

VANDERBILT  School of Nursing  
**Nurse-Midwifery Preceptor Guide**

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# Executive Summary

Our Program – 4 semesters

- Fall- didactic knowledge and physical assessment
- Spring-outpatient care including gyn, antepartum, and primary care
- Summer-inpatient care including IP, PP, and newborn care
- Fall-integration including full-scope midwifery care

Preceptor Process

- Orientation
  - Day 1-basic orientation to your practice
- Clinical Assignments
  - First few weeks-preferably with primary preceptor for consistency
  - Once oriented, set up plan for clinical
  - Increase responsibility for management and decision-making over time

Clinical Requirements

- **Spring**

Midwifery Students	Dual Midwifery/FNP students 2 practica at the same time	
192 patient care hours	128 patient care hours	128 patient care hours
2 days per week Tuesday-Friday Early January-mid April	1.5-2 days per week Tuesday-Friday Early January-mid April	1.5-2 days per week Tuesday-Friday Early January-mid April
Gynecologic, preconception, antepartum, and primary care patient care visits.	Gynecologic, preconception, antepartum, and primary care patient care visits.	Primary care patient care visits for individuals $\geq 16$ years of age.

- **Summer**

- Around 48 hours of call per week (more at low volume sites)
- Up to 1 day of clinic to gain experience and meet AP clients
- Around 280 hours of direct patient clinical hours
- 12-20 births
- If low volume site may take call 6 days/week
- Stop call by 10pm Wednesday night-reserved time Thursday for clinical conferences and testing

- **Fall**

- 24-48 hours of call per week (more at low volume sites)
- 2-3 days in the clinic per week
- Around 360 hours of direct patient clinical hours 12-20 births in the fall semester, 35-40 for the total program

# Welcome

On behalf of the nurse-midwifery faculty and students of Vanderbilt University, thank you for serving as a preceptor! We appreciate your commitment to each individual student as well as our profession as whole. We are excited for you to share your experiences and wisdom with the next generation of midwives. Through your mentoring of new midwives, you are ensuring more individuals and families have access to midwifery services. I hope it is a great source of pride for you to know that the individuals you have mentored are making such a big difference in the world.

We are here to support you in precepting students. To facilitate your clinical teaching, we will:

- Prepare students for the clinical setting through didactic and skills-based education. Students receive a skills check off for important core skills prior to each clinical rotation. Students are concurrently enrolled in didactic classes while in clinical.
- Meet regularly with students in clinical to discuss cases and assess their progression
- Closely monitor your student evaluations for progress and any problems
- Have a faculty member available to you via email, phone, and text if you have questions or concerns. The tracking faculty for the student will be in your course introduction letter and you can also reach out to the course coordinator or myself as the program director.
- Conduct an in-person or virtual site visit once per year.

Preceptors are vital to our program and the midwifery profession, and the faculty and School of Nursing extend our deep appreciation. Below are ways that we may be able to thank and assist you. If there is any other way that we can be helpful, please let us know.


- Nurse-midwife preceptors may receive up to 10 contact hours toward their AMCB recertification for 90 hours or more spent precepting. You will receive a letter following the close of the semester that verifies precepting hours as documented in our Exxat clinical tracking system.
- Appointment as a voluntary adjunct clinical faculty member can recognize your valuable contribution to the School and University. This has the benefit of full access to the Vanderbilt University electronic library as well as some faculty discounts. If you are interested in being appointed as a voluntary adjunct clinical faculty member, reach out to the tracking faculty or to myself to start the application process. More information is in [Appendix A](#).

Thank you for your generous contribution to the profession,



Kendra Faucett, DNP, CNM, APRN, CNE, FACNM  
Nurse-Midwifery Specialty Director – Vanderbilt University School of Nursing

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# The Vanderbilt Nurse-Midwifery Program

The Vanderbilt University Nurse-Midwifery Educational Program began in 1995. We were pleased to celebrate our 25th year in 2020, the Year of the Nurse and the Midwife. We are ranked as the #1 nurse-midwifery program by US News and World Report and are proud to be a leader in nurse-midwifery education. We are exceedingly proud of the career contributions of our over 350 graduates as we focus on learner outcomes to improve health in the United States and globally.

Our master's-level nurse-midwifery program consists of 4 semesters and uses a combination of on-site and online teaching modalities throughout the curriculum. Our curriculum and educational program are based on the [ACNM Core Competencies for Basic Midwifery Practice](#), including the Hallmarks of Midwifery. Students may enter our program with a variety of previous experience and degrees (nursing or non-nursing). Non-nurses complete a pre-midwifery year of nursing education on campus, known as the "pre-specialty" program. With completion of all program requirements, graduates from our midwifery program receive Masters of Science in Nursing (MSN) degree or a Post-Masters Certificate (PMC) and are qualified to take the American Midwifery Certification Board exam to become a Certified Nurse-Midwife. Approximately one third of our students are enrolled in a dual nurse-midwifery/family nurse practitioner program; they continue their coursework to complete an additional semester of primary care to become family nurse-practitioners.

## Accreditation

- The midwifery program is accredited through 2031 by the Accreditation Commission for Midwifery Education (ACME) of the American College of Nurse-Midwives (ACNM).
- The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency and accredits our pre-specialty, MSN and DNP programs to ensure the quality and integrity of our nursing education programs. The Vanderbilt MSN program is accredited by CCNE through 2031.

## Curriculum

Our curriculum is designed to progressively build student knowledge, skills, and abilities.

- The first semester is focused on didactic knowledge and physical assessment skills.
- The second semester has a focus on outpatient care including gynecologic, antepartum, and primary care and requires 192 clinical hours for midwifery students and 156 clinical hours for dual midwifery/family nurse practitioner students.
- The summer semester focuses on inpatient care including intrapartum, postpartum, and newborn care and has about 280 clinical hours.

- The final midwifery semester, known as integration, allows students to provide full-scope midwifery care with preceptor supervision to meet all of the ACNM Core Competencies and has about 350 clinical hours.

Our full-time and part-time nurse-midwifery curriculum can be viewed at this [link](#). Students who are in our dual nurse-midwifery/family nurse practitioner program have a slightly different set of clinical courses in their second semester that includes primary care of adult males as shown at this [link](#).

We track student progress in a variety of ways, including clinical hours completed, number of clinical experiences, didactic grades, and clinical preceptor evaluations. The overall program goal is for students to achieve all of the ACNM Core Competencies. Clinical competency is an absolute requirement for graduation. Additional information about each clinical course is presented later in the handbook.

## **Purpose Statement**

The purpose of the Vanderbilt Nurse-Midwifery Program is to graduate nurse-midwives who:

- manage the health care of well newborns and individuals with antepartum, intrapartum, postpartum, gynecological, and primary health care needs, particularly in rural and underserved areas, and in a manner that is respectful of unique social, cultural and personal preferences.
- function safely and independently within an interdependent health care system promoting person and family centered care, utilizing current knowledge, therapeutic use of the human presence, and skillful communication in the nurse-midwifery practice role while honoring the normalcy of lifecycle events.
- are prepared for certification by the American Midwifery Certification Board (AMCB).

## **Program Philosophy**

The Vanderbilt Nurse-Midwifery Program is intentional about and assumes accountability for fostering advancement and respect for equity, diversity, and inclusion for all students, faculty, and staff. We support our efforts with respect for the inherent dignity, worth, and unique attributes of every person. To bring to life our vision of inclusive excellence, we seek to recruit, admit, retain, promote, and support diverse and underrepresented individuals. We value social justice and human rights. We embrace the plurality of humanity that composes our community including, but not limited to: age, race, ethnic origin, gender identity, sexual orientation, and religion. We affirm the inherent worth of each individual in order to protect, promote, and optimize the health and abilities of all people. As educators of advanced practice nurses and

nurse leaders, we accept the responsibility to foster and graduate highly-educated, culturally-sensitive health care professionals who mirror and support the diverse populations they serve.

The nurse-midwife is a professional whose advanced scientific education is built on a liberal basic education, which serves as a basis for life-long learning. Faculty believe in the inherent worth, dignity, and individuality of the student, with respect for social, cultural, and personal diversity and life experiences. The educational process at Vanderbilt University School of Nursing results in excellence and innovation in preserving and advancing the art and science of nursing/midwifery in the scholarly domains of education, practice, research and informatics.

Graduates are prepared to function independently, through the therapeutic use of human presence and skillful communication in the nurse-midwifery practice role, while honoring the normalcy of lifecycle events. Graduates are also prepared to work in collaboration with other health professionals. The importance of leadership, lifelong education, and inclusivity are emphasized.

## **Program Objectives**

At the end of the program, the graduate will be able to:

- Utilize advanced specialty knowledge and expertise to function independently and collaboratively in the practice of nurse-midwifery.
- Use critical thinking, creative reasoning, and scientific investigation in order to integrate current knowledge into the health care of individuals, neonates and their families.
- Collaborate within nurse-midwifery and interprofessional teams to effect positive change and improve equity in health care delivery systems.
- Participate in the creation, evaluation and dissemination of health care knowledge as it relates to the practice of nurse-midwifery.
- Use a systematic approach to managing care by which client needs are assessed and evidence-based and individualized care is planned, implemented and evaluated.
- Incorporate bio-psycho-social, economic, ethical principles, environmental and cultural influences in the provision of care.
- Apply technology in clinical practice as appropriate, practice evaluation for continuous quality improvement and as a clinical resource.



# Preceptor Processes

Precepting is a wonderful way to contribute to our profession by growing a colleague. The faculty are here to help as you begin this form of clinical teaching. Below are some process guidelines to help the process flow smoothly.

## Orientation

Please have some time set aside at the beginning of or prior to the first clinical day, so that students have a basic orientation to the practice, the facility, the people, the medical record and the overall expectations specific to their time with your practice. We expect our students to utilize the resources that you have available, including patient education materials and interdisciplinary teams. Students are required to become familiar with your midwifery practice guidelines. It can be helpful if they have access to the guidelines to read on their own time to maximize their clinical time with you.

## Clinical Assignments

If possible, it is best for the student to work with the same preceptor during the first few weeks of the first clinical semester. If this is not possible, consider having 2 alternating preceptors in the first weeks of the clinical semester. More advanced students may not have the same need for consistency, but it is important to assess each student individually. It has been our experience that preceptor consistency results in a much more efficient learning experience for students, a more rewarding teaching experience for preceptors, and a safer and more comfortable experience for patients. Evaluation is also much easier with fewer preceptors observing the student's progress. If you cannot have consistent preceptors, have one preceptor act as the primary preceptor and collect information from other preceptors for the mid-term and final evaluations.

Once oriented, students are expected to plan their clinical day in collaboration with their preceptor. We recommend having students review the list of patients for the day and identify individuals that would be appropriate for the student to see in collaboration with their preceptor. Students do not move as fast through the clinical day as a preceptor, and it can help for students in the outpatient setting to focus on patients within their optimal learning zone and let the preceptor take the lead on more complex cases. Preceptors may opt to see another patient as the student completes the history portion of the visit with a selected patient. This lets students have time to work through cases with some independence while allowing preceptors to see their full clinical load.

Students increase in proficiency rapidly throughout each rotation and will be able to take on more management and decision-making as they progress. Students at the beginning of the program will require more direct supervision while students at the end of the program require supervision only during direct hands-on patient contact (as required by CMS). For example, students in their first clinical semester will often work in tandem with the preceptor, assuming responsibility for pieces of the clinic visit while their preceptor is in the room. Conversely,

students in their final clinical semester may conduct most outpatient clinic visits independently with the preceptor in the room for the physical exam only. Preceptors should assess a student's skills at the beginning of each semester and continue to assess their growth allowing for more independence. Students are also expected to share their goals for clinical experiences with their preceptor.

The preceptor must be on-site for the student to provide any patient care. It is required that the midwife working with the student see and sign off on all patients before clinic or hospital discharge.

## Information about Clinical Rotations

### Spring

Dates: early January to mid-April

*Student Learning Ahead of this Semester*

Fall Semester
<a href="#">Gynecologic, Reproductive and Sexual Health for Nurse Midwifery</a>
<a href="#">Reproductive Anatomy and Physiology</a>
<a href="#">Evolution of Midwifery in America</a>
<a href="#">Advanced Health Assessment and Clinical Reasoning</a> – including head-to-toe and specific techniques for gynecologic and antepartum care
<a href="#">Advanced Pathophysiology</a>
<a href="#">Professional Formation 1: Roles and Contexts for Advanced Nursing Practice</a>

*Student training ahead of their clinical placement*

- History taking
  - Comprehensive family and personal history, including sexual history
- Physical exam skills
  - Comprehensive head-to-toe exam
    - Breast exam
    - Pelvic exam
    - Abdominal exam in pregnancy
      - Fundal height
      - Fetal position and position
      - Fetal heart tones
  - Obtaining laboratory studies
    - Common blood and serum tests
    - Pap smear
    - Urinalysis, urine cultures, and urine tests for STI
    - Testing for vaginal infections

- Vaginal cultures and STI testing
  - Microscopy including wet prep
- Performance of fetal testing
  - Fetal heart tones
  - Non-stress test
  - Note – students cannot perform ultrasound
- Interpretation of health information
  - Physical exam results
  - Laboratory results
- Procedures
  - IUD insertion
  - Nexplanon insertion
  - Endometrial biopsy
  - Skin biopsy

*Student Didactic Courses During This Semester*

Spring Semester
<a href="#">Antepartal Care for Nurse-Midwifery</a>
<a href="#">Advanced Practice Nursing in Primary Care of the Adult</a>
<a href="#">Advanced Pharmacotherapeutics</a>
<a href="#">Practicum in Gynecologic, Antepartum, and Primary Care</a> – for midwifery students OR – <a href="#">Nurse-Midwifery Practicum I</a> AND <a href="#">Practicum in Primary Health Care of the Adult</a> for dual midwifery/FNP students
<a href="#">Professional Formation 2: Application of Evidence in Healthcare Environments</a>

*Student skills important to develop in this semester*

- Provision of gynecologic, antepartum, and primary care with their preceptor
- Skills
  - History taking - Comprehensive family, personal history, and sexual history
  - Comprehensive head-to-toe exam including:
    - Breast exam
    - Pelvic exam including speculum and bimanual exam
    - Abdominal exam in pregnancy
      - Fundal height
      - Fetal position and position
      - Fetal heart tones
  - Obtaining laboratory studies
    - Hemoglobin and hematocrit

- Venipuncture
- Common blood and serum tests
- Pap smear
- Urinalysis, urine cultures, and urine tests for STI
- Testing for vaginal infections
- Vaginal cultures and STI testing
- Microscopy including wet prep
- Fetal testing
  - Fetal heart tones
  - Non-stress test
  - Note – students cannot perform ultrasound
- Interpretation of health information
  - Physical exam results
  - Laboratory results
- Procedures
  - IUD insertion
  - Nexplanon insertion
  - Endometrial biopsy
  - Skin biopsy

