Appendix A

MANA CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

I. Guiding Principles of Practice:

The midwife provides care according to the following principles:

- A. Midwives work in partnership with women and their chosen support community throughout the care giving relationship.
- B. Midwives respect the dignity, rights, and the ability of the women they serve to act responsibly throughout the care giving relationship.
- C. Midwives work as autonomous practitioners, collaborating with other health and social service providers when necessary.
- D. Midwives understand that physical, emotional, psycho-social and spiritual factors synergistically comprise the health of individuals and affect the childbearing process.
- E. Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well-being of mothers and their developing babies as the foundation of care giving.
- F. Midwives understand that the childbearing experience is primarily a personal, social and community event.
- G. Midwives recognize that a woman is the only direct care provider for herself and her unborn baby, thus the most important determinant of a healthy pregnancy is the mother herself.
- H. Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informal decisions and to take responsibility for their own well-being.
- I. Midwives strive to insure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous process of pregnancy, labor, and birth, utilizing medical intervention only as necessary.
- J. Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment, and spiritual awareness as components of a competent decision making process.
- K. Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits.
- L. Midwives understand that the parameters of “normal” vary widely and recognize that each pregnancy and birth are unique.

II. General Knowledge and Skills:

The midwife provides care incorporating certain concepts, skills, and knowledge from a variety of health and social sciences, including, but not limited to:

- A. Communication, counseling, and teaching skills.
- B. Human anatomy and physiology relevant to childbearing.

- C. Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for the limitations of such standards.
- D. Health and social resources in her community.
- E. Significance of and methods for documentation of care through the childbearing cycle.
- F. Informed decision making.
- G. The principals and appropriate application of clean aseptic technique and universal precautions.
- H. Human sexuality, including indication of common problems and indications for counseling. Ethical considerations relevant to reproductive health.
- I. The grieving process.
- J. Knowledge of cultural variations.
- K. Knowledge of common medical terms.
- L. The ability to develop, implement, and evaluate an individualized plan for midwifery care.
- M. Woman-centered care, including the relationship between the mother, infant, and their larger support community.
- N. Knowledge and application of various health care modalities as they apply to the childbearing cycle.

III. Care During Pregnancy:

The midwife provides health care, support, and information to women throughout pregnancy. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. Identification, evaluation, and support of maternal and fetal well-being throughout the process of pregnancy.
- B. Education and counseling for the childbearing cycle.
- C. Preexisting conditions in a woman's health history which are likely to influence her well-being when she becomes pregnant.
- D. Nutritional requirements of pregnant women and methods of nutritional assessment and counseling.
- E. Changes in emotional, psycho-social and sexual variations that may occur during pregnancy.
- F. Environmental and occupational hazards for pregnant women.
- G. Methods of diagnosing pregnancy.
- H. Basic understanding of genetic factors which may indicate the need of counseling, testing, or referral.
- I. Basic understanding of the growth and development of the unborn baby.

- J. Indications for, risks, and benefits of bio-technical screening methods and diagnostic tests used during pregnancy.
- K. Anatomy, physiology, and evaluation of the soft and bony structures of the pelvis.
- L. Palpation skills for evaluation of the fetus and uterus.
- M. The causes, assessment and treatment of the common discomforts of pregnancy.
- N. Identification of, implications of, and appropriate treatment for various infections, disease conditions, and other problems which may affect pregnancy.
- O. Special needs of the Rh- woman.

IV. Care During Labor, Birth, and Immediately Thereafter.

The midwife provides health care, support, and information to women throughout labor, birth, and the hours immediately thereafter. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. The normal process of labor and birth.
- B. Parameters and methods for evaluating maternal and fetal well-being during labor, birth, and immediately thereafter, including relevant historical data.
- C. Assessment of the birthing environment, assuring that it is clean, safe, and supportive, and that appropriate equipment and supplies are on hand.
- D. Emotional responses and their impact during labor, birth, and immediately thereafter.
- E. Comfort and support measures during labor, birth, and immediately thereafter.
- F. Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor.
- G. Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.
- H. Fluid and nutritional requirements during labor, birth and immediately thereafter.
- I. Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth, and immediately thereafter.
- J. Causes of, evaluation of, and appropriate treatment for variations which occur during the course of labor, birth, and immediately thereafter.
- K. Emergency measures and transport for critical problems arising during labor, birth or immediately thereafter.
- L. Understanding of and appropriate support for the newborn's transition during the first minutes and hours following birth,
- M. Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.
- N. Evaluation and care of the perineum and surrounding tissues.

V. Postpartum Care:

The midwife provides health care, support, and information to women throughout the postpartum period. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes but is not limited to the following:

- A. Anatomy and physiology of the mother during the postpartum period.
- B. Lactation support and appropriate breast care including evaluation of, identification of, and treatment for problems with nursing.
- C. Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.
- D. Causes of, evaluation of, and treatment for maternal discomforts during the postpartum period.
- E. Emotional, psycho-social, and sexual variations during the postpartum period.
- F. Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.
- G. Causes of, evaluation of, and treatments for problems arising during the postpartum period.
- H. Support, information, and referral for family planning methods as the individual woman desires.

VI. Newborn Care:

The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. Anatomy, physiology, and support of the newborn's adjustment during the first days and weeks of life.
- B. Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.
- C. Nutritional needs of the newborn.
- D. Community standards and state laws regarding indications for, administration of, and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period.
- E. Causes of, assessment of, appropriate treatment, and emergency measures for neonatal problems and abnormalities.

