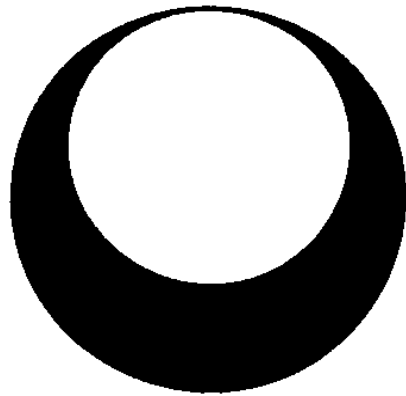


**BIRTHINGWAY  
PRECEPTOR HANDBOOK  
2013-2014**



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## **Introduction to Birthingway**

Welcome to Birthingway College of Midwifery. We hope you have a great experience working with our students as a preceptor. The policies and procedures in this Handbook describe the philosophy, purposes, and objectives of Birthingway College of Midwifery. As with all faculty members, we encourage your participation and feedback concerning all policies and procedures.

This *Preceptor Handbook* is designed to be a tool to help you understand Birthingway's policies and procedures related to clinical training of students. Although midwifery preceptors are not employees of Birthingway, you may wish to read a copy (available on request) of our *Employee Handbook*, which contains helpful information (for example, on our accreditation, facilities, and grievance policy). In addition, you can also always contact the Faculty Coordinator for feedback and/or assistance with policies and procedures.

Thank you for becoming a member of our teaching faculty. Your experience and knowledge are our greatest gifts to our students!

### **Core Beliefs**

While Birthingway has grown through the years, the beliefs at its core have remained intact.

- ♦ Birthingway has developed a model of caring for women and families during the childbearing year and beyond. We refer to this as the *biodynamic model*, in which birth is not only a natural part of human life, it is a necessary part, and one that is intimately connected with what it is to be human. The “bio” in biodynamic reflects the centrality of biological processes while “dynamic” refers to the energy of relationships that ensures our model is very woman-centered and individual. A biodynamic birth will be one with the least amount of intervention while still protecting the well-being of mother and baby. Intervention takes on different meanings depending upon the type of care provider; therefore, each of our programs develops specific tools for the various types of services our students will be providing.
- ♦ We are a community learning together, teachers and students alike. While instructors have specialized knowledge and experiences to teach, students also have knowledge and experiences to share. We learn from each other. Because of this emphasis on learning, there are no “stupid” questions at Birthingway. At the same time, it is okay for a teacher to say “I don’t know the answer.” When that happens in other schools, the teacher often says “I’ll look it up for you next

week,” then everyone forgets about it. At Birthingway the class will stop and look up the answer right then. Or if more research is needed, the instructor really will answer the question the next week.

- ◆ We honor and encourage diversity and multivocality. After all, there are many kinds of childbearing women in the world, so we need many kinds of midwives. The crucial element here is respect for other people’s opinions, beliefs, and practices. Respect allows room for disagreement through discussion and round-tabling and allows insight into other ways of thinking and doing. This provides the basis for consensual action and mutual support both within the Birthingway community and on our individual paths as midwives and birth activists.
- ◆ We are relationship based. The Birthingway community is formed by interactions between individuals, multiplied many times over. Here, we support a model of “power with” and “power within” rather than the “power over” so common in our world. We emphasize face to face interactions, compassionate communication skills and personal responsibility. We value kindness and the highest standard of personal integrity as essential characteristics of all members of our community.
- ◆ We value and encourage development of intuition, empiricism, and analytical thinking as equally vital components of excellent midwifery. We teach students to listen to their inner voice of insight and knowing and to live in a spiritual way that is appropriate for them. Empirical knowledge is validated through the emphasis on storytelling, on learning from mistakes, and on hands-on experiences. Rigorous analytical skills are cultivated through differential diagnosis, critical analysis, problem solving, and case studies. By balancing these three “ways of knowing,” we are able to bring many resources to our work.
- ◆ We avoid rewards and punishments and do not believe that one person can “motivate” another to learn. Once an individual is admitted to Birthingway, they can quit, but they cannot fail. That does not mean that everyone is “passed along” through the program. Quite the contrary – our standards for completion of coursework are quite high. Birthingway’s task, rather than to stamp people as failures, is to set appropriate standards and to encourage and support students as they meet those standards.
- ◆ We value collaborative rather than competitive learning. Students are encouraged to work together to acquire competency in the many required skills and knowledge sets. Rather than ranking students, we strive to help all students achieve excellence.

Taken together, these principles produce an environment in which each member of the Birthingway community – students, faculty, and staff – travel their own path towards excellence in their chosen vocation. Each of us serves as a beacon of hope toward a better way for birthing women and new families and thus a better world for all.

**\*(See Truth or Dare<sup>1</sup> by Starhawk for information on “power over,” “power with,” and “power within.” The works of Alfie Kohn, especially Punished by Rewards,<sup>2</sup> explore the ideas behind motivation, failure and rewards in education.)**

Starhawk. *Truth or Dare: Encounters with Power, Authority, and Mystery*. San Francisco: HarperSanFrancisco; 1988.

Kohn A. *Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes*. 2nd ed. Boston: Houghton Mifflin; 1999.

## **General School Policies & Procedures**

As a state-authorized and nationally accredited four-year college, Birthingway is overseen by a number of agencies. These agencies include the Midwifery Education Accreditation Council (MEAC), the Oregon State Office of Degree Authorization (ODA), the federal student aid (FSA) section of the US Department of Education, and others. To meet the requirements of these various agencies, Birthingway must hold specific policies determining the various aspects of our program.

The following is a summary of policies that you may run into or have questions about in your work as a preceptor at Birthingway. For a more complete review of the school policies and procedures, please consult the *Employee Handbook* for employee policies and the *Catalog and Student Handbook*: <http://www.birthingway.edu/for-students/college-catalog.htm> A hard copy is also available upon request.

### **Faculty Definitions**

Each of the agencies overseeing Birthingway has its own definition of “faculty”. The following is a list of positions and how Birthingway defines them in compliance with outside agency requirements:

**Faculty** - anyone at Birthingway who teaches in class or clinical settings.

**Instructor** - a classroom teacher without a Master’s Degree or equivalent.

**Full Faculty** - a classroom teacher with at least a Master’s Degree or equivalent.

**Preceptor** – a teacher who oversees students who are “learning in the field” to obtain their clinical practice experience. Preceptors are Independent Contractors

**Classroom Faculty/Classroom Teacher** - teachers who oversee student learning in the classroom.

### **Use of the Terms “Apprentice” and “Apprenticeship”**

Apprenticeship is a term that has been used traditionally in midwifery to describe the period of specialized clinical training with an experienced midwife. Because of this tradition, Birthingway has in the past referred to the student-preceptor training portion of the Midwifery Program as an apprenticeship. Much of the midwifery community continues to use this language.

In many states, including Oregon, the term apprenticeship is reserved legally to mean a period of paid training in specific, approved industries. For this reason, Birthingway is moving away from use of this language. The College now uses the terms Clinical Training and Preceptorship in lieu of apprenticeship to describe the period of unpaid clinical training in which a student midwife works with an experienced midwife.



## **About Staff**

Faculty, including preceptors, at Birthingway are supported by all staff members. Our doors are open and we want to ensure that your work with student midwives runs as smoothly as possible. The following staff members can address the listed issues or concerns. Please note, **you are welcome to contact the Faculty Coordinator first with any and all questions you may have.** In addition, a new resource at Birthingway is the **Preceptor Liaison**, a staff member who visits preceptors to help them evaluate their own teaching work and seeks to formalize and publicize a study of Best Practices in midwifery preceptorship.

**College President** – address questions regarding College policy information, and to submit budget requests.

**Faculty Coordinator** – most general and specific questions. Please contact first if you are unclear about which staff member is best to answer your question.

**Academic Coordinator** – questions on curriculum.

**Administrative Programs Coordinator** - degree authorization, MEAC accreditation, financial aid.

**Finance Coordinator** – questions regarding payroll and time sheets.

**Lactation Program Coordinator** – questions regarding the Associate of Science in Lactation Program.

**Learning Resources Coordinator**- handles course packets, classroom equipment and supplies orders.

**Librarian** – information on library holdings and research.

**Midwifery Program Coordinator** – questions regarding midwifery students, and your opportunities to participate in admissions committee, graduation process, etc.

**Outreach Coordinator**- produces online and print newsletters and can give information on participating in tabling and other outreach opportunities.

**Operations Coordinator** – general office questions and phone messages, and questions about the Birthingway buildings and grounds.

**Registrar** – questions regarding enrollment information and grade reports.

**Specialized Programs Coordinator**- questions regarding Childbirth Educator, Labor Doula, and Postpartum Doula Programs, Legend Drugs and Devices and Neonatal Resuscitation Workshops and other CEU workshops.

**Technology Coordinator** - questions about the website, network problems, and other technical issues.

To contact staff, please e-mail, call 503-760-3131, or come in to the office – we are open 8:30am – 5:30pm, Monday – Thursday and 8:30 – 4:30 pm on Friday.

### **Academic Year**

Birthingway's academic year is defined as a minimum of 36 quarter credit hours and 36 weeks. Each term is 12 weeks in length. We also offer an optional 10 week summer term, during which students may register for Clinical Training Credit. To view a list of the academic year's important dates see the Academic Year Calendar:

<http://www.birthingway.edu/for-students/academic-schedule-2.htm>

### **Ethics**

Teachers and students are expected to interact with clients, midwives, and others in an ethical manner as articulated in MANA's Statement of Values and Ethics:

<http://mana.org/valuesethics.html>

Continued and blatant disregard of professional ethics will result in the individual being asked to leave the College. Possible causes for dismissal include:

- ◆ Unprofessional conduct-including lying, stealing, sexual harassment, plagiarism, or any other violation of the Community Code of Conduct (see *Student Handbook and Catalog*)
- ◆ Attending class or births under the influence of alcohol or illegal drugs
- ◆ Failure to meet financial obligations to the College
- ◆ Not participating in the Birthingway Grievance Process
- ◆ Breach of confidentiality requirements

### **Grading Policy**

Birthingway College of Midwifery uses the following system for grading course work. These grades apply not only to classroom courses, but to any Clinical Training Credits for which the student registers:

- ◆ **In Progress** - Student is currently enrolled in the course.
- ◆ **Complete** – For a course, 100% of the work is completed and turned in and work demonstrates advanced or high proficiency. For Clinical Training Credit, the student has completed all hours and turned in all required paperwork (see Clinical Training Credit pg. 45).
- ◆ **Incomplete** – Student needs to complete work in the course, or hasn't turned in all paperwork for Clinical Training Credit. Students have six weeks to remediate a grade of Incomplete, after which it is changed to Withdrawn. If after six weeks the Incomplete needs further remediation, students may petition for an exception to this policy by submitting the appropriate paperwork.

- ♦ **Drop** - Student withdrew or is withdrawn from the course within the first 25% of the course sessions (or 25% of registered term for Clinical Training Credit). Drops do not count when assessing Satisfactory Academic Progress.
- ♦ **Withdrawn** - Student withdrew or has been withdrawn from the course after the first 25% of the course sessions (or 25% of registered term for Clinical Training Credit) or the student received an Incomplete and did not successfully remediate the work within six weeks. Students who receive a Withdrawn must retake the course/credits at the current tuition rate. Withdrawn courses and Clinical Training Credits are counted when assessing Satisfactory Academic Progress and appear on the academic transcript.