#### Skills *NOT* acceptable for students

- Performance of ultrasound (even under direct supervision)
- Performance of colposcopy (even under direct supervision)
- Provision of elective abortion services (even under direct supervision)
- Scrubbing into cesarean section during this clinical rotation

	Midwifery Students	Dual Midwifery/FNP students	
	6825 – Gynecologic, Antepartum and Primary Care for Nurse-Midwifery Students	6815 – Nurse-Midwifery Practicum I	N6545 - Practicum in Primary Health Care of the Adult
	Dual students are in both practica at the same time		
<i>Hours Needed</i>	192 patient care hours	128 patient care hours	128 patient care hours
<i>Types of Learning Experiences Needed</i>	Gynecologic, preconception, antepartum, and primary care patient care visits for individuals from menarche onward.	Gynecologic, preconception, antepartum, and primary care patient care visits for individuals from menarche onward.	Primary care patient care visits for individuals $\geq 16$ years of age.
<i>Dates</i>	<p>The semester has 12 to 13 weeks for clinical from early January to mid- April.</p> <p>Students will need about 2 clinical days per week to complete the course, maybe more if needed to reach the course objectives.</p> <p>Students are available for clinical Tuesday- Friday. Students will have a week off for Spring Break but may be in clinical over their break if needed.</p>	<p>The semester has 12 to 13 weeks for clinical from early January to mid-April.</p> <p>Students will need about 1.5-2 clinical days per week to complete the course, maybe more if needed to reach the course objectives.</p> <p>Students are available for clinical Tuesday- Friday. Students will have a week off for Spring Break but may be in clinical over their break if</p>	<p>The semester has 12 to 13 weeks for clinical from early January to mid-April.</p> <p>Students will need about 1.5-2 clinical days per week to complete the course, maybe more if needed to reach the course objectives.</p> <p>Students are available for clinical Tuesday- Friday. Students will have a week off for Spring Break</p>

	(An extension into the next week is possible if the student has extenuating circumstances.)	needed. (An extension into the next week is possible if the student has extenuating circumstances.)	but may be in clinical over their break if needed. (An extension into the next week is possible if the student has extenuating circumstances.)
<i>Expected Student Outcomes (Course Objectives)</i>	<p>A. Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and Code of Ethics to ambulatory care of individuals during preconception, antepartum, gynecologic/reproductive/sexual health, and acute and chronic primary care encounters.</p> <p>B. Formulate an age-specific, culturally-appropriate health management plans in partnership with individuals, families, or groups, including psychosocial, sexual, health promotion and disease prevention and education issues.</p> <p>C. Identify the need for consultation, collaboration, and referral with other health team members.</p>	<p>A. Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and the Code of Ethics to ambulatory care of individuals during preconception, antepartum, primary care, and gynecologic/reproductive/sexual health encounters.</p> <p>B. Utilize principles of teaching and learning to educate individuals and groups.</p> <p>C. Formulate an age-specific, culturally appropriate health management plan with individuals, including psychosocial, sexual, health promotion and disease prevention and education issues.</p>	<p>A. Apply knowledge and skills in primary care that includes identification of normal and deviations of normal, management, and therapeutics for well adults as well as those with acute and chronic conditions.</p> <p>B. Implement the midwifery management process in primary care settings including interdisciplinary collaboration and self-reflection on progress toward the professional role as an advance practice nurse.</p>

	<p>D. Apply current research findings and risk management principles into nurse midwifery management and analysis of case studies.</p> <p>E. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.</p>	<p>D. Identify the need for consultation, collaboration, and referral with other health team members</p> <p>E. Incorporate current research findings and risk management principles into nurse midwifery management and analysis of case studies related to care of individuals.</p> <p>F. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.</p> <p>G. Facilitate family centered care and the empowerment of individuals as partners in healthcare.</p>	
Student Evaluations	See <a href="#">Appendix H</a>	See <a href="#">Appendix I</a>	See <a href="#">Appendix J</a>

## Summer

6835 Practicum in Intrapartum/Postpartum/Neonatal Nurse-Midwifery Care

Dates: late May to late July/early August

*Student Learning Ahead of this Rotation*

Fall Semester	Spring Semester	Summer Semester
<a href="#">Gynecologic, Reproductive and Sexual Health for Nurse Midwifery</a>	<a href="#">Antepartal Care for Nurse-Midwifery</a>	<a href="#">Skills for Nurse-Midwifery</a>  Completed ahead of clinical
<a href="#">Reproductive Anatomy and Physiology</a>	<a href="#">Advanced Practice Nursing in Primary Care of the Adult</a>	
<a href="#">Evolution of Midwifery in America</a>	<a href="#">Advanced Pharmacotherapeutics</a>	
<a href="#">Advanced Health Assessment and Clinical Reasoning</a> – including head-to-toe and specific techniques for gynecologic and antepartal care	<a href="#">Practicum in Gynecologic, Antepartal, and Primary Care</a> – for midwifery students <i>OR</i> – <a href="#">Nurse-Midwifery Practicum I</a> AND <a href="#">Practicum in Primary Health Care of the Adult</a> for dual midwifery/FNP students	
<a href="#">Advanced Pathophysiology</a>		
<a href="#">Professional Formation 1: Roles and Contexts for Advanced Nursing Practice</a>		
	<a href="#">Professional Formation 2: Application of Evidence in Healthcare Environments</a>	

*Students will have had an intrapartum skills lab and didactic content including:*

- Hand maneuvers for birth
- Labor support techniques
- Basic fetal monitoring course as well as an advanced course during the semester
- Gowning/gloving and sterile technique
- Pelvic assessment
- Artificial rupture of membranes



- Insertion of FSE and IUPC
- Shoulder dystocia maneuvers
- Estimation of blood loss
- Management of post-partum hemorrhage
- Cervical inspection
- Local anesthesia infiltration and cutting of an episiotomy
- Suturing 1<sup>st</sup> and 2<sup>nd</sup> degree lacerations – including practice on animal tissue
- Neonatal Resuscitation Program (NRP)

### *Student Didactic Courses During This Rotation*

Summer Semester
<a href="#">Intrapartum Care for Nurse-Midwifery</a>
<a href="#">Postpartum and Neonatal Care for Nurse-Midwifery</a>
<a href="#">Professional Formation 3 - Leading Collaborative Change: Improving Delivery of Healthcare to Patients and Populations</a>

### *Hours and Schedule*

We anticipate students will need around 48 hours of call per week (and more at low-volume sites) to achieve around 280 hours of direct patient clinical hours to meet competencies, though this varies widely. Our goal is for students to have 12-20 catches in this rotation, though again this may vary by student and site.

If needed at low-volume sites, students can be on call 6 days per week. They are required to step out of clinical by 10pm on Wednesday nights, and their time is reserved on Thursdays for clinical conferences and testing.

As they learn, students need opportunities for patient care interspersed with rest periods to ensure safety. – See Learning and Fatigue below.

### *Types of Learning Experiences Needed*

Intrapartum, postpartum, and newborn care visits including inpatient triage of individuals with pregnancy-related concerns. (Students may provide outpatient antepartum care to meet pregnant individuals, but these hours do not count toward the clinical course hours or competencies.)

### *Student skills important to develop in this semester*

- Provision of intrapartum and postpartum care with their preceptor supervising their care including assessment, diagnosis, and planning including provision of pharmacotherapeutics.

- Skills
  - History taking - Comprehensive family, personal history, and sexual history
  - Telehealth and in-person patient care
  - Comprehensive head-to-toe exam including:
    - Breast exam
    - Pelvic exam
    - Abdominal exam in pregnancy
      - Fundal height
      - Fetal position and position
      - Fetal heart tones
    - Pelvic assessment
      - Cervical dilation
      - Cervical effacement
      - Fetal station
      - Fetal position and presentation
      - Assessment of the pelvis and fetal-pelvic relationship
  - Obtaining laboratory studies
    - Hemoglobin and hematocrit
    - Venipuncture
    - Blood and serum tests
    - Pap smear
    - Urinalysis, urine cultures, and urine tests for STI
    - Testing for vaginal infections
    - Vaginal cultures and STI testing
    - Microscopy including wet prep
  - Fetal testing
    - Fetal heart tones
    - Non-stress test
    - Note – students cannot perform ultrasound
  - Interpretation of health information
    - Physical exam results
    - Laboratory results
  - Procedures
    - IUD insertion – including post-placenta insertion
    - Nexplanon insertion
    - Endometrial biopsy
    - Skin biopsy
    - Venipuncture and IV insertion
  - Triage of individuals with concerns in pregnancy
  - Labor support techniques
  - Basic fetal monitoring course as well as an advanced course during the semester
  - Gowning/gloving and sterile technique
  - Artificial rupture of membranes with the fetus at or below zero station

- Insertion and interpretation of fetal scalp electrodes and/or intrauterine pressure catheters
- Insertion of intravenous and urinary catheters
- Titration of oxytocin with induction, augmentation, and third stage management
- Local anesthesia infiltration and cutting of an episiotomy if warranted
- Immediate assessment of the newborn
- Third stage assessment and management including placental expulsion
- Suturing 1<sup>st</sup> and 2<sup>nd</sup> degree lacerations
- Estimation of blood loss amount and etiology
- Cervical inspection
- Postpartum care in the birth facility, outpatient, and via telehealth
- Breast-feeding support and problem solving
- Students may scrub in for a cesarean birth – *as long as their preceptor is scrubbed in* – and tie knots and manually remove the placenta
- Assessment and basic care of the well newborn
  - Initial assessment
  - Provision of medications and vaccinations
  - Physical assessment
  - Breast-feeding assessment and counseling
  - Teaching on care and feeding
- Initial management of intrapartum complications in concert with their preceptor
  - Shoulder dystocia maneuvers
  - management of post-partum hemorrhage
    - assessment of amount and etiology of blood loss
    - provision of medications
    - manual removal of the placenta
    - bimanual compression
    - interprofessional engagement when needed
- Basic neonatal resuscitation consistent with NRP

#### Skills *NOT* acceptable for students

- Performance of ultrasound (even under direct supervision)
- Provision of abortion services with a fetal heartbeat (even under direct supervision)
- Application or traction of forceps or vacuum to fetal head
  - The student may complete the birth after the forceps or vacuum are removed.
- Vaginal breech birth
- Injection of regional anesthetics such as caudal, spinal, or epidural
- Repair of 3<sup>rd</sup> and 4<sup>th</sup> degree lacerations
- Newborn circumcision
- First assist for cesarean birth – the preceptor must be scrubbed in with the student at all times and be the first assist of record. If the preceptor breaks scrub, the student must also.

*Expected Student Outcomes (Course Objectives) - See [Appendix F](#) for Student Evaluation*

- A. Apply the ACNM Philosophy, Core Competencies including the Hallmarks of Midwifery and Midwifery Management Process Standards for the Practice of Midwifery, and the Code of Ethics in the intrapartum and postpartum periods, as well as to the newborn patient.
- B. Demonstrate the ability to provide safe intrapartum and immediate postpartum care including: confirmation and ongoing assessment of labor; identification and management of deviations from normal; facilitation of physiologic labor, birth, and postpartum; and implementation of appropriate interventions, including pharmacologic and nonpharmacologic strategies.
- C. Demonstrate the ability to provide care for the newborn, including ongoing assessment of fetus and neonate, identification and management of deviations from normal, facilitation of the transition to extrauterine life, and implementation of appropriate routine and emergency interventions, including pharmacologic and non-pharmacologic strategies.
- D. Provide support for physical, psychological, emotional, spiritual, and social needs during the perinatal period and facilitate the integration of the neonate into the family and cultural unit, including the provision of health education specific to the needs of the neonate and family.
- E. Demonstrate the ability to consult, collaborate with, and refer to, other members of the health care team for management of care during the perinatal period.
- F. Utilize evidence-based findings to analyze clinical cases for formal presentation.

**Fall II**

6895 - Advanced Clinical Integration Experience for Nurse-Midwifery

*Dates: Late August to mid-to Late November (depending on when Thanksgiving falls).*

*Student Learning Ahead of this Rotation*

Fall Semester	Spring Semester	Summer Semester
<a href="#">Gynecologic, Reproductive and Sexual Health for Nurse Midwifery</a>	<a href="#">Antepartal Care for Nurse-Midwifery</a>	<a href="#">Skills for Nurse-Midwifery</a>
<a href="#">Reproductive Anatomy and Physiology</a>	<a href="#">Advanced Practice Nursing in Primary Care of the Adult</a>	<a href="#">Intrapartum Care for Nurse-Midwifery</a>
<a href="#">Evolution of Midwifery in America</a>	<a href="#">Advanced Pharmacotherapeutics</a>	<a href="#">Postpartum and Neonatal Care for Nurse-Midwifery</a>

<a href="#">Advanced Health Assessment and Clinical Reasoning</a> – including head-to-toe and specific techniques for gynecologic and antepartum care	<a href="#">Practicum in Gynecologic, Antepartum, and Primary Care</a> – for midwifery students OR – <a href="#">Nurse-Midwifery Practicum I</a> AND <a href="#">Practicum in Primary Health Care of the Adult</a> for dual midwifery/FNP students	<a href="#">Professional Formation 3 - Leading Collaborative Change: Improving Delivery of Healthcare to Patients and Populations</a>
<a href="#">Advanced Pathophysiology</a>		
<a href="#">Professional Formation 1: Roles and Contexts for Advanced Nursing Practice</a>		
	<a href="#">Professional Formation 2: Application of Evidence in Healthcare Environments</a>	

### *Student Didactic Courses During This Rotation*

Fall II Semester - Integration
<a href="#">Nurse-Midwifery Role Synthesis, Exploration, and Analysis</a>

### *Hours and Schedule*

We anticipate students will need around 24-48 hours of call per week (more at low volume sites) and 2-3 days in the clinic to achieve around 40 hours of direct patient contact per week (and 360 hours of direct patient contact for the semester), though this varies widely. Our goal is for students to attend 20-40 labors and catch 12-20 babies this semester, and 35-40 for the total program, to ensure they achieve competencies, though again this varies by student and site.

If needed at low volume sites, students can take near continuous call, and at higher volume sites call shifts can alternate with structured time off for studying. As they learn, students need opportunities for patient care interspersed with rest periods to ensure safety. – See Learner Fatigue and Safety below.

### *Types of Learning Experiences Needed*

Full scope nurse-midwifery care consistent with the [ACNM Core Competencies for Basic Midwifery Practice](#) including gynecologic, preconception, antepartum, postpartum, and primary care of women/individuals and well newborns up to 28 days.

