



Doctor of Nursing Practice Program  
Student/Preceptor/Faculty Manual for  
Nurse Midwifery  
2023-2024

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The DNP handbook has been developed as a practical guide to assist students to become better acquainted with the Doctor of Nursing Practice (DNP) program at The University of Tennessee Health Science Center (UTHSC). The handbook can be accessed at:

[DNP Student Handbook](#)

The DNP NMW handbook is specific to the midwifery concentration and is in alignment with the DNP handbook

## Current DNP-NMW Faculty

### **Kate Fouquier, PhD, APRN, CNM, FACNM**

*Professor, NMW Concentration Coordinator*

Office phone number .....(901) 448-3349

E-mail address .....[kfouquier@uthsc.edu](mailto:kfouquier@uthsc.edu)

### **Rhonda Johnson, DNP, APRN, CNM, CNE, FACNM**

*Associate Professor*

Office phone number .....(901) 448-3294

E-mail address .....[rjohn226@uthsc.edu](mailto:rjohn226@uthsc.edu)

### **Instructors, DNP NMW concentration**

Davin Johnson, CNM, MSN

E-mail address ..... [djohn188@uthsc.edu](mailto:djohn188@uthsc.edu)

Breia Loft, CNM, MSN

E-mail address ..... [bloft@uthsc.edu](mailto:bloft@uthsc.edu)

Meghan Madea, CNM, WHNP, MSN

E-mail address ..... [mmadea@uthsc.edu](mailto:mmadea@uthsc.edu)

Maddie Williams, CNM, MSN

E-mail address ..... [amwilliams@ut-rop.org](mailto:amwilliams@ut-rop.org)

## DNP Program Administration

**Charleen McNeill, PhD, MSN, RN**

*Professor and Executive Associate Dean of Academic and Student Affairs*

Office phone number .....(901) 448-4833

E-mail address .....[cmcneil8@uthsc.edu](mailto:cmcneil8@uthsc.edu)

**Bobby Bellflower, DNSc, NNP-BC, FAANP**

*Professor & Director, DNP Program*

Office phone number .....(901) 448-4153

E-mail address ..... [bbellflo@uthsc.edu](mailto:bbellflo@uthsc.edu)

# DNP Program Staff

Rachel George, BSN, RN, FCN, IBCLC

*Clinical Coordinator DNP Program*

Office phone number ..... (901) 448-2810

E-mail address ..... rgeorg13@uthsc.edu

Trimika Bowdre-Jones, PhD,

*MPH DNP Program Coordinator*

Office phone number ..... (901) 448-6099

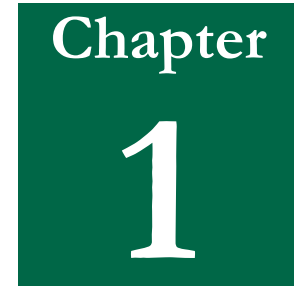
E-mail address ..... tbowdre@uthsc.edu

## Chapter 1: Introduction to the DNP-NMW Concentration

Welcome to the Nurse Midwifery (NMW) concentration of the Doctor of Nursing Practice (DNP) Program (DNP-NMW). This is one of eight different advanced practice concentrations preparing students for careers at the highest level of clinical practice. The faculty is excited to work with you to assist you in gaining the knowledge, skills, and abilities you need to become a confident, competent, and safe entry-level midwife.

### Purpose of the Manual

The purpose of this manual is to acquaint students, faculty, and preceptors to some of the elements composing the clinical education of DNP-NMW students. Occasionally there are program changes that take place over the school year. Faculty will keep you apprised of any changes via email, the official method of communication for UTHSC. Please contact faculty if you have any questions not answered by this guide.



### DNP-NMW Concentration

#### Philosophy

The CON DNP-NMW concentration adopts the Philosophy of Care from the American College of Nurse-Midwives (ACNM) which informs curriculum development and reflects the 2019 Hallmarks of Midwifery. These documents guide the faculty in educating nurse midwives at the doctoral level who are prepared to provide excellent midwifery care and who will serve as leaders in the community and in the healthcare setting. As educators of advanced practice providers and future leaders, we are deeply committed to ensuring that our students are advocates for reproductive rights, birth justice and the midwifery model of care as the foundation for improving care for individuals and families. We believe that the educational process facilitates continuing personal and professional growth and engage the student in the learning process through active participation.

The UTHSC nurse-midwifery program is committed to enrolling diverse and qualified students who pursue cultural competence and as adult learners, come to the program with already existing skills and knowledge. We also believe midwifery education should cultivate creativity and passion that will foster one's own commitment to caring for vulnerable populations with an emphasis on individuals and families in diverse, rural, and underserved populations. Our graduates will practice midwifery in effective and ethical ways providing care that relies on sensitivity as well as critical, logical, and analytical thinking that affirms the power and strength of individuals, respecting the dignity of every person.

#### Diversity Defined

A core value of the CON is embracing diversity and honoring the variety of differences and similarities among people which can include gender, race/ethnicity, tribal/indigenous origins, age, culture, generation, religion, class/caste, language, education, geography, nationality, different abilities, sexual orientation, work style, work experience, job role/function, military involvement, thinking style, personality type and other ideologies.

Much of what we know about birth and the profession of midwifery is historically built on a small subset of privileged voices. Although there has been an intentional effort to use inclusive language and to integrate a diverse set of experiences and perspectives, it is possible there may be overt and covert biases due to the lens in which many of our texts were written and to systemic/structural racism.

It is our intention to present materials and activities that are respectful of diversity and challenge how we know what we know. Disentangling racism is sensitive and challenging, and may invoke strong emotions, therefore it is imperative that our teaching and learning atmosphere is built on respect and trust, providing a safe space for all of us.

## Purpose Statement

The purpose of the UTHSC DNP Nurse Midwifery concentration is to educate nurse-midwives to:

- Prepare safe, beginning midwifery practitioners to provide optimal health care who are eligible for certification by the American Midwifery Certification Board (AMCB) and whose knowledge and skills prepare the graduate for independent practice at the level of The Core Competencies for Basic Midwifery Practice as defined by the American College of Nurse-Midwives.
- Prepare effective midwives capable of improving practice through sound clinical judgment, scholarship, research, formulation of health care policy, and provision of primary health care to women and newborns.
- Improve health care systems through midwifery education, practice, and research as outlined in the American College of Nurse-Midwives' Hallmarks of Midwifery Care.
- Establish a theoretical base for sound clinical judgment and scholarly activities.
- Articulate recognition of the role of public policy in formulating and developing the midwifery profession and health care services for women and infants on local, state, regional and national levels.

## Outcomes

Upon completion of the midwifery educational program, graduates will have the knowledge and skills to:

1. Independently practice at the level of The Core Competencies for Basic Midwifery Practice as defined by the American College of Nurse-Midwives.
2. Provide current, evidence-based care integrating holistic perspectives, a family centered approach, ethical factors, and a focus on normalcy to the care of individuals, women and newborns using the Midwifery Management Process (Varney's Midwifery).
  - a. Gather relevant data from multiple sources
  - b. Analyze and synthesize data to identify and prioritize problems
  - c. Develop and implement management plans using best available evidence
  - d. Evaluate outcomes and modify management plans
3. Commit to lifelong learning
  - a. Evaluate clinical evidence from multiple sources
  - b. Identify clinical challenges and participate in scholarship
  - c. Apply clinical scholarship to improve outcomes in health care
4. Assume the roles and responsibilities inherent in being a professional, certified nurse-midwife including leadership.
  - a. Provide midwifery leadership to improve client/family outcomes and shape health systems
  - b. Demonstrate professionalism and integrity in interactions with clients, colleagues, and systems.
  - c. Collaborate with clients and colleagues to improve access to and quality of health care.
  - d. Act as a catalyst for assuring access to timely, quality health care for all people, irrespective of race, ethnicity, gender or social status.
  - e. Participate in professional activities such as education and the political process.



## Statement on Reproductive Rights

*“Within the framework of the World Health Organization’s definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying, and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the rights of men and women to be informed of and to have access to safe, effective, affordable and appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a health infant.” -- WHO*

The American College of Nurse-Midwives (ACNM) affirms the following:

- Every individual has the right to make reproductive health choices that meet the individual’s needs.
- Every individual has the right to access factual, evidence based, unbiased information about available reproductive health choices, in order to make an informed decision.
- Individuals with limited means should have available financial resources to support access to services to meet their reproductive health care needs.”

In support of the international definition of reproductive health, and in deference to the position statement of the American College of Nurse-Midwives on Reproductive Health, the nurse-midwifery faculty endorse the fundamental empowerment of individuals to have control over their own fertility. Faculty respect that students may have varying beliefs regarding reproductive health. The expectation for all UTHSC CON nurse-midwifery students is that they learn about all reproductive options and be able to demonstrate competence with appropriate selection, counseling, implementation, and follow up with clients in the clinical setting.

## Policies & Procedures

See the UTHSC CON Student Handbook, [CenterScope](#), that applies to your degree program.

## Expectations for DNP Students

### Advisors

Your advisor serves as a link to the larger program and the College of Nursing. Faculty members work together to assist you in your academic progress. If you are struggling in a course or need guidance on the program, you may contact your advisor, the specific course coordinator, [or the Learning Navigator](#). To best meet your needs, please make an appointment with your advisor and let him/her know the reason for your visit. This will allow them to prepare and allot enough time for the meeting.

## The Interplay of Work, Life, & School

By enrolling in the UTHSC CON DNP-NMW concentration, you have chosen to make learning a top priority in your life. As faculty, we are committed to help you grow into an excellent beginning nurse-midwife. The DNP-NMW concentration requires a huge amount of focus and dedication. If you are unable to complete the requirements of the program, including online classes and clinical time, you are not taking full advantage of your educational experience.

It is strongly advised that you not work during full-time study, or at best, if you must work, work a drastically reduced schedule. During the intrapartum/post-partum/newborn clinical course as well as for integration, both full and part time students, will be expected to be in the clinical setting for at least 35 hours a week (and depending on clinical site and volume, this number could be higher) in addition to completing coursework and preparing for your comprehensive examination. There is not time for a job during these semesters.

During your intrapartum, integration and complex obstetrics semesters you will be expected to be on-call for long periods of time, including nights, weekends, and holidays. Because of the extensive hours, some of you may need to consider having adequate child and /or pet care. Your learning needs are our priority, and the needs of each student will be considered on an individual level. To ensure that you have a variety of learning opportunities, you may be expected to travel outside the Memphis area for one or more of your clinical rotations. You will need reliable transportation during the program, especially for your clinical experiences, as you will be “on-call” and there may be times when you are expected to arrive at your clinical site with little advance notice.

If at some point you are unable to balance your school and life demands, there are many options available including part-time study and temporary leaves of absence. Please contact your adviser if you would like to adjust your course of study.

## Student Concerns

Our goal is to provide you with an excellent midwifery education. If you are struggling in a course or have a problem that needs resolution, please speak with us. We have resources to assist you and will respectfully develop a plan to meet your needs. [SASSI](#) also provides a host of student support services.

## Delegation of Issues

Listed below is who to contact when you have a problem. This allows you to speak with the appropriate person and avoid wasted time or confusion.

### *Personal issues*

Please talk with your faculty advisor about resources to assist you.

### *Specific to an academic course*

Please speak directly with the course faculty, then the concentration coordinator.

### *Specific to a clinical course*

Please talk with your preceptor, then the faculty member who is tracking your clinical progress, listed on your class roster (provided each semester).

## Chain of Communication for Appeals

We want you to have resolution to your problem and will work to assist you. If you still don't have resolution to your problem or you desire an appeal, please refer to the chain of communication listed below. Please start with the appropriate faculty to allow us the opportunity to discuss the issues with you.

Each class syllabus lists the course faculty and the course coordinator. Usually speaking directly to the faculty responsible will resolve the issue but if not, you are welcome to appeal to higher levels. We take your concerns seriously. The faculty and the Senior Associate Dean of Academic Affairs will work together to address your problem.

Students have a right to representation in the graduate program and are encouraged to channel their views to faculty about programmatic and curricular affairs. Nurse-midwifery students are requested to select a representative to attend regularly scheduled Nurse-Midwifery Concentration faculty meetings; that representative will be responsible for communicating issues to the student group. In addition, Nurse-Midwifery Concentration faculty meetings are open to any student wishing to attend, and students may place items on the agenda at any time. To place an item on the agenda, notify the Concentration Coordinator so

that time can be allotted accordingly. Students will be excused from the meetings for discussions of student progress and clinical placement issues.

Individual Course Faculty

Course Coordinator/Advisor

Nurse Midwifery Concentration Coordinator  
(Dr. Kate Fouquier)

DNP Program Director  
(Dr. Bobby Bellflower)

Executive Associate Dean of Academic  
and Student Affairs  
(Dr. Charleen McNeil)

Dean, College of Nursing  
(Dr. Wendy Likes)

## Social Media Usage

The UTHSC Social Media Guidelines applies to students, faculty, and staff and is intended to ensure that social media and social networking technologies are used in a professional and responsible manner.