**Birthingway does not issue failing grades.** The decision not to use the standard letter grading system was made early in the history of Birthingway for reasons including avoiding a hierarchy of students, reducing external validation, to avoid subject “averaging” (student does well in one subject but poorly on another), and to encourage cooperative learning.

### **Midwifery Coursework Definitions**

Birthingway College of Midwifery’s midwifery curriculum includes three components:

1. Midwifery Core Courses – These courses are the heart of a midwifery education and are taught to the students over three years on each cohort's “Core Day” - a Tuesday, Wednesday, or Thursday on which the same group of students has courses over the three years. Core constitutes 60 quarter credit hours of classroom instruction.
2. Supplemental and Elective Courses – Other required coursework that the student may complete on a more flexible basis. These may be taken while completing the midwifery core or afterward. Students planning to earn a Bachelors degree must also transfer in General Education credits from another accredited institution.
3. Clinical Training Credit – Credit the student receives for hours of working in a clinical environment (see Clinical Training Credit pg. 45). Currently students must complete 30 quarter credit hours of Clinical Training.

Students themselves are often defined based on whether or not they have completed the midwifery core. You may see the following terms used:

- ♦ Core Students matriculate together as a cohort and are currently moving through three years of core courses.

- ◆ Extension Students matriculated more than three years ago and no longer meet for core classes with a cohort, but still have coursework and/or clinical training to complete.

## **Becoming a Preceptor**

Whether you've already found a student you want to work with or are just starting to look, the first step is to get approved as a Birthingway Preceptor. For legal, safety, and educational reasons, students may not work with you before you've completed the approval process. Fortunately, this is quite straightforward, and mainly involves completing paperwork to verify your qualifications and to show that you agree to abide by Birthingway's policies.

**Students who work with an un-approved preceptor may be withdrawn from Birthingway – so make sure your file is complete and up-to-date!**

### **Qualifications**

In order to ensure that our students work with a midwife fully prepared to instruct them, midwives must meet certain qualifications regarding their midwifery training and experience to become a Birthingway preceptor. These vary slightly depending on your credentials.

To qualify as a Birthingway Preceptor, a midwife must meet requirements in the following three areas:

#### **1. BIRTH EXPERIENCE REQUIREMENT:**

Attended a total of at least 100 births, of which at least:

A minimum of 25 were out-of-hospital births AND

A minimum of 50 were as an unsupervised primary midwife

**AND**

#### **2. LENGTH OF PRACTICE REQUIREMENT:**

For a CPM, CNM, CM, or State-Licensed Midwife: A minimum of 18 months experience as an unsupervised primary midwife (after the end of training). This can be reduced by up to six months for Birthingway graduates who held “Advanced Student Midwife” status per policy before graduating.

**OR**

All Other Midwives: A minimum of 36 months experience as an unsupervised primary midwife (after the end of training).

**AND**

#### **3. RESUSCITATION CERTIFICATION REQUIREMENT:**

Currently certified in

Adult and Infant Resuscitation AND

Neonatal Resuscitation

For Adult and Infant Resuscitation, acceptable certifications are American Heart Association (AHA) and Red Cross. Other programs may be accepted on a case-by-case basis.

For Neonatal Resuscitation, Biodynamic Resuscitation of the Newborn (BRN) and Neonatal Resuscitation Provider (NRP) certifications are acceptable. We do not accept Pediatric Advanced Life Support (PALS), as it does not include sufficient training in resuscitation of neonates. Other programs may be accepted on a case-by-case basis.

In addition to the above, we require that preceptors be legally authorized to practice in their location. This means that, while Birthingway itself does not require state licensing or national certification, you must have them if you are practicing in a state where they are required. **Students can only work with midwives who are practicing legally.** See Unlicensed Midwives pg. 26.

### **Responsibilities of Preceptors**

As a Birthingway preceptor you are taking on a crucial role as a mentor and teacher to the next generation of midwives. Your educational work as a preceptor includes the following responsibilities:

- ◆ Teach student midwives the art and science of midwifery using best practices in accordance with Birthingway philosophy
- ◆ Provide clear expectations to students, setting goals and timelines cooperatively
- ◆ Provide student midwives with opportunities for hands-on experience
- ◆ Provide timely feedback to the student, preferably debriefing three days or less after a birth or other clinical experience
- ◆ Provide students with direct, physically present supervision during client care and procedures
- ◆ Evaluate students at least quarterly, including their skills acquisition, using Birthingway documentation
- ◆ Verify students' clinical experiences, documenting information in a timely manner, at least quarterly
- ◆ Maintain and submit to Birthingway, by each term's deadline, all documentation on student midwives including Evaluations, Contracts, Guidelines, Timesheets, Skills Assessment Checklists, and other documents as needed by Birthingway
- ◆ Meet preceptor requirements for supervision and documentation established by NARM: <http://narm.org/preceptors/>

- ◆ Provide all preceptor and clinical site documentation and allow site visits as requested by Birthingway
- ◆ Maintain necessary certifications and licenses and meet all federal, state, and local regulatory requirements for operating a midwifery practice in your location
- ◆ Maintain currency of knowledge through completion of continuing education
- ◆ Model best practices in midwifery, including appropriate use of Universal Precautions
- ◆ Work openly and cooperatively with students, faculty, and staff at Birthingway, valuing constructive communication, incorporating feedback, and treating everyone with dignity and respect
- ◆ Follow Birthingway policies and procedures, including meeting Clinical Health and Safety Standards
- ◆ Maintain confidentiality of information regarding student education and client care
- ◆ Participate in employee and preceptor trainings and workshops when possible
- ◆ Represent the College in a professional manner at all times
- ◆ Provide and model professional boundaries
- ◆ Model nurturing self-care, including not attending appointments with clients when sick

### **Rights of Preceptors**

As a member of the Birthingway community and as a professional teacher, you have certain rights:

- ◆ The right to an independent relationship with the student, including freedom regarding teaching methods and the conduct of your practice
- ◆ The right to a clear explanation of what is expected of you in your role as preceptor

- ◆ The right to receive sufficient services from the College to assist you in your role, including clear guidelines and tools for student evaluation (such as evaluation forms)
- ◆ The right to a fair evaluation of your work as a preceptor
- ◆ The right to opportunities to participate in development, implementation, and evaluation of the midwifery curriculum; evaluation of student admission criteria; and evaluation of program resources, facilities, and services at Birthingway
- ◆ The right to participate in the evaluation and advancement of individual students
- ◆ The right to be treated with dignity and respect, for yourself as an individual and as a trained professional with expertise
- ◆ The right to expect confidentiality concerning your clinical practice and personal life
- ◆ The right to opportunities for professional growth and training

### **Approval Process**

#### **Before you can work with students, you must:**

- ◆ Have all your paperwork (described below) complete and returned to the school
- ◆ Have had a site visit of your clinical space with the Faculty Coordinator (See Evaluations pg. 49)

When starting to work with a new student, it's usually helpful to check in with the Faculty Coordinator to make sure your file is up-to-date. Items that need regular renewal, such as a CPM certificate, should be photocopied and sent to Birthingway each time to avoid causing difficulties and delays for students.

The paperwork we need in your file at Birthingway consists of the following:

- ◆ *Contact Form* – Contains your contact information and related items
- ◆ *Attestation of Preceptor Certification* form, notarized – With this form you confirm the type of midwifery training you received and the experience you have post-training. This form must be notarized prior to returning it to Birthingway.



- ◆ *Midwifery Preceptor Responsibilities* form, signed and dated.
- ◆ *Clinical Site Safety Standards* form – Here you confirm the type of clinical site you have (birth center, clinic, client's homes, etc.) and verify that you are in compliance with safety standards.
- ◆ *Equipment and Supplies Checklist* form – With this form you confirm the types of equipment and supplies you'll have available for students to use. This is not a list of *required* equipment/supplies; we are just trying to verify *which* you will have available for students. In addition, this form is where unlicensed Oregon midwives confirm that they are not using Legend Drugs & Devices without a physician's supervision.
- ◆ *Confidentiality Agreement*, signed and dated – All members of the Birthingway community sign a *Confidentiality Agreement*. Please see CONFIDENTIALITY pg 19.
- ◆ Drug-Free Schools Notification, signed and dated
- ◆ Race and Ethnic Data Form, signed and dated
- ◆ *Website Listing Profile* form – If you would like a listing on the “Find a Midwife” section of our website, complete and return this form.
- ◆ W-9 form for Independent Contractors
- ◆ *Informed Choice Agreement/Practice Disclosure* – We need a copy of the Informed Choice Agreement or other disclosure that you use with your clients
- ◆ HIPAA policy – A copy of your policy on protecting clients' healthcare privacy
- ◆ Resume, Curriculum Vitae, or other summary of your professional career
- ◆ Photocopies of current license and/or professional certification – Only required if you have these credentials
- ◆ Documentation of current Adult and Infant CPR and Neonatal Resuscitation Certifications – This is usually in the form of copies of your certification cards. For Oregon Licensed Direct-Entry Midwives, the copy of your current license is acceptable documentation.
- ◆ Copy of Birth Center License – If you work in a licensed birth center, we need a copy of the current license.

If you have questions about any of the paperwork, please contact the Faculty Coordinator.

### **Requirements**

As a Birthingway preceptor, you agree to follow certain standards concerning students, your clinical site, and your practice. These standards are put in place to ensure that students are working in a safe environment that meets their educational needs. These policies clarify and expand on the requirements in the *Responsibilities of Preceptors* described above.

### Clinical Health and Safety Standards

Since direct-entry midwives work in many different environments, it is natural that our preceptors too would have a variety of clinical settings. While some preceptors work in free-standing birth centers, others may work entirely out of clients' homes, or have office space for prenatal, but attend all births at clients' homes. Any and all of these environments are great learning opportunities for student midwives.

No matter the site, Birthingway has a responsibility to ensure that our students are working safely. This means different things at different sites. For example, while a birth center can provide a private room for students to rest and study, this isn't possible if all care takes place in clients' homes. Still, even if you are working out of clients' homes, you will have your own policy and procedure for dealing with "sharps" and other hazardous materials.

In general, preceptors must affirm that their clinical practice meets all safety, health, and sanitation standards. We confirm compliance with these standards at the Site Visit (see Evaluation of Clinical Site pg 50).

As a preceptor, no matter what your clinical site, you are responsible for ensuring that:

- ◆ Students have the opportunity to participate in the full range of care options in your practice. For midwives, this normally includes complete Continuity of Care.
- ◆ Universal precautions for infection control are followed, with clean and sterile equipment and supplies.
- ◆ Hazardous materials (such as bleach, chemicals, items containing mercury, etc.) are properly stored and disposed of.
- ◆ There is proper hazardous waste management (sharps, blood saturated materials, etc.)
- ◆ You have a written policy for health and safety of clients and students

If you have a clinical site (any environment other than clients' homes), you must ensure that, as appropriate:

- ◆ Space and opportunity is available for students to have student-preceptor conferences
- ◆ There is accommodation for students to eat, rest, and study during lengthy clinical experiences

- ◆ Smoke detector(s), fire extinguisher(s), exit plans, and any other requirements of local safety authorities meet all fire and safety codes
- ◆ Fire and safety equipment are inspected and maintained regularly
- ◆ The building is safe, sanitary, and meets all health regulations
- ◆ A copy of the latest safety inspection is available (where applicable)

If your clinical space or the services you provide should change (including if you add clinical space, such as an office for prenatal, or add services, such as gynecological care), you need to inform Birthingway so that we can complete a new Site Visit.