### *Student Skills for the Semester*

- Provision of gynecologic, antepartum, intrapartum, postpartum and primary care with their preceptor supervising their care including assessment, diagnosis, and planning including provision of pharmacotherapeutics.
- Skills
  - History taking - Comprehensive family, personal history, and sexual history
  - Telehealth and in-person patient care
  - Comprehensive head-to-toe exam including:
    - Breast exam
    - Pelvic exam
    - Abdominal exam in pregnancy
      - Fundal height
      - Fetal position and position
      - Fetal heart tones
    - Pelvic assessment
      - Cervical dilation
      - Cervical effacement
      - Fetal station
      - Fetal position and presentation
      - Assessment of the pelvis and fetal-pelvic relationship
  - Obtaining laboratory studies
    - Hemoglobin and hematocrit
    - Venipuncture
    - Blood and serum tests
    - Pap smear
    - Urinalysis, urine cultures, and urine tests for STI
    - Testing for vaginal infections
    - Vaginal cultures and STI testing
    - Microscopy including wet prep
  - Fetal testing
    - Fetal heart tones
    - Non-stress test
    - Note – students cannot perform ultrasound
  - Interpretation of health information
    - Physical exam results
    - Laboratory results
  - Procedures
    - IUD insertion – including post-placental insertion
    - Nexplanon insertion
    - Endometrial biopsy
    - Skin biopsy
    - Venipuncture and IV insertion
  - Triage of individuals with concerns in pregnancy
  - Labor support techniques

- Basic fetal monitoring course as well as an advanced course during the semester
- Gowning/gloving and sterile technique
- Artificial rupture of membranes with the fetus at or below zero station
- Insertion and interpretation of fetal scalp electrodes and/or intrauterine pressure catheters
- Insertion of intravenous and urinary catheters
- Titration of oxytocin with induction, augmentation, and third stage management
- Local anesthesia infiltration and cutting of an episiotomy if warranted
- Immediate assessment of the newborn
- Third stage assessment and management including placental expulsion
- Suturing 1<sup>st</sup> and 2<sup>nd</sup> degree lacerations
- Estimation of blood loss amount and etiology
- Cervical inspection
- Postpartum care in the birth facility, outpatient, and via telehealth
- Breast-feeding support and problem solving
- Students may scrub in for a cesarean birth – *as long as their preceptor is scrubbed in* – and tie knots and manually remove the placenta
- Assessment and basic care of the well newborn
  - Initial assessment
  - Provision of medications and vaccinations
  - Physical assessment
  - Breast-feeding assessment and counseling
  - Teaching on care and feeding
- Initial management of intrapartum complications in concert with their preceptor
  - Shoulder dystocia maneuvers
  - management of post-partum hemorrhage
    - assessment of amount and etiology of blood loss
    - provision of medications
    - manual removal of the placenta
    - bimanual compression
    - interprofessional engagement when needed
- Basic neonatal resuscitation consistent with NRP

Skills *NOT* acceptable for students

- Performance of ultrasound (even under direct supervision)
- Provision of abortion services with a fetal heartbeat (even under direct supervision)
- Application or traction of forceps or vacuum to fetal head
  - The student may complete the birth after the forceps or vacuum are removed.
- Vaginal breech birth
- Injection of regional anesthetics such as caudal, spinal, or epidural
- Repair of 3<sup>rd</sup> and 4<sup>th</sup> degree lacerations
- Newborn circumcision

- First assist for cesarean birth – the preceptor *must be scrubbed in* with the student at all times and be the first assist of record. If the preceptor breaks scrub, the student must also.

*Expected Student Outcomes (Course Objectives) – See [Appendix G](#) for Student Evaluation*

Students should demonstrate competency in all clinical areas of the [ACNM Core Competencies for Basic Midwifery Practice](#) including gynecologic, preconception, antepartum, postpartum, and primary care of women/individuals and well newborns up to 28 days. They should be able to conduct outpatient and inpatient patient care and charting with minimal preceptor assistance for individuals without complications. They should be able to manage more complex outpatient and inpatient care with appropriate assistance from the preceptor, including common obstetric emergencies. Students should be able to seek consultation when something is outside of their knowledge, skills, and abilities consistent with a safe entry-level practitioner.

- A. Apply to nurse-midwifery practice the knowledge synthesized from previously learned concepts, research findings, and theories related to person, health, environment, nursing, and midwifery.
- B. Apply the nurse-midwifery management process to the provision of health care.
- C. Demonstrate the ability to practice full scope nurse-midwifery in accordance with the Core Competencies for Basic Midwifery Practice of the ACNM, including the Hallmarks of Midwifery, and Midwifery Management Process.
- D. Demonstrate the competent practice of full scope nurse-midwifery in accordance with the ACNM Philosophy, Code of Ethics, and Standards for the Practice of Midwifery.
- E. Evaluate her/his own ability to function safely and effectively in the role of a beginning nurse-midwife.
- F. Evaluate research evidence supporting various management strategies.

### **Learner Fatigue and Safety**

It is well documented that learner fatigue can lead to an increase in clinical errors, including medication errors, diagnostic errors and needle sticks. Due to the cognitive load of learning, students may experience fatigue sooner than experienced midwives. There is also an increased risk of accidents post-call due to drowsiness and inattentiveness caused by fatigue.

To ensure student and patient safety, we require students to follow the ACNM statement [Fatigue, Sleep Deprivation and Safety](#). This requires students have a period of 4 hours of uninterrupted rest after 16 hours of active on-duty time. Students should be encouraged to self-identify when they are feeling fatigued or need to eat and work with their preceptors to get time to meet their self-care needs during their shifts.



We recommend preceptors review two articles related to sleep safety and identification of cognitive overload. We can send you a copy of the articles if needed, just let us know.

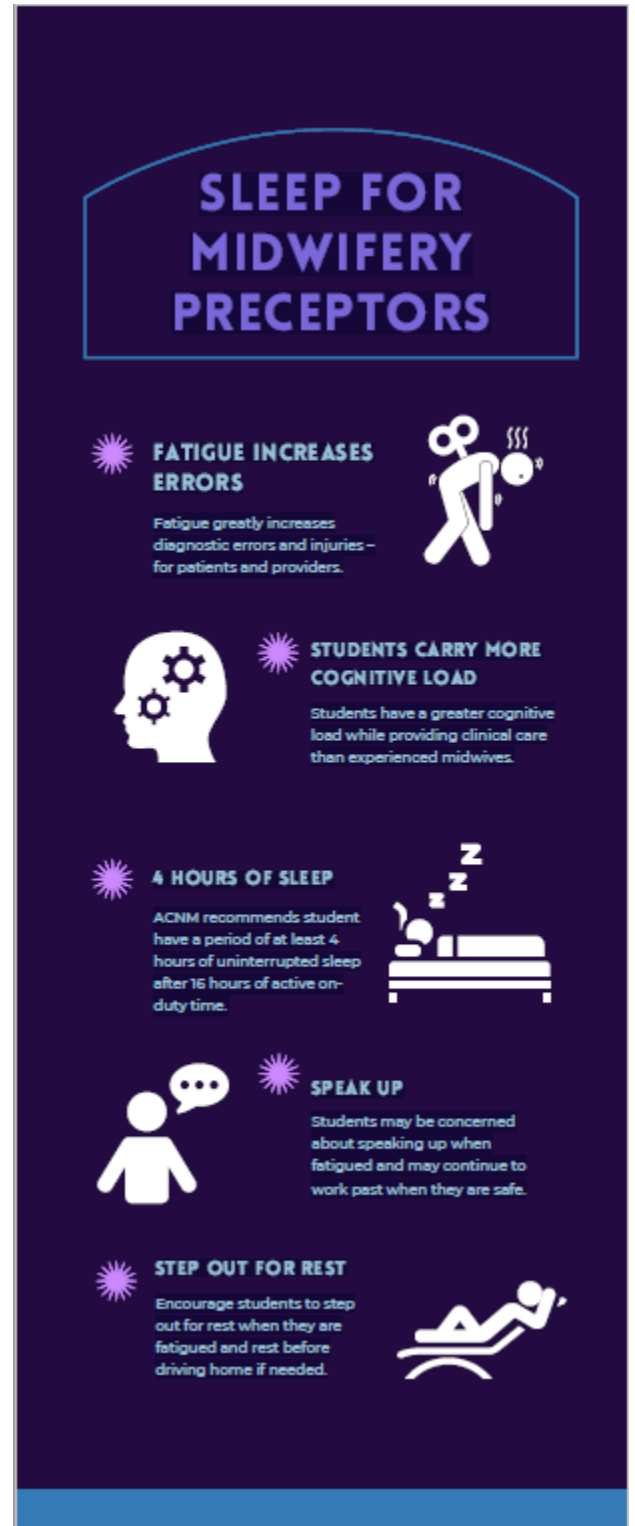
1. Arbour, M., Tanner, T., Hensley, J., Beardsley, J., Wika, J., & Garvan, C. (2019). Factors That Contribute to Excessive Sleepiness in Midwives Practicing in the United States. *Journal of Midwifery and Women's Health*, 64(2), 179-185. doi: 10.1111/jmwh.12945
2. Sewell, J. L., Santhosh, L., & O'Sullivan, P. S. (2020). How do attending physicians describe cognitive overload among their workplace learners? *Medical Education*, 54(12), 1129-1136. doi: 10.1111/medu.14289

Please reach out to the program director if you would like additional information.

### Student Accommodations for Health and Disability

Individuals sometimes have a unique condition or disability that requires changes or accommodations in their learning or work environment. Accommodations can include physical adjustments as well as scheduling changes. These modifications are consistent with the Americans with Disabilities Act of 1990, Americans with Disabilities Act Amendments Act of 2008 and Section 504 of the Rehabilitation Act of 1973.

As an educational program, we can make reasonable accommodations for students as they meet course and program objectives, but they must be able to demonstrate competency in all of Core Competencies for Basic Midwifery Practice by the end of their educational program. For example, a student must be able to suture safely and properly, but it is not essential that the student have a specific hand placement on the needle holder if they are missing a finger. For students needing accommodations, we work closely with Vanderbilt's Student Access Services Center to develop a customized plan for each student to ensure they can reach competency with reasonable accommodations based on their needs. We will assist you with methods to best meet student and patient needs in the event of an accommodation. We are happy to discuss any needed accommodations with you in depth. We cannot disclose, and often do not know, the precise



reason for the accommodation but we are happy to work with you to find the best path forward with a student.

### **Strategies for Preceptor Teaching**

The One Minute Preceptor (OMP) is a tool that has been validated in clinical teaching. The tool was developed by MAHEC Office of Regional Primary Care Education, Asheville, North Carolina. It creates a framework for approaching a student's learning needs, providing opportunities for efficient teaching while keeping pace in a working clinic. It allows the preceptor to be of two minds, both clinician and teacher. There are 6 easy steps in the OMP described in [Appendix E](#).

### **Privacy and FERPA Law**

We are obligated to maintain privacy about students' progress in the program and personal identifiers they do not wish to share. Please remember to keep any information about students and their progress within your practice, and share information only with those who have a need to know. This is especially important in midwifery as we are a relatively small community; we think of it as similar to the HIPAA guidance we follow with patient data. Students have a right to privacy including the assessment and evaluation of their clinical experiences.

## **Grants**

### **MEADOW (Midwifery Education—Access & Delivery for Optimizing Workforce)**

#### *What are the goals of the grant?*

- MEADOW seeks to grow and diversify the maternal and perinatal nursing workforce through support for education and training in rural and underserved communities.
- The MEADOW program goal is to train nurse-midwives through trainee scholarships, stipends, curricular enhancement, and community-based training.

#### *Who qualifies for this grant?*

- Full-time nurse-midwifery and dual midwifery/FNP\* students from rural or underserved areas or populations historically under-represented in midwifery.
- Full-time nurse-midwifery and dual midwifery/FNP \* students who wish to work in rural or underserved areas or with medically underserved populations and/or individuals with limited English proficiency (LEP).
- For more information about what sites qualify, please see the page titled, HRSA's website, along with their tool to The designations most relevant are: primary care HPSA (health professional shortage area), PC MCTA (primary care maternity care target areas), and MUA/P (medically underserved area or population).
- Ten students will be selected as MEADOW trainees each fall in 2024, 2025, and 2026 (contingent on continued federal funding), and support will be provided to trainees for three semesters.

\*Dual nurse-midwifery/FNP students can qualify for the grant during their nurse-midwifery clinical semesters.

#### *What support does this grant provide?*

- Grant recipients, known as trainees, receive stipends during the three semesters of midwifery

clinical. This is the spring, summer and second fall semester of the specialty year for MSN students.

- Small stipends are also provided to preceptors of the MEADOW trainees.

***How does this grant affect midwifery education for recipients?***

- Trainees receive the same excellent coursework as all midwifery students to be able to provide person-centered, evidence-based care, including incorporation of social and structural determinants of health, culturally and linguistically appropriate care, and improve reproductive health care in the communities they serve.
- Placement in rural or underserved areas or with underserved populations for clinical rotations
- Coursework dedicated to advanced behavioral health to expand the trainee's knowledge of treatment of mental health disorders (3-credit hour course; tuition is grant-funded)
- Simulations focused on care in rural areas and with underserved populations – including telehealth and regional perinatal referral simulations
- Exam fees to become a certified medical interpreter are paid by the grant (if applicable for the student)
- Opportunities to learn about employment in rural and underserved areas and with underserved populations from providers working in these areas

***Grant leaders:***

- Hannah McGrew – Program Coordinator | [hannah.c.mcgrew@vanderbilt.edu](mailto:hannah.c.mcgrew@vanderbilt.edu)
- Julia Phillippi – Project Director

***Formal grant information:***

- Department of Health and Human Services
- Health Resources and Services Administration (HRSA)
- Maternity Care Nursing Workforce Expansion (MatCare) Training Program **HRSA-23-120**

**HRSA Scholarships for Disadvantaged Students (SDS)**

***What are the goals of the grant?***

- SDS seeks to transform the healthcare workforce with a focus on preparation of nurse-midwives and family nurse-practitioners to serve rural and underserved populations in the United States
- SDS provides tuition scholarships for students from underserved areas, economically disadvantaged backgrounds, or populations historically under-represented in the healthcare workforce

***Who qualifies for this grant?***

- Full-time nurse-midwifery and dual nurse-midwifery/FNP students can qualify for this funding in any semester of their education, including during their pre-specialty year. Recipients must come from educationally/ environmentally or economically disadvantaged backgrounds and have interest in working in rural and/or with underserved populations
- The number of awards is dependent on the funds available each year and the number of students who meet the criteria

***What support does this grant provide?***

- Tuition support

***How does this grant affect education for recipients?***

- Placement in rural or underserved areas or with underserved populations for clinical rotations
- Simulations focused on care in rural areas and with underserved populations – including telehealth simulations
- Opportunities to learn about employment in rural and underserved areas and with underserved populations from providers working in these areas

***Grant leaders***

- Mavis Schorn – Project Director

***Formal grant information:***

- Department of Health and Human Services
- Health Resources and Services Administration (HRSA)
- Scholarships for Disadvantaged Students **HRSA-20-006**

**Collaborative Academic Practice (CAP) Program**

***What are the goals of the grant?***

- Increase the Advanced Practice Registered Nurse (APRN) primary care workforce in rural and underserved communities through partnerships with statewide health agencies

***Who qualifies for this grant?***

- Dual nurse midwifery/FNP students\* who wish to work in rural or underserved areas or with medically-underserved populations or individuals with limited English Proficiency
- Dual nurse midwifery/FNP students\* from rural or underserved areas or populations historically under-represented in healthcare

\*Dual nurse-midwifery/FNP students can receive this grant in the final semester of their dual nurse-midwifery/FNP program of study

***What support does this grant provide?***

- Grant recipients, known as trainees, receive stipends for financial support in the semester they are in FNP clinicals. This is the final spring of the specialty year for MSN students
- Stipends for trainees and tuition support
- Site payments are also provided to the sites/preceptors of CAP trainees

***How does this grant affect family nurse-practitioner education for recipients?***

- Placement for the FNP-related clinicals will be in a rural or underserved clinic
- Comprehensive simulation experience focused on primary care in rural and underserved areas
- Focused educational content on behavioral health, social determinants of health, and maternal health

***How and when do I apply?***

- Information sessions about the grant are offered to all students during orientation. Interested dual midwifery-FNP students apply for CAP funding in the final fall of their midwifery coursework using an online application link.