## Social Media Guidelines

1. Students, faculty, and staff should conduct themselves in a professional, respectful, and civil manner when using social media of any kind.
2. Any situation involving named or pictured individuals acting in a UTHSC capacity on social media requires their express written permission.
3. If you identify yourself as a UTHSC faculty, student, or staff in any online forum and/or use a UTHSC email address, you must make it clear that you are not speaking for UTHSC. Any content posted to a website outside of UTHSC that has something to do with your UTHSC affiliation, or any other subjects associated with UTHSC, must be accompanied by a disclaimer such as, "The postings on this site are my own opinions and do not represent the views or opinions of UTHSC."
4. The use of any UTHSC Logo or protected images requires written permission.
5. The use of verbally abusive, disrespectful, or aggressive language or content communicated via email or used when posting to public forums of any kind by faculty, staff, or students **may result in disciplinary action, up to and/or including dismissal.**

Please refer to the UTHSC Social Media Guidelines for additional information: [Social Media Guidelines](#)

### NOTE for nurse-midwifery students:

Social networking pages such as Facebook, My Space, Twitter, etc. are to be used for social communication only. Students or professionals who post comments related to their professions or educational programs not only

jeopardize their potential employment, but they leave themselves open to possible HIPAA violations as well as legal scrutiny.

It is totally inappropriate for students to post anything about Preceptors, clinical sites, or clinical experiences; posts related to busy shifts, exhaustion, difficult deliveries etc. may be used in legal deliberations, and should never be posted. Students who do this may face expulsion from the nurse-midwifery program.

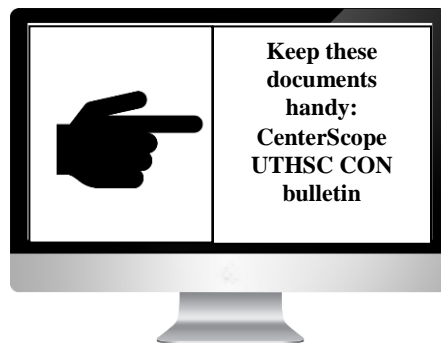
## Resources & Assistance

Please see the UTHSC Bulletin, College of Nursing, for a full discussion of disability services [disability services](#).

Midwifery is an emotionally and physically demanding profession and therefore midwifery clinicals are also emotionally and physically demanding. To enter midwifery clinicals you must be able to:

- receive and incorporate constructive feedback on your performance
- read, interpret, and document on client charts with minimal errors
- use your eyes and hands to perform patient assessments
- maneuver your body quickly in tight spaces
- hold a wet newborn securely without assistance
- adjust to changes in stress level and sleep schedule with manageable, minimal effects on your physical and mental health
- be punctual by arriving at your clinical sites at least 30 minutes prior to the beginning of your shift
- at any time of day or night, keep anxiety to a functional level while in the clinical setting
- conduct yourself in a professional manner including appearance and conduct
- incorporate constructive feedback on your performance into the management of patients

If you have any questions about your specific needs, please talk with Dr. Kate Fouquier, DNP-NMW Concentration Coordinator; Missy Robinson, Student Navigator; or Dr. Glynis D. Blackard, Assistant Dean Student Affairs.



## DNP-NMW Concentration Clinical Information

The general expectations for students in the College of Nursing are contained in the UTHSC Catalog and *CenterScope* which are located at: [Welcome to the UTHSC Academic Bulletin \(Catalog\) and CenterScope \(Student Handbook\)](#).

NMW students work with several faculty, staff, and preceptors as a part of their clinical education. There are several official documents that must be executed prior to beginning any clinic assignment. You need to note which documents must be completed, by whom and when.

Your faculty, with the assistance of the Clinical Coordinator, have the final responsibility to identify and assign your clinical site and preceptor. Student participation in the selection process is possible, particularly when there is desire for a specific experience and/or the student lives in an area without current participating preceptors. All clinical sites and preceptors are required to be approved and proper documents executed between them and the university prior to you beginning to see patients at the site.

## Student Responsibilities for Clinical Experiences

1. Review clinical course outcomes.  
You are responsible for knowing what you are to be learning and how your learning progresses in the course.
2. Meet with preceptor, if indicated.  
Some preceptors prefer to interview you prior to agreeing to work with you. If you are asked to interview, you should use the interview to your advantage.
  - a. Provide the preceptor with an understanding of your level, ability, and personality.
  - b. Enable the preceptor to assess if you will be a “good fit” for the clinical site and the population it serves. You can put your best foot forward by being prepared with a curriculum vitae (CV) or résumé.

## Scheduling of Clinical Experiences

- Clinical practicum experiences are scheduled at the convenience and availability of the preceptor.
  - Please don't expect preceptors to conform to a schedule that meets your employment needs.
  - You and the preceptor need to agree on the days and times you will be in the clinical agency prior to beginning.
  - Unless otherwise stated in the syllabus, you are expected to begin the clinical experience when the course starts and complete when the course ends.
- Enter the start and end dates, along with the days of the week for the entire time you will be at the clinical site, in ProjectConcert (the approved online program for tracking clinical experiences).
- Schedule a mid-term and final clinical evaluation with the preceptor.

## Clinical Compliance Requirements

Prior to beginning NMW 806 and 807, nurse midwifery students will be required to:

- Students who choose to continue working **may not** obtain their clinical hours in the same unit/office where they are employed
- Obtain/maintain current neonatal resuscitation certification through the American Academy of Pediatrics (AAP) or an AAP approved course. All lessons must be completed.
- Obtain/maintain current certification in fetal monitoring skills throughout your clinical practicum. Current certification is defined as completion of:
  - ○ AWHONN Introduction to Fetal Heart Monitoring Online Course
  - ○ AWHONN Fetal Heart Monitoring Simulation (FHMSIM) Course
- Clinical site(s) must include hospital birth experience. Out of hospital birth experience in an approved Birth Center accredited by the Commission for the Accreditation of Birth Centers (CABC)

is also recommended (but not required). UTHSC nurse midwifery students **may not** attend home births. **Clinical sites must be approved by the UTHSC faculty in accordance with the policies and procedures of the CON before a student can begin any clinical rotation. Starting clinical prior to the completion of site and/or preceptor credentialing is considered grounds for dismissal.**

- Students in clinical rotation at CABC accredited birth centers offering home birth VBAC services or birth center VBAC services **may not** provide any care to these clients either in the birth center or at home. The student **may not** work with any pregnant VBAC client or attend associated home visits for any reason. Students in clinical rotation at CABC accredited birth centers offering home birth VBAC services or birth center VBAC services will be required to sign an attestation of their understanding of this policy prior to beginning their rotation with that site. **Violation of this policy may result in dismissal from the University.**
- Additionally, a UTHSC DNP NMW student cannot be present at or provide care for out of hospital multiple gestation or breech births.

### **Clinical Supervision**

Preceptors should adjust their level of supervision to the level of the student's development. The preceptor can refer to the UTHSC preceptor training course or obtain guidance from the Concentration Coordinator for help in this area.

### **Nurse-midwifery Students**

- Nurse-midwifery students must have in-the-room supervision for all births and all suturing. As the student becomes more advanced this may only entail the preceptor's quiet presence in a corner of the room, but the preceptor's presence is required.
- When there is no opportunity in a community for CNM supervision of students for experiences such as gynecologic or newborn care, a nurse-midwifery student may be precepted by a nurse practitioner, physician, or physician assistant provided an Affiliation Agreement is in place.
- Physicians may provide supervision for a nurse-midwifery student for labors and births. These experiences must be approved by the CNM preceptor.
- With the preceptor's knowledge and approval, a nurse-midwifery student may obtain additional clinical experiences and/or suturing experience with a physician or physician assistant, provided the physician or physician assistant is a member of the preceptor's practice and an Affiliation Agreement is in place. These experiences may or may not count toward the required number of patient visits and should be discussed with the Concentration Coordinator.

**In accordance with ACME guidelines for Interprofessional Clinical Supervision of Midwifery Students, 50% or greater of the clinical experiences of each student are supervised by CNMs/CMs.**

## Chapter 2: Academics

Students are responsible for understanding and complying with the requirements for the academic and professional degree requirements. This chapter will assist you with meeting these requirements.

### Degree Requirements

Students will take a variety of courses to complete the DNP NMW degree. Specific course information can be found in your student handbook. Your plan of study is designed to prepare you for practice in the dual perspectives of advanced practice nursing and midwifery. We aim to prepare excellent clinicians for a diverse world. If you have questions about your plan of study, talk to your faculty advisor.

### Course Descriptions

Full course descriptions and information on course availability can be found online, among resources for current students.

### Absence from Class/Clinical

If you cannot attend class, you will be responsible for asking classmates to collect class handouts, take notes, or audiotaping for you. This is not the responsibility of the faculty.

Attendance in assigned clinical sites, at the negotiated times and days, with the preceptor is required.

- Unapproved absences for assigned clinical experiences are a violation of professional behavior and may result in disciplinary action.
- Immediately notify the preceptor and faculty if you are not able to attend a scheduled day.
- You will need to present a plan to make up missed experiences and have this approved by the faculty and preceptor. Notify faculty immediately if you are running into problems attaining the required number of clinical hours.

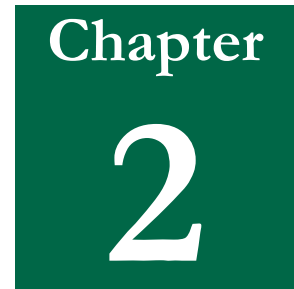
### Personal Emergencies

The faculty acknowledges that true life emergencies do exist that may prevent attendance and will work with students in these situations as they arise.

NOTE: True-life emergencies do NOT include:

- Scheduling work or vacation during class or clinical times
- Non-emergent medical or dental appointments
- Being fatigued due to your own actions
- Planning “special” events that interfere with class or clinical (Weddings, family trips, parties, etc....)

**If students have an emergency that will cause them to miss class, they are required to notify the course faculty by email or phone.**



## Student Evaluation

### Exams

All program examinations are modeled on the national certification examination of the American Midwifery Certification Board (AMCB). You must pass the AMCB certifying exam, also known as “Boards”, to become a Certified Nurse-Midwife. The certifying exam has a multiple-choice format in which you must choose the BEST answer from among the available choices. We have chosen to maintain this format for most examinations in order to prepare you for the certification exam. Exams are deployed via ExamSoft and remote exams are proctored by an outside entity, ProctorU. Additional information is available in the [DNP Handbook](#).

#### *Test-Taking Skills*

Many students struggle with multiple choice format tests. SASSI can tutor you personally in test taking skills. You can arrange to meet by reaching out via email ([SASSI](#)). Implementing a few techniques can help your test scores better reflect your knowledge.

### Skill Checkoffs

In addition to examinations, you will be asked to complete skills checkoffs prior to entering clinical. These checkoffs help ensure a foundation level of ability to safely enter the clinical setting. Preceptors have many styles. You will learn a variety of methods to accomplish similar skills; however, the faculty strive to present you with a consistent and accurate method of performance.

### Clinical Evaluations

Clinical evaluations will be collected on daily or weekly intervals, depending on the clinical course requirements. NMW students must receive satisfactory performance by the final clinical evaluation of the semester. If at any point during the semester the preceptor or faculty feel that you are not making satisfactory progress, we will all work together to develop a plan to assist your progression. Please see Chapter 3 for more information. The faculty may require an additional clinical experience, to help you demonstrate competency, before a final grade is posted. The syllabus for each course provides the requirements for each clinical course and the frequency of evaluations.

### Comprehensive Examination

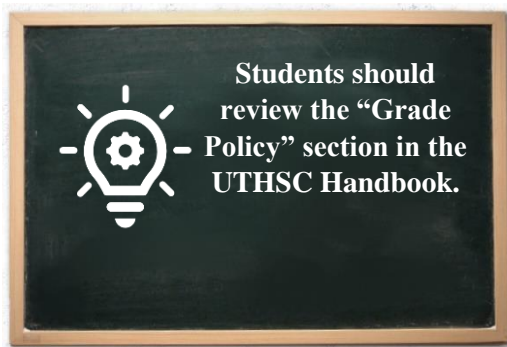
All NMW students are required to take, and pass, a written comprehensive examination at the conclusion of the program, in order to graduate. This test is cumulative and assesses higher-level midwifery knowledge and reasoning.

You **must** pass the DNP Synthesis Practicum (NSG 926) before you are eligible to take the comprehensive exam. The final comprehensive examination is graded on a pass/fail basis similar to the AMCB certification exam. There will be more information given to you about the comprehensive examination as you progress through the program. The comprehensive examination is a regional examination prepared by the Midwestern Association of Nurse-Midwifery Educators (MAME). In the event that a student fails the comprehensive exam on the first attempt, one retake is offered. If a student fails the retake of the comprehensive examination, it will result in failure of the NSG 926 course.

### Grading Policy

Students are encouraged to review the [UTHSC CON DNP Student Handbook](#) for a complete listing of Academic Policies, including the grading system and list of current grade policies.





## Sub-Standard Performance

In order to proceed through the NMW program, you may not score less than 75% on any examination or assignment. Any student in jeopardy of academic failure will receive an "Academic Counseling Form" from the course faculty. The course faculty will devise a plan with you to help work towards successful completion of the course. This plan of action will contain resources to help you be successful. Our meetings and plans are designed to clarify expectations and outline a clear course of action for you. Please do not hesitate to contact us if

you feel in danger of failing a course. We want to help you succeed knowing that you are earning your grades on your own merits.