### Confidentiality

As a preceptor, part of your role is to model respect for the private health and personal information of others. While we require respect for confidentiality from all members of the Birthingway community, it is particularly important from preceptors because they are teaching students what it is to be a midwife. For this reason, it is crucially important that you maintain the confidentiality of information obtained from students, staff, and fellow faculty. This includes chart review, peer review, classroom discussions, and other professional settings, and means not discussing specifics of client care and outcomes outside of the classroom or clinic setting, even with midwifery students or other midwives.

All staff, faculty, preceptors, and students sign a *Confidentiality Agreement* to verify that they understand and agree to this policy.

### Demonstration of Professional Development and Continuing Education

As a preceptor, you are providing crucial field-based training for future midwives. It is critically important that you provide them with up-to-date information on best practices.

If you are licensed and/or nationally certified, you verify continuing education (CEUs) prior to renewal with the respective agency. You may confirm your completion of CEUs by simply providing Birthingway with a copy of your current license or certification.

For unlicensed, uncertified midwives, we provide a CEU form for you to confirm your continuing education. We require 30 hours every three years, on topics relevant to midwifery practice. This is the equivalent of the hours completed by midwives renewing their CPM.

### Restrictions to Students' Participation

In keeping with the Midwifery Model of care that we are passing on to our students, and to help students maintain balance between their classes and clinical training, Birthingway places certain restrictions on the number of births students may attend per month. See The Student Midwife's Role pg 33 and Clinical Load pg 36 for more information.

Birthingway requires students to complete most of their clinical training with midwives who maintain continuity of care within a low-volume setting. **A practice is considered high volume if it requires a student to attend more than eight births in any given month, or average more than 60 hours total of work per week, even if continuity of care is maintained.**

The following limitations are in place for all Birthingway students:

- ♦ None of a student's 25 "Assistant Under Supervision" role births can be at a high volume site
- ♦ Of the student's 25 "Primary Under Supervision" role births, the **first five** cannot be at a high volume site
- ♦ Up to ten of the remaining 20 "Primary Under Supervision" role births can be at a high volume site

In addition, **to help prevent interference with class time, first year students may not enter clinical training and second year core students may not have more than four clients due in any given month.**

Students who have completed their coursework and are exclusively in clinical training may request an exception to the high-volume policy. If your student wishes to do this, have them contact the Midwifery Program Coordinator.

If you have questions about whether your site would be considered "High Volume", please contact the Faculty Coordinator.

### International Sites

While we allow students to complete clinical training in other countries, we have found that practice standards are often very different from those in the United States. For this reason, we ask students to go through a special process to get their international preceptorship approved. In particular, they must explain how the placement fits their educational and career goals more appropriately than one in the United States. A student's proposal should be submitted to Birthingway at least 12 weeks before they plan to begin their preceptorship. Birthingway students may be studying at

international sites that are not approved by NARM as long as they satisfy the College's requirements for preceptors.

If you are working internationally and have questions about how this may affect precepting a Birthingway student, we encourage you to speak to the Faculty Coordinator.

### Liability

The relationship between the preceptor and the student midwife is part of the preceptor's practice, therefore, Birthingway holds no liability in case of an incident or accident. Further, Birthingway holds no liability for the outcome of any care provided by preceptors and students under the supervision of preceptors. A preceptor holds Birthingway College of Midwifery harmless from any such outcome.

Birthingway College of Midwifery does not provide professional liability and malpractice insurance for any of our faculty in their roles as healthcare providers. Such insurance is not required to teach at Birthingway.

By working with a Birthingway student, you are agreeing that you understand and accept the policies in this section.

### NARM Requirements

Since the vast majority of our graduates go on to become NARM-certified, it is important that their education meet NARM's Initial Certification requirements. This is done in part through the training students receive in the classroom, but, as a preceptor, you will be the one providing the supervision and verification of clinical experiences required by NARM. You can read more about their specific recommendations and requirements below and on NARM's website:

<http://www.narm.org>

The following descriptions are reprinted here from the NARM website:

This is a description of the minimum requirements established by NARM for entry-level midwives:

- 1) All students admitted after January 1, 2013 will meet the new eligibility requirements; and
- 2) All graduates, even those admitted before January 1, 2013, will meet the new requirements if graduating after January 1, 2015.

- ▲ All students must submit evidence of a high school diploma or equivalent.
- ▲ All students must complete a module related to Cultural Competency for Health Professionals
- ▲ The title "Active Participant" Births will be changed to "Assistant under Supervision" and must be supervised by a qualified preceptor.

#### **(Phase 1) Births as an Observer**

Document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning apprentice). These births may be verified by any witness who was present at the birth.

#### **(Phase 2) Clinicals as Assistant under Supervision**

Document at least 20 births, 25 prenatal, 20 newborn exams, 10 postpartum visits as an assistant

under the supervision of a qualified preceptor. Eighteen births in this category must be completed before beginning Primary under Supervision births. Determination of readiness for serving as Primary under Supervision is at the discretion of the supervising preceptor, and may require more births as an assistant before moving to the next step.

**(Phase 3) Clinicals as Primary under Supervision**

Document 20 births, 75 prenatals (including 20 initial prenatals), 20 newborn exams, and 40 postpartum exams as a primary midwife under supervision. Two intrapartum transports are allowed if labor began in an OOH setting.

**Continuity of Care:**

Of the 20 Primary births required under Supervision in Phase 3, five require full Continuity of Care and ten more require at least one prenatal under supervision.

**Full Continuity for 5 Primary Births:**

Five Continuity of Care as a primary midwife under supervision will include 5 prenatals spanning two trimesters, the birth, newborn exam and two postpartums. Multiple preceptors can verify the continuity of care. The newborn exam must be done within 12 hours of the birth; maternal postpartum exams must be done between 12 hours and 6 weeks following the birth.

**Prenatals for 10 Additional Primary Under Supervision births:**

Students must have attended at least one prenatal (in a primary or assisting role) with the mother prior to her labor and birth for 10 of the 20 primary births under supervision in Phase 3 (in addition to the 5 with full COC).

**Five Additional Births as Primary under Supervision**

Document five additional births as Primary under the supervision of a Qualified Preceptor. These may have occurred after the last birth on Phase 3 documentation, and may be submitted before or after the Written Exam. Only one maternal transport may be included if the labor begins in the OOH setting. Submission of this form is expected within six months of passing the exam unless a request for an extension is made.

**Experience in Specific Settings:**

A minimum of five home births must be attended in any role. A minimum of two planned hospital births must be attended in any role. These cannot be intrapartum transports but may be antepartum referrals.

**Time Frames:**

Ten out-of-hospital primary births must occur within the last three years. All clinicals must occur within ten years.

**Duration of Clinical Experience:**

Minimal time frames for clinical education must span at least two years.

The following is further explanation of NARM's requirements as of the publication date of this Preceptor Handbook, taken from NARM forms and publications.

- ◆ Clinical training should be at least two years in duration.
- ◆ If a student works with more than one preceptor, each preceptor should sign off only for those skills performed under their own supervision.
- ◆ Students and preceptors should have a clear understanding of their responsibilities to each other (Birthingway recommends you use our *Student/Preceptor Relationship Guide*, see Appendix 1), including:
  - Time expected to be spent in one-on-one training

- Study
  - Clinical observation
  - Opportunities for demonstration of skills
  - Time on call
  - Financial obligations
- ◆ Documentation should be signed at or as close as possible to the time of the experience. Do not wait until the completion of training.
  - ◆ Skills sign-off should be completed when the skill is performed competently and not before. Deciding when “adequate performance” is complete is up to the preceptor and may require multiple demonstrations by the student.
  - ◆ Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if both student and midwife agree that expectations were met. Any misunderstanding should be discussed and resolved as soon as possible.
  - ◆ The preceptor is expected to provide adequate opportunities for the student to:
    - Observe clinical skills
    - Discuss clinical situations away from the clients
    - Practice clinical skills
    - Perform the clinical skills in the capacity of a primary midwife

All of these must be under the direct supervision of the preceptor. **“Direct supervision” for NARM purposes means that the preceptor is physically present in the same room when the student performs the primary midwife skills.**

- ◆ The preceptor holds final responsibility for the safety of the client and baby.
- ◆ Preceptors who sign off on experiences they did not witness risk losing their ability to sign as preceptors in the future and also risk losing their NARM Certified Professional Midwife (CPM) credential.

NARM also has specific definitions for the required student experiences that are documented and signed-off on by the preceptor:

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

- ♦ Prenatal Exam means a complete and thorough routine examination, counseling, and education of the pregnant woman prior to birth.
- ♦ Immediate Postpartum Exam means the examination done on the mother following the birth and up to 12 hours after the birth.
- ♦ Newborn Exam means a complete and thorough examination of the infant within 24 hours after birth.
- ♦ Postpartum Exam means a physical, nutritional, and socio-psychological review of the mother and baby after 24 hours following the birth, and does not include the immediate postpartum exam.
- ♦ **Clinicals as an Assistant** are births where the student is being taught to perform the skills of a midwife. Just observing a birth is not considered being an Assistant. Charting, other skills, providing labor support, and participating in management discussions may all be done in the Assistant Role in increasing degrees of responsibility. The student should perform some skills at every birth and should be present throughout labor, birth, and the immediate postpartum period. **Catching the baby should be a skill that is taught towards the end of the Assistant phase, but not counted as a supervised primary.** The student must complete most of the active participant births before functioning as Primary Under Supervision at births.
- ♦ **Clinicals as a Primary Under Supervision** means that **the student has demonstrated the ability to perform all aspects of midwifery care to the satisfaction of the preceptor.** The student provides all aspects of care as if they were in practice, but the preceptor is physically present and supervising the student's performance of skills and decision making.

In addition, as a preceptor you will be asked to sign certain forms from NARM (in addition to Birthingway forms) that are part of the graduating student's application for certification. These include re-confirming certain clinical experiences of the student.

There are specific requirements about signatures and Client IDs that NARM holds for the Client Care Documentation forms provided by Birthingway (see pg 44). However, **as part of the CPM application process, NARM may ask to see your (rather than the student's) client care forms.** NARM will want these forms to show that the student was a Primary Under Supervision and that you, as the preceptor, were present in the room for all items you signed off on. NARM recommends that this be done in part by having clear fields on your charts showing arrival and departure times for both yourself and your students, and having both you and the student initial each



one at the time the clinical experience occurs. For more information, see NARM's *Guidelines for Verifying Documentation of Clinical Experience*.  
<http://narm.org/preceptors/guidelines-for-documentation-of-clinical-experience/>

### Payments to Students

While most midwives do not pay their student midwives for their clinical time, as the student is in a learning role, there are some communities where this is common, particularly for students in the Supervised Primary role. Birthingway neither requires nor prohibits paying student midwives. However, if you choose to do so, students will usually count as “Paid Employees” under local law. It is your responsibility to be aware of and follow applicable laws and regulations, including those of the IRS, OSHA, and other relevant federal, state, and local authorities.