**Contact Info for Grant Leaders:**

- Dr. Shannon Cole – Program Coordinator - [shannon.cole@vanderbilt.edu](mailto:shannon.cole@vanderbilt.edu)
- Dr. Jannyse Tapp – Project Director

**Formal grant information:**

- Department of Health and Human Services
- Health Resources and Services Administration (HRSA)
- Advanced Nursing Education Workforce Program **HRSA-23-014**

## **Expectations of Students**

Students are expected to conduct themselves in a professional manner as detailed in [Appendix C](#) below; the students receive this information in their nurse-midwifery student guide and in their orientation to clinical. They should always arrive on time or early in order to prepare for the start of patient visits. They should be professionally attired and wearing required identification. They should follow all infection prevention policies and bring learning references with them. Many students invest in pocket handbooks or use apps on their wireless device. If you prefer students use your setting's resources, please advise them of such. Students should become familiar with your midwifery practice guidelines and refer to them when learning scope of practice and parameters for consultation and referral.

The number of clinical hours required of the student varies by course. Accurate information appears in the course syllabus and will be clarified by the course faculty and course coordinator. Exceptions may be negotiated with the input of the clinical faculty and program director. If students are ill or have an emergency resulting in absence from scheduled hours, they should notify the preceptor as soon as possible that they will be absent. Hours and experiences missed due to illness or emergency should be made up prior to the end of the term. If it is not possible to make up this time, the tracking faculty member should be informed so other arrangements can be made. Preceptors must supervise all clinical work by the student and be present for key components of clinic visits, procedures, and births.

### **Documentation**

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

These guidelines are in place to ensure safe care and appropriate education and to prevent unintended fraudulent billing. The following are suggested approaches that satisfy Center for Medicare and Medicaid Services (CMS) guidelines:

- 1) Student reviews the patient's chief concern and chart and generates a list of differentials with the preceptor
- 2) Preceptor and student discuss what portions of a history, physical exam, and lab studies would be relevant to rule in or out each diagnosis
- 3) Student may see the patient first, obtaining CC, HPI, PMH, FH, SocHx, ROS
- 4) Student then presents the patient to the preceptor

- 5) Student and preceptor see the patient together
  - a. Preceptor reviews HPI with the patient
  - b. Student performs exam in the presence of the preceptor
  - c. Preceptor repeats key portions of exam as necessary
- 6) Student proposes an assessment and plan
  - a. Student presents assessment and plan to preceptor
  - b. Preceptor amends assessment and plan as appropriate and corrects student's critical thinking as needed
- 7) Documentation
  - a. Student may document on EHR if the institution allows
  - b. Student may document PMH, FHx, SocHx, ROS
  - c. If student documents PE, Assessment and Plan- Preceptor may consider an addendum reflecting their participation and any additional findings.
  - d. Documentation must reflect preceptor participation
  - e. Preceptor must sign or co-sign documentation

### Evaluation of the Student – Including Ongoing and Summative Evaluation

Effective communication between preceptors and students is critical to developing safe, beginning level nurse-midwives. Course objectives should assist both student and preceptor in setting overall expectations that are congruent with the student's knowledge and skill level. Individual daily goals should be set by the preceptor and student to focus student skill development. Students are expected to be able to generate goals for each clinical day and reflect on their strengths and areas for improvement at the end of each day.

It is essential that preceptors give feedback to the students to assist in their development toward meeting all the Core Competencies for Basic Midwifery Practice. Feedback is best received when students are told what they did well as well as what aspects of their skills and performance need adjustment.

Students will submit their evaluations to you through the Exxat system. Exxat does not require you to have a separate account or login; students will send the forms via a system link to your email address. Please be sure and confirm with the student which email address you prefer to have used.

This email will come from "Vanderbilt University School of Nursing" with the email address [noreply@exxat.com](mailto:noreply@exxat.com). Imbedded in the email is a link that you will click. The student's self-evaluation form will open in your browser; you may add your rankings and comments and click Submit to complete the evaluation.

The Exxat system has been thoroughly vetted by both VUIT and the VUSN Nursing Informatics Support team. It is cloud-based so nothing is downloaded onto a clinical or other workstation, and you may safely use it from your computer, tablet, or phone. If you have any issues with Exxat, please reach out to the Exxat Support Team ([support@exxat.com](mailto:support@exxat.com)) for assistance. If they are unable to resolve the issue, please contact your student's clinical faculty.

#### *Timing of evaluation*

During the spring and summer semesters, we ask that students self-assess at the end of each clinical day/shift and then send the evaluation to their preceptor who will augment or correct

the self-assessment. This process allows the student's tracking faculty to observe student and preceptor feedback and assure growth or intervene as needed. At the midpoint of the semester, we have the student conduct a more thorough self-evaluation and ask preceptors to provide comprehensive feedback on progress toward meeting the course goals for the semester. If you have any concerns about student progress, please include them in the evaluation so we can work with the student to expedite their learning. The final evaluation of the semester is conducted at the close of the semester and evaluates if the student has met the course requirements and is ready to progress to the next semester. The final evaluation translates into the student passing or failing the course.

During the final integration semester, there are three student evaluations. The first evaluation is within the first few weeks of the semester to permit baseline assessment after an orientation period, the second evaluation is slightly after the mid-point of the semester to monitor for appropriate growth toward competency, and the final evaluation occurs at the very end of the semester and assesses overall clinical competency.

We value your honest feedback of students so they can improve. Please do not hesitate to reach out to us if you need help with your assessment or you have concerns about student knowledge, skills, or professionalism.

### **Difficult Conversations**

The faculty work very hard to prepare students for the rigors of clinical experiences. Most students are very successful in the clinical setting, but occasionally a student does not perform as the preceptor or program expects. If this situation should occur, please notify the faculty in charge of the course immediately. It is our responsibility to help you have that difficult conversation with the student and to develop a plan to help the student.

When potential or actual problems or concerns are identified, the student and faculty member (along with input from the preceptor) will develop a plan to resolve the issue. This is often in the form of a learning contract that details the performance problem and provides concrete steps for improvement. Often learning contracts include frequent individual conferences with faculty to bolster students' knowledge, skills, or professional behaviors. The faculty will work with you to help the student improve.

### **Numbers of Clinical Experiences**

Students track their patient contact hours and encounters via Exxat, VUSN's clinical placement system. The number of clinical hours and encounters are methods by which we assess if the student has had the opportunity to reach competency in a given area of midwifery practice. Competency is our most important goal. While we do not maintain a firm number of experiences students must have to graduate, consistent with ACME's focus on competency-based education, we strongly suggest students have at the least the following number of clinical experiences prior to ending their program of study. These experiences will be accrued throughout their clinical time in the program.

*ACME Suggested Clinical Experiences Prior to Graduation:*

Primary Care: 40

Gynecologic Care: 80

Antepartum: 100

Births: 35  
Intrapartum Care: 60  
Postpartum Care: 50  
Newborn Care: 30

## **Expectations of the Midwifery Faculty**

The midwifery faculty is always available to you as a preceptor if questions, concerns, or issues arise. Throughout the clinical rotation, the faculty will be monitoring a student's evaluations, hours, and experiences at least weekly and meeting with them for clinical conferences weekly in the spring and summer or bi-weekly in the final fall semester. Faculty meet with struggling students more often to improve knowledge and performance.

At the beginning of the term, the tracking faculty assigned to your student will contact you. They will provide information on the course, expectations, and their personal contact details. The faculty, at a minimum, will reach out to the primary preceptor at mid-semester and at the end of the semester, usually ahead of the major evaluations. In addition to the emails or phone calls that you will receive from the faculty, they will conduct a clinical site visit at least one time per year. Site visits allow preceptors, students, and faculty to meet face-to-face and discuss student performance as well as assure overall quality clinical experiences and continue strong relationships among clinical sites/preceptors and the faculty. We conduct in-person visits if a site is within a 4-hour radius and virtual site visits for distant sites, except where an in-person site visit is required by the state Board of Nursing.

It is the faculty's responsibility to help you and the student have a successful clinical experience. We welcome phone calls, texts, and emails at any point in the semester. If you have additional concerns, you are always welcome to contact the tracking faculty, the course coordinator or the program director.



# Appendix A –Adjunct Clinical Faculty (Voluntary)



## Courtesy Benefits for School of Nursing Adjunct Faculty

To show our appreciation for the contribution our preceptors make to the clinical education of Vanderbilt Advanced Practice Nursing students we would like to extend Adjunct Faculty status to those interested in having a courtesy appointment at Vanderbilt School of Nursing. Once a provider has precepted a student, the provider is eligible to request that an Adjunct Faculty appointment be processed. If you are interested in requesting an appointment please submit a current Curriculum Vitae (CV), letter of interest, and two professional letters of reference to [alison.m.smith@vanderbilt.edu](mailto:alison.m.smith@vanderbilt.edu)

## Information & Instructions for Courtesy Benefits of Adjunct Faculty

- **Vanderbilt University Identification Badge**  
After receipt of your official Adjunct Faculty notification letter from the School of Nursing Dean, a Vanderbilt University Faculty identification card may be obtained. You can take your official Adjunct Faculty notification letter from the School of Nursing Dean to the Card Services Office to have an ID badge made. You must bring a picture ID with you - either a driver's license or passport - to verify your identity when you have your ID badge made. If you have any questions, you are welcome to contact Alison Smith, [alison.m.smith@vanderbilt.edu](mailto:alison.m.smith@vanderbilt.edu).
- **Vanderbilt University Campus Libraries**  
To physically visit an on-campus Vanderbilt University library, a Vanderbilt University ID badge must be obtained. You must swipe your ID badge upon entering any of the library buildings to gain access. Some of the libraries that will allow you to access trade/research journals, special collections and/or check out books include: Eskind Biomedical, Heard Central, Divinity, Peabody, and Science & Engineering. <http://www.library.vanderbilt.edu/about/contact.php> or [www.library.vanderbilt.edu](http://www.library.vanderbilt.edu).
- **Vanderbilt University Electronic Libraries**  
As an Adjunct Faculty member of the Vanderbilt School of Nursing, you are eligible for a VUnet ID which gives you access to various services on VUnet--Vanderbilt's network which includes access to health collections, journals and eResources as well as works of fiction and non-fiction from the Central Library's collection.

## Appendix B – Nurse-Midwifery Course Information

Our curriculum is designed to prepare students for full scope nurse-midwifery practice consistent with the ACNM Core Competencies for Basic Midwifery Practice and to meet the accreditation criteria of the Accreditation Commission for Midwifery Education as well as the Commission on Collegiate Nursing Education and requirements from state boards of nursing that license Advanced Practice Nurses. The midwifery program director is happy to discuss the curriculum with you.

The courses within the nurse-midwifery program are outlined below. Each course name links to the course description and the pre and co requisites for the course. Our dual nurse-midwifery/family nurse practitioner students have an additional spring semester after completion of their midwifery requirements.

Fall I Semester	Spring Semester	Summer Semester	Fall II Semester
<a href="#">Gynecologic, Reproductive and Sexual Health for Nurse Midwifery</a>	<a href="#">Antepartal Care for Nurse-Midwifery</a>	<a href="#">Skills for Nurse-Midwifery</a>	<a href="#">Nurse-Midwifery Role Synthesis, Exploration, and Analysis</a>
<a href="#">Reproductive Anatomy and Physiology</a>	<a href="#">Advanced Practice Nursing in Primary Care of the Adult</a>	<a href="#">Intrapartum Care for Nurse-Midwifery</a>	<a href="#">Advanced Clinical Integration Experience for Nurse-Midwifery</a>
<a href="#">Evolution of Midwifery in America</a>	<a href="#">Advanced Pharmacotherapeutics</a>	<a href="#">Postpartum and Neonatal Care for Nurse-Midwifery</a>	
<a href="#">Advanced Health Assessment and Clinical Reasoning</a> – including head-to-toe and specific techniques for gynecologic and antepartum care	<a href="#">Practicum in Gynecologic, Antepartum, and Primary Care</a> – for midwifery students OR <a href="#">Nurse-Midwifery Practicum</a> ↓ AND <a href="#">Practicum in Primary Health Care of the Adult</a> for dual midwifery/FNP students	<a href="#">Professional Formation 3 - Leading Collaborative Change: Improving Delivery of Healthcare to Patients and Populations</a>	
<a href="#">Advanced Pathophysiology</a>			
<a href="#">Professional Formation 1: Roles and Contexts for Advanced Nursing Practice</a>	<a href="#">Professional Formation 2: Application of Evidence in Healthcare Environments</a>		

# Appendix C – Student Behavior Standards

This information is copied from the Nurse-Midwifery Student Guide.

## Professionalism in the Clinical Setting

### *Timeliness*

Plan to arrive 30 minutes ahead of schedule on your first clinical day, to allow for traffic and a few wrong turns. Be sure and know what time zone your site is in – most sites east of Nashville are on Eastern Time (ET), one hour ahead of Nashville. Also be cognizant of standard versus daylight savings time – almost all sites in the Southeast observe Daylight Savings Time from mid-Spring to early-Fall.

On most clinical days, plan to arrive 15-30 minutes early to have time to review charts before patients arrive. If you cannot attend a clinical day or must be late, *you need to call and let your preceptor know as soon as possible*. Preceptors often have made arrangements for students and may need to alter the office schedule if you cannot attend. If a student is unable to attend clinical for the day, he/she should speak directly to the preceptor, rather than leaving a voice message or text. If you must leave a message, please continue to call back until you reach the preceptor personally. Your timeliness is a component of your professionalism and will be reflected in your daily evaluations and also in your preceptor's recommendation for you in the future.