The Progression Committee can act any time a student is deemed to be making inadequate progress toward degree objectives and/or is demonstrating unacceptable performance in the key areas of personal and professional behavior. Committee recommendations regarding a particular student are based upon input by each faculty member or course director who has teaching responsibility for that student during a given instructional period. Students must maintain a cumulative grade point average of 3.0 to progress to the subsequent term or to graduate. Students are expected to complete all courses with a grade of "B" or higher. Any student who earns a grade of "WF," "C," "D," "F," or "I" is reviewed by the appropriate committee. Students earning two "WF" grades or a grade of "D" or "F" are dismissed from the program.

## Faculty, Course, & Program Feedback

At the end of each course, students are invited to evaluate the faculty and the course via a confidential online evaluation. Each evaluation is a series of standard questions with space for written comments at the end. We value your feedback on courses and use it to continually improve the classes and offerings. We need to know what enhanced your learning and what activities and lectures did not work for you. The evaluations are confidential.

As you are preparing to finish the nurse-midwifery program we will ask you to evaluate the midwifery curriculum. We occasionally contact graduates to survey them on the effectiveness of the program in preparing them for clinical practice. Your feedback will help shape the future of UTHSC CON nurse midwifery education. We value your comments, suggestions, and praise.



## Chapter 3: Teaching & Learning in the Classroom Setting

# Chapter

# 3

Faculty strive to provide NMW students with a robust, creative, and unique classroom experience. A variety of teaching modalities and course designs are used to facilitate student learning. Information on individual course format is provided in the course syllabi at the beginning of each semester.

The DNP-NMW concentration is an on-line program of study with both synchronous and asynchronous classes. When there is a synchronous class, students are *expected* to arrive to class on time. Class schedules are provided in the course syllabus and all times are posted in Central Standard Time.

**Lab and clinical simulations:** In courses where there are participation components to the student grade, faculty may deduct a portion of the student's course grade for late arrivals and/or early departures.

### Student Conduct

Students should come to class prepared to interact and engage in the planned learning activities. Respect and professionalism in all interactions with fellow classmates, faculty, and guest speakers is expected. Use of smartphones, laptops, and tablets is encouraged for learning purposes. Personal phone calls, text messaging, or photography are strictly prohibited, except in the case of an emergency.

Language that is obscene, vulgar, or reflects systems of oppression (e.g., racism, sexism, classism, ableism, homophobia/transphobia) is never acceptable.

### Interactions with Faculty

Students should address all UTHSC CON faculty members by their professional and/or academic title. For faculty members with doctoral degrees, it is appropriate to use the title of “doctor” or “professor”. For faculty members without a doctoral degree, it is appropriate to use the title of “Mr./Ms. or professor”. When in doubt, or unsure of the faculty member's highest degree earned, the title of “professor” is always appropriate and acceptable for any UTHSC CON faculty member.

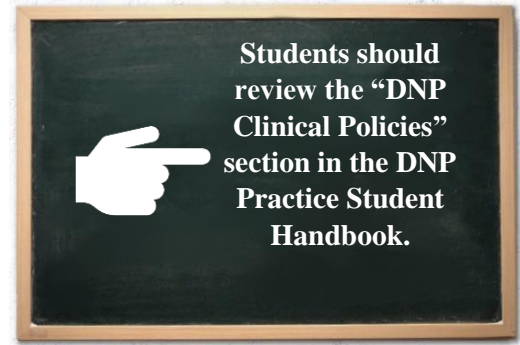
NMW faculty contact information is provided in each course syllabus. In the event of an after-hours emergency, students should send an email using their UTHSC email account or leave a voice message for faculty by phone.

### Teaching & Learning in the Clinical Setting

Faculty members determine student clinical sites based on many factors. You may submit input as far as geographic areas in which you may have family or friends to stay with, as well as anything else you would like for us to keep in mind. We will take all information into consideration when making site assignments (including the requirements of the sites for students that they will accept), but our greatest concern is helping you to become a competent midwife and meeting the course and program requirements for all students.

Clinical sites for the first summer semester will typically be with the CNMs at Regional One Health, in Memphis, TN. Distant clinical sites often have unique opportunities that make them worth the drive. Your courses will be clustered to allow you to travel to these sites for several days at a time. You **must** have a working car and be able to drive throughout the program.

For multiple reasons, we do not place students in international settings. We are open to forming a new clinical site; however, there are advantages to attending a well-known site with preceptors experienced with UTHSC students. If you have a potential site in mind, please let faculty know and if suitable, we will make the first contact with the site and preceptor. **DO NOT** contact the potential preceptor yourself. There are advantages and disadvantages to all sites and locations, and we will work with you as an individual to meet your learning needs and maximize your clinical experience.



Occasionally students will request to participate in a clinical opportunity outside of the course requirements. These special situations are evaluated on a case-by-case basis and the disruption in your normal course requirements may result in other modifications in your schedule such as completing courses during semester breaks.

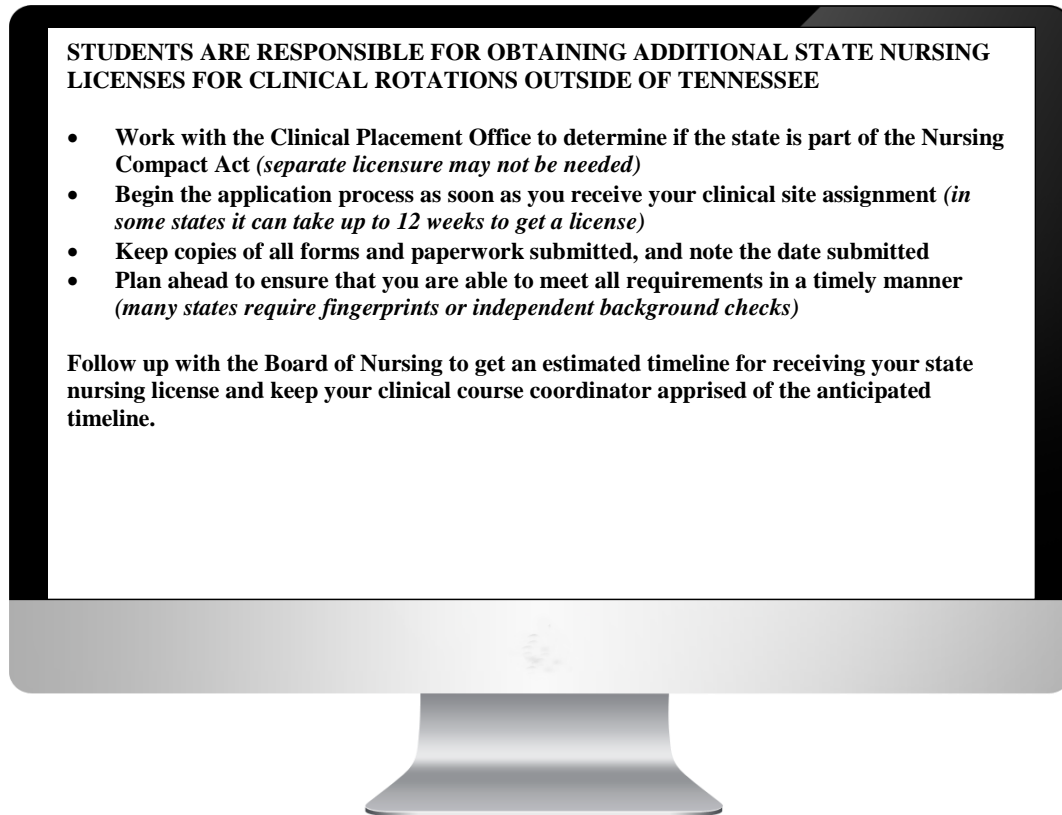
Student considering clinical experiencing outside of formal UTHSC course work should consult with their faculty advisor and the NMW concentration coordinator before making such arrangements.

## Preparation for Clinical

To attend clinicals you must have fulfilled requirements for registration, and the following documentation must be on file with the UTHSC CON Clinical Placement Office or within your online clinical tracker:

- attendance at the annual HIPAA & OSHA training program at the College of Nursing,
- active **Tennessee** RN licensure,
- current CPR certification for both adult and child (NRP),
- required immunizations
- **criminal background check** as required by clinical placement.
- drug testing if required by your clinical site
- Prior to your intrapartum clinical rotation:
  - Neonatal Resuscitation Provider status and electronic fetal monitoring (EFM) education is necessary.  
*(We will discuss these items in more detail during fall and spring classes.)*

Students with clinical sites outside of Tennessee may be required to secure a nursing license in the state of your clinical rotation. This requirement may be associated with additional state licensing fees, which are the responsibility of the student. Questions about requirements for specific clinical sites should be directed to the clinical course coordinator and/or clinical placement.



**STUDENTS ARE RESPONSIBLE FOR OBTAINING ADDITIONAL STATE NURSING LICENSES FOR CLINICAL ROTATIONS OUTSIDE OF TENNESSEE**

- **Work with the Clinical Placement Office to determine if the state is part of the Nursing Compact Act (*separate licensure may not be needed*)**
- **Begin the application process as soon as you receive your clinical site assignment (*in some states it can take up to 12 weeks to get a license*)**
- **Keep copies of all forms and paperwork submitted, and note the date submitted**
- **Plan ahead to ensure that you are able to meet all requirements in a timely manner (*many states require fingerprints or independent background checks*)**

**Follow up with the Board of Nursing to get an estimated timeline for receiving your state nursing license and keep your clinical course coordinator apprised of the anticipated timeline.**

## Your Clinical Credentialing Folder

Throughout the program you may be asked to provide a copy of various documents before proceeding to a clinical site. Many of these documents will be uploaded into your online clinical tracker but may also be needed in other forms throughout the program. You will also need this information again when you are employed as a nurse-midwife. To make things easier, create a credentialing folder that contains several copies of each of the following:

- Your RN licenses
- Your current CPR certification card
- Any other certifications you have (e.g., NRP, PALS, Electronic Fetal Monitoring)
- Immunization record
- Driver's license for photo identification
- A brief, personal bio sketch with photo to place in waiting room of the clinic site

On the binder put the dates that your RN license and CPR expire so that you do not forget (consider setting an electronic reminder for a month ahead). When you get new information, please upload a new copy into the online clinical tracker and be sure to store all your original documents in a safe location.

## What to bring with you on your first day of clinical

- Name, address, and phone number of clinical sites
- Directions or navigation mobile application
- UTHSC CON name badge
- Lab Coat
- Stethoscope
- Pen
- Gestational age wheel or smartphone application
- Pocket references and 1-2 reference books or mobile applications
- **A watch with a second hand** (*required for monitoring fetal heart tones*)

## Signing your name

Preceptors will vary on how much they allow you to chart within the official client record, due to legal and billing regulations specific to the site. Even if your preceptor cannot allow you to chart the entire visit, you should chart the visit on an extra sheet of paper and have her/him critique your note. The way you sign your name varies based on where you are in the nurse-midwifery program.

Sign your name, followed by the title RN. In the line following your signature, print your program name accordingly: UTHSC CON, NMW student

Example: Kate Fouquier, RN  
UTHSC CON NMW student

Do **NOT** use CNM or CNM student, as you are not legally entitled to use those credentials until after you pass the AMCB certification exam.

Always be sure to have your preceptor sign after you in the medical record.

There is no such designation as “candidate” at the DNP level, so “Candidate for DNP degree” and “DNP Candidate” are not appropriate designations to use.

## Clinical Placements

At several points in the program, we will ask you for your input regarding clinical placements. We understand that clinical placements can have a huge impact on your life. We strive to create a good match between you, the preceptor, and the site. Our goal is to provide you with clinical opportunities that help you become an excellent entry-level practitioner.

We hope to provide you with a diversity of clinical experiences to create a balance in your skills. You may be rotated through a variety of clinical sites to expose you to a diverse set of patients, preceptors, and skill sets. Many of our sites involve travel; student travel is an expectation for attendance in this program. It may be necessary to travel for two of the three clinical semesters. We will do our best to work with you in selecting sites that may be close to relatives or other housing resources.

The requirements for clinical rotations include the student’s ability to be on duty during a variety of days and times including day, night, and weekend shifts. Students will be expected to complete clinical shifts, as assigned, at their site with those stipulations in mind.

## Variety of Clinical Sites

We aim to provide you with a diversity of clinical sites so that you can experience a wide range of experiences and see how multiple practices approach midwifery. Our goal is to make each student a well-rounded midwife. We place you with preceptors whom we feel will enhance your learning and encourage your growth. We respect that you bring a unique perspective to midwifery, and we want to enhance and augment your strengths. We do not have a rigid structure of required experiences as our focus is on your *competency*. Some students will need more (or less time) than others in a clinical setting to be and feel competent. We want to make diverse midwives to serve our world – not “cookie cutter” midwives. Our approach to education is intensely personal, looking at your goals and needs. This means that your experience will not be the same as your classmates. For some students this causes anxiety. We track the progress of each student individually with the goal of *competency* by graduation.

Students rotate between high and low volume sites, so it is not uncommon for one student to have greater numbers of clinical experiences than another. Your educational path is unique. Please share your experiences but do not compare your educational path to others.