VII. Professional, Legal and other Aspects:

The entry-level midwife assumes responsibility for practicing in accord with the principles outlined in this document. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. MANA's documents concerning the art and practice of Midwifery.
- B. The purpose and goal of MANA and local (state or provincial) midwifery associations.
- C. The principles of data collection as relevant to midwifery practice.
- D. Laws governing the practice of midwifery in her local jurisdiction.

- E. Various sites, styles, and modes of practice within the larger midwifery community.
- F. A basic understanding of maternal/child health care delivery systems in her local jurisdiction.
- G. Awareness of the need for midwives to share their knowledge and experience.

VIII. Woman Care & Family Planning:

Depending upon education and training, the entry-level midwife may provide family planning and well-woman care. The practicing midwife may also choose to meet the following core competencies with additional training. In either case, the midwife provides care, support, and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

- A. Understanding of the normal life cycle of women.
- B. Evaluation of the woman's well-being including relevant historical data.
- C. Causes of, evaluation of, and treatments for problems associated with the female reproductive system and breasts.
- D. Information on, provision of, or referral for various methods on contraception.
- E. Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

Midwives College of Utah

Appendix B

Student Midwife Journal Project*

The transition from apprentice to student midwife is an intense learning experience. Not only are skills honed as they are actually put to the test, but emotional growth and self-discovery take off at hyper-speed.

We have forms to document skills performed and mastered. It is not as easy to document what is in the heart of the student as she is being born as a midwife. By recording births in a student journal format, the experiences that shape the future midwife can be observed. When life is moving quickly, it's easy to miss milestones and growth can go unnoticed. By looking back, it will be apparent how much the student has progressed, in your own words, from the first births to those farther down the road.

Each student midwife journal will be unique. Some may choose to do a “scrapbook” that includes photos, notes and other mementos in addition to the actual birth story. Others may be more succinct. There are some basic requirements for this project that will accomplish the intent of recording growth and building upon each birth experience. The story needs to include the following:

- What would I do the same?
- What would I do differently?
- What I wish I would have known going into this birth
- What this birth taught me

A space or page needs to be added for preceptor's comments and suggestions after each birth experience. It is valuable to have a debriefing meeting with your preceptor after a birth so you can discuss any questions or feelings you may have had.

*This is not a required project to graduate from MCU but for your own personal use and benefit.

Appendix C



APPLICATION FOR HEALTH SKILLS MENTOR Limited Preceptor

NOTE: Use this form for arranging a limited preceptorship for learning skills not specific to midwifery such as those covered in HLTH 131 or IV Skills. A health skills mentor can only sign off on non-midwifery-specific skills. If you are not sure which form to use, or which skills are appropriate, contact the MCU office.

Name and Title _____

Clinic or Practice Name _____

Address _____

Phone _____ Fax _____ E-mail _____

Name of Student you are precepting _____

Would you like someone from the MCU office to contact you to discuss MCU clinical requirements and/or any other questions you may have? Yes No

Licenses/Certification/Registration

1. All MCU health skills mentors must meet one of the following criteria (please mark those that apply):
 - I am a Registered Nurse (RN)
 - I am a nationally certified midwife (CPM, CM, CNM)
 - I am a physician (ND or MD)
 - I am legally recognized in a jurisdiction, province or state as an Intermediate EMT or Paramedic.*
 - I am legally recognized in a jurisdiction, province or state as a practitioner who provides women's health or maternity care
 - I am a midwife who has been a primary attendant without supervision for at least 50 out-of-hospital births *and* a minimum of three years
 - Other* _____

*Must document and provide evidence of qualifications sufficient to teach and verify skills in HLTH 131 Health Skills Lab¹⁴ or other non-midwifery specific skills you will be signing off for students.¹⁵

2. Please list all pertinent licenses or certificates, including type, official number and expiration dates.

¹⁴ HLTH 131 Health Skills Lab requires the following skills: hand washing, gloving and ungloving, sterile technique, sterilization of instruments (numerous methods), maternal temperature, respiratory, skin and pulse assessment, use of stethoscope, maternal blood pressure, oxygen set-up and administration, treatment of shock, universal precautions, newborn temperatures, newborn pulses, respiratory and cardiac assessment of newborn, and APGAR assessment.

¹⁵ Other skills may include blood draws, IV skills etc.

Documentation

Please send the following items with this application:

- Copies of all licenses and certificates pertinent to this application

Responsibilities

Health skills mentors are considered limited preceptors responsible for teaching and verifying that a student has mastered the required skills found in HLTH 131 Health Skills Lab or other non-midwifery related skills. Health skills mentors are limited in their verifying authority to these skills only unless they have additionally been approved as a Full MCU Preceptor.

Skills should only be signed off when the health skills mentor feels that a student has demonstrated a sufficient level of mastery over a skill.

I understand my responsibilities and limitations as an approved MCU health skills mentor (limited preceptor) as outlined above.

Signature

Date

Thank you for supporting the future of midwifery by becoming a mentor to a student!

Main this completed application and forms to:

Midwives College of Utah
1174 E 2700 S STE 2
SLC UT 84106-2671

For questions or clarification of any part of this form please contact us:

Toll-Free Phone Number: 1-866-680-2756
Fax Number: 1-866-207-2024
Local Number: 1-801-649-5230
Email: office@midwifery.edu