### *Dress Code*

The dress code serves to make both your preceptor and your clients comfortable, and serve to help you blend into the practice. There are many great second-hand shops within Nashville, if cost is an issue. You should always arrive in professional clothing, even if you anticipate changing into scrubs after your arrival.

- Make sure your VUSN identification badge is always visible on your upper body
- Wear closed-toe shoes that are impervious to liquids
- Hair up and pulled back so it cannot touch patients (lice is an issue)
- A lab coat that is clean and wrinkle-free
- Fingernails clipped to a short length, and only clear or nude nail polish
- No jeans, shorts, mini-skirts or capri pants
- Remove all visible piercing jewelry (i.e. nose, eyebrow, lip, etc) other than one modest earring in each ear. Ear gauges must be removed and plugs placed in the hole.
- Minimize visible tattoos. Any tattoos that could be perceived as offensive should be covered (even religious symbols can be offensive to those with prior trauma).
- No revealing clothing; i.e. bare midriff or back, spaghetti straps, visible cleavage
- You must wear appropriate protective equipment if there is a risk of fluid exposure. Eye covering is essential in the intrapartum environment and often required in the clinic as part of COVID prevention.
- You will need to comply with all CDC and site requirements related to COVID-19 prevention. This may include bringing your own cloth mask for building entry and using site-required masking for clinical care.

### *Personal Hygiene*

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

### *Office Politics*

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

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



**Our preceptors mentor student out of kindness and a desire to further midwifery. They receive no financial compensation for assisting you in your journey to midwifery.**

**PLEASE BE GRATEFUL FOR THEIR SACRIFICE OF TIME AND ENERGY!**

### *Dating & Sexuality*

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

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


## Clinical Safety

### *OSHA Compliance*

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

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


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

	<p><b>OSHA compliance is the responsibility of the student. Failure to comply will result in consequences ranging from a failing grade for the day to removal from the clinical site.</b></p>
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### *Management of Possible Exposures to Blood Borne Pathogens*

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

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

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

### *Coronavirus and COVID prevention*

You must follow all local and clinical site guidance for coronavirus prevention. This is to protect you as well as your friends, colleagues, faculty, and patients. Guidance for coronavirus is changing frequently and is different across cities, institutions, and states. Stay up to date on the regulations where you are in clinical. If you think you have been exposed in any location, including home, school, and clinical, the student health center webpage:

<https://www.vumc.org/student-health/welcome>. Please complete the REDCap survey to note your exposure and the clinic will reach out to you. You will also need to notify your tracking faculty. Use the guidance from student health to determine the next steps.

### *Physical Safety*

Physical safety should be paramount in your mind. Speak with your preceptor about local safety measures that may be necessary. Ask about the surrounding area as well as the clinical site so you can be prepared. For example, you may want to know where to buy gas if the preceptor

feels like local eateries are safe for you to enter. Safety takes many forms and individuals from marginalized groups may want to ask their preceptor for specific guidance about safety in the local area. Sometimes individuals can avoid local areas known to be problematic. However, if you do not feel safe in an area after this conversation, please notify your faculty.

It is ideal to carry a cell phone while traveling and to be aware of your physical surroundings at all times. Some clinical sites are in neighborhoods where residents are suspicious of outsiders or there is a high rate of crime. You also might be going in and out of the building at night or during low-traffic times. Any time you book housing, ensure the door can be thoroughly secured from inside the room without the ability to open the door with a key. Speak with your preceptor about local safety measures that may be necessary.

### *Fatigue*

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

Safety extends to your trip home after a clinical shift. If you are sleep deprived or feel drowsy, you are advised to take naps prior to driving. Signs of fatigue while driving may include yawning, nodding off, missing road signs/turns and drifting onto rumble strips on the shoulder of the road. Stop driving and either rest or reawaken.

If you have health issues that affect your ability to complete the regular schedule of a midwife in the practice, the Student Access Services center and your faculty can work with you to determine a plan. We are here to help if you are having difficulty. Please feel free to reach out to your clinical faculty if you have questions or concerns.

### *Emotional Health*

Your emotional health may need extra nurturing through the stresses of school. Some students find that latent anxiety or psychological issues resurface under the stress and sleep changes of clinical experiences. Please seek resources and help as soon as possible. Vanderbilt has excellent resources to assist you through the Student Care Coordination Network and the Center for Student Wellbeing. Their Instagram feeds provide information on ongoing offerings. Your individual course faculty and your advisor can recommend additional resources if needed.

### *Personal Belongings*

Safeguard your belongings while in clinical sites. Laptops locks can be purchased to anchor your computer or find a secure place to keep your purse and laptop while in clinic. Please lock your car and room even when in seemingly safe surroundings. Make sure that you can secure the

door from the inside wherever you are staying. Also make sure your home residence is secure during your absence.

### *Snow & Extreme Weather*

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

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

# Appendix E - One Minute Preceptor Schematic

## A Patient-Centered Approach to the One-minute Preceptor

Linda M. Roth, Ph.D., David L. Gaspar, M.D., John Porcerelli, Ph.D., Department of Family Medicine, Wayne State University

<b>DIAGNOSE PATIENT AND LEARNER</b>						
<b>Step</b>	<b>Task</b>	<b>Purpose</b>	<b>Cue</b>	<b>Action</b>	<b>Do</b>	<b>Don't</b>
1	Get a commitment	Gives <u>learner</u> responsibility for patient care. Encourages information processing within <u>learner's</u> database.	Learner presents case, then stops.	Ask what the learner thinks: "What do you think is going on?" "What would you like to do next?"	<u>Do</u> determine how the learner sees the case. (Allows learner to create his/her own formulation of the problem.)	<u>Don't</u> ask for more data about the patient. <u>Don't</u> provide an answer to the problem.
2	Probe for supporting evidence	Allows preceptor to diagnose learner.	Learner commits to stance; looks to preceptor for confirmation.	Probe learner's thinking: "What led you to that conclusion?" "What else may be happening here?" "What would you like to do next?"	<u>Do</u> diagnose learner's understanding of the case--gaps and misconceptions, poor reasoning or attitudes.	<u>Don't</u> ask for textbook knowledge.
<b>TEACH</b>						
<b>Step</b>	<b>Task</b>	<b>Purpose</b>	<b>Cue</b>	<b>Action</b>	<b>Do</b>	<b>Don't</b>
3	Choose a single, relevant teaching point	Focus on specific competencies relevant to this learner working with this patient.	Case decision-making complete or consultation with patient needed.	Provide instruction. The learner (under direction or observation) or preceptor (acting as role model) collects additional information as needed.	<u>Do</u> check for learner agreement with the teaching point.	<u>Don't</u> choose too much to cover.
4	Teach (or reinforce) a general rule	Remediate any gaps or mistakes in data, knowledge, or missed connections.	Apparent gaps or mistakes in learner thinking.	Draw or elicit generalizations. "Let's list the key features of this problem." "A way of dealing with this problem is . . ."	<u>Do</u> help the learner generalize from this case to other cases.	<u>Don't</u> slip into anecdotes, idiosyncratic preferences.
5	Reinforce what was done right	Firmly establish and reinforce knowledge. Reinforce behaviors beneficial to patient, colleague, or clinic.	Teaching point has been delivered.	Provide reinforcement. "Specifically, you did a good job of . . . , and here's why it is important . . ."	<u>Do</u> state specifically what was done well and why that is important.	<u>Do not</u> give general praise, "That was good," because the key to effective feedback is specificity.
6	Correct errors	Teach learner how to correct the learning problem and avoid making the mistake in the future.	Teaching point has been delivered.	Ensure correct knowledge has been gained. "What would you do differently to improve your encounter next time?"	<u>Do</u> make recommendations for improving future performance.	<u>Do not</u> avoid confrontation--errors uncorrected will be repeated.
<b>ONE-MINUTE REFLECTION</b>						
Ask: "What did I learn about this learner?" "What did I learn about my teaching?" "How would I perform differently in the future?"						

References: Neher, J.O, Gordon, K.C., Meyer, B., and Stevens, N. A five-step 'microskills' model of clinical teaching. J Am Board Fam Pract 1992; 5:419-24; DaRosa, et.al. Strategies for making ambulatory teaching lite: less time and more fulfilling. Acad Med 1997; 72(5): 358-61. Education document shared with AAMC CGEA Faculty Development SIG, March, 2001. Contact lroth@med.wayne.edu



# Appendix F – 6835 Daily and Final Evaluation

## 6835 Daily Preceptor Evaluation Form (New)

This Question Has No Weightage.

### Appendix A: Core Competencies for Basic Midwifery Practice (Intrapartum, postpartum, and newborn competencies)

**Intrapartum:** A midwife demonstrates the knowledge, skills, and abilities to provide care in the intrapartum period, including but not limited to the following:

1. Confirms and assesses labor and its progress
2. Performs ongoing evaluation of the laboring person and fetus
3. Identifies deviations from normal and implements appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies.
4. Facilitates the process of physiologic labor and birth
5. Provides support for physical, psychological, emotional, spiritual, and social needs during labor and birth
6. Applies pharmacologic and non-pharmacologic strategies to facilitate coping of the person in labor
7. Performs the following skills independently:
  - i. administration of local anesthesia
  - ii. management of spontaneous vaginal birth
  - iii. management of the third stage of labor
  - iv. episiotomy, as indicated
  - v. repair of episiotomy, first, and second-degree lacerations

**Postpartum:** A midwife demonstrates the knowledge, skills, and abilities to provide care in the period following pregnancy, including but not limited to:

1. Manages physical involution following pregnancy
2. Utilizes management strategies and therapeutics to facilitate a healthy puerperium, including managing discomforts.
3. Identification and management of postpartum mental health
4. Explains postpartum self-care
5. Discusses psychological, emotional, and social coping and healing following pregnancy
6. Counsels regarding the readjustment of significant relationships and roles.
7. Facilitates the initiation, establishment, and continuation of lactation where indicated; and/or counseling regarding safe formula feeding when indicated
8. Advises regarding resumption of sexual activity, contraception, and pregnancy spacing
9. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies

**Newborn:** A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including but not limited to, the following:

1. Understands the effect of prenatal and fetal history and risk factors on the neonate
2. Prepares and plans for birth based on ongoing assessment
3. Utilizes methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:
  - a. Establishment of respiration
  - b. Cardiac and hematologic stabilization, including cord clamping and cutting
  - c. Thermoregulation
  - d. Establishment of feeding and maintenance of normoglycemia
  - e. Bonding and attachment through prolonged contact with neonate
  - f. Identification of deviations from normal and their management
  - g. Emergency management, including resuscitation, stabilization, and consultation and referral as needed
4. Evaluates the neonate, including:
  - a. Initial physical and behavioral assessment of term and preterm neonates
  - b. Gestational age assessment
  - c. Ongoing assessment and management of term, well neonate during first 28 days
  - d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated.
5. Develops a plan in conjunction with the neonate's primary caregivers for care during the first 28 days of life, including the following nationally-defined goals and objectives for health promotion and disease prevention:
  - a. Teaching regarding normal behaviors and development to promote attachment
  - b. Feeding and weight gain, including management of common lactation and infant feeding problems
  - c. Normal daily care, interaction, and activity
  - d. Provision of preventative care that includes, but is not limited to:

## 6835 Final Preceptor Evaluation (New)

### Core Competencies for Basic Midwifery Practice (Intrapartum, postpartum, and newborn competencies)

**Intrapartum: Amidwife demonstrates the knowledge, skills, and abilities to provide care in the intrapartum period, including but not limited to the following:**

1. Confirms and assesses labor and its progress
2. Performs ongoing evaluation of the laboring person and fetus
3. Identifies deviations from normal and implements appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies.
4. Facilitates the process of physiologic labor and birth
5. Provides support for physical, psychological, emotional, spiritual, and social needs during labor and birth
6. Applies pharmacologic and non-pharmacologic strategies to facilitate coping of the person in labor
7. Performs the following skills independently:
  - i. administration of local anesthesia
  - ii. management of spontaneous vaginal birth
  - iii. management of the third stage of labor
  - iv. episiotomy, as indicated
  - v. repair of episiotomy, first, and second-degree lacerations

**Postpartum: Amidwife demonstrates the knowledge, skills, and abilities to provide care in the period following pregnancy, including but not limited to:**

1. Manages physical involution following pregnancy
2. Utilizes management strategies and therapeutics to facilitate a healthy puerperium, including managing discomforts.
3. Identification and management of postpartum mental health
4. Explains postpartum self-care
5. Discusses psychological, emotional, and social coping and healing following pregnancy
6. Counsels regarding the readjustment of significant relationships and roles.
7. Facilitates the initiation, establishment, and continuation of lactation where indicated; and/or counseling regarding safe formula feeding when indicated
8. Advises regarding resumption of sexual activity, contraception, and pregnancy spacing
9. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies

**Newborn: Amidwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including but not limited to, the following:**

1. Understands the effect of prenatal and fetal history and risk factors on the neonate
2. Prepares and plans for birth based on ongoing assessment
3. Utilizes methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:
  - a. Establishment of respiration
  - b. Cardiac and hematologic stabilization, including cord clamping and cutting
  - c. Thermoregulation
  - d. Establishment of feeding and maintenance of normoglycemia
  - e. Bonding and attachment through prolonged contact with neonate
  - f. Identification of deviations from normal and their management
  - g. Emergency management, including resuscitation, stabilization, and consultation and referral as needed
4. Evaluates the neonate, including:
  - a. Initial physical and behavioral assessment of term and preterm neonates
  - b. Gestational age assessment
  - c. Ongoing assessment and management of term, well neonate during first 28 days
  - d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated.

5. Develops a plan in conjunction with the neonate's primary caregivers for care during the first 28 days of life, including the following nationally-defined goals and objectives for health promotion and disease prevention:
- a. Teaching regarding normal behaviors and development to promote attachment
  - b. Feeding and weight gain, including management of common lactation and infant feeding problems
  - c. Normal daily care, interaction, and activity
  - d. Provision of preventative care that includes, but is not limited to:
    - i. Therapeutics according to local and national guidelines
    - ii. Testing and screening according to local and national guidelines
    - iii. Need for ongoing preventive health care with pediatric care providers
  - e. Safe integration of the neonate into the family and cultural unit
  - f. Provision of appropriate interventions and referrals for abnormal conditions, including, but not limited to:
    - i. Minor and severe congenital malformation
    - ii. Poor transition to extrauterine life
    - iii. Symptoms of infection
    - iv. Infants born to mothers with infections
    - v. Postpartum depression and its effect on the neonate
    - vi. Still birth
    - vii. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of a grieving parent
  - g. Health education specific to the needs of the neonate and family

This evaluation is to be completed each clinical day collaboratively by the student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click Submit. When you do, Exxat will send your preceptor an email with a link to the form for them to complete. Your preceptor does not need to log in; they can just click on the link and review your assessment with you on the computer. The preceptor completes their evaluation and submits. There is a place for the preceptor to add comments before submitting. These comments are not required but are very helpful and much appreciated. You will be able to see the completed evaluation once the preceptor has submitted it.