## Professionalism in the Clinical Setting

### Timeliness

Plan to arrive 30 minutes ahead of schedule on your first clinical day, to allow for traffic and a few wrong turns. On most clinical days, plan to arrive 15-30 minutes early to have time to review charts before patients arrive. If you cannot attend a clinical day or must be late, you need to call and let your preceptor know as soon as possible. Preceptors often have made arrangements for students and may need to alter the office schedule if you cannot attend.

If a student is unable to attend clinical for the day, he/she should speak directly to the preceptor, rather than leaving a voice message. If you must leave a message, please continue to call back until you reach the preceptor personally. Your timeliness is a component of your professionalism and will be reflected in your daily evaluations and in your preceptor’s recommendation for you in the future.

### Dress Code

The dress code serves to make both your preceptor and your clients comfortable and serve to help you blend into the practice. You should always arrive in professional clothing, even if you anticipate changing into scrubs after your arrival.

- Make sure your UTHSC identification badge is always visible on your upper body
- Wear closed-toe shoes that are impervious to liquids
- Hair up and pulled back so it cannot touch patients
- A lab coat that is clean and wrinkle-free with the UTHSC patch on left upper arm is appropriate unless the preceptor requests otherwise.
- Fingernails clipped to a short length, and only clear or nude nail polish
- No jeans, shorts, mini-skirts
- Remove all visible piercing jewelry (i.e., nose, eyebrow, lip, etc.) other than one modest earring in each ear. Ear gauges must be removed, and plugs placed in the hole.
- No revealing clothing, i.e., bare midriff or back, spaghetti straps, visible cleavage
- You must wear appropriate protective equipment if there is a risk of fluid exposure

## PRECEPTORS



Our preceptors mentor student out of kindness and a desire to further midwifery. They receive no financial compensation for assisting you in your journey to midwifery. PLEASE BE GRATEFUL FOR THEIR SACRIFICE OF TIME AND ENERGY!

### Personal Hygiene

Clinic rooms are small and pregnant women have extra-sensitive sense of smell. Refrain from wearing perfumes or strong scents. Long hours and stressful experiences can lead to unexpected body odors; pack and prepare accordingly.

### Office Politics

Be sensitive to the office politics where you are placed. You may hear privileged information from your preceptors or staff and this information should be treated cautiously. Very few offices are free from inter-office drama; take what good knowledge and lessons you can find and let the rest go.

You may encounter people in your site with different life views than your own. While we attempt to place you in a comfortable setting, there are always surprises. **Please deal with any differences of religion, lifestyle, or practice with discretion and tact.**

While in the clinical setting you will have the opportunity to meet and spend time with people. While in the clinical rotation, you will have the opportunity to meet individuals who share many of your interests. It has occurred in the past that professional student/preceptor relationships progressed to a personal and even sexual level. Dating and sexual relationships during a clinical alter the clinical and learning environment and are not professional behaviors. If personal feelings arise, students should discuss this situation with their course coordinator so that alternate arrangements can be made.

If you are approached in a manner that makes you feel uncomfortable, please discuss this with your course faculty. Your safety is paramount to us.

### Clinical Safety

#### OSHA Compliance

Students MUST adhere to all OSHA requirements throughout their clinical experiences. The student must use appropriate contact precautions with each patient encounter, even if the site or preceptor does not follow OSHA guidelines. This includes:

- Closed-toe shoes in all clinical settings
- Use of gloves for all contact with bodily fluids
- Use of eye protection in the labor and birth setting
- Use of protective garments as needed in the labor and birth setting, this should include gloves, a protective gown, and a face mask
- Careful needle awareness. Always use a needle holder while suturing. Be aware of the location and trajectory of all needles.

These standards are for the protection of BOTH the client & the student.



**OSHA compliance is the responsibility of the student. Failure to comply will result in consequences ranging from a failing grade for the day to removal from the clinical site.**

## Pathogens

Students **MUST** report any incident considered to place them at risk (needle-stick, puncture or cut with exposure to potentially contaminated source, splash injury to eyes or mucous membranes, secretions contact with non-intact skin) to individual course faculty. To minimize the risk of acquiring an infection due to occupational exposure and in keeping with CDC recommendations for post-exposure prophylaxis (PEP) the student should take the following steps immediately:

- Wash the affected area with soap and water for several minutes
- Notify the clinical instructor or preceptor, you may be asked to complete the birth or repair as you would as a CNM.
- Report to a health care provider within 2 hours of the incident for evaluation.
- It is important to tell the health care provider that exposure has occurred.
- Follow the post evaluation recommendations of the health care provider.
- **Labs may be drawn on the patient with consent**



**NOTIFY YOUR CLINICAL COURSE FACULTY if you experience a possible exposure to blood or bodily fluids. She/he will talk with you to make sure you have completed everything needed for your safety and can refer you to additional resources.**

## Physical Safety

Physical safety should be paramount in your mind. It is ideal to carry a cell phone while traveling and to be aware of your physical surroundings at all times. Some clinical sites are in crime-prone neighborhoods, and you also might be going in and out of the building at night or during low-traffic times. Speak with your preceptor about local safety measures that may be necessary. Use universal precautions (including protective clothing) for all potential bodily fluid, even if your preceptor does not.

## Fatigue

We want you to have a safe and robust clinical experience. Safety is an essential part of that experience. Fatigue is a leading contributor to medical errors, and learning to plan for lost sleep, assess your level of alertness and ability in the moment, and react appropriately is a part of clinical learning. Planning includes taking naps before clinical shifts, scheduling rest time between extended shifts if possible and recognizing signs that you may not be optimally alert. You will need to find a routine that works for you to stay alert during a normal shift. This can include eating regular meals, staying busy and taking naps when the clinical load permits. There is not a hard rule on when a student needs to step out of clinical. Instead, use your fatigue as a gauge and work with your preceptor to ensure you have the rest needed to be safe in the clinical space. Speaking up when you need rest for safety is a facet of ensuring high-quality care for the individuals you serve. Safety extends to your trip home after a clinical shift. If you are sleep deprived or feel drowsy, you are advised to take naps prior to driving.



Signs of fatigue while driving may include yawning, nodding off, missing road signs/turns and drifting onto rumble strips on the shoulder of the road. *Stop driving and rest!*

If you have health issues that affect your ability to complete the regular schedule of a midwife in the practice, [SASSI](#) and your faculty can work with you to determine a plan.

We are here to help if you are having difficulty. Please feel free to reach out to your clinical faculty if you have questions or concerns.

### **Emotional Health**

Your emotional health may need extra nurturing through the stresses of school. Some students find that latent anxiety or psychological issues resurface under the stress and sleep changes of clinical experiences. Please seek help as soon as possible. UTHSC has an excellent student counseling center and resources to assist you. Your individual course faculty and your advisor can recommend additional resources if needed. ([SASSI](#)).

### **Personal Belongings**

Safeguard your belongings while in clinical sites. Laptops locks can be purchased to anchor your computer or find a secure place to keep your personal items while in clinic. Please lock your car and room even when in seemingly safe surroundings. Also make sure your residence is secure during your absence.

### **Snow & Extreme Weather**

Many clinical sites involve travel, often at night. Please use your judgment in inclement weather. Your priority should be your safety. There are many weather websites to consult prior to leaving or call your preceptor for a quick check on local conditions.

If an area is evacuated for a natural disaster or emergency, please do what is best for your safety. Notify your individual course faculty of your location and plan once you are safe.

### **Numbers, Hours, & Competency**

The Accreditation Commission for Midwifery Education suggests a minimum number of clinical experiences programs should have available for students. Also, each clinical course has the number of required clinical hours. These are guidelines to help you plan your clinical experiences.

All students are required to log all clinical experiences and hours. However, to pass a clinical course you must have mastered the course outcomes as measured by your clinical performance. Your preceptor and your faculty are closely monitoring your progress to aid you in your progression. Evaluations help to identify goals and needs so you can target your learning.

### **Meeting Clinical Competency Goals Learning Contract**

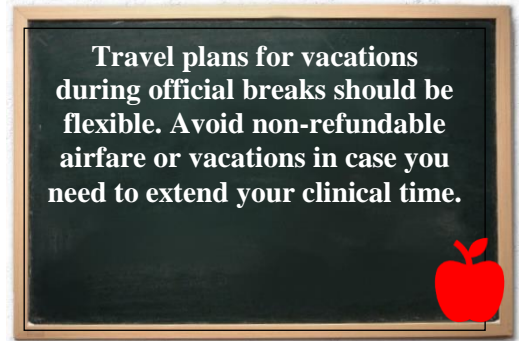
The goal of the preceptor and the faculty is to produce a competent entry-level practitioner. We are committed to assisting your growth. Evaluations are used to gauge your progression through the course outcomes. In some cases, it is clear that a student is not progressing at the needed rate. When this happens, a learning contract is developed. The learning contract serves to bring the faculty, student, and preceptor together to discuss the student progress and develop a plan to assist him/her in focusing clinical efforts. The learning contract is a chance to discuss clinical expectations and goals; it is not punitive and will not affect the final clinical grade. This frank discussion of expectations helps the student better plan her clinical experience to meet the course outcomes.

## Extensions of Clinical Course Time/Travel Plans

The successful completion of all nurse-midwifery clinical courses is based on demonstrated competency, rather than the completion of a requisite number of clock hours. Students should be aware that clinical course end dates might necessitate adjustment beyond posted end dates printed in the course syllabus if a student experiences difficulty meeting course competency. Reasons for clinical course extensions can arise for any number of reasons and may be out of the student's control (e.g., unanticipated low clinical volumes, personal illness, preceptor resignation).

At the discretion of the student's tracking faculty, extra time may be required to complete the clinical competencies for a course.

Therefore, travel plans on the part of the student are subject to change. We **strongly advise** students to make flexible travel plans for both the end of the semester and any vacations scheduled during semester breaks. Avoid booking non-refundable reservations for trips, as these may need to be cancelled at the last minute.



## Signing up for Clinical Time

At some clinical sites, you will have a great deal of input into your schedule, while at other clinical sites, it will be necessary for the site to compose your schedule independently.

- Students who choose to continue working may not obtain their clinical hours in the same unit/office where they are employed
- Schedule your clinical days in advance and document your schedule in the ProjectConcert calendar template.
- Occasionally the clinical preceptor's schedule may change due to illness, accidents, and other unforeseen circumstances; be flexible and understanding. If your preceptor is unavailable, **DO NOT** see clients without your preceptor!! Instead, go home and plan to reschedule your clinical time. In some cases, it may be possible for you to work with an alternate preceptor, but this should be discussed with your clinical course faculty first.
- Be realistic about your capabilities. Make sure you are well rested before class and clinical. Observe all protected timeframes in courses where there are guidelines on when students must not be in clinical. For example, do not schedule yourself for a 24-hour call shift that includes the overnight shift prior to a class day. Negotiating with your preceptor and site will be a necessary skill. Class has important information that will not be repeated, so make the most of your student experience.
- Try to spread out your clinical days during the semester and leave 'reading days' to allow time to complete academic assignments.
- Avoid placing most of your clinical days at the end of the semester. You will have many assignments due and it will leave little time for make-up in case of illness. Ideally, your clinical days are evenly spaced throughout the semester, leaving a few extra days at the end, in case of emergency.
- You have chosen school as your priority. Do not expect to work your clinical and call shifts around your employment schedule. If you must remain employed, consider part-time study options. During the integration clinical course (NMW 809), you may need to consider loans or scholarships.

- If you sign-up for a particular clinical shift, plan to keep that commitment unless there are extenuating circumstances. Even if you have met course competencies, stick to your commitment. Reliability is a professional trait that speaks volumes!

## Clinical Professional Conduct & Reminders

The following are expectations and professional standards for behavior that NM students are held accountable for:

1. Respect other's space and quiet time (*i.e., no talking on cell phones while in clinical areas*)
2. Maintain a professional appearance and demeanor when in the clinical setting
3. Accountability for preparation
4. Constructive verbal and non-verbal behavior
5. Caring for others in an empathetic manner
6. Honest, open, appropriately assertive communication
7. Confidentiality of all patient information (*e.g., use initials or pseudonyms when discussing cases*)
8. Teamwork and helping behavior with colleagues
9. Honesty and integrity
10. Personal and professional ethics
11. Respect all individuals' differences (*i.e., culture, ethnicity, religion, work experience, gender, age, sexual orientation, etc.*)
12. Respect for client, student, and preceptor privacy and confidentiality
13. Ask questions – you are here to learn but occasionally preceptors may not be practicing by current guidelines. Current literature that is the basis for testing and your future practice, so make sure you understand the differences between what you are seeing and what is best evidence!
14. Use alternate resources to find answers to clinical questions (*i.e., online books, other references*). Sources may offer varying information.
15. Keep in mind that nurse-midwives are not clones and may have different ways to teach the same thing clinically. Open and professional communication will help both student and preceptors know when the teaching style is working and when it isn't.