In addition, we recommend having a clear policy and procedure in place regarding reimbursing students for any purchases they make while on the clinic or midwife's errands, or for any other items you may reimburse (such as gas money or the student's midwifery supplies).

### Supervising with Another Midwife

If you practice with a midwifery partner, you will have to make careful arrangement to be clear about supervision of your student. One of you will need to be designated as the Supervising Preceptor, who will complete and submit the end-of-term paperwork. Only the Supervising Preceptor is paid by Birthingway (as an independent contractor), however all midwives in the practice must be approved as preceptors in order to work with the student. The student designates the supervising preceptor and co-preceptors for the term and all must sign the Clinical Training Registration form (see pg 45). In some practices, preceptors "trade off" term to term who will be the Supervising Preceptor, but they cannot change this designation mid-term.

### Universal Precautions

We teach students Universal Precautions and the use of Personal Protection Equipment (PPE) in their skills classes at Birthingway. While we leave it to our preceptors to determine policy and procedure for their own clinical sites, you may find it helpful to understand the training that student midwives have received.

We teach students to:

- ◆ Wear gloves anytime they might be exposed to blood or other body fluids, for example while:
  - Doing vaginal exams
  - Examining placentas
  - Performing phlebotomy

- ◆ Wear safety glasses and a surgical mask if their face may be exposed to or inhale blood/body fluids (such as while performing vaginal exams)
- ◆ Never set needles or other sharps on the table – always place them immediately in the sharps container.
- ◆ Use Biohazard Bags for:
  - Catheters
  - Petri dishes
  - Any container with blood or other body fluids inside
  - Peri-Pads (“chucks”) only if they are saturated with blood and would release liquid if squeezed or compressed
  - Placentas ready for disposal
  - Anything with blood/body fluids from someone known to be infected with Hepatitis C, HIV, Tuberculosis, or other STDs (e.g. Herpes)
  - Anything else that has blood/body fluids on it and would release liquid (or flakes) if squeezed or compressed
- ◆ Use Sharps Containers for
  - Needles
  - Lancets
  - Glass tubes containing blood
  - Broken glass
  - All syringes if contaminated or used
- ◆ Use Regular Garbage Containers for
  - Band Aids
  - Cotton balls
  - Gauze pads
  - Q-Tips
  - Paper Towels
  - Menstrual pads
  - Gloves
  - Gowns
  - IV Bags (after draining into sink)

### Unlicensed Midwives

The legality of practicing without a license varies state by state. As mentioned under Qualifications (pg. 14), although Birthingway itself does not require licensing or certification, we do require that preceptors be practicing legally. This means that if

licensing is required in the state where you practice, you must be licensed in order to work with a Birthingway student. It also means that you must follow the restrictions in place in that jurisdiction – for example, not doing planned out-of-hospital breeches in states where they are prohibited.

In Oregon, where most of our students complete their clinical training, midwives may practice legally without a license. However, unlicensed midwives are restricted from carrying and using certain Legend Drugs and Devices (LD&D) that are available to licensed midwives. Doing so would be considered “practicing medicine without a license” and is a felony in Oregon State. Students may not receive experience observing and participating in the usage of legend drugs and devices when working with an unlicensed preceptor, unless the preceptor is under the supervision of a licensed physician.

We require that students report to Birthingway if their preceptor uses unauthorized Legend Drugs or Devices. Usage without proper authorization and supervision will result in dismissal as a Birthingway preceptor and cessation of all work with Birthingway students. We therefore require all unlicensed Oregon midwives to confirm their understanding and agreement with this policy on the *Equipment and Supplies Checklist* that is a part of the initial authorization paperwork for preceptors.

### **Benefits**

As a Birthingway preceptor, a variety of resources are available to you through the College. These include the Birthingway library, professional development through courses and workshops, and outreach to potential clients through Birthingway's website.

The following benefits are available to approved preceptors – this means your Birthingway file must be up-to-date and, if you don't currently have a Birthingway student, you are ready to take one at any time.

#### Biodynamic Resuscitation of the Newborn (BRN) Workshop

Preceptors may take the renewal workshop in our neonatal resuscitation program once each academic year for free. Birthingway's BRN neonatal resuscitation program is approved for the purposes of license renewal for licensed direct-entry midwives in Oregon and CPM renewal for NARM certified midwives.

#### Clinical Update CEU Workshop

This annual Birthingway workshop has updates on the latest evidence-based findings and practices and is open to all community midwives; however, preceptors may take the workshop and receive CEUs without charge.

### Non-Violent Communication (NVC) Training

Twice a year, Birthingway offers NVC training to employees, in the form of short workshops. Faculty, including preceptors, are paid to attend NVC trainings at the faculty meeting/training hourly rate (currently \$20 per hour), and will receive a CEU certificate to document attendance. The College encourages preceptors to attend at least one of the Nonviolent Communication trainings annually, although you are welcome to attend all of them.

To find out when the next NVC workshop is scheduled, please contact the Faculty Coordinator.

### Other Courses and Workshops

In addition to the above, preceptors may take **one** additional Birthingway credit course **or** workshop per academic year without tuition charge.

- ◆ Eligible workshops include but are not limited to CPR, LD&D Renewal, and other Birthingway CEU workshops, so long as you pay applicable supply and equipment fees.
- ◆ Eligible credit courses include all credit courses except for midwifery program core courses. You will need to pay all applicable coursepack, lab, and technical fees. **Courses that are part of the midwifery program generally are not accepted for midwifery CEUs, as they are considered part of an initial midwifery education.**
- ◆ This benefit cannot be “rolled over” to the next academic year.
- ◆ You may be “bumped” from the course if it is filled to capacity by paying students up to one week after the registration deadline.
- ◆ If you decide against taking the course or workshop, you must submit a “Drop” form. If you do not do this prior to the first class session, the course will still be counted towards your preceptor benefit, and you will not be able to take another course for free during the academic year.
- ◆ As a registered student, you will be expected to complete all required work, including such activities as readings, homework, exams, in-class presentations and activities, etc.

Please contact the Faculty Coordinator for more details on the registration process and requirements of this benefit.

Like other faculty, preceptors may audit any number of courses and workshops for free. As with any other audit, the course instructor will not review or evaluate any homework or exams. Audits cannot be changed to for-credit later, may not meet prerequisites for later courses in a sequence, and are ineligible for CEUs.

### Library

As a member of the Birthingway community, we encourage you to come visit the library: scan the shelves, read books and journals, or watch a video. If you'd like to check items out, please purchase a Community Library Card. You can get a three-month card for \$15, a six-month card for \$25, or a whole year for \$40.

### Web page Listing

Birthingway often receives inquiries from the public about where to find a midwife to attend their birth. For this reason, we maintain a “Find a Midwife” page on our website with information on preceptors interested in being contacted by potential clients. If you would like to be included on the web page, please complete the *Website Listing Profile* form and return it to the Faculty Coordinator. Once posted, your information remains on the website as long as you are an approved preceptor. If your information changes or you want to edit the information provided, just send your updates to the Faculty Coordinator.

## **Finding a Student**

While taking on a student midwife is a big responsibility, it also is a meaningful enhancement to your practice. Student midwives not only provide assistance with client care and handling day-to-day clinical tasks, they also give additional perspective for you and your clients. The enthusiasm of a student is a pick-me-up when you're feeling burnt-out, and there is something very meaningful about passing on your knowledge to the next generation. Above anything else, when you choose a midwifery student to precept, you are beginning a long-term personal and professional relationship that may continue for years.

Because this relationship is so important, and so specific to the interpersonal match of midwife and student, Birthingway does not “assign” students to specific preceptors, but rather leaves it to the preceptor and student to decide if they should work together. This means that it is up to you what kind of help, and how much, you want from Birthingway when choosing a student. It is not uncommon to be contacted by students, who may have heard of you from friends who were clients or are fellow midwifery students, hoping to work with you. Or you can contact Birthingway to request information on students currently seeking preceptors. Either way, we strongly encourage you to have an in-person interview with potential students where you can discuss expectations and the requirements of your practice.

You may start looking for a student midwife before your approval as a preceptor is final, but remember that **you cannot start working with a Birthingway student until you're approved by Birthingway.**

### **Our Process**

While there can be variations, depending on the specific situation of the midwife and student, the following is a general guide to how we go through the process of helping you find a midwifery student to work with:

1. Students looking for a preceptor fill out our *Preceptor Search Questionnaire* : <http://www.birthingway.edu/uploads/File/PreceptorSearchQuestionnaire.pdf>  
This form has information on what experience the student has, where they're looking to work, what kind of clinical environment they hope for, and so on. We ask students to fill out this form for our records even if they already know which preceptor they want to work with.
2. If you want help finding a student, contact the Faculty Coordinator, who then notifies our students (generally with information provided by you regarding the location, average number of births, client base, etc.) Those wanting to apply for the preceptorship confirm that they would like their information sent to you and the Faculty Coordinator then forwards you the appropriate *Preceptor Search Questionnaires*. We do not favor particular students or make recommendations: all students are presented equally. Alternatively, you may ask for the opening to be posted at the College so that students may contact you directly.

3. You then review the forms and go through whatever interview/selection process works best for you. Students are often very excited and worried about the selection process, but we ask them to keep their interviews confidential until the midwife has made her decision. Please let us know once you and the student have agreed to work together, so that we can let the other students know. If we do not hear the result directly from you, the Faculty Coordinator will call you to verify your decision.
4. Once you and your student have agreed to work together, the student should turn in the *Intent to Begin Clinical Training* form to Birthingway. This form explains for them some of our preceptorship requirements and is also how they inform us of who they plan to work with. When we receive the form, the Faculty Coordinator makes sure that your paperwork is complete and up-to-date. If your paperwork is not complete, it will need to be finished prior to beginning work with your student (See Becoming a Preceptor pg 13).
5. When students anticipate working with a preceptor in the near future, they attend the Clinical Training Workshop (“So You Want to Be a Student Midwife”). This workshop explains for students the clinical training process, reviews the client care and clinical credit documentation, reviews the skills assessment checklist, and includes a student panel to discuss the lifestyle of a student midwife. Student who cannot attend the Clinical Training Workshop (due to timing or other issues) meet individually with the Midwifery Program Coordinator to cover the same material.
6. Once your paperwork is complete (and your student has attended the Workshop) , you are ready to begin working together! Your student may begin to bring you Skills Documentation forms and paperwork required for them to register for Clinical Training Credit – see more about this under Working With Your Student pg 33).
7. We recommend completing the *Student-Midwife/Preceptor Relationship Guide* (see Appendix 1) with your student, if you didn't do this as part of your interview process.

### **Guidelines for Choosing Your Student**

While we don't have specific requirements about how you choose your student, you may find it helpful to consider the following questions:

- ♦ **What sort of experience do I want my student to already have?** - you may want to look for a student who has already had some clinical training experience, or you may prefer to work with a student who is new to practical training.