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. Please refer to the Core Competencies listed below in Appendix A for further detail.

**Scoring legend:**

**1: Unsatisfactory. Omits important parts of history, exam, or management.**

**2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions.**

**3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information.**

**4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care.**

**5: Meets course objectives and exemplifies practice appropriate to the student level. Good grasp of role. Knows when to seek consultation and does so appropriately.**

**Total score: A=27-30 B=24-26.9 C=21-23.9 U=0-20.9**

1. Systematically collects all pertinent data for the complete evaluation of the peripartum individual and fetus/neonate.

- Includes chart review, history, physical exam, and ongoing fetal assessment
- Reports and records all findings completely and concisely

Student\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

1. Systematically collects all pertinent data for the complete evaluation of the peripartum individual and fetus/neonate.

- Includes chart review, history, physical exam, and ongoing fetal assessment
- Reports and records all findings completely and concisely

Preceptor\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

2. Identifies diagnoses and health care needs based on the correct interpretation of the subjective and objective data, and anticipates potential problems or diagnoses that may be expected based on identified risk factors.

Student\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

2. Identifies diagnoses and health care needs based on the correct interpretation of the subjective and objective data, and anticipates potential problems or diagnoses that may be expected based on identified risk factors.

Preceptor\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

3. Differentiates normal versus abnormal findings and articulates the need for immediate midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client and neonate.

Student\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

3. Differentiates normal versus abnormal findings and articulates the need for immediate midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client and neonate.

Preceptor\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

4. Develops and clearly communicates a comprehensive evidence-based plan of care in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale and is able to adjust the plan through ongoing evaluation of effectiveness.

Student\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

4. Develops and clearly communicates a comprehensive evidence-based plan of care in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale and is able to adjust the plan through ongoing evaluation of effectiveness.

Preceptor\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

5. Assumes responsibility, in concert with a preceptor, for the safe and efficient implementation of an evidence-based plan of care.

Orders/obtains/performs all routine care including laboratory data for the ip/pp patient

Provides safe and efficient care, including during emergencies

Skill set advances throughout clinical course progression

Student\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

5. Assumes responsibility, in concert with a preceptor, for the safe and efficient implementation of an evidence-based plan of care.

Orders/obtains/performs all routine care including laboratory data for the ip/pp patient

Provides safe and efficient care, including during emergencies

Skill set advances throughout clinical course progression

Preceptor\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

6. Exhibits professionalism throughout clinical interactions, including skillful communication with the patient, preceptor, and interprofessional healthcare team. Performs perceptive self-assessment while accepting responsibility for their own learning and provision of appropriate health care

Student\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

6. Exhibits professionalism throughout clinical interactions, including skillful communication with the patient, preceptor, and interprofessional healthcare team. Performs perceptive self-assessment while accepting responsibility for their own learning and provision of appropriate health care

Preceptor\*

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Student areas of strength?

0/10000



Student areas for growth?

0/10000



Overall Preceptor feedback:

0/10000



# Appendix G-6895 Evaluation

6895 Clinical Evaluation Final

This Question Has No Weightage.

**1. Demonstrates growth and consistency in the practice of nurse-midwifery (Completed by Student) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

**1. Demonstrates growth and consistency in the practice of nurse-midwifery (Completed by Preceptor) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

This Question Has No Weightage.

**2. Demonstrates care of antepartum clients (Completed by Student) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

**2. Demonstrates care of antepartum clients. (Completed by Preceptor) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

This Question Has No Weightage.

**3. Demonstrates care of intrapartum clients (Completed by Student) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

**3. Demonstrates care of intrapartum clients (Completed by Preceptor) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

This Question Has No Weightage.

**4. Demonstrates care of the postpartum client (Completed by Student) \***

5  4.5  4  3.5  3  2.5  2  1.5  1  0.5  0  N/A

Clear answer

# Appendix H-6825 Daily, Midterm and Final Evaluation

## 6825 Daily evaluation

This evaluation is to be completed each clinical day collaboratively by the student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click **Submit**. When you do, Exxat will send your preceptor an email with a link to the form. Your preceptor does not need to log in; they can just click on the link and review your assessment. The preceptor completes their evaluation and submits. Preceptor comments are not required but are very helpful and much appreciated.

Instructions on how to assign scores are below. **A student starting their rotation is typically a level 3, and we would expect them to progress to an average level 4.5 or 5 by the end of their rotation. A score of 2 or lower suggests a serious concern with student performance, as do scores that do not progressively improve over the rotation.**

### Scoring legend:

N/A: Not observed.

0: **Unsafe** (unprofessional or unethical, posing danger to the client).

1: **Unsatisfactory**. Omits important parts of history, exam, or management; incomplete or inaccurate.

2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions. Minimal initiative or progress. **This score should be used if there is serious concern about a student's progress.**

3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information. **Appropriate for beginning new clinical experience.**

4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care. Satisfactory progress towards course objectives. **Adequate knowledge, theory base, skills, and initiative.**

5: Meets course objectives and exemplifies practice appropriate to the student level. Consistent application of knowledge, skills, and initiative. Good grasp of role. Knows when to seek consultation and does so appropriately. **Ready to progress to next level of clinical experience.**

Total score: A=31.5-35 B=28-31.4 C= 24.5-27.9 U=0-24.4

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. *While students may not fully meet these competencies until the end of their midwifery training, we expect that they meet course objectives by the end of this semester.* Course objectives are listed in Appendix A and Core Competencies are listed in Appendix B below.

## CLINICAL EVALUATION

**Student: Give a general description of the care you provided today and any specific knowledge or skills utilized.**

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Comments here

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**Student: What went well today?**

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**Student: What are areas for growth?**

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Enter Comments here..

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**Please rate this student's ability to:**

**1. Systematically collect all information for the complete evaluation of the client**

- Includes chart review, history collection, complete or targeted physical exam, and fetal assessment if appropriate.
- Reports and records all findings completely and concisely.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

**2. Identify diagnoses and health care needs based on the correct interpretation of the subjective and objective data and anticipate potential problems or diagnoses that may be expected based on identified risk factors.**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

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Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

**3. Differentiate normal versus abnormal findings and articulate the need for immediate midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**4. Develop and clearly communicate a comprehensive evidence-based plan of care** in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale and is able to adjust the plan through ongoing evaluation of effectiveness.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**5. Assume responsibility, in concert with a preceptor, for the safe and efficient implementation** of an evidence-based plan of care.

- Orders/obtains/performs all routine care including laboratory data and therapeutics
- Provides safe and efficient care
- Skill set advances throughout clinical course progression

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**6. Exhibit professionalism throughout clinical interactions,** including skillful communication with the client, preceptor, and interprofessional healthcare team.

- Provides appropriate and culturally competent client counseling, education, and anticipatory guidance.



Student Rating : • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

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Preceptor Rating : • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**7. Perform percept ive self-assessment** while accepting responsibility for their own learning and provision of appropria te health care.

Student Rating : • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

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Preceptor Rating : • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments :

**Overall Preceptor feedback:**

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**Appendix A: 6825 Course Objectives**

- A.** Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and Code of Ethics to ambulatory care of individuals during preconception, antepa rtum, gynecologic/ reproductiv e/sexu al health, and acute and chronic primary care encounters.
- B.** Formulate an age-specific, cult urally-appropriate health management plans in partnership with individuals , fami lies , o r groups , i nclud ing psychosocial, sex ual, health promotion and disease prevention and education issues.
- C.** Identify the need for consultatio n, collaboration , and refe rral with other health team membe rs.
- D.** Apply current research finding s and risk management principles into nurse midwife ry management and analysis of case studie s.

**E.** Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.

**Appendix B: Relevant Core Competencies for Basic Midwifery Practice** (primary care, preconception, antepartum, and gynecologic/reproductive/sexual healthcare competencies)

**A.** A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary
  - h. Mental health
  - i. Musculoskeletal
  - j. Neurologic
  - k. Respiratory
  - l. Renal
6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect.

B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors
3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
3. Manages common gynecologic and uro-gynecologic problems
4. Provides comprehensive care for all available contraceptive methods
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated
6. Provides counseling for sexual behaviors that promotes health and prevents disease
7. Understands the effects of menopause and aging on physical, mental, and sexual health
  - a. Initiates and/or refers for age and risk appropriate screening
  - b. Provides management and therapeutics for alleviation of common discomforts
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:

1. Confirmation and dating of pregnancy using evidence-based methods

## 6825 Midterm evaluation

This midterm evaluation is to be completed collaboratively by student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click **Submit**. When you do, Exxat will send your preceptor an email with a link to the form. Your preceptor does not need to log in; they can just click on the link and review your assessment. The preceptor completes their evaluation and submits. Preceptor comments are not required but are very helpful and much appreciated.

Instructions on how to assign scores are below. **At the midterm, it is expected that the student will earn a score greater than 3 (between 3 and 4 is acceptable) on each objective.** A student learning contract will be developed if score of 2 on any single objective or if average score is 3 (total 21) at midterm.

### **Scoring legend:**

N/A: Not observed.

0: **Unsafe** (unprofessional or unethical, posing danger to the client).

1: **Unsatisfactory.** Omits important parts of history, exam, or management; incomplete or inaccurate.

2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions. Minimal initiative or progress. **This score should be used if there is serious concern about a student's progress.**

3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information. **Appropriate for beginning new clinical experience.**

4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care. Satisfactory progress towards course objectives. **Adequate knowledge, theory base, skills, and initiative.**

5: Meets course objectives and exemplifies practice appropriate to the student level. Consistent application of knowledge, skills, and initiative. Good grasp of role. Knows when to seek consultation and does so appropriately. **Ready to progress to next level of clinical experience.**

Total score: A=31.5-35 B=28-31.4 C= 24.5-27.9 U=0-24.4

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. Please refer to the Core Competencies listed below in Appendix A for further detail. *While students may not fully meet these competencies until the end of their midwifery training, we expect that they meet course objectives by the end of this semester. Course objectives include:*

A. Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and Code of Ethics to ambulatory care of individuals during preconception, antepartum, gynecologic/reproductive/sexual health, and acute and chronic primary care encounters.

B. Formulate an age-specific, culturally-appropriate health management plans in partnership with individuals, families, or groups, including psychosocial, sexual, health promotion and disease prevention and education issues.

C. Identify the need for consultation, collaboration, and referral with other health team members.

D. Apply current research findings and risk management principles into nurse midwifery management and analysis of case studies.

E. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.

**Please rate this student's ability to:**

**1. Systematically collect all information for the complete evaluation of the client**

- Includes chart review, history collection, complete or targeted physical exam, and fetal assessment if appropriate.
- Reports and records all findings completely and concisely

Student Rating: \* 5,0 4,5 4,0 3,5 3,0 2,5 2,0 1,5 1,0 0,5 0,0 NA

Student Comments

Preceptor Rating: \* 5,0 4,5 4,0 3,5 3,0 2,5 2,0 1,5 1,0 0,5 0,0 NA

Preceptor Comments:

**2. Identify diagnoses and health care needs based on the correct interpretation of the subjective and objective data and anticipate potential problems or diagnoses that may be expected based on identified risk factors.**

Student Rating : \* 5,0 4,5 4,0 3,5 3,0 2,5 2,0 1,5 1,0 0,5 0,0 NA

Student Comments

Preceptor Rating: \* 5,0 4,5 4,0 3,5 3,0 2,5 2,0 1,5 1,0 0,5 0,0 NA

Preceptor Comments:

**3. Differentiate normal versus abnormal findings and articulate the need for midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client**

<b>Student Rating: *</b>	5.0	• 4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
<b>Student Comments</b>	<hr/>											
<b>Preceptor Rating: *</b>	5.0	• 4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
<b>Preceptor comments:</b>	<hr/>											

**4. Develop and clearly communicates a comprehensive evidence-based plan of care** in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale and is able to adjust the plan through ongoing evaluation of effectiveness.

<b>Student Rating: *</b>	5.0	• 4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
<b>Student comments</b>	<hr/>											
<b>Preceptor Rating : *</b>	5.0	• 4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
<b>Preceptor Comments :</b>	<hr/>											

**5. Assume responsibility, in concert with a preceptor, for the safe and efficient implementation** of an evidence-based plan of care.

- Orders /obtains /performs all routine care including laboratory data and therapeutics
- Provides safe and efficient care
- Skill set advances throughout clinical course progression

<b>Student Rating: *</b>	5.0	• 4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
<b>Student Comments</b>	<hr/>											
<b>Preceptor Rating : *</b>	5.0	• 4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
<b>Preceptor Comments:</b>	<hr/>											

**6. Exhibit professionalism throughout clinical interactions,** including skillful communication with the client , preceptor , and interprofessional healthcare team.

- Provides appropriate and culturally competent client counseling, education, and anticipatory guidance.

**Student Rating:** \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA  
**Student Comments**

**Preceptor Rating:** \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA  
**Preceptor Comments :**

**7. Perform perceptive self-assessment** while accepting responsibility for their own learning and provision of appropriate health care.

**Student Rating:** \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA  
**Student comments**

**Preceptor Rating:** \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA  
**Preceptor Comments :**

**What are areas of strength for this student?**

Student comments:  

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Preceptor comments:  

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**What are areas for student growth?**

Student comments:

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Comments here

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Preceptor comments:

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**Overall Preceptor feedback:**

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Enter Comments here

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**Appendix A: Core Competencies for Basic Midwifery Practice** (primary care, preconception, antepartum, and gynecologic/reproductive/sexual healthcare competencies)

A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary
  - h. Mental health



- i. Musculoskeletal
- j. Neurologic
- k. Respiratory
- l. Renal

6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.

7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect

B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors
3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
3. Manages common gynecologic and urogynecologic problems
4. Provides comprehensive care for all available contraceptive methods
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated

6. Provides counseling for sexual behaviors that promotes health and prevents disease
7. Understands the effects of menopause and aging on physical, mental, and sexual health
  - a. Initiates and/or refers for age and risk appropriate screening
  - b. Provides management and therapeutics for alleviation of common discomforts
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated.

D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:

1. Confirmation and dating of pregnancy using evidence-based methods
2. Management of unplanned or undesired pregnancies, including:
  - a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs
  - b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes
  - c. Referral for aspiration or surgical abortion as indicated
3. Management of spontaneous abortion, including:
  - a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
  - b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
  - c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures
  - d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
  - e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
4. Uses management strategies and therapeutics to promote normal pregnancy as indicated
5. Utilizes nationally defined screening tools and diagnostics as indicated
6. Educates client on the management of common discomforts of pregnancy
7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
8. Screens for health risks, including but not limited to intimate partner or gender-based violence, infections, and substance use and/or dependency

## 6825 Final evaluation

This midterm evaluation is to be completed collaboratively by student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click **Submit**. When you do, Exxat will send your preceptor an email with a link to the form. Your preceptor does not need to log in; they can just click on the link and review your assessment. The preceptor completes their evaluation and submits. Preceptor comments are not required but are very helpful and much appreciated.