### **ALWAYS...**

- **Wear your name tag**
- **Wash your hands**
- **Take precautions against blood & body fluid exposures**

## Student Guidelines for the Various Clinical Settings

### The Outpatient Setting

1. Arrive professionally dressed 15-30 minutes before scheduled start time & begin reviewing the list of appointments for the day.
2. Review charts if possible and ask questions of the preceptor, as needed.
3. Communicate your specific goals for that day's experience with the preceptor
4. Come to an agreement with the preceptor about an approach/plan for the day, including the acceptable degree of management responsibility and/or amount of direct supervision needed
5. Evaluate the client history and conducting the physical examination with direct supervision from your preceptor (*i.e., preceptor in the examination room*) unless otherwise directed.
6. Have the preceptor validate physical exam findings, as needed.
7. Give a full case report to your preceptor privately, as needed
8. Work with the preceptor to devise & revise a clinical management plan
9. Discuss & implement the plan with the client
10. Document all encounters in the health record or separately for preceptor review. *The requirements for documentation as a student will be different according to the practice site.*
11. Ask the preceptor to review and co-sign all student documentation
12. Complete the electronic ProjectConcert evaluation form as required by the clinical course syllabus (*daily/weekly*)
13. Ensure that clients never leave the facility until the preceptor has seen them and has been informed regarding the client status and a plan of care has been approved

### The Intrapartum/Postpartum Setting

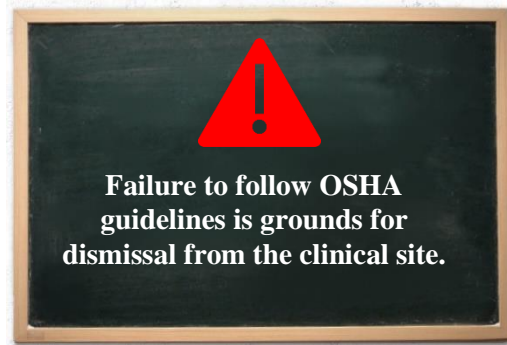
1. Items 2–15 from above apply, with the following modifications:
  - a. Your preceptor *must be present* with you when a plan of care is implemented.
  - b. Specific priorities are clarified early (e.g., need for quick assessment and plan due to rapidity of labor).
  - c. You provide report of progress and management plan to preceptor at appropriate “clinical milestones” (e.g., need for vaginal examination to monitor progress).
  - d. Your preceptor initiates all consultations with physician back-ups, unless specifically modified by faculty or unless jointly planned otherwise.
2. Additional guidelines include:
  - a. The preceptor should be available and on-site when you are learning the labor management role of a nurse-midwife. Be sensitive to the preceptor's need to repeat your assessments until she/he is comfortable with your skill level.
  - b. The preceptor is to be notified prior to any hands-on care of clients. Skills such as AROM, or internal monitor placement require close communication with your preceptor, and she/he needs to observe and assist you.
  - c. All student documentation must be co-signed by the preceptor. Chart entries/progress notes are to be completed promptly & in accordance with the site's clinical practice guidelines. Requirements for student documentation that vary from the standards should be discussed with clinical course faculty.

### Birth Experiences

1. The preceptor should be present for **all** births. Discuss with her/him what you should do if a birth occurs unexpectedly and she/he is not present.
2. All documentation completed by the student must be co-signed or attested by your preceptor.
3. In the event of birth complications requiring physician involvement, the student should assume an assistant role or other role specifically delegated to them. Students should never perform a skill for which they have not been trained but should remain involved in the care of the client to the fullest possible

extent if possible (*e.g., you may assist with the birth of the baby's body after the physician delivers the head by vacuum extraction. In addition, you may perform the placenta delivery and/or perineal repair after the physician completes the birth.*)

4. You may observe C-sections for clients where you have participated in the labor management and you can assess the newborn after birth.
5. Students must wear full OSHA-approved personal protective equipment including gloves, gown, eye protection, and mask even if your preceptor does not. This is for your safety – learning is messy work!



## Postpartum Experiences

1. Discharge rounds are wonderful opportunities for patient teaching and physical assessment; Students should participate fully in these experiences, based on clinical course learning objectives.
2. During initial postpartum experiences, you will make rounds with the preceptor present (*at the bedside*).
3. Documentation completed by students must be co-signed or attested by the preceptor. Students should always give a full case report to your preceptor and ensure that the preceptor sees the client before she leaves the facility.

## Newborn Experiences

1. Students should perform newborn assessments on all babies whose birth you attend. A nurse-midwife or other qualified healthcare provider can assist you with the newborn assessment as necessary. During the intrapartum clinical hours, the assessment may be done within 2 hours of the infant's birth.
2. If your preceptor charts on the baby, you may chart as well. The preceptor must co-sign the student note. If your preceptor does not manage the care of the neonate, you may perform the assessment but should not chart on the infant.
3. If you are in a birth center, you may go on home visits with the nurse-midwife. During these home visits you can perform postpartum and newborn assessments in the student role. (*Students performing home visits will maintain a nurse-level role during this type of visit until integration.*) The practitioner supervising you should sign your note.

## Non-Core Skills

1. **Ultrasound** training is not included in the basic midwifery program. Do not perform an ultrasound, even with the assistance of your preceptor.
2. **Vacuum Extraction** – If a physician or nurse-midwife performs a vacuum extraction you may complete the birth and repair after she/he has delivered the head and removed the vacuum cup. You **may not** assist with the vacuum application or pull.
3. **Surgical First Assist** is not a core competency. During the intrapartum rotation there is much to master; first assist is not to be your focus, but you can participate if there are no other experiences. During integration you may scrub in (if your preceptor acts as the first assist) and closely observe/begin to learn the first assist role. Your preceptor should be the first assist of record and if she/he must break scrub for

any reason, you also must break scrub. If you have any questions, please contact your individual course faculty prior to scrubbing in.

4. **Circumcision** training is not included in the basic midwifery program. Do not perform a circumcision, even with the assistance of your preceptor.
5. **Colposcopy** training is not included in the basic midwifery program. Do not perform a colposcopy, even with the assistance of your preceptor.
6. **Repair of 3rd and 4th degree lacerations** are not included in the basic midwifery program. Do not perform 3rd or 4th degree laceration repairs, even with the assistance of your preceptor.

## Liability Insurance

As a UTHSC CON student, you are covered under UTHSC's malpractice insurance as long as you are within your clinical site and functioning as outlined in your program and course outcomes.

You may not take extra clinical time over break to get additional experiences unless you are still completing a clinical course. Do not go to a clinical site to see patients without being enrolled in a clinical course. If you need additional experiences in order to meet clinical outcomes, you, your faculty, and preceptor will discuss supplementary clinical time. If you are working or volunteering outside of your clinical assignment, you CANNOT represent yourself as performing such clinical or volunteer work as a UTHSC CON NMW student.

## Attending Satellite Sites with your Preceptor

Some preceptors work at different offices or deliver at multiple sites. You may only enter sites if we have a contract in place with that organization. Please call your clinical course faculty to check if a contract is in place BEFORE you enter a site.

You may NOT follow your preceptor, *even for observation*, unless we have a contract in place. Failure to follow this guideline will result in consequences that may affect your clinical progression. We are open to getting a contract with satellite clinics or additional hospitals if it would improve your clinical experience. Please notify your clinical faculty of this need.

Sometimes it is hard to understand what constitutes a different clinical location. Here are some examples:

1. Sally is in her outpatient clinical experience, NMW 803. Her preceptor is called away from the office to discharge a patient at the hospital across the street. – Sally is NOT allowed to go with her unless there is a contract in place with the hospital.
2. John is in his intrapartum rotation at a free-standing birth center when the client is transferred to the hospital for failure to progress. The CNM preceptor accompanies the woman to the hospital. John can NOT go to the hospital to observe unless there is a contract in place with the hospital.
3. Delilah is in her integration semester and is feeling weak on estimated fetal weight. Her preceptor sees clients in the office 2 days a week and goes to the local health department 1 day a week. Her preceptor suggests she can increase her clinical expertise if she attends the health department clinic. Delilah may only enter the health department if UTHSC has an agreement with that facility.

## Untoward Outcomes

Please notify your clinical course faculty if there is an untoward outcome associated with any patient you have cared for. **Your faculty may direct you to complete an incident report per the protocols of the clinical site and the UTHSC CON.** Your faculty will help you process the experience and refer you to additional resources, if indicated.



**Check with your clinical course faculty before attending ANY clinical location other than the primary site to which you are assigned.**

If you are unsure if an occurrence qualifies as an untoward outcome, treat it as if it is one and notify the faculty tracking your clinical progress. Your call serves to help you process the experience and give you needed resources – doing so is not punitive in any way.

## Clinical Record Keeping

### 1. Purpose

You will track numbers of clinical experiences and clinical hours as you progress through the program. This serves as:

- Assessment of the number of experiences available at each clinical site.
- A final record of all experiences for application for certification.
- Verification of experiences for future employer.
- Documentation for the provision of learning opportunities for program accreditation.

**Students are required to document all clinical experiences while in the NMW Program.**



### 2. Evaluations

- a. **Mid-term and Final evaluations** are the summative evaluations.
- b. **Electronic Submissions** – All evaluations for clinical courses are performed within the ProjectConcert system. An orientation to ProjectConcert will be provided prior to your first clinical course and will include how to fill out the evaluation. You should self-evaluate prior to asking for your preceptor's feedback.
- c. **The Clinical Log** – All experiences should be logged into the ProjectConcert clinical log. Your log must be updated at least once a week.



### 3. Your Responsibilities for Evaluation

- a. Fill in your ratings, comments, goals, and experiences prior to your preceptor.
- b. Discuss the evaluation and the experience with the preceptor, identifying own strengths and areas for improvement, and remain open to constructive feedback.
- c. Give the preceptor and/or individual course faculty feedback as to your learning style and learning needs.
- d. You will need to turn in an electronic course portfolio at the end of each semester.
- e. At the end of each semester, you will be asked to evaluate each course.

We use the course evaluations to adjust the class to meet student needs. We need to know what did not enhance your learning AND what worked within the course. The feedback is confidential and helps ensure that our program incorporates student suggestions.



Clinical evaluations are student-initiated!

## Chapter 4: Core Competencies for Basic Practice

The Core Competencies for Basic Midwifery Practice are updated and revised on a regular basis to ensure they represent the skill set needed by AMCB-certified nurse-midwives in the United States.

# Chapter 4

The main professional organization for nurse-midwives is the [American College of Nurse-Midwives \(ACNM\)](#). The ACNM sets the Core Competencies based on a task analysis of recent midwifery graduates to ensure that you are educated in the skills you will need to competently enter the midwifery profession. The Core Competencies are the basic skills you need to have to begin midwifery practice safely and competently.

The UTHSC CON midwifery program is designed to meet the core competencies and provide you with the knowledge and skills needed to function competently as an entry-level nurse-midwife. The Core Competencies also serve as the blueprint for your educational experience. The Core Competencies for basic midwifery practice describe the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policymakers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/pre-accredited by the Accreditation Commission for Midwifery Education (ACME) [Accreditation Commission for Midwifery Education \(ACME\)](#).

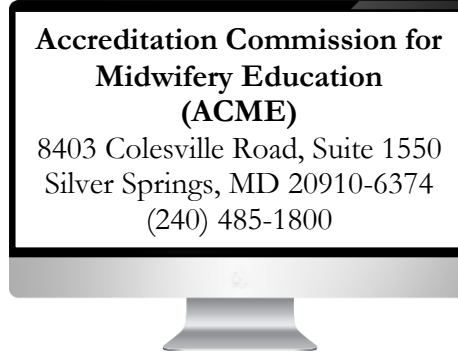
The Core Competencies are revised every five years to reflect changes in practice and to make sure educational programs prepare graduates to meet the demands of the current clinical environment. The Core Competencies were revised in 2020. Since the Core Competencies change, it is wise to keep a copy of the Core Competencies from when you graduated in case your education preparation for a skill is ever questioned.

The scope of midwifery practice can be expanded beyond the Core Competencies as you mature as a clinician. There is a clear process for incorporation of a new skill into your practice outlined in the *Standards for the Practice of Midwifery*. It is important to document your knowledge and training in non-core skills prior to use with clients. This process helps to protect you and your clients and ensure safe practice.



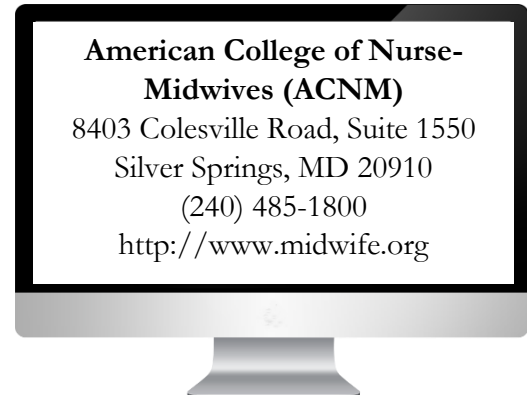
## Nurse-Midwifery Program Accreditation

The **Accreditation Commission for Midwifery Education (ACME)** accredits programs of midwifery education. Previously accredited programs must undergo reaccreditation at least every 10 years. UTHSC's Nurse-Midwifery Program was preaccredited in February 2021 through February 2025.



## Professional Organizations

The **American College of Nurse-Midwives (ACNM)** is the professional organization for the profession of nurse-midwifery. Part of your role as a student is to become a member of your professional organization. You will receive ACNM membership information during program orientation. It is **highly recommended** that you become a member of at least one local affiliate of a professional organization. Attendance at local meetings, if available, will help you understand current professional issues and will give you an opportunity to meet and talk to community leaders and nurse-midwives. Membership entitles you to select opportunities (e.g., Tennessee's ACNM affiliate offers a scholarship to a student member once a year). Local meetings provide an opportunity for networking and an opportunity to meet potential mentors or employers.