- ♦ **How many hours do I need my student to be available?** – Students in the middle of completing their midwifery coursework will have course obligations, in addition to family commitments and/or part-time jobs, that may interfere with their availability to attend appointments. This is part of why we don't allow second year students to have more than four clients due in a month: It becomes too difficult for them to keep up with the demands on their time.
- ♦ **Does the size of my practice match well with the student's goals for their graduation timeline?** – Some students may be hoping to finish all their clinical training in one year and will need a busy practice in order to meet that goal. Others may have demanding work and family lives and be more comfortable in a small practice.
- ♦ **What expectations do I have from my student?** Do you only need your student to be available for births and appointments, or do you want them to assist with management of the clinical space? Do you expect students to help with personal errands?
- ♦ **What sort of dress and behavior do I require in front of clients?** If you have a conservative client base, they may be put off by swearing or casual clothes. Others may be uncomfortable if a student looks and behaves too “business-y”.

### **Relationship Guide**

We strongly encourage preceptors and students to complete the *Student-Midwife/Preceptor Relationship Guide* before starting a preceptorship. This document gives students and preceptors an opportunity to sit-down together and clarify expectations regarding student availability, attendance, required supplies and equipment, reimbursement, and other common issues such as dress-code. Clearly discussing these expectations at the beginning of the relationship often helps to avoid conflicts and confusion later on. It is also often helpful to complete it again after you've been working together for some time in order to further clarify expectations or any areas where there may have been issues or misunderstandings.

For a sample copy of the Relationship Guide, see Appendix 1.



# Working with Your Student

## The Student Midwife's Role

It will be up to you to decide when your student is ready to take on different roles in your practice. While the exact requirements are up to you, in general Birthingway defines four categories of student role:

### Observer

The student is in attendance, but does not take any part in providing clinical care for the client or baby. Observing is usually a first step for new students familiarizing themselves with your practice.

Birthingway students also must complete five “Labor Doula” births, which are generally planned hospital births, and not home or birth center “observations”, although students are allowed to count a certain number of medical transports (see below) toward their doula birth requirement.

### Assistant Under Supervision

This is the period of training where a student is being taught the skills of a midwife. They will begin charting, providing labor support, and performing other skills under your direct supervision. In fact, they should be performing at least some skills at every prenatal, postpartum, or birth, with continually increasing responsibility. Near the end of this period students may begin to “catch” the baby.

- ♦ **At a Prenatal Exam**, students in the Assistant role should be observing the ways that the preceptor facilitates the exam and discussion. Students should participate at some level in asking and answering questions and in doing basic prenatal exam techniques such as taking pulse and blood pressure, dipping urine samples and, eventually, palpating the baby, taking fetal heart tones, and providing counseling and informed choice.
- ♦ **At a Birth**, students in the Assistant role should be participating fully in the labor and birth of the client, but not making major decisions about care. They should generally be present for the birth of the baby and placenta, and for immediate postpartum assessments, including newborn exam, unless there are extenuating circumstances that prevent it (such as sometimes happens with a hospital transport).
- ♦ **At a Postpartum Exam**, students in the Assistant role should be participating and taking an increasingly active role in providing care to mother and baby, including physical assessment, testing, and counseling, while under direct supervision of the preceptor.

### Primary Under Supervision

Once you are satisfied that the student is able to perform all aspects of midwifery care, then the student **takes the lead role** in providing care to the client and baby. In effect, the student **is** the midwife with you available if needed. The student interviews potential clients, provides prenatal care, handles client telephone calls, facilitates labor and birth, sutures tears, and provides postpartum care to mother and baby. You must still be physically present to supervise the student. See NARM REQUIREMENTS, above, for more information.

- ◆ **At a Prenatal Exam**, students in the Primary role should be orchestrating the care during the appointment: Offering information, taking vitals, checking fundal height and fetal heart tones, and counseling the mother.
- ◆ **At a Birth**, students in the Primary role should be providing the majority of care and, with input from the preceptor if needed, make the critical decisions for the health and safety of the client. This will usually, but not always, include “catching” the baby.
- ◆ **At a Postpartum**, students in the Primary role should be providing the hands-on evaluation and care to mother and baby, with the preceptor present only as a supervisor if needed.

### Advanced Student Midwife

Certain students who have completed clinical training above and beyond national standards and meet certain specific other qualifications may be able to qualify as an Advanced Student Midwife. This status has slightly less stringent supervision requirements, and also allows these students to count up to 6 months of the period prior to graduation towards the time requirement to become a Birthingway preceptor (See Becoming a Preceptor pg 10). This special status is intended as an opportunity for students to gain increased experience while still working with a supervisor so that they can become more confident midwives.

Students may apply for Advanced Student Midwife status when they meet the following criteria:

- ◆ They have documented, and Birthingway has verified, completion of all clinical requirements.
- ◆ They have finished all Clinical Training Credits.
- ◆ Their skills and clinical documentation indicates at least two years of clinical training experience.

- ◆ They have current certification in neonatal resuscitation and infant/adult CPR.
- ◆ They have completed the midwifery curriculum, except Research Project and elective courses.
- ◆ They have submitted a completed Advanced Student Midwife Application to, and received approval from, the Midwifery Program Coordinator.
- ◆ You, as their preceptor, have agreed to the new status and a new contract has been signed by both you and the student indicating the new status.

Advanced Student Midwives must still provide client care under supervision of an approved preceptor – as preceptor, you remain responsible for the actions of student midwives and their outcomes. But the supervision of an Advanced Student Midwife does not require your physical presence at all times. Some supervision can occur from a distance, including telephone contact. However, you must plan to physically be in attendance at all births and for the following procedures:

- ◆ IV skills
- ◆ Suturing
- ◆ Administration of all medications
- ◆ Well-woman gynecology care
- ◆ Counseling and fitting of barrier methods of birth control

If your student midwife is ready for and interested in pursuing status as an Advanced Student Midwife, you should have them contact the Midwifery Program Coordinator.

### **Student Midwife Duties**

As the student's supervising preceptor, you will have the role of defining the duties of your student midwife. These, naturally, will include client care, but may also include work at the clinic facilities (receptionist, cleaning duties, etc.), client education (providing childbirth education classes, facilitating parenting groups, and so on), or whatever else the two of you decide.

For the purposes of determining hours for Birthingway Clinical Training Credit (see pg 45), the following are considered appropriate duties:

- ◆ Direct client care (prenatal visits, labor support, birth, newborn care, postpartum visits, phone conversations with clients, providing client education). Direct client care must constitute at least 75% of the work performed when submitting hours for Credit.
- ◆ Processing lab work
- ◆ Filing client information

- ◆ Charting
- ◆ Typing birth certificates
- ◆ Cleaning and maintaining clinic/office space
- ◆ Ordering/purchasing supplies
- ◆ Writing client information forms
- ◆ Maintaining a client library
- ◆ Replenishing supplies to prenatal and birth bags
- ◆ Sterilizing instruments
- ◆ Maintaining equipment
- ◆ Attending staff meetings
- ◆ Maintaining medication logs
- ◆ Refilling oxygen tanks
- ◆ Completing statistical forms
- ◆ Transporting to and from one home visit per homebirth client

### **Clinical Load**

It is important that you and your student midwives carefully consider an appropriate clinical load before they begin work, and reconsider it as your needs and their availability change.

Birthingway students still in the midwifery core carry a full academic load of rigorous study. Course completion requirements are stringent and include strict attendance requirements. Of course, births are unpredictable and it is understood that students will sometimes miss class because of births. However, chronically missing class, or failing to have sufficient time to study and prepare, is harmful to students' learning and prevents them from getting what they need out of their education. Even students who have completed their Core coursework may still have other courses, Research Project, and, of course, family and work obligations.

Students are excited about attending births and often overestimate their energy and underestimate the draws on their time. It is helpful to keep in mind that most midwives consider themselves to be working full-time when they have four or more clients on average per month. Meanwhile, colleges consider a student to be attending school full-time if they take a minimum of 12 credits per term. This is because for each credit, the student is in class for one hour per week and is expected to study outside class (homework, assigned readings, etc.) for at least two hours. So, if the student is taking 12 credits (and it's often more) each term, that's at least 36 hours per week of schoolwork. A student attending four births a month with you and going to school full-time is maintaining the equivalent of at least an 80 hour work week – before even looking at a part-time job or family obligations.

For this reason, we have the following guidelines for student clinical load:

- ◆ First year students may not normally begin clinical training or register for clinical training credit.
- ◆ We recommend that students in the Midwifery Core not average more than two births per month. **Under no circumstances may second year Core students have more than four clients due in a given month.**
- ◆ We recommend that students not in the midwifery core (“Extension Students”) still average four or fewer births per month. Please see Restrictions pg 20 for information on restrictions when a student attends more than eight births per month.

If you have a busy practice and would like to have a student in attendance at more than the number of births indicated above, you may find it helpful to take on more than one student and assign them to particular clients. Of course, this also increases the amount of time you put in to supervision and evaluation.

### **Reporting Incidents**

Even in the safest of clinical sites, there are still sometimes accidents or incidents involving students. This could be anything from slipping on a wet floor, to a confrontation with another care provider, to fainting at the first sight of blood. When these sorts of events take place involving Birthingway students in any capacity, we ask that preceptors inform us. This allows us to follow up with the student and take action as appropriate. We encourage you to call and speak with the Faculty Coordinator about any concerns you have.

### **Supervision**

We all want to ensure the safety of both clients and students by ensuring that students have appropriate supervision as they work. However, there can be confusion about what form that supervision should take.

Birthingway defines the types of supervision as follows:

- ◆ Direct Supervision – The preceptor is in personal communication with the student being supervised. The preceptor takes all responsibility for the outcome and provides direction about the client's care.
- ◆ Indirect Supervision - The preceptor is not in direct communication with the student being supervised. This may mean communicating via someone else (such as another midwife or “senior” student), serving in an advisory role

without taking responsibility for outcomes, or leaving Standing Orders (“When you get to the birth, first you always...”)

- ♦ Physically Present Supervision – The preceptor is in the same room or able to be in the same room within one minute **at all times**. The supervisor should be physically observing the care most of the time, but may leave the room briefly to answer short phone calls, use the restroom, speak privately with the family, etc.
- ♦ Distance Supervision – The supervisor is not in the room or in immediate vicinity of the room and is not physically observing care. This includes supervising by phone, even if the preceptor is “on the way”.

**Birthingway and NARM require that preceptors provide direct, physically present supervision at all care where a student midwife is present.**

The only exception is for some situations with students who have achieved Advanced Student Midwife status (see THE STUDENT MIDWIFE'S ROLE, above).

### **Interpersonal Relationships**

As preceptor and student, you and your student midwife are embarking on a relationship that is naturally one of teacher and student, but often becomes a deeply personal one as well. As the two of you team-up to provide care for your clients, you may well be spending more time with each other than you do with any other person, including your family! The deep nature of this relationship is powerful and often leads to strong personal connections. It can also lead to conflicts that are challenging to navigate.

While the relationship you have with your student is often very close, it is important to keep in mind that as preceptor, you are in many ways in a position of power. You are in a situation where you not only have the opportunity to “judge” and evaluate your students' performance, you are obligated to do so. While your students have the power to end participation in your practice, they are dependent on the experience you provide them in order to complete training; in addition to the value your relationship has for them, they may fear losing the clinical placement if they upset you.