Instructions on how to assign scores are below. By the final evaluation, the student should earn a score of at least 4 on each objective to pass the course.

### **Scoring legend:**

N/A: Not observed.

0: **Unsafe** (unprofessional or unethical, posing danger to the client).

1: **Unsatisfactory**. Omits important parts of history, exam, or management; incomplete or inaccurate.

2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions. Minimal initiative or progress. **This score should be used if there is serious concern about a student's progress.**

3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information. **Appropriate for beginning new clinical experience.**

4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care. Satisfactory progress towards course objectives. **Adequate knowledge, theory base, skills, and initiative.**

5: Meets course objectives and exemplifies practice appropriate to the student level. Consistent application of knowledge, skills, and initiative. Good grasp of role. Knows when to seek consultation and does so appropriately. **Ready to progress to next level of clinical experience.**

**Total score:** A=31.5-35 B=28-31.4 C= 24.5-27.9 U=0-24.4

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. Please refer to the Core Competencies listed below in Appendix A for further detail. *While students may not fully meet these competencies until the end of their midwifery training, we expect that they meet course objectives by the end of this semester.* Course objectives include:

A. Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and Code of Ethics to ambulatory care of individuals during preconception, antepartum, gynecologic/reproductive/sexual health, and acute and chronic primary care encounters.

B. Formulate an age-specific, culturally-appropriate health management plans in partnership with individuals, families, or groups, including psychosocial, sexual, health promotion and disease prevention and education issues.

C. Identify the need for consultation, collaboration, and referral with other health team members.

D. Apply current research findings and risk management principles into nurse midwifery management and analysis of case studies.

E. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.

Please rate this student's ability to:

**1. Systematically collect all information for the complete evaluation of the client**

- Includes chart review, history collection, complete or targeted physical exam, and fetal assessment if appropriate.
- Reports and records all findings completely and concisely

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments :

**2. Identify diagnoses and health care needs** based on the correct interpretation of the subjective and objective data, and anticipate potential problems or diagnoses that may be expected based on identified risk factors.

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**3. Differentiate normal versus abnormal findings** and articulate the need for midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client.

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**4. Develop and clearly communicates a comprehensive evidence-based plan of care** in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale, and is able

to adjust the plan through ongoing evaluation of effectiveness.

Student Rating: + 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

5. Assume responsibility, in concert with a preceptor, for the **safe and efficient implementation** of an evidence-based plan of care.

- Orders/obtains/performs all routine care including laboratory data and therapeutics
- Provides safe and efficient care
- **Skill** set advances throughout clinical course progression

Student Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA  
Student Comments

Preceptor Rating: + 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

6. **Exhibit professionalism throughout clinical interactions**, including skillful communication with the client, preceptor, and interprofessional healthcare team.

- Provides appropriate and culturally competent client counseling, education, and anticipatory guidance.

Student Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA  
Student Comments

Preceptor Rating: + 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
comments:

7. **Perform perceptive self-assessment** while accepting responsibility for their own learning and provision of appropriate health care.

Student Rating: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**What are areas of strength for this student?**

Student comments:

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Preceptor comments:

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**What are areas for student growth?**

Student comments:

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Preceptor comments:

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**Overall Preceptor feedback:**

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Comments here

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**Appendix A: Core Competencies for Basic Midwifery Practice** (primary care, preconception, antepartum, and gynecologic/reproductive/sexual healthcare competencies)

A. A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary
  - h. Mental health
  - i. Musculoskeletal
  - j. Neurologic
  - k. Respiratory
  - l. Renal
6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect

B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors

3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
3. Manages common gynecologic and urogynecologic problems
4. Provides comprehensive care for all available contraceptive methods
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated
6. Provides counseling for sexual behaviors that promotes health and prevents disease
7. Understands the effects of menopause and aging on physical, mental, and sexual health
  - a. Initiates and/or refers for age and risk appropriate screening
  - b. Provides management and therapeutics for alleviation of common discomforts
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:

1. Confirmation and dating of pregnancy using evidence-based methods
2. Management of unplanned or undesired pregnancies, including:
  - a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs
  - b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes



- c. Referral for aspiration or surgical abortion as indicated
3. Management of spontaneous abortion, including:
    - a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
    - b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
    - c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures
    - d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
    - e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
  4. Uses management strategies and therapeutics to promote normal pregnancy as indicated
  5. Utilizes nationally defined screening tools and diagnostics as indicated
  6. Educates client on the management of common discomforts of pregnancy
  7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
  8. Screens for health risks, including but not limited to intimate partner or gender-based violence, infections, and substance use and/or dependency
  9. Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy
  10. Provides anticipatory guidance related to **birth**, lactation and infant feeding, parenthood, and change in the family constellation
  11. Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies
  12. Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being

# Appendix I-6815 Daily, Midterm and Final Evaluation

## 6815 Daily evaluation

This evaluation is to be completed each clinical day collaboratively by the student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click **Submit**. When you do, Exxat will send your preceptor an email with a link to the form. Your preceptor does not need to log in; they can just click on the link and review your assessment. The preceptor completes their evaluation and submits. Preceptor comments are not required but are very helpful and much appreciated.

Instructions on how to assign scores are below. **A student starting their rotation is typically a level 3, and we would expect them to progress to an average level 4.5 or 5 by the end of their rotation. A score of 2 or lower suggests a serious concern with student performance, as do scores that do not progressively improve over the rotation.**

### Scoring legend:

N/A: Not observed.

0: **Unsafe** (unprofessional or unethical, posing danger to the client).

1: **Unsatisfactory**. Omits important parts of history, exam, or management; incomplete or inaccurate.

2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions. Minimal initiative or progress. **This score should be used if there is serious concern about a student's progress.**

3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information. **Appropriate for beginning new clinical experience.**

4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care. Satisfactory progress towards course objectives. **Adequate knowledge, theory base, skills, and initiative.**

5: Meets course objectives and exemplifies practice appropriate to the student level. Consistent application of knowledge, skills, and initiative. Good grasp of role. Knows when to seek consultation and does so appropriately. **Ready to progress to next level of clinical experience.**

Total score: A=31.5-35 B=28-31.4 C= 24.5-27.9 U=0-24.4

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. *While students may not fully meet these competencies until the end of their midwifery training, we expect that they meet course objectives by the end of this semester.* Course objectives are listed in Appendix A, and Core Competencies are listed in Appendix B below.

## CLINICAL EVALUATION

**Student: Give a general description of the care you provided today and any specific knowledge or skills utilized.**

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Comments here

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**Student: What went well today?**

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**Student: What are areas for growth?**

Enter Comments here..

**Please rate this student's ability to:**

**1. Systematically collect all information for the complete evaluation of the client**

- Includes chart review, history collection, complete or targeted physical exam, and fetal assessment if appropriate.
- Reports and records all findings completely and concisely.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

**2. Identify diagnoses and health care needs based on the correct interpretation of the subjective and objective data, and anticipate potential problems or diagnoses that may be expected based on identified risk factors.**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

**3. Differentiate normal versus abnormal findings and articulate the need for immediate midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**4. Develop and clearly communicate a comprehensive evidence-based plan of care** in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale, and is able to adjust the plan through ongoing evaluation of effectiveness.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**5. Assume responsibility, in concert with a preceptor, for the safe and efficient implementation** of an evidence-based plan of care.

- Orders/obtains/performs all routine care including laboratory data and therapeutics
- Provides safe and efficient care
- Skill set advances throughout clinical course progression

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**6. Exhibit professionalism throughout clinical interactions,** including skillful communication with the client, preceptor, and interprofessional healthcare team.

- Provides appropriate and culturally competent client counseling, education, and anticipatory guidance.

Student Rating : *	5.0	•	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
Student Comments	<hr/>												
Preceptor Rating : *	5.0	•	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
Preceptor comments:	<hr/>												

**7. Perform perceptive self-assessment** while accepting responsibility for their own learning and provision of appropriate health care.

Student Rating : *	5.0	•	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
Student Comments	<hr/>												
Preceptor Rating : *	5.0	•	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0	NA
Preceptor Comments :	<hr/>												

**Overall Preceptor feedback:**

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Enter Comments here...

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**Appendix A: 6815 Course Objectives**

- A.** Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and the Code of Ethics to ambulatory care of individuals during preconception, antepartum, primary care, and gynecologic/reproductive/sexual health encounters.
- B.** Utilize principles of teaching and learning to educate individuals and groups.
- C.** Formulate an age-specific, culturally appropriate health management plan with individuals, including psychosocial, sexual, health promotion and disease prevention and education issues.
- D.** Identify the need for consultation, collaboration, and referral with other health team members.
- E.** Incorporate current research findings and risk management principles into nurse-midwifery management and analysis of case studies related to care of individuals.

F. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.

G. Facilitate family centered care and the empowerment of individuals as partners in healthcare.

**Appendix B: Relevant Core Competencies for Basic Midwifery Practice** (primary care, preconception, antepartum, and gynecologic/reproductive/sexualhealthcare competencies)

A. A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary
  - h. Mental health
  - i. Musculoskeletal
  - j. Neurologic
  - k. Respiratory
  - l. Renal

6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect

B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors
3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
3. Manages common gynecologic and urogynecologic problems
4. Provides comprehensive care for all available contraceptive methods
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated
6. Provides counseling for sexual behaviors that promotes health and prevents disease
7. Understands the effects of menopause and aging on physical, mental, and sexual health
  - a. Initiates and/or refers for age and risk appropriate screening
  - b. Provides management and therapeutics for alleviation of common discomforts

8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:

1. Confirmation and dating of pregnancy using evidence-based methods
2. Management of unplanned or undesired pregnancies, including:
  - a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs
  - b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes
  - c. Referral for aspiration or surgical abortion as indicated
3. Management of spontaneous abortion, including:
  - a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
  - b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
  - c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures
  - d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
  - e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
4. Uses management strategies and therapeutics to promote normal pregnancy as indicated
5. Utilizes nationally defined screening tools and diagnostics as indicated
6. Educates client on the management of common discomforts of pregnancy
7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
8. Screens for health risks, including but not limited to intimate partner or gender-based violence, infections, and substance use and/or dependency
9. Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy
10. Provides anticipatory guidance related to birth, lactation and infant feeding, parenthood, and change in the family constellation



11. Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies

12. Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being

## 6815 Midterm evaluation

This midterm evaluation is to be completed collaboratively by student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click **Submit**. When you do, Exxat will send your preceptor an email with a link to the form. Your preceptor does not need to log in; they can just click on the link and review your assessment. The preceptor completes their evaluation and submits. Preceptor comments are not required but are very helpful and much appreciated.

Instructions on how to assign scores are below. **At the midterm, it is expected that the student will earn a score greater than 3 (between 3 and 4 is acceptable) on each objective.** A student learning contract will be developed if score of 2 on any single objective or if average score is 3 (total 21) at midterm.

### **Scoring legend:**

N/A: Not observed.

0: **Unsafe** (unprofessional or unethical, posing danger to the client).

1: **Unsatisfactory.** Omits important parts of history, exam, or management; incomplete or inaccurate.

2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions. Minimal initiative or progress. **This score should be used if there is serious concern about a student's progress.**

3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information. **Appropriate for beginning new clinical experience.**

4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care. Satisfactory progress towards course objectives. **Adequate knowledge, theory base, skills, and initiative.**

5: Meets course objectives and exemplifies practice appropriate to the student level. Consistent application of knowledge, skills, and initiative. Good grasp of role. Knows when to seek consultation and does so appropriately. **Ready to progress to next level of clinical experience.**

Total score: A=31.5-35 B=28-31.4 C= 24.5-27.9 U=0-24.4

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. Please refer to the Core Competencies listed below in Appendix A for further detail. *While students may not fully meet these competencies until the end of their midwifery training, we expect that they meet course objectives by the end of this semester. Course objectives include:*

A. Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and the Code of Ethics to ambulatory care of individuals during

preconception, antepartum, primary care, and gynecologic/reproductive/sexual health encounters.

B. Utilize principles of teaching and learning to educate individuals and groups.

C. Formulate an age-specific, culturally appropriate health management plan with individuals, including psychosocial, sexual, health promotion and disease prevention and education issues.

D. Identify the need for consultation, collaboration, and referral with other health team members.

E. Incorporate current research findings and risk management principles into nurse-midwifery management and analysis of case studies related to care of individuals.

F. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.

G. Facilitate family centered care and the empowerment of individuals as partners in healthcare.

**Please rate this student's ability to:**

**1. Systematically collect all information for the complete evaluation of the client**

- Includes chart review, history collection, complete or targeted physical exam, and fetal assessment if appropriate.
- Reports and records all findings completely and concisely

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \*\* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**2. Identify diagnoses and health care needs based on the correct interpretation of the subjective and objective data, and anticipate potential problems or diagnoses that may be expected based on identified risk factors.**

Student Rating : \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating : \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments :

**3. Differentiate normal versus abnormal findings** and articulate the need for midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client

Student Rating : \*    5.0   • 4.5   4.0   3.5   3.0   2.5   2.0   1.5   1.0   0.5   0.0   NA

Student Comments   

Preceptor Rating : \*    5.0   • 4.5   4.0   3.5   3.0   2.5   2.0   1.5   1.0   0.5   0.0   NA

Preceptor Comments :

**4. Develop and clearly communicates a comprehensive evidence-based plan of care** in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale, and is able to adjust the plan through ongoing evaluation of effectiveness.

Student Rating : •    5.0   • 4.5   4.0   3.5   3.0   2.5   2.0   1.5   1.0   0.5   0.0   NA

Student Comments   

Preceptor Rating : \*    5.0   • 4.5   4.0   3.5   3.0   2.5   2.0   1.5   1.0   0.5   0.0   NA

Preceptor comments :

**5. Assume responsibility, in concert with a preceptor, for the safe and efficient implementation** of an evidence-based plan of care.

- Orders/obtains/performs all routine care including laboratory data and therapeutics
- Provides safe and efficient care
- Skill set advances throughout clinical course progression

Student Rating : •    5.0   • 4.5   4.0   3.5   3.0   2.5   2.0   1.5   1.0   0.5   0.0   NA

Student Comments   

Preceptor Rating : •    5.0   • 4.5   4.0   3.5   3.0   2.5   2.0   1.5   1.0   0.5   0.0   NA

Preceptor Comments :

**6. Exhibit professionalism throughout clinical interactions,** including skillful communication with the client, preceptor, and interprofessional healthcare team.

- Provides appropriate and culturally competent client counseling, education, and anticipatory guidance.