For info about the  
Tennessee Affiliate of  
ACNM, go to  
<http://tennessee.midwife.org>

Promotion of midwifery on the state and local level is a Core Competency of midwifery practice and helps shape the path of midwifery. We want to encourage you to use the resources and discounts available to you as a nurse-midwifery student.

In the past, students have conducted a variety of fundraising activities to afford the registration and travel to the ACNM annual meeting. The faculty wants to assist you in any way possible.

**Student attendance at the ACNM Annual Meeting is strongly recommended!**  
**2022 ACNM Annual Meeting & Exhibition**  
**May 29- June 2, 2022 – Washington, DC**  
*Student registration cost is approximately \$395.*

## National Certification

Completion of the UTHSC Nurse-Midwifery Program qualifies you to take the National Certifying Examination of the American Midwifery Certification Board (AMCB). You must pass this examination to become a Certified Nurse-Midwife (CNM). You are not required to take the examination in order to obtain your DNP degree, but you must pass the examination to practice as a CNM.

**American Midwifery Certification Board (AMCB)** is the certifying body for the profession of nurse-midwifery. The mission of AMCB is to protect and serve the public by providing the certification standard for individuals educated in the profession of midwifery. Certification for nurse-midwives was initiated by the ACNM in 1971 and has been continued since 1991 by a separate corporation, the ACNM Certification Council (ACC) which changed its name in July 2005 to [American Midwifery Certification Board \(AMCB\)](http://www.amcbmidwife.org).

**American Midwifery Certification Board**  
**849 International Dr. Suite 120**  
**Linthicum, Maryland 21090**  
**<http://www.amcbmidwife.org>**  
**Cost of the Exam in 2019 was \$500**

Completion of all nurse-midwifery program requirements is necessary before sitting for the AMCB examination. You must carefully follow the application information. Registration information can be found in the candidate booklet posted on the AMCB website.

The test is computer based and is given at designated testing centers throughout the nation. Information about the test can be found in the candidate booklet on the AMCB website. You will know whether you have passed once you submit the computerized exam. It is strictly forbidden for you to discuss any questions or components of the exam. The examination may be repeated but the examination fee must be paid again to re-take the exam.

## Tips for Passing the AMCB Examination

UTHSC DNP programs have a high pass rate for program specific exams. We have extensively studied what has worked for students. To increase your chance of success we suggest you:

1. If you need special testing accommodations, work with AMCB early to ensure proper documentation to permit those accommodations during the test.
2. Take the AMCB examination AS SOON AS POSSIBLE after graduating while your knowledge is fresh and sharp.
3. Study with classmates; use the mini outcomes to focus your study.
4. Focus your study according to the percentages given in the candidate booklet. For instance, **there are more questions on normal findings** than abnormal findings.
5. Don't schedule the exam around another stressful event (i.e., wedding, break-up, anticipated death in the family) so that you can fully focus on the exam.

## CNM Certificate Maintenance

All CNMs must renew their certification every 5 years. The American Midwifery Certification Board has a Certification Maintenance Program (CMP) that must be completed in order to receive a new certificate for another 5-year period and remain a Certified Nurse-Midwife. The CMP program is ongoing and involves modules and CEUs and cannot be completed within one calendar year. There are yearly fees associated with the CMP program. For more information about CMP or certification in general, see the AMCB website. The AMCB's plan for certificate renewal may change over your career. Use your membership in national organizations and AMCB to stay current on your professional obligations.

If you do not practice in one area of midwifery for a length of time, you may be required to demonstrate your knowledge and skills in that area. Official paths to re-entry to practice are still being explored at a national level. Be sure and check the ACNM and the AMCB websites for more information if you plan to leave or re-enter full-scope practice.

## **Lifelong Learning**

Many parts of midwifery are timeless and enduring, but much of clinical practice changes with new studies and recommendations. We encourage you to use continuing education, peer review, and personal study to update your clinical practice and ensure quality care. Participating in midwifery education through preceptorship and guest lecturing can also encourage your professional and personal growth.

## Chapter 5: Program Faculty and Preceptors

# Chapter

# 5

The faculty of the UTHSC CON Nurse-Midwifery Program have a wide-range of experience and interests. We strive to provide students with a broad perspective to best prepare you for midwifery practice. We are excited to assist you in your journey to midwifery.

### Core Faculty Bios

#### **Kate Fouquier, CNM, APRN, PhD, FACNM**

Dr. Fouquier earned her PhD in 2009 and in addition to her clinical practice at Regional One Health, is the Concentration Coordinator for the UTHSC College of Nursing's Doctor of Nurse Practice Nurse Midwifery option.

"What I love most about my role is that not only do I have an opportunity to develop relationships with women and their families but now I am able to participate in the education and training of a new generation of certified nurse midwives."

Dr. Fouquier has been a midwife since 1996 and has attended over 3500 births. "I value the midwifery model of care where women are treated with compassion, honor, and respect; a true woman-centered partnership."

#### **Andrea Boucher, CNM, APRN, DNP**

Dr. Boucher began her career as a nurse-midwife at Regional One in 2012 where she was the first nurse-midwife to receive clinical privileges in Memphis in over 20 years.

"I became a nurse midwife to provide compressive care to women from young adulthood to post-menopausal women. I truly believe in the ACNM slogan "with women, for a lifetime," and I am honored to care for women and their families."

In addition to practicing full scope midwifery, Dr. Boucher has completed the ASCCP Colposcopy Mentorship Program and has been performing colposcopies since 2014.

#### **Davin Johnson, MSN, CNM**

Ms. Johnson, MSN, CNM, FNP is a certified nurse-midwife and family nurse practitioner. She earned Master of Science in Nursing from Vanderbilt University.

"From an early age, I knew that I wanted to help welcome new lives into the world," Davin said. "As that passion grew and matured, I desired to support women in having the safest and most positive delivery experience and advocate for normal birth."

## **Core Faculty Bios**

### **Breia Loft, MSN, CNM**

Ms. Loft has been a certified nurse midwife for over 20 years and attended more than 3,000 births. She earned her Master of Science in Nursing from Vanderbilt University.

“My favorite part about being a nurse-midwife is that I get to be with women and their families during one of the most exciting and special times for them,”

### **Meghan Madea, MSN, CNM, WHNP**

Ms. Madea earned her Master of Science in Nursing from the University of Pennsylvania in Philadelphia, PA. and is a certified nurse-midwife and a women’s health nurse practitioner.

“I became a certified nurse-midwife because I respect women and what our bodies were made to accomplish,” Meghan shared, “I believe that every woman deserves to have the birth she desires, and I consider it a joy to accompany so many during this journey.”

### **Maddie Williams, MSN, CNM**

Mrs. Williams earned her Bachelor of Arts in Psychology and Bachelor of Nursing from The University of Memphis in Memphis, TN and her Master of Science in Nurse-Midwifery from Frontier Nursing University in Hyden, KY. She is currently seeking her DNP from Frontier Nursing University.

“My favorite part of being a Nurse-Midwife is encouraging active participation and open dialogue with my clients. This partnership provides the best outcomes that include access to equitable, compassionate, and dignified care.”

On behalf of the UTHSC nurse-midwifery students and faculty, thank you so much for agreeing to serve as a preceptor for our program. In admitting students to the UTHSC DNP nurse-midwifery program, we have made a commitment to their success. We are very grateful for the shared commitment you have made to the education of our future nurse-midwives.

Our clinical preceptors are vital to the success of our program. The main reasons our preceptors agree to teach students are their selfless dedication to preparing the next generation of midwives and the desire to provide for others the same opportunities they had as students. We know, however, the responsibility and time commitment that clinical teaching brings. We hope that as a program, there are areas of your professional life to which we can contribute, as a gesture of thanks for what you do for our students. Below are some of the opportunities that you have as a regular preceptor for UTHSC. If there are other areas with which we might be of help, please don't hesitate to ask. If there is any way in which we can be helpful, we will do our best.

- We would be pleased to offer you an affiliate faculty appointment in the College of Nursing. If you are interested, please contact the Clinical Site Coordinator.
- You have online access to many of the services of the UTHSC library.
- OB/GYN Grand Rounds occur on Tuesday mornings. Please note that OB/GYN Morbidity & Mortality Review meetings are closed to the public
- You may have access to our course syllabi and reading lists if you are interested. (Just ask!)
- You may obtain free CEUs and formal preparation for clinical teaching through our [Teaching and Learning Center](#) or [UTHSC CE Now](#).

## The UTHSC DNP-Nurse Midwifery (DNP NMW) Concentration

UTHSC admitted its first class of students in 2021. The DNP NMW requires three years (full time) and four years (PT). Students, who are not yet nurses, but have a baccalaureate degree or higher in another field, may enter our Accelerated Baccalaureate program and progress directly through to the DNP-NMW concentration.

The UTHSC DNP-NMW curriculum is grounded in the ACNM Core Competencies and our student's education includes the heart, art, and science of the midwifery model of care. Our students are expected to be aware of the latest evidence and capable of critically appraising the research literature to support their practice.

To foster student success in this program, the UTHSC CON is committed to creating a diverse and inclusive learning space. To meet this goal, we commit to listening to perspectives from differing backgrounds, showing respect, and encouraging open collaboration and communication.

Background information about our program (Philosophy, Purpose and Outcomes) are found in Appendix A. The programs of study are found in Appendix B. Included in this handbook are student expectations, including but not limited to topics such as attire, charting and documentation of clinical experiences. We have also referenced policies regarding the student's Code of Conduct, Blood Borne Pathogens, and Incident Reporting. Selected policies from the CON are included in the appendices. If there are additional policies that you need, please do not hesitate to contact the DNP-NMW Concentration Coordinator.

As program faculty, we strive for excellence in our own practice and in our teaching. We appreciate your feedback about the program and our students.

## Accepting a Student into Your Practice

The initial contact is made by our Clinical Site Coordinator (CSC) to request your assistance with clinical teaching at your practice site. ***You should not be approached by students requesting clinical placement.***

The CSC will ask questions about type of practice, patient volume and services offered. She will also need to know who in your site has authority to sign contracts. The UTHSC staff person in charge of contracts will prepare an agreement between your site and UTHSC College of Nursing.

For accreditation purposes, the CON will need a current copy of your resume, as well as copies of your midwifery license and documentation of certification and enrollment in the AMCB Certificate Maintenance Program (CMP). If your state does not require the master's degree for practice, we will need documentation of master's preparation. We will need to update these documents periodically.

In addition, again for accreditation purposes, you will need to document some preparation for clinical teaching. If you have had a course in teaching or education as a part of your academic program or if you have had an opportunity to attend a preceptor workshop or continuing education offering that will meet this requirement. If you haven't had the opportunity to obtain this kind of preparation, we will provide you access to our online CE course free of charge. We recognize that much of this documentation is onerous. Unfortunately, it is required for accreditation and as painful as it is, it makes for stronger midwifery programs.

The Clinical Site Coordinator makes every effort to select a student that is a good match with you and your site. She will provide you with information about the student, the dates and hours of the clinical placement, and this handbook. The student will then contact you ahead of time to arrange an orientation.

Please conduct an orientation on a non-clinical day or have time set aside at the beginning of the first clinical day, so that students have a basic orientation to the practice, the facility, the people, the medical record and the overall expectations specific to their time with your practice.

## Expectations of Preceptor and Volunteer Faculty

- Mentor and serve as a role model for student.
- Guide the student to meet the course outcomes.
- Identify appropriate clinical encounters for student.
- Direct the use of accepted clinical guidelines and standards of care.
- Tailor guidelines/standards to unique clinical situations.
- Assist student in refinement of interpersonal skills with patients and colleagues.
- Alert student and faculty of problem areas early for improvement.
- Evaluate achievement of the learning outcomes.
- Provide the student with feedback.
- Demonstrate high ethical standards.
- Demonstrate respect for the student's faculty, curriculum, and program.
- Demonstrate the ability to manage multiple variables while carrying out patient and colleague interactions

## Important Aspects of the Student and Preceptor Relationship

- Early in the term the student should work with the same preceptor if possible. As the student advances, this expectation may be less important.
- Immediately report to the faculty any student behaviors threatening the safety of the patient or risk to the clinical site.
- Monitor and report student performance including at risk of not meeting standards.

- Supervise student in the clinical setting.
- Communicate with the appropriate staff about the scheduling of patients, the availability of exam room space, and specific procedures to enhance learning with a minimal disruption of the office routine.
- Provide student evaluations using the appropriate Clinical Performance Evaluation forms.
- Understand the legal liability of the preceptor role.

### Preceptors Can Expect Students To:

- Meet with preceptor to clarify course objectives and focus of clinical activities.
- Assist preceptor in completing required documents associated with preceptor role.
- Create an acceptable schedule with the preceptor.
- Contact the preceptor in case of any absence, prior to the absence.
- Negotiate with the preceptor for making up time missed, if needed.
- Dress appropriately for the site and always behave in a professional manner.

### Preceptors Can Expect Faculty To:

- Provide course description, clinical outcomes, and the amount of time required.
- Provide information about the NMW program.
- Provide methods to contact faculty member.
- Act on any problems affecting student progression in clinical coursework.
- Guide preceptor in the student evaluation process.
- Provide feedback to preceptors on their performance.