It is important that as long as you and your student are in a teacher/student relationship, you maintain boundaries to keep your roles from becoming confused. As a preceptor, you need to have a sense of perspective concerning your student's challenges and abilities. Should you move into a “friendship” role, it will become harder to evaluate objectively, and you may find yourself unconsciously overlooking areas in which the student has problems. At the same time, when you have interpersonal conflicts with a student, it can be easy to see things as “faults” when they may simply be a difference in practice style. (Please also see Language Use During Evaluations pg 51).

This is part of why we stress so strongly the importance of setting clear expectations for your student. Something that seems obvious to you as an experienced midwife, with years of practice and organizational systems in place, may not seem so straightforward to a student in a clinical setting for the first time. Always remember to tell your student what you need, and not expect that they “just know”.

One particularly challenging area that can come up is the frustration of being corrected or criticized by students. Because students are so caught up in their learning, and are eagerly devouring textbooks and journal articles, they may have more facts and figures at their mental “fingertips” or have developed their own ideas about the “right way” to handle clinical issues. Often, they just don't understand the subtleties of the situation the way you do after years of experience. But, of course, sometimes even experienced midwives make mistakes or are uncertain about a decision. Either way, it is frustrating to be questioned by students, especially in front of clients.

Although it's sometimes difficult not to feel defensive, try to understand that this is just a step in the student's progress towards becoming an independent practitioner. Encourage your student to provide you with feedback in a safe setting away from clients and with appropriate use of language. You can model this behavior for your student by providing her with feedback in the same way: students don't like being corrected in front of others any more than you do!

Of course, while still your student in midwifery, students themselves have their own life experience and perspective to provide. This can be a valuable resource for your practice. Asking students for their opinions about care is a great way both to assess learning and to get an additional point of view.

Tensions can increase in frequency when the student reaches the Supervised Primary stage. After all, the student is the one taking the lead in interactions with clients and making the major decisions about care. While it's easy to understand that at this stage you need to “back-off” so that students can begin to stand on their own feet, it can be hard to find the right balance of being available for advice without taking over. Carolyn Steiger's classic book *Becoming a Midwife* has wonderful information on working with a student in the Supervised Primary Stage:

Remember that your intention is to help your student become a midwife, not a clone. It is an important part of her learning process to make her own decisions and to develop her own style. Some people need a little more “space” than others in order to do this, but that doesn't mean they can't become great midwives. Perhaps you will work together as partners eventually; she must establish her own identity as a midwife if it is ever to be an equal partnership. If she is going out on her own she can develop the necessary self-reliance and grit while she's still within the safe setting of the apprenticeship, if she's given a chance. If she asks you to sit in the corner

and then finds she needs your help after all, be gracious and accommodating; an “I told you so” attitude or facial expression, or chuckling, will just make assertiveness more difficult for her in the future. Step in only if things are going in the wrong direction and refrain from stepping in if she's just doing things differently. [...]

If she does ask you for help at one point in labor (for example, asking you to check an edematous anterior lip) this is *not* an indication that you are free to take over in any other area. You should still ask her permission before doing any other “primary midwife” tasks, and the main line of communication should still be between the parents and her, not between you and the parents. (By asking permission, I mean saying, “Would you like me to...?”)

You may not understand this if you have an especially assertive personality. You will have to be sensitive to subtle cues. Asking you to take the “back seat” is a reasonable request, even if you aren't used to it. If your ego needs feeding, just pat yourself on the back for training her so well. [Steiger C. *Becoming a Midwife*. Portland, OR: Hoogan House Publishing; 1987:110]

Overall, a good relationship between preceptor and student isn't about having the same personality or practice philosophy, but about having respect for each other and the work you are each doing. Showing respect means not just setting clear standards and expectations, but valuing and meeting them. It means showing appreciation to your students for the work they do, so that they can have respect for the work you do.

### Handling Conflicts

Whether it's due to misunderstandings, difference in style, or just plain old “burn out”, conflicts will naturally come up in any practice setting. How you and your student handle these conflicts is what will determine the overall atmosphere of the preceptorship.

We encourage preceptors to learn more about Nonviolent Communication (see below) and to use it when talking to students about issues. However, even if you don't choose to learn the NVC model, we encourage you to speak as objectively as you can to the student. It's especially helpful to use specific examples – the student will have an easier time understanding the exact issue when you describe to her specifically what happened. Saying “You're too messy!” can leave students confused and frustrated, and thinking they're being personally attacked. But if you say, “Yesterday you left a client chart open on the desk for three hours. I was worried that parts of the file could have been damaged. Please don't leave client charts unattended,” the student understands the exact behavior that you want changed. Try to describe the situation without passing judgment, or making assumptions about what the student's intentions were.

If you have continued personal conflicts with a student and would like some assistance handling it, you are always welcome to ask College staff to act as a mediator. It is often



helpful to have a third person present to help you and the student speak your concerns in a respectful way, and to hear what the other person is saying.

### Non-Violent Communication

At Birthingway, we as a community wish to speak with compassion and honesty. Nonviolent Communication (NVC) is a philosophy and method of communication that empowers people to hold greater empathy for others by becoming aware of their own and other's feelings and needs. As a philosophy, it values equality, compassion, respect, and awareness of how words shape the way we experience the world. In the NVC model, no one is “right” or “wrong”. This shift from “black and white” to “gray” is similar to our work as midwives, which requires a transformation from the medical model to the midwifery model. Using NVC, you shift your focus inward towards your feelings and needs, rather than focusing outward by blaming, criticizing, complimenting, etc.

The purpose of NVC is connection: an understanding of our own feelings and needs, and a willingness to express these to each other while holding the feelings and needs of others as equally important. NVC's basic method involves taking four steps: observing without judgment, identifying feelings, understanding needs, and making clear requests, while maintaining empathy for others and honesty about our own needs.

Birthingway students are trained in this communication method through an introductory workshop and three terms of coursework. You may find it helpful to become familiar with the basics of NVC for communicating with your student, and we encourage you to attend the semi-annual NVC workshops that Birthingway offers to staff and faculty (see Benefits pg 27).

To fully appreciate the subtleties of the steps of NVC, and to use it with confidence, takes training and practice. The following brief explanation of the method will just give you a general idea how it works:

**1. Observation** – Describe what happens as if it were being recorded by a video camera. Neutral observation does not include opinion, analysis, or blame. For example, “A syringe is on the table.”

**2. Feelings** – These are emotions you or the other person are experiencing (such as happy, sad, or angry). It is easy to confuse emotions with thoughts, especially given the way some words and phrases in the English language confuse opinion with feeling: statements such as “I feel like you don't care,” or “I feel attacked” are expressing a judgment about the other person's intentions, rather than the emotion of the person speaking. A feeling is something you hold within yourself, not something that someone can do to you or give to you. Different feelings occur when needs are met or not met. An example of a feeling statement would be, “I feel worried.”

**3. Needs** – Everyone has the same basic needs: food, shelter, security, emotional support, etc. Once you become aware of the emotion involved, you can begin to recognize the need behind it. Once you understand the need, you can think about how to meet that need. An example of a need would be, “I need a safe work environment.”

**4. Requests** – Requests are how we express our needs to others. These can be a request for a connection or an action, but are always something the other person can do right then. A general request – such as “Support me” – can leave the other person confused about what it is that you need. An example of a request would be “Would you be willing to wait to open syringes until we perform the procedure?”

When we combine these four steps, we get a basic structure for communication:

When I see that \_\_\_\_\_, I feel \_\_\_\_\_ because my need for \_\_\_\_\_ is/is not met. Would you be willing to \_\_\_\_\_?

To combine our examples above:

“When I see a syringe on the table, I feel worried, because my need for a safe workplace isn't met. Would you be willing to wait to open syringes until we perform the procedure?”

We encourage you to review the NVC Web site: <http://www.cnvc.org/> for more basics on the NVC Model. Also, Birthingway's library has many books and training materials available on NVC.

### **Your Part in Student Learning**

Students are taught the basic procedure for a number of clinical skills in their classroom training. Other skills (such as attendance at actual births) can only be learned in the clinical setting under the supervision of a preceptor.

Students are introduced to, and practice, the MEAC Curriculum Checklist of Essential Competencies, which is a compilation of the Basic Skills for Entry Level Midwifery required by the North American Registry of Midwives (NARM) and the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice. In addition, students learn appropriate behavior, communication and relationship skills, teaching and counseling skills, and decision-making ability in the classroom and clinical setting.

For a more detailed explanation of the skills we teach student midwives as part of their coursework, please see the *Birthingway and NARM Skills Sheet* available on the Birthingway website.

### **Requirements for Graduation**

Birthingway graduation requirements meet or exceed those of NARM for those preparing to sit the CPM exam (see pg 21). For a complete list of graduation requirements, please see the *Student Catalog and Handbook* on the Birthingway website.

Occasionally, students planning to license in states other than Oregon will have different or increased requirements. If you have questions about your student's clinical requirements, you can always contact the Faculty Coordinator.

### **Student's Documentation of Clinical Training**

Midwifery students at Birthingway document their clinical training in three ways:

- ◆ Skills Assessment Checklist – Verifies specific student **abilities** (gloving/ungloving, performing a pelvic exam, etc.)
- ◆ Client Care Documentation – Verifies **numbers** of prenatals, births, postpartums, etcetera that student attended in different capacities (assistant, supervised primary, etc.) Students turn in both logs (with signatures from the supervising preceptor) and records (descriptions of individual care) as part of this documentation.
- ◆ Clinical Training Credit – Students receive college credit for completing **hours** of clinical training each term, independent of the numbers of births and the specific skills gained.

Preceptors are responsible for overseeing and verifying each of these types of documentation, but each has a slightly different process, explained below.

As a general rule, preceptors and students should be reviewing the *Skills Assessment Checklist* and *Client Care Documentation* regularly, at least once per term. However, updated documentation only needs to be turned in to Birthingway at the end of terms in which the student has registered for Clinical Training Credit. It is still advisable for the student to turn in any new or updated paperwork each term, because this ensures that Birthingway has copies of them in case of loss or theft.

#### **Skills Assessment Checklist**

This a form where required skills are “checked-off” to verify mastery. Students receive it along with their *Client Care Documentation* at the Clinical Training Workshop. It is intended to be used by the student and preceptor to evaluate and document the student’s skills acquisition throughout clinical training. However, some of these skills will be acquired in Birthingway classroom and skills class training, and may not be observed in the course of your midwifery practice. For these items, Birthingway goes back and verifies classroom training after the student's clinical training is complete. The form therefore has separate sections for Birthingway's and the preceptor's check-off.

You should review the form with your student midwife each term, taking the time to highlight areas where additional skills experiences are needed. You complete the form by placing your initials and the date in the appropriate column next to each skill the student has learned. Students generally use the same form throughout their training, updating it each term with their preceptor. The student should then turn in the pages

to Birthingway by bringing or faxing a copy to the school. The completed form is kept by the College.