### Difficult Conversations

The faculty works very hard to prepare our students to perform well in the clinical area, and in most situations they do. Rarely, a student will not perform up to program or preceptor expectations. If this situation should occur, please notify the Clinical Site Coordinator immediately. It is her responsibility to help you have that difficult conversation with the student and to develop a plan to help the student. Although this is the most challenging aspect of clinical teaching, it can be among the most rewarding when your efforts make the difference between success and failure in a student. Remember, we are here to help!

### Documentation

The Center for Medicare and Medicaid Services (CMS) provides guidelines for teaching physicians, interns, and residents. Although the education is very different in nature, these guidelines serve as direction for documentation with nurse-midwifery students.

The following are suggested approaches that satisfy CMS guidelines:

- 1) Student may see the patient first, obtaining CC, HPI, PMH, FH, Social Hx, ROS
- 2) Student then presents the patient to the preceptor
- 3) Student and preceptor see the patient together
  - Preceptor reviews HPI with the patient
  - Student performs exam in the presence of the preceptor
  - Preceptor repeats key portions of exam as necessary
- 4) Student proposes an assessment and plan



- Student presents assessment and plan to preceptor
- Preceptor amends assessment and plan as appropriate and corrects student's critical thinking as needed

#### 5) Documentation

- Student may document on EMR if the institution allows
- Documentation must reflect instructor participation.
- Instructor must sign or co-sign documentation
- Student may document PMH, FHx, SocHx, ROS
- If student documents PE, Assessment and Plan- Instructor may consider an addendum reflecting their participation and any additional findings.

## Student Evaluation

Good communication between preceptor and student is essential. Evaluation should be clear and ongoing. We ask students and preceptors to have a conversation at the beginning of the term to discuss goals and outcomes for the rotation. The student and preceptor should be familiar with both the course syllabus and Clinical Evaluation Form (CEF). The student will complete a daily CEF and ask the preceptor to review it, make any additional comments that are appropriate and sign it. The preceptor will complete a mid-term evaluation and a final evaluation using ProjectConcert, (the online system), or the paper form provided.

If you have questions or concerns, please contact the Clinical Site Coordinator as soon as they arise. Copies of the CEFs as well as the midterm and final evaluation forms are found in the Appendix C.

The final decision for grading will be made by the DNP-NMW faculty in consultation with the preceptor and other primary academic faculty.

### Grading criteria are as follows:

- |    |   |
|----|---|
| A  | Consistently performs at a high level in both basic and complex management situations. Handles emergencies well. Makes no unsafe decisions.   |
| B  | Generally performs at a high level in both basic and complex management situations. Occasionally needs help prioritizing, formulating or implementing a management plan. Handles emergencies well. Makes no unsafe decisions.                   |
| C  | Generally performs at an adequate level in both basic and complex management situations. Frequently needs help prioritizing, formulating or implementing a management plan. Handles emergencies adequately. Makes no unsafe decisions.          |
| NP | Does not always perform at an adequate level in basic and/or complex management situations. Generally, needs help prioritizing, formulating, or implementing a management plan. Does not handle emergencies adequately. Makes unsafe decisions. |

One of the most challenging aspects of evaluation is adjusting expectations based upon where the student is in their educational experience. Beginning students are clearly different than those who are ready for their final integration experience. The evaluation forms provide a brief term by term descriptions of what a student generally should be expected to be able do at each point in their program of study.

## ProjectConcert

The UTHSC DNP-NMW uses a program called ProjectConcert for documentation of student clinical experiences and evaluations. If possible, we would prefer that the midterm and final evaluations be entered on ProjectConcert. Instructions on how to access ProjectConcert are found in Appendix D.

If you have difficulty with accessing ProjectConcert, please contact the Concentration Coordinator.

## Preceptors Who Wish to be Appointed Volunteer Faculty

### Preceptor/Volunteer Faculty

All preceptors are to be appointed by the College of Nursing as a preceptor or volunteer faculty prior to accepting any students. This appointment provides recognition of the responsibilities of the preceptor and provides legal protections as well. All approved preceptors are listed in ProjectConcert.

The University of Tennessee recognizes the valuable contributions of people who give freely of their time and talents for the benefit of the University without compensation. The Tennessee legislature in the enactment of the Tennessee Claims Commission Act of 1984 recognized the need to protect volunteers from legal actions while performing their service on behalf of the University. Volunteers who are registered with the University enjoy civil immunity from liability under the Act. Volunteers are not covered for Worker's Compensation. We encourage preceptors to consider becoming Volunteer Faculty in the College of Nursing.

The following information is required to be submitted and approved as Volunteer Faculty:

- Curriculum vitae or résumé
- Copy of current license
- 2 letters of recommendation from individuals who can speak about your professional qualifications
- Permit a background check

Preceptors who wish to be recommended as volunteer faculty should notify a faculty member who will facilitate this process. Volunteer faculty are eligible for:

- Discounted Membership to the UTHSC Fitness Center
- Access to the UTHSC Library, including online journals, books, and databases (e.g., Up to Date)
- Free evening and weekend UTHSC campus parking; and
- Discounted fees at the UTHSC Dental Clinic

### Expectations of Faculty

#### Prior to the beginning of a clinical assignment, faculty will:

- Verify appropriateness of clinical site and contractual agreements.
- Orient new preceptors to the preceptor role and College of Nursing educational expectations.
- Review preceptor responsibilities with continuing preceptors related to course and level of student.
- Prepare student for clinical experience including faculty specific communication requirements.
- Validate student qualifications for clinical practice.
- Understand the legal liability of the preceptor role.

#### Throughout the course, faculty will:

- Have a first-hand knowledge of the clinical site through either an in-person or a virtual site visit.
- Work with the student and preceptor to assure the learning outcomes are being met.
- Monitor use of clinical guidelines and standards of care.

- Support student in refinement of effective communication.
- Alert student to focus on problem areas early to provide an opportunity to refine skills by when practicum is completed.
- Communicate with preceptor regularly to monitor student's progress in course.
- Evaluate students through direct observation and preceptor feedback using proper forms.

### **Legal Agreement Requirements**

There are several documents that are required to be executed by the University of Tennessee prior to the beginning of any student clinical experience. Some of these are rather complex and can take from weeks to months to complete.

### **Site Approval**

Each clinical site must have a current and valid contract between the clinical organization and the University of Tennessee Health Science Center College of Nursing. This agreement specifies the responsibilities of each organization and provides legal protections for both. All currently approved sites are listed in ProjectConcert, but some may be difficult to find as the name of the organization may have changed since the initial approval. The Clinical Coordinator can assist in identifying approved sites

## **Preceptor Resources**

<https://www.midwife.org/preceptors>

## Appendices – College of Nursing Forms for NMW Concentration

### Appendix A:

#### UTHSC CON DNP-NMW Concentration Outcomes (Philosophy, Purpose, Mission & Outcomes)

##### Philosophy

The midwifery program provides an environment for learning that is based upon the mutual respect of faculty and students. Learning is self-directed and the responsibility for learning is shared among the students and faculty.

Our program is founded on a number of beliefs about health care for women. This includes the belief that a woman has a right to safe and culturally respectful health care. Midwifery and women's health care support the normalcy of life processes through education, support, and safe clinical practice. Midwives and women's health care nurse practitioners can serve as advocates when needed and support the growth of client autonomy, empowering women to create health and wellness in their lives. Furthermore, the midwifery and program support health care delivery by a collaborative, multi-disciplinary approach, which encourages continuity of care and satisfying health care relationships.

The midwifery profession is integral to the development of sound health care policies throughout the world, which affect the lives of women and their families. The program faculty will provide leadership on local, national and international levels to promote health and wellness for women. Furthermore, the faculty assumes responsibility for maintenance of excellence in clinical practices and expanding knowledge through research and scholarly activities.

##### Purpose

1. Prepare safe, beginning midwifery practitioners to provide optimal health care who are eligible for certification by the American Midwifery Certification Board and whose knowledge and skills prepare the graduate for independent practice at the level of The Core Competencies for Basic Midwifery Practice as defined by the American College of Nurse-Midwives.
2. Prepare effective midwives capable of improving practice through sound clinical judgment, scholarship, research, formulation of health care policy, and provision of primary health care to women and newborns.
3. Improve health care systems through midwifery education, practice, and research as outlined in the American College of Nurse-Midwives' Hallmarks of Midwifery Care.
4. Establish a theoretical base for sound clinical judgment and scholarly activities.
5. Articulate recognition of the role of public policy in formulating and developing the midwifery profession and health care services for women and infants on local, state, regional and national levels.

##### DNP-NMW Concentration Outcomes

Upon completion of the midwifery educational program, graduates will have the knowledge and skills to:

1. Independently practice at the level of The Core Competencies for Basic Midwifery Practice as defined by the American College of Nurse-Midwives.
2. Provide current, evidence-based care integrating holistic perspectives, a family centered approach, ethical factors and a focus on normalcy to the care of women and newborns using the Midwifery Management Process (Varney's Midwifery).
  - a. Gather relevant data from multiple sources
  - b. Analyze and synthesize data to identify and prioritize problems

- c. Develop and implement management plans using the best available evidence
  - d. Evaluate outcomes and modify management plans
- 3. Commit to lifelong learning
  - a. Evaluate clinical evidence from multiple sources
  - b. Identify clinical challenges and participate in scholarship
  - c. Apply clinical scholarship to improve outcomes in health care
- 4. Assume the roles and responsibilities inherent in being a professional, certified nurse-midwife including leadership.
  - a. Provide midwifery leadership to improve client/family outcomes and shape health systems
  - b. Demonstrate professionalism and integrity in interactions with clients, colleagues and systems.
  - c. Collaborate with clients and colleagues to improve access to and quality of health care.
  - d. Act as a catalyst for assuring access to timely, quality health care for all people, irrespective of race, ethnicity, gender or social status.
  - e. Participate in professional activities such as education and the political process.

## Appendix B: Plans of Study BSN to DNP NMW

**Program Concentration:** Nurse Midwifery

**Pathway (internal):** Post BSN to DNP NMW (Full-Time)

<b>Course Number</b>	<b>Course Name</b>	<b>Credit Hours</b>
<b>Fall -Year 1</b>		
NSG 910	Philosophy of Science & Theory in Nursing	4 (4-0)
NSG 827	Epidemiology for Clinical Practice	3 (3-0)
NSG 877	Healthcare Economics	3 (3-0)
NSG 947	DNP Project Seminar I	1 (1-0)
NMW 800	Birth Matters: A Midwifery Perspective	1 (1-0)
	<b>TOTAL</b>	<b>12 (12-0)</b>
<b>Spring-Year 1</b>		
NSG 824	Advanced Health Assessment and Diagnosis	3 (2-1)
NSG 830	Advanced Pharmacology	3 (3-0)
NSG 831	Advanced Clinical Pathophysiology	3 (3-0)
	<b>TOTAL</b>	<b>9 (8-1)</b>
<b>Summer-Year 1</b>		
NMW 802	Midwifery Care of Women	3 (3-0)
NMW 803	Midwifery Care of Women-Practicum	1 (0-1)
	<b>TOTAL</b>	<b>5 (3-1)</b>
<b>Fall –Year 2</b>		
FNP 808	Health Promotion for Family Nurse Practitioners	2 (2-0)
NSG 948	DNP Project Design & Methods	2 (2-0)
NMW 804	Midwifery Care During the Antepartum Period	3 (3-0)
NMW 805	Midwifery Care During the Antepartum Period-Practicum	4 (0-4)
	<b>TOTAL</b>	<b>10 (7-3)</b>

<b>Course Number</b>	<b>Course Name</b>	<b>Credit Hours</b>
<b>Spring-Year 2</b>		
NMW 806	Midwifery Care During the Intrapartum and Postpartum Periods	4 (4-0)
NMW 807	Midwifery Care During the Intrapartum and Postpartum Periods-Practicum	3 (0-3)
NMW 808	Midwifery Care of the Newborn	2 (1-1)
	<b>TOTAL</b>	<b>9 (5-4)</b>
<b>Summer-Year 2</b>		
NMW 809	Integrated Midwifery Practicum	2 (0-2)
NMW 810	Social Determinates of Health	1 (1-0)
	<b>TOTAL</b>	<b>3 (1-2)</b>
<b>Fall –Year 3</b>		
NSG 949	DNP Project Implementation & Evaluation	2 (2-0)
NSG 876	Leadership and Health Policy	3 (3-0)
NMW 811	Complex Obstetrics and Midwifery Care	2 (2-0)
NMW 812	Complex Obstetrics and Midwifery Care - Practicum	2 (0-2)
	<b>TOTAL</b>	<b>9 (7-2)</b>
<b>Spring-Year 3</b>		
NSG 855	DNP Advanced Practice Role Development	2 (2-0)
NSG 950	DNP Project Seminar II	1 (1-0)
NSG 926	DNP Synthesis Practicum: NMW	6 (0-6)
	<b>TOTAL</b>	<b>9 (3-6)</b>
	<b>1140 CLINICAL HOURS</b>	<b>OVERALL TOTAL</b>
		<b>66 (46-20)</b>