For certain skills, NARM requires that the student have at least two different supervisors sign-off on their skills performance. These categories are:

- ◆ Basic Prenatal Exam
- ◆ Routine Physical Exam
- ◆ Newborn Exam
- ◆ Four to Six Weeks Postpartum Exam

### Client Care Documentation

Students receive their *Client Care Documentation* binder at the Clinical Training Workshop before beginning their preceptorship. The binder includes twenty *Evaluation by Client* forms to be filled out and returned by the clients the student serves (see *Evaluation of Student* pg 49) and a variety of Log and Record forms to document the different required experiences that the student must complete prior to graduation. As the student completes clinical training, they fill out the Record forms and you sign-off on the Log forms to verify each item. At the end of training, the student turns in the entire binder to Birthingway. It is then reviewed to confirm that all requirements are met. After everything is complete, the Log forms with original signatures are kept by Birthingway and the Record sheets are returned to the student.

**Record Sheets** – The student should be using these separately from your own practice's forms. You do not need to review the record sheets, as they are used by the student to reflect on and confirm experiences. Information on the forms is kept confidential by Birthingway and is only used for verifying the clinical training experiences.

**Log Sheets** – Each sheet will define the experience (Initial Prenatal Exam, Newborn Exam, etc.) at the top of the page and will have columns to indicate the Client's ID, the date, and the supervising midwife's signature:

The **Client ID** is assigned by the student. To protect client confidentiality, it should be the only identification in the log. **NARM requires that if you have more than one student working with the same client, both students must use the same Client ID.**

The **Date** should be the date the experience occurred, and NOT the date that you sign.

The **Signature** must be individual on the line for each item, and NOT across more than one line, even if you are signing for separate items at the same time

(such as when more than one prenatal was held on the same day). **Only sign for experiences at which you were physically present supervising!**

**Clinical Hours Documentation** - Students keep track of all hours worked in clinical training.

#### Clinical Training Credit

Clinical Training Credit allows students to receive academic credit for the hours of work that they put into their clinical experience each term. It is based on actual “clock” hours of work, rather than particular experiences. For example, in a student's Client Care Documentation, one birth counts the same whether it takes four hours or 48 hours, but with Clinical Training Credits the student is tracking their *actual* hours of work during the term. Therefore, the student can “count” all 48 hours that she was with the client at the birth.

As the faculty member responsible for supervising Clinical Training Credits, you are paid \$25 per credit hour successfully completed by the student to help compensate you for time spent doing paperwork.

To register for Clinical Training Credits, students submit a special *Clinical Training Credit Registration Form* (see <http://www.birthingway.edu/for-students/registration.htm> ). The form indicates the number of credits the student is signing up for and the preceptor(s) with whom they will be working. There is space for you to sign confirming that you will make that number of hours of work available to the student. There is also space for signatures of any co-preceptors you may work with who are Birthingway approved preceptors and who may sign off on skills sheets, log forms, etc.

Each term that the student signs up for Clinical Training Credit, they must complete the following forms and turn them in at the end of the term:

- ♦ **Clinical Training Timesheet** – Indicates the hours and duties completed by the student.

<http://birthingway.org/uploads/File/ClinicalTrainingTimesheet.pdf>

- These duties must correspond to those defined under STUDENT MIDWIFE DUTIES above. At least 75% of the time recorded must be spent providing direct client care.
- Each credit hour is equal to a minimum of 30 hours of student work.
- All work towards credit must take place between the first and last day of the term. Your student may still attend clinicals with you between terms, but those hours do not count towards Clinical Training Credit ( they do still count for Client Care Documentation).

- If the student does not work enough hours to complete all the credits they signed up for, some credits will be graded “Complete” and the others graded “Withdrawn” (See GRADING POLICY).
- If the student works more hours than required, they will still only receive the number of credits they signed up for (we will not retroactively change the amount of credit).
- You must sign-off on the bottom of the form to verify the student's work.
- ◆ **Evaluation of Preceptor by Student** – A short form in which the student evaluates the preceptor. See Evaluations (pg. 49).
- ◆ **Evaluation of Student by Preceptor** – A short form in which the preceptor evaluates the student. See Evaluations (pg. 49).
- ◆ **Skills Assessment Checklist** – This must be updated with any new or additional skills. See Skills Assessment Checklist (pg.43).

The student is responsible for collecting all of the required documents and returning them to Birthingway by the last day of the term. Once Birthingway has these materials, the completion of the hours and paperwork is confirmed. Students receive grades for their credits and you receive your pay from the Finance Coordinator at the next pay period. This payment is reported to the IRS as income from independent contract, and you will receive a Form 1099 at the end of the year. If the required documents are not received by the last day of the term, the student will receive an “Incomplete”, which will be turned in to a grade of “Withdrawn” if we do not receive the documents within six weeks (see Grading Policy pg. 10). In this case, the student's credit for the term will be lost.

Students must complete a minimum of 30 credits of Clinical Training in order to graduate. They may complete more than this – up to 45 credits – if they wish to and the preceptorship supports it. Students on financial aid in particular sometimes want to complete more credits, or to divide up their credits into more terms, so that they can avoid going into repayment on their student loans while still attending school. If your student is confused about how best to manage her Clinical Training Credits and financial aid, have her contact the Midwifery Program Coordinator at Birthingway.

You will also want to encourage any of your students on financial aid to sign-up for Clinical Training Credits early, and no later than the Enrollment Verification date each term. All students should also be made aware that they can't count any actual hours they work before they sign-up for credit. That means that if they turn in their Registration Form after the term has started, some of the hours they have already worked with you may not “count”. For example, if winter term starts January 3<sup>rd</sup>, but they forget to turn in their Registration Form until February 1<sup>st</sup>, any work done from

January 3<sup>rd</sup> - 31<sup>st</sup> can't be entered on their timesheet. As long as they follow this rule, students can sign up for (or add additional) Clinical Training Credits until four weeks before the end of the term.

Each Clinical Training Credit requires a minimum of 30 hours of work. So, one Clinical Training credit is 30 hours of work, two Clinical Training Credits is 60 hours of work, and so on. There are no “partial” credits or retroactive changes to the number of credits registered. For example, if a student registered for 3 Clinical Training Credits – which requires 90 hours of work – but only worked 30 hours, they would receive one credit graded “Complete” and two credits graded “Withdrawn”.

While your student is the one to mark the number of credits they wish to complete on the Registration Form each term, it is up to you to determine if there will be enough clinical work available for them in your practice that term. It is helpful to work with the student, and sometimes the Midwifery Program Coordinator, to come up with a Clinical Training Credit plan. This is usually based on the number of clients and upcoming births, past hours worked in the preceptorship, the planned length of clinical training, possible financial aid concerns, and so on. A helpful “loose estimate” is that each “birth” (client due during a term) is approximately one credit hour – but this is only a general guideline: sometimes students do not have any births planned in the coming term, but are still very busy with prenatal and postpartum exams or other client support.

As always, if you have any questions about Clinical Training Credit, feel free to contact the Faculty Coordinator.

### Graduation

When students have completed their coursework and clinical training, they begin the graduation process. This involves a final review of all their student records and paperwork, and taking two exams (written and oral). Since many students are also applying for NARM certification and/or state licensure, and may still be finishing up some clinical training work with the preceptor, this can be a hectic time for them.

### Integration Exam

In order to graduate from Birthingway, students take two graduation exams: a written comprehensive exam (most students substitute the NARM exam for our in-house written exam) and an oral Integration Exam. This exam takes about four hours and demonstrates the student's ability to weave together judgment, knowledge, skills, clinical assessment, decision-making, and perceptions into appropriate diagnosis and action plans. The student selects at least three committee members. The committee must include at least one core theory instructor and one of their preceptors.

When a student asks you to be on their committee, you will be contacted by the Midwifery Program Coordinator to schedule a day and time for the exam. Once the

exam is scheduled, the Midwifery Program Coordinator will forward you a copy of the exam with an explanatory letter, so that you may review it prior to the exam date. We encourage you to add or change questions on this “base” exam to match what you see as important areas for the student to focus on (for example, those in which the student has received less experience in your practice). The exam is intended to be confidential, so please don't share it with your student ahead of time.



## **Evaluations**

Part of Birthingway's culture of multi-vocality is our commitment to the consistent exchange of evaluations and feedback between the College, Preceptors, and Students. You and your student midwife evaluate each other regularly, and your annual Birthingway Preceptor Evaluation is a self-evaluation in which you also have the opportunity to provide Birthingway with feedback. Evaluation is a two-way street, and we are just as concerned with making sure that we meet your needs as a preceptor as we are that you meet our requirements. All evaluations are completed in a spirit of cooperation, for the purpose of improving the quality of education we all provide our students.

### **Evaluation of Student**

In addition to the regular, day-to-day informal feedback you provide to your student, we have several formal opportunities for evaluation of the student. This includes evaluation by you, as the student's preceptor, and evaluation by clients.

#### ***Evaluation of Student by Preceptor:***

<http://www.birthingway.edu/uploads/File/EvaluationOfStudentByPreceptor.pdf>

This form lists a variety of skills and attributes (“Responsible about giving notice before leaving town”, “Could explain the necessity and importance of a procedure”, etc.) and has a check-off, with space for comments. We recommend that you review this form with the student so that the two of you can discuss strengths as well as weaker areas. You can complete this form every term if you wish, but it **must** be turned in each term that your student registers for Clinical Training Credit.

#### ***Evaluation by Client:***

[http://www.birthingway.edu/uploads/File/Student\\_Midwife-Client\\_Feedback.pdf](http://www.birthingway.edu/uploads/File/Student_Midwife-Client_Feedback.pdf)

This form gives clients an opportunity to provide feedback about their experience with the student (“Arrived on time to appointments”, “Complemented the senior midwife's working style”, “Reassuring during labor”, etc.) They can be completed by any client, though most students hand them out to those whom they've provided a significant portion of care, such as Supervised Primary clients. These forms are generally returned either directly to the student or to Birthingway, and a minimum of 20 must be turned in with the student's *Client Care Documentation* Binder. May be completed at any time.

### **Evaluation of Preceptor**

Preceptors are evaluated by students each term they are registered for credit, through self-evaluation, and with the Faculty Coordinator (annually).

#### ***Evaluation of Preceptor by Student:***

<http://www.birthingway.edu/uploads/File/EvaluationOfPreceptorByStudent.pdf>

This form looks similar to the *Evaluation of Student by Preceptor* form, only containing items related to the midwife's performance as a preceptor (“My preceptor

gives me enough verbal encouragement”, “She does not criticize me in front of clients”, etc.) The student can complete this form every term if they wish, but it **must** be turned in each term that the student signs up for Clinical Training Credit.

***Preceptor Evaluation of Birthingway and Self-Evaluation*** form – <http://www.birthingway.edu/faculty-bios/preceptor-evaluation.htm> This form asks for feedback on the preceptor's interactions with Birthingway and gives them the opportunity to consider their own success as preceptors. It has statements and questions to prompt thought (“I have read the most recent version of the *Preceptor Handbook*”, “I inform and provide honest critique to my student when she does not meet the assigned task or requirement”, etc.) Most preceptors complete this form online, from which it is automatically forwarded to the Faculty Coordinator. A time is then set-up to review the form together, either by phone or in-person. This is also an opportunity to review feedback from students and the information on the *Birthingway Preceptor Evaluation* form. **This is an important annual process required as part of our MEAC accreditation.**

### **Evaluation of Clinical Site (Site Visits)**

Birthingway is obligated to evaluate the clinical sites at which students work to ensure that they meet educational and safety requirements. When we do a Site Visit, we are looking specifically at the physical space, equipment, and supplies. In addition, the Site Visit is a great opportunity to meet together in-person with the Faculty Coordinator, and talk about any questions or concerns you have. The Site Visit is meant to be a time for open dialogue and support from the Birthingway staff.

The Faculty Coordinator will complete a Site Visit whenever there is a new space or a change of space (such as an expansion – particularly of services provided – or a relocation) and at least every three years, even if there is no change in your site. We also will do a new site visit whenever there is a student concern about the site. Usually a new preceptor will need a new site visit – however, if you are a midwife at a group practice or birth center that we've already visited recently, this may not be necessary. Most Site Visits are done in person; however, when the site is at a distance from Birthingway, this is sometimes not possible. We consider a “Distance Site” to be any clinical site that's too far for a student to commute to while living in the Greater Portland Area. In this case, the visit itself is usually done by phone or online chat, and you will need to provide additional documentation (such as photos or video) to demonstrate that your site meets standards. We may also ask that a local outside observer come to the site to review the facilities.

During the Site Visit, the Faculty Coordinator will complete the *Preceptor Site Review* form (Appendix 2), which includes review of:

- ◆ The clinic's safety plan

- ♦ Policy and procedures for infection control and hazardous materials/waste management
- ♦ Quality assurance procedures (maintaining equipment, sterilization, medication logs, etc.)
- ♦ Equipment carried

### **Language Use During Evaluations**

Birthingway strives to use respectful, objective language throughout all our evaluations, and we ask that you do the same when evaluating students – and yourself. While, as the evaluator, you are in a position where you are assessing aptitudes and actions of another, you are not judging them as a person, or making assumptions about the reasons for their performance.

A good first step when providing feedback or formal evaluations of another, is to think “How would I want someone to tell me this?” While most of us want to know about mistakes and problems so we don't repeat them, it can be hard to hear feedback when it's in the form of criticism – our natural response is to want to defend ourselves and our actions. By presenting specific examples of events or behaviors, you both make it easier for your student to understand what it is that needs to be corrected and you avoid passing judgment on a personality “flaw”.

For example, saying “On three occasions this term, you arrived to prenatal more than 15 minutes after they were scheduled,” is easier for a student to understand than, “You're always late!” or, even worse, “You're too lazy!” Explain what your expectation was (“Be at the clinic at least 15 minutes before the prenatal is scheduled”) and how the student has or has not met it.

Also, unless it is an emergency situation, avoid evaluating or correcting a student in front of other students or clients. Students are creating their own relationships with the people in your practice, one in which their role as “baby midwife” is changing as the student increases in knowledge and experience. Students' growing identities as practitioners can be damaged if clients observe you “chastising” them – not to mention how awkward it can be for clients to witness.

Most importantly, remember to provide feedback on what your student has mastered or done right, as well as challenges and concerns. Students need to hear when you've noticed the effort they go to to have tea ready for clients, or that they're taking blood pressures more smoothly, and so forth.

## **Conclusion**

Thank you for taking the time to read this manual. We are deeply grateful for the work you do educating student midwives. Your dedication to midwifery education is what keeps the Midwifery Model alive!

# Appendices

## Appendix 1

### **Birthingway College of Midwifery Student/Preceptor Relationship Guide**

\_\_\_\_\_ and \_\_\_\_\_  
(Midwife/Preceptor) (Student Midwife)

This form is intended to serve as a tool, to be used by preceptor and student midwife as they together create a unique document that reflects their concerns, desires and expectations for their time working together in clinical training. Check off, discuss and write in responses for those categories below which you decide together to include.

#### Midwife's expectation of the Student

##### **AVAILABILITY**

What is meant by being "on call"? How long should the student be on-call for each client?

The entire pregnancy? Three weeks before the due date until birth? Other?

Should the student carry a cellular phone? At all times? What agreements would you like to have about when the student has her phone with her and turned on?

When can the student go out of town? When off-call? For how long? How should the student arrange vacation? How much advance notice would you like for student requests to go out of town?

Should the student work exclusively with this midwifery practice, or can she work with another midwife/practice at the same time? If assisting another midwife, how would you like to structure the arrangement?

Will the student midwife be attending all of the preceptor's clients as an automatic part of the care team, or will the client decide if the student will attend the prenatals, birth, postpartums, etc.?

Can the student decline to attend some births or certain clients? Which reasons are acceptable to you for the student declining to attend?

### **DOES THE PRECEPTOR EXPECT THE STUDENT MIDWIFE TO ATTEND**

#### **INITIAL INTERVIEWS?**

What is the role of the student midwife during the initial interview (observe, introduce herself, take notes, participate in discussion, offer advice?)

#### **EVERY PRENATAL?**

What is the student midwife's role during prenatals? (observe, chart, take vital signs, participate in counseling and discussion, check urine, clean up exam area, palpate, take FHTs? )

#### **EVERY POSTPARTUM?**

What is the student midwife's role during postpartums? (observe, chart, check baby, check mother?)

## **ABSENCES**

Under what conditions will the preceptor “excuse” the student from her usual responsibilities? (illness, sick child, another birth, death in the family, car trouble, childcare unavailable, other?)

## **CHILDCARE**

What childcare arrangements does the preceptor expect the student midwife to have? How much lead time can the student midwife usually expect in which to make childcare arrangements? Can the student midwife's children be brought to: Prenatals? Births? Postpartum visits?

## **SUBSTANCE USE EXPECTATIONS**

What is the preceptor's expectation of the student midwife concerning alcohol, cigarettes, recreational drugs when on-call? When off-call?

## **RESOURCES**

What specific equipment should the student 1) own, 2) bring to prenatals, 3) bring to births, 4) bring to postpartum visits

What other resources does the preceptor expect the student midwife to have?

CPR Certified?

Neonatal Resuscitation Certified?

Labor Support Experience?

Specific books?

Other?



### **REIMBURSEMENT/COMPENSATION**

What arrangements would you like to make regarding reimbursement?

Will the preceptor compensate the student midwife for attending births?

If so, what amount per birth?

Will the student midwife compensate the preceptor for being able to attend births?

If so, what amount per birth?

Will the preceptor and the student midwife offer each other an even exchange of experience for assistance and neither will financially compensate the other?

Other arrangement?

### **STAGES OF LEARNING**

Please specify the preceptor's expectations of the student midwife at each of the following stages:

#### **OBSERVER**

This stage will last for

Tasks to be performed by the student midwife include

#### **ASSISTANT**

This stage will last for

Tasks to be performed by the student midwife include

## **SUPERVISED PRIMARY**

This stage will last for note: Supervised Primary means that the student assumes responsibility for all/most hands-on client care, is first to make suggestions, conducts the discussion/interview, counsels and teaches and assumes other midwifery tasks, with the preceptor serving as supervisor and back-up. The client may not necessarily view the student midwife as primary caregiver.

## **DISCUSSION**

### **OTHER STUDENT MIDWIVES**

Will other student midwives be working with the preceptor? At what point? How will the student midwives interface in the practice?

### **LENGTH OF CLINICAL TRAINING**

How long is the preceptor willing to commit to working with the student midwife? Should there be a trial period? If so, for how long? Is the commitment in number of births or number of months?

Will the preceptor require study/work aside from that required by Birthingway College of Midwifery?

**OTHER ISSUES THAT THE PRECEPTOR AND STUDENT MIDWIFE MAY WISH TO DISCUSS TOGETHER**

This section is based on Carolyn Steiger's chapter "Relationships" in the book *BECOMING A MIDWIFE*. For more discussion and insight, please read this book.

What does "dress appropriately" mean to you?

What does "hair neat and clean" mean to you?

What does "hands and nails neat and clean" mean to you?

What does "punctuality" mean to you?

What words do you not tolerate to be used in front of clients? ("swearing")

**OTHER PRECEPTOR EXPECTATIONS OF THE STUDENT MIDWIFE**

Appendix 2

**Birthingway College of Midwifery**                      **Preceptor Site Review Form**  
(see "Evaluation of Birthingway by Preceptor form" for part 2 of site visit records)

Preceptor \_\_\_\_\_ Date \_\_\_\_\_

Site  
Address \_\_\_\_\_

Site Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Other Midwives in practice \_\_\_\_\_

Preceptor File Complete \_\_\_\_\_ Needs the following \_\_\_\_\_

\_\_\_\_\_

Preceptor has a copy of Birthingway Handbook \_\_\_\_\_

\_\_\_\_\_

Current Apprentices \_\_\_\_\_

\_\_\_\_\_

Do you have any non-Birthingway Apprentices?

Preceptor at Birthingway since \_\_\_\_\_

How is it going with your apprentice(s)? Any problems or issues of concern?

**Concerns about student documentation or administrative documentation?**

**MEAC requires that students are directly supervised for prenatals, births and postpartums. How do you implement that in your practice?**

**Facilities for client care are:**

- office in midwife's home
- freestanding birth center
- care done exclusively in client's homes

**Brief description of site:**

- exam table
- lending library
- bathroom
- couch
- table
- desk
- tidy
- clean

**Other:**

**Review, sign and date Clinical Site Safety Standards \_\_\_\_\_ (date)**

**What are your policies and procedures for Infection control precautions, including:**  
\_\_\_ frequent hand-washing \_\_\_\_\_

\_\_\_ cleaning infant scale \_\_\_\_\_

\_\_\_ cleaning stethoscope \_\_\_\_\_

\_\_\_ sterilizing equipment \_\_\_\_\_

\_\_\_ cleaning waterbirth tubs \_\_\_\_\_

\_\_\_ other \_\_\_\_\_

**What are your policies and procedures for hazardous materials management, including:**

\_\_\_ seperation of chlorine bleach and ammonia used for cleaning:  
\_\_\_\_\_

\_\_\_ mercury thermometers:  
\_\_\_\_\_

\_\_\_ disposal of used/broken compact florescent bulbs (contain mercury)  
\_\_\_\_\_

\_\_\_ lawn care products (pesticides and fungicides)  
\_\_\_\_\_

\_\_\_ paint  
\_\_\_\_\_

other \_\_\_\_\_

**What are your policies and procedures for biohazardous waste management including:**

\_\_\_ sharps disposal \_\_\_\_\_

\_\_\_ bloody materials \_\_\_\_\_

\_\_\_ placentas \_\_\_\_\_

\_\_\_ other \_\_\_\_\_

**Source used for biohazard waste disposal?**

**Do you have a first aid kit?**

**Who is in charge of maintaining equipment (such as autoclaves. Microscopes, dopplers, etc)?**

**Who checks your medications to verify that they have not expired?**

**Do students assist with maintaining equipment and monitoring medications?**

**Who is in charge of filling oxygen tanks?**

**Where do you participate in peer review? Does your apprentice attend with you?**

**What procedures do you do at client's homes? What procedures do you do in your office? How does the apprentice assist with these procedures?**

**Comments/Concerns/Suggestions from Preceptor**

**reviewer signature and date:**