Approved by CON Curriculum Committee: 11/18/19 CON Faculty Committee: 1/27/2020

**Program Concentration:** Nurse Midwifery

**Pathway (internal):** Post BSN to DNP NMW (Part-Time)

<b>Course Number</b>	<b>Course Name</b>	<b>Credit Hours</b>
<b>Fall Year 1</b>		
NSG 910	Philosophy of Science & Theory in Nursing	4 (4-0)
NSG 827	Epidemiology for Clinical Practice	3 (3-0)
NMW 800	Birth Matters: A Midwifery Perspective	1 (1-0)
	<b>TOTAL</b>	<b>8 (8-0)</b>
<b>Spring Year 1</b>		
NSG 824	Advanced Health Assessment & Diagnosis	3 (2-1)
NSG 831	Advanced Clinical Pathophysiology	3 (3-0)
NSG 830	Advanced Pharmacology	3 (3-0)
	<b>TOTAL</b>	<b>9 (8-1)</b>
<b>Summer Year 1</b>		
NMW 802	Midwifery Care of Women	3 (3-0)
NMW 803	Midwifery Care of Women-Practicum	2 (0-2)
	<b>TOTAL</b>	<b>5 (3-2)</b>
<b>Fall Year 2</b>		
FNP 808	Health Promotion for Family Nurse Practitioners	2 (2-0)
NSG 947	DNP Project Seminar I	1 (1-0)
NMW 804	Midwifery Care During the Antepartum	3 (3-0)
NMW 805	Midwifery Care During the Antepartum-Practicum	3 (0-3)
	<b>TOTAL</b>	<b>9 (6-3)</b>
<b>Spring Year 2</b>		
NMW 806	Midwifery Care During the Intrapartum and Postpartum Periods	4 (4-0)
NMW 807	Midwifery Care During the Intrapartum and Postpartum Periods-Practicum	3 (0-3)
	<b>TOTAL</b>	<b>7 (4-3)</b>



<b>Course Number</b>	<b>Course Name</b>	<b>Credit Hours</b>
<b>Summer Year 2</b>		
NMW 808	Midwifery Care of the Newborn	2 (1-1)
	<b>TOTAL</b>	<b>2 (1-1)</b>
<b>Fall Year 3</b>		
NSG 877	Healthcare Economics	3 (3-0)
NMW 809	Integrated Midwifery Practicum	2 (0-2)
NMW 810	Social Determinates of Health	1 (1-0)
	<b>TOTAL</b>	<b>6 (4-2)</b>
<b>Spring Year 3</b>		
NSG 876	Leadership & Health Policy	3 (3-0)
NSG 926	DNP Synthesis Practicum: NMW	2 (0-2)
NSG 948	DNP Project Design & Methods	2 (2-0)
	<b>TOTAL</b>	<b>7 (5-2)</b>
<b>Summer Year 3</b>		
NMW 811	Complex Obstetrics & Midwifery Care	2 (2-0)
NMW 812	Complex Obstetrics & Midwifery Care - Practicum	2 (0-2)
	<b>TOTAL</b>	<b>4 (2-2)</b>
<b>Fall Year 4</b>		
NSG 949	DNP Project Implementation & Evaluation	2 (2-0)
NSG 926	DNP Synthesis Practicum: NMW	2 (0-2)
	<b>TOTAL</b>	<b>4 (2-2)</b>
<b>Spring Year 4</b>		
NSG 855	DNP Advanced Practice Role Development	2 (2-0)
NSG 926	DNP Synthesis Practicum: NMW	2 (0-2)
NSG 950	DNP Project Seminar II	1 (1-0)
	<b>TOTAL</b>	<b>5 (3-2)</b>
	<b>1140 CLINICAL HOURS</b>	<b>OVERALL TOTAL 66 (46-20)</b>

Approved by CON Curriculum Committee: 11/18/19 CON Faculty Committee: 1/27/2020  
 Approved by CON Curriculum Committee: 1/19/21 CON Faculty Committee: 1/25/2021

## Appendix C: Evaluation Forms

The College of Nursing uses several different forms as a part of the program. Copies of these forms used in the NMW Concentration are shown. Many of these forms are to be uploaded into ProjectConcert so that they are associated with the student.

1. The **Student-Preceptor-Faculty Agreement** is filled out and read by all parties concerned prior to beginning a preceptorship.
2. The **Confirmation of Student-Preceptor-Faculty Agreement to Clinical Preceptorship** is filled out and signed by all parties concerned prior to beginning a preceptorship.
3. The **Student Evaluation of Clinical Site and Preceptor** form is completed by the student or each site and preceptor. The evaluation will be returned to your clinical faculty upon completion of the course.
4. The **Faculty Evaluation of Clinical Site and Preceptor** form is completed by faculty. This form includes evaluation by the faculty of the preceptor and clinical site.
5. The **Student Clinical Performance Evaluation** form is completed by the preceptor at the end of the student's clinical hours. The evaluation will be signed by the preceptor and the student and returned to your clinical faculty upon completion of the course.

## Student-Preceptor-Faculty Agreement

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Course \_\_\_\_\_ Semester/Year: \_\_\_\_\_

The preceptor agreement permits nursing students at the College of Nursing, University of Tennessee Health Science Center (UTHSC) to participate in a student preceptorship in your facility,

\_\_\_\_\_. Conditions of this program are as follows:  
*(Clinical Site Name)*

The Affiliation period will be \_\_\_\_\_ to \_\_\_\_\_.

The student, \_\_\_\_\_, will be under the supervision of  
\_\_\_\_\_, acting as preceptor.  
*(Preceptor Name)*

Professor \_\_\_\_\_, of the College of Nursing, serves as the liaison with your facility for the above course(s).

### **Preceptor Responsibilities:**

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students per day.
4. Orient the student(s) to the clinical agency.
5. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
6. Provide feedback to the student regarding clinical performance.
7. Contact the faculty if assistance is needed or if any problem with student performance occurs.
8. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
9. Give feedback to the nursing program regarding clinical experience for student and suggestions for program development.

### **Nursing Program/Faculty Responsibilities:**

1. Ensure that preceptors meet qualifications.
2. Ensure that there are current written agreements which delineate the functions and responsibilities of the clinical preceptor and associated agency and nursing program.

3. Ensure that clinical experiences using preceptors occur only after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum).
4. Orient both the student and the preceptor to the clinical experience.
5. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills' performance, student guidelines for performance of procedures, and methods of evaluation.
6. Assume overall responsibility for teaching and evaluation of the student, including assignment of course grade.
7. Assure student compliance with standards on immunization, screening, HIPAA compliance, OSHA standards, CPR, criminal background check as needed and current liability insurance coverage.
8. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
9. Make appropriate student assignments with the preceptor.
10. Communicate assignments and other essential information to the preceptors.
11. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
12. Monitor student's progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
13. Be readily available, e.g., telephone or e-mail for consultation when students are in the clinical area.
14. Receive feedback from the preceptor regarding student performance.
15. Provide recognition to the preceptor for participation as a preceptor.

**Agency Responsibilities:**

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.

**Student Responsibilities:**

1. Verify clinician/administrator's eligibility to function as preceptor.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Prepare for each clinical experience.
5. Be accountable for own nursing actions while in the clinical setting.
6. Arrange for preceptor's supervision when performing procedures.
7. Contact faculty by telephone, pager or e-mail if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during clinical experience.
9. Wear appropriate professional attire and university name tags when in the clinical site.

***Signatures on following page confirm that the above conditions reflect correctly your understanding of an agreement to this affiliation.***



NMW Concentration

Student Evaluation of Clinical Site and Preceptor

Student: \_\_\_\_\_ Preceptor \_\_\_\_\_

Name of Course \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Clinical Site \_\_\_\_\_ Year/Term \_\_\_\_\_

**Directions:** Mark the rating that best represents the evaluation of the site and preceptor.

1 – never      2 – rarely      3 – sometimes      4 – usually      5 – always

<b>INVOLVEMENT/RECEPTIVITY/COMPETENCE</b>	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situations					
6. Relates didactic knowledge to clinical practice					
<b>TEACHING PRACTICES</b>	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to level of experience.					
14. Encourages student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a positive, confidential manner					
<b>CLINICAL SITE</b>	1	2	3	4	5
16. Clinical experiences correlate with course outcomes					
17. Students have adequate (census/acuity) learning Experiences					
18. Students have adequate role models/preceptors					
19. Staff are receptive to students					

**COMMENTS:** \_\_\_\_\_

**Recommend for continued use?    YES    NO** \_\_\_\_\_

*Student Signature*

DNP-NMW Concentration  
Faculty Evaluation of Clinical Site and Preceptor

Student: \_\_\_\_\_ Preceptor \_\_\_\_\_

Name of Course \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Clinical Site \_\_\_\_\_ Year/Term \_\_\_\_\_

**Directions:** Mark the rating that best represents the evaluation of the site and preceptor.

1 – never      2 – rarely      3 – sometimes      4 – usually      5 – always

INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situations					
6. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to level of experience.					
14. Encourages student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a positive, confidential manner					
CLINICAL SITE	1	2	3	4	5
16. Clinical experiences correlate with course outcomes					
17. Students have adequate (census/acuity) learning Experiences					
18. Students have adequate role models/preceptors					
19. Staff are receptive to students					

**COMMENTS:** \_\_\_\_\_

Recommend for continued use?    **YES**    **NO**    \_\_\_\_\_

*Faculty Signature*

803 Midwifery Care of Women Practicum  
Summer  
Performance Evaluation of the Student  
Midterm and Final Evaluation

Rating Scale

**NA** - Not observed and/or unnecessary to include.

**Unsafe/Unsatisfactory.** Commits/omits behaviors that places the client in danger or harm. Omits important aspects of the management process. Unprofessional attitude, inadequate theory base or inappropriate initiative.

**Marginal/minimal competence.** Performs safely under close supervision, requires frequent verbal and physical cues. Some omissions in theory, assessment, clinical or communication skills. Has a desire to learn, asks appropriate questions for the situation, is prepared for clinical day, able to carry out specific goals with direct supervision

**Beginning level of practice** requires close supervision with fewer cues. Demonstrates appropriate knowledge base, obtains essential information. Can begin to make differential diagnoses and discuss management plans.

**Intermediate level of practice.** needs minimal assistance and direction. Can make differential diagnoses and give rationale for management plans. Organized, complete, good theory base.

**Advanced beginning level NMW practice.** Good grasp of role. Consults appropriately. Evaluates alternative management options. Has met clinical outcomes. Begins to recognize “exceptions to the rules.” Makes few errors and if there is an error, it is minor, has more flexibility with clinical uncertainty, still must consciously think through each step.

**Proficient beginning level NMW practice:** Flexibility in decision making, can draw from prior experiential learning situations, arrives at solutions without consciously going through every step, has flexible and intuitive responses even in uncertain or novel situations, may require assistance with higher complexity problems.

ACNM Competency Areas	NA	U	M	B	I	A	P
<b>I. Hallmarks of Midwifery</b>							
A. Recognition, promotion, and advocacy of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes							
B. Advocacy of non: intervention in physiologic processes in the absence of complications							
C. Incorporation of evidence-based care into clinical practice							
D. Empowerment of women and persons seeking midwifery care as partners in health care.							
K. Advocating for informed choice, shared decision making, and the right to self: Determination							
P. Ability to collaborate with and refer to other members of the interprofessional health care team							
<b>III. Midwifery Management</b>	NA	U	M	B	I	A	P
A. Obtains all necessary data for the complete evaluation of the client.							
B. Identifies problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.							
C. Anticipates potential problems or diagnoses that may be expected based on the identified problems or diagnoses.							
Evaluates the need for immediate intervention and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client							
D. Develops a comprehensive plan of care in partnership with the client that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.							
E. Assumes responsibility for the safe and efficient implementation of a plan of care including the provision of treatments and interventions as indicated.							
Evaluates effectiveness of the treatments and/or interventions, which includes repeating the management process as needed.							
<b>V. Components of Midwifery Care</b>	NA	U	M	B	I	A	P



A. A midwife demonstrates the knowledge, skills, and abilities to provide care in the <b>primary period</b> following pregnancy including but not limited to							
1. Applies nationally defined goals and objectives for health promotion and disease prevention							
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment							
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases							
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors							
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems: a. Breast b. Cardiovascular and hematologic c. Dermatologic d. Endocrine e. Eye, ear, nose, oral cavity, and throat f. Gastrointestinal g. Genitourinary h. Mental health i. Musculoskeletal j. Neurologic k. Respiratory l. Renal							
6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated							
7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect							
B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:							
1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam							
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors							
3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk							
4. Performs health and laboratory screenings							
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method							
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as							

indicated								
C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:								
1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction								
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers								
3. Manages common gynecologic and urogynecology problems								
4. Provides comprehensive care for all available contraceptive methods								
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated								
6. Provides counseling for sexual behaviors that promotes health and prevents disease								
7. Understands the effects of menopause and aging on physical, mental, and sexual health a. Initiates and/or refers for age and risk appropriate screening b. Provides management and therapeutics for alleviation of common discomforts								
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated								
<b>TOTAL</b>								

For any **UNSAFE/UNSATISFACTORY** please comment below:

For any **Proficient** please comment below:

**Student:**

**Preceptor:**

**Pass**

**Fail**

**Date:**

## **Appendix D: ProjectConcert**

The CON will begin using ProjectConcert in August 2021. More information will be posted as the system is developed.