Student Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments :

**7. Perform perceptive self-assessment** while accepting responsibility for their own learning and provision of appropriate health care.

Student Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments :

**What are areas of strength for this student?**

Student comments:

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Preceptor comments:

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**What are areas for student growth?**

Student comments:

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Comments here

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Preceptor comments:

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**Overall Preceptor feedback:**

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Enter Comments here

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**Appendix A: Core Competencies for Basic Midwifery Practice** (primary care, preconception, antepartum, and gynecologic/reproductive/sexual healthcare competencies)

A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary
  - h. Mental health

- i. Musculoskeletal
- j. Neurologic
- k. Respiratory
- l. Renal

6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.

7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect

B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors
3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
3. Manages common gynecologic and urogynecologic problems
4. Provides comprehensive care for all available contraceptive methods
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated

6. Provides counseling for sexual behaviors that promotes health and prevents disease
7. Understands the effects of menopause and aging on physical, mental, and sexual health
  - a. Initiates and/or refers for age and risk appropriate screening
  - b. Provides management and therapeutics for alleviation of common discomforts
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:

1. Confirmation and dating of pregnancy using evidence-based methods
2. Management of unplanned or undesired pregnancies, including:
  - a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs
  - b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes
  - c. Referral for aspiration or surgical abortion as indicated
3. Management of spontaneous abortion, including:
  - a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
  - b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
  - c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures
  - d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
  - e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
4. Uses management strategies and therapeutics to promote normal pregnancy as indicated
5. Utilizes nationally defined screening tools and diagnostics as indicated
6. Educates client on the management of common discomforts of pregnancy
7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes



## 6815 Final evaluation

This midterm evaluation is to be completed collaboratively by student and preceptor. Complete your self-assessment, check the box at the bottom stating you have verified all your answers, and click **Submit**. When you do, Exxat will send your preceptor an email with a link to the form. Your preceptor does not need to log in; they can just click on the link and review your assessment. The preceptor completes their evaluation and submits. Preceptor comments are not required but are very helpful and much appreciated.

Instructions on how to assign scores are below. By the final evaluation, the student should earn a score of at least 4 on each objective to pass the course.

### **Scoring legend:**

N/A: Not observed.

0: **Unsafe** (unprofessional or unethical, posing danger to the client).

1: **Unsatisfactory**. Omits important parts of history, exam, or management; incomplete or inaccurate.

2: Marginal to minimal competence in communication, psychosocial support, hand skills, or management actions. Minimal initiative or progress. **This score should be used if there is serious concern about a student's progress.**

3: Beginning level practice, requires close supervision. Has disorganized approach to care giving, but often obtains needed information. **Appropriate for beginning new clinical experience.**

4: Intermediate level practice, requires some supervision. Rarely misses information and can discuss more than one approach to management of care. Satisfactory progress towards course objectives. **Adequate knowledge, theory base, skills, and initiative.**

5: Meets course objectives and exemplifies practice appropriate to the student level. Consistent application of knowledge, skills, and initiative. Good grasp of role. Knows when to seek consultation and does so appropriately. **Ready to progress to next level of clinical experience.**

**Total score:** A=31.5-35 B=28-31.4 C= 24.5-27.9 U=0-24.4

This evaluation is based on the ACNM Midwifery Management Process and the Core Competencies for Basic Midwifery Practice. Please refer to the Core Competencies listed below in Appendix A for further detail. *While students may not fully meet these competencies until the end of their midwifery training, we expect that they meet course objectives by the end of this semester.* Course objectives include:

- A. Apply the ACNM Philosophy, Core Competencies (including the Hallmarks of Midwifery and Midwifery Management Process), Standards for the Practice of Midwifery, and the Code of Ethics to ambulatory care of individuals during preconception, antepartum, primary care, and gynecologic/reproductive/sexual health encounters.
- B. Utilize principles of teaching and learning to educate individuals and groups.
- C. Formulate an age-specific, culturally appropriate health management plan with individuals, including psychosocial, sexual, health promotion and disease prevention and education issues.
- D. Identify the need for consultation, collaboration, and referral with other health team members.
- E. Incorporate current research findings and risk management principles into nurse-midwifery management and analysis of case studies related to care of individuals.

F. Prescribe pharmacologic, diagnostic and complementary therapeutic modalities according to site-specific practice guidelines.

G. Facilitate family centered care and the empowerment of individuals as partners in healthcare.

Please rate this student's ability to:

**1. Systematically collect all information for the complete evaluation of the client**

- Includes chart review, history collection, complete or targeted physical exam, and fetal assessment if appropriate.
- Reports and records all findings completely and concisely

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**2. Identify diagnoses and health care needs based on the correct interpretation of the subjective and objective data, and anticipate potential problems or diagnoses that may be expected based on identified risk factors.**

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

**3. Differentiate normal versus abnormal findings and articulate the need for midwifery intervention or support of physiologic processes, and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client.**

Student Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**4. Develop and clearly communicates a comprehensive evidence-based plan of care in partnership with the client (and in concert with the preceptor) that is supported by a valid rationale, and is able to adjust the plan through ongoing evaluation of effectiveness.**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

5. Assume responsibility, in concert with a preceptor, for the **safe and efficient implementation** of an evidence-based plan of care.

- Orders/obtains/performs all routine care including laboratory data and therapeutics
- Provides safe and efficient care
- Skill set advances throughout clinical course progression

Student Rating: \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating : \* 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments:

6. **Exhibit professionalism throughout clinical interactions**, including skillful communication with the client, preceptor, and interprofessional healthcare team.

- Provides appropriate and culturally competent client counseling, education, and anticipatory guidance.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor Comments :

7. **Perform perceptive self-assessment** while accepting responsibility for their own learning and provision of appropriate health care.

Student Rating: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor comments:

**What are areas of strength for this student?**

Student comments:

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Preceptor comments:

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**What are areas for student growth?**

Student comments:

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Preceptor comments:

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**Overall Preceptor feedback:**

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Comments here

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**Appendix A: Core Competencies for Basic Midwifery Practice** (primary care, preconception, antepartum, and gynecologic/reproductive/sexual healthcare competencies)

A. A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary
  - h. Mental health
  - i. Musculoskeletal
  - j. Neurologic
  - k. Respiratory
  - l. Renal
6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect

B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors

3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
3. Manages common gynecologic and urogynecologic problems
4. Provides comprehensive care for all available contraceptive methods
5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated
6. Provides counseling for sexual behaviors that promotes health and prevents disease
7. Understands the effects of menopause and aging on physical, mental, and sexual health
  - a. Initiates and/or refers for age and risk appropriate screening
  - b. Provides management and therapeutics for alleviation of common discomforts
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:

1. Confirmation and dating of pregnancy using evidence-based methods
2. Management of unplanned or undesired pregnancies, including:
  - a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs
  - b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes

- c. Referral for aspiration or surgical abortion as indicated
3. Management of spontaneous abortion, including:
    - a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
    - b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
    - c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures
    - d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
    - e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
  4. Uses management strategies and therapeutics to promote normal pregnancy as indicated
  5. Utilizes nationally defined screening tools and diagnostics as indicated
  6. Educates client on the management of common discomforts of pregnancy
  7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
  8. Screens for health risks, including but not limited to intimate partner or gender-based violence, infections, and substance use and/or dependency
  9. Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy
  10. Provides anticipatory guidance related to **birth**, lactation and infant feeding, parenthood, and change in the family constellation
  11. Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies
  12. Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being

# Appendix J-6545 Midterm and Final Evaluation

## Primary Care Clinical Performance Evaluation

Please indicate the appropriate score pertaining to the student's clinical performance. Assessment of clinical performance is determined by the student's ability to demonstrate the described behavior and is based upon the scoring rubric from 0 to 5.

At the Midterm Evaluation, it is expected that the student will earn a **score of at least 3 on each objective**. A student learning contract will be developed if there is a score of 2 on any single objective or if the average score is less than 3 (total score of 21) at midterm.

### Scoring Legend:

N/A: No opportunity to interact or observe student performance.

0: **Unsafe, unprofessional, or unethical behavior observed.**

*Example: Delivers aspect of patient care without permission/supervision. Neglects to report significant abnormal findings.*

1: **Omits required elements of patient care management (history, physical exam, and/or management); incomplete; inaccurate.**

**Unsatisfactory, incomplete, or inaccurate clinical performance of patient care management skills consistently observed.**

*Example: Fails to demonstrate application of prior instruction in history taking. Consistently fails to complete delegated tasks.*

2: **Minimal competence of clinical performance of patient care management skills. Demonstrates inadequate level of knowledge, skill, and initiative requires significant or constant guidance/supervision.**

**Minimal ability to demonstrate clinical performance at the appropriate student level for an initial clinical experience.**

*Example: Minimal patient interaction. Successful attempt to complete history and physical exam with supervision/validation. Appropriately identifies abnormal versus normal findings.*

3: **Minimal to moderate competence in clinical performance of patient care management skills. Demonstrates novice level of knowledge, skill, and initiative. Requires moderate supervision/coaching/validation.**

**Appropriate level of clinical performance at the student level for an initial clinical experience.**

*Example: Completes history and physical exam with moderate supervision/validation. Initiates preliminary diagnostic evaluation. Appropriately identifies differential diagnoses of common primary care conditions.*

4: **Moderate competence in clinical performance of patient care management skills. Demonstrates adequate knowledge, skill, and initiative. Requires minimal supervision/coaching/validation.**

**Advancement towards intermediate competence of clinical performance at the student level for an initial clinical experience.**

*Example: Completes history, physical exam with minimal supervision/validation. Completes preliminary diagnostic evaluation. Appropriately identifies final diagnosis of primary care conditions. Initiates care management with moderate coaching.*

5: **Mastery of clinical performance of patient care management skills appropriate to the student level of performance. Demonstrates consistent application of knowledge, skill, and initiative.**

**Mastery of clinical performance at the student level for an initial clinical experience.**

*Example: Independent patient care management with minimal coaching/validation. Understands the role of the primary care provider.*

Total Score: A = 28-35

B = 26.25-27.99

C = 21-26.24

U = 0-20.99



students may not fully meet these competencies until the end of their training to become an advanced practice nurse, we expect that they meet course objectives by the end of this semester.

Course objectives include:

- A. Apply knowledge and skills in primary care that includes identification of normal and deviations of normal, management, and theapeutics for well adults as well as those with acute and chronic conditions.
- B. Implement the midwifery management process in primary care settings including interdisciplinary collaboration and self-reflection on progress toward the professional role as an advanced practice nurse.

Please rate this student's overall ability, safety, and competence for the following:

1. Demonstrate skillful acquisition of subjective, physical, and laboratory data:

- Obtains a comprehensive history and determine status/problems relevant to physical, psychosocial, environmental, developmental, and cultural needs.
- Adapts interview as needed and completes health history in a timely manner.
- Observes the patient and correctly applies advanced health assessment techniques and laboratory tests to patient assessment.
- Identifies abnormal findings and completed physical examination with confidence, organization, and completeness.
- Orders/obtains/performs all routine care including laboratory data and theapeutics.

Student Rating: \*      S.O   \* 4.5   4.0   3.5   3.0   ,.S   2.0   1.5   OS   0.0

Student comments

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Preceptor Rating: "      S.O   \* 4.5   4.0   3.5   3.0   ,.S   2.0   1.5   1.0   0.5   0.0

Preceptor  
Comments:

2. Identify differential diagnoses and make a final assessment of health care needs based on the correct interpretation of the subjective and objective data, and anticipate potential problems or diagnoses based on identified risk factors.

Student Rating: \*      S.O \* 4.5   4.0   3.5   3.0   ZS   ,.O   1.5   1.0   0.5   0.0

Student Comments

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Preceptor Rating: \*      5.0   \*4.5   4.0   3.5   3.0   ,.S   2.0   1.5   1.0   0.5   0.0   NA

Preceptor  
comments:

3. Demonstrate organization of clinical data in a written format and organize time efficiently.  
Documents in logical, sequential, and clear manner.

Documents patient information completely and concisely.  
Efficiently organizes time spent in the clinical setting.

Student Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.0 0.5 0.0 NA

Preceptor Comments:

4. Demonstrate responsible and professional patient/family-centered communication with concise reporting to the preceptor that exhibits appropriate concern and respect of the patient and involves interdependent collaboration between preceptor, peers, and resource personnel.

Student Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.0 1.0 0.5 0.0 NA

Student Comments

Preceptor Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.0 0.0

Preceptor Comments:

5. Provide appropriate management of health problems with implementation of an evidence-based plan of care:

Integrates principles of health management and promotion.

Identifies abnormal growth and development.

Locates and utilizes relevant text and research.

Collaborates with outside health and community resources.

Provides appropriate and culturally competent patient counseling, education, and anticipatory guidance.

Student Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0

Student comments

Preceptor Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.0 1.5 1.0 0.0 0.0

Preceptor Comments:

6. Exhibit professionalism throughout clinical interactions, including skillful communication with the patient, preceptor, and interprofessional healthcare team.

- Maintains confidentiality of patient information.

Provides safe, efficient, and ethical care.

- Demonstrate respect and authority with nonverbal behaviors.

Follows clinical agency's policies and procedures.

Performance indicates awareness of limitations of scope, skills, and knowledge.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

**7. Integrate advanced health assessment, pharmacotherapeutics, and health promotion based upon best practices and nationally recognized standards to manage patient health in the primary care setting.**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
comments:

## Reflection of Clinical Performance

Reflection topics may include: overall clinical performance, application of constructive criticism, advancement of clinical skills and/or knowledge, evaluation of patient care outcomes, progression of clinical reasoning skills, and evidence of growth towards practical independence.

What are areas of strength for this student?

Student comments:

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Preceptor comments:

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What are areas for student growth?

Student comments:

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Preceptor comments:

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Overall Preceptor feedback:

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Comments here

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## Complexity of Clinical Decision-Making Evaluation

Please indicate the appropriate level of the student's ability to complete the clinical decision-making process. Assessment of clinical decision-making is determined by the student's ability to manage the number and complexity of problems addressed in clinical encounters. Consideration should also include the amount and/or complexity of data to be reviewed and the student's ability to analyze the data for risk of complications, morbidity, or mortality of patient management.

At the Midterm Evaluation, it is expected that the student will demonstrate an Average ability to manage clinical encounters that require Low Complexity decision-making at a minimum. It is appropriate to select Not Applicable for any level of decision-making beyond Low Complexity.

At the Final Evaluation, it is expected that the student will demonstrate an Average ability to manage clinical encounters that require Low to Moderate

<i>Please choose the appropriate level by clicking into one box for each of the following categories.</i>	<b>Below Standards</b>	<b>Needs Improvement</b>	<b>Average</b>	<b>Above Average</b>	<b>Not Applicable*</b>
<b>Straight Forward</b> Minimal 1 self-limited or minor problem					
<b>Low Complexity</b> Low 2 or more self-limited or minor problems OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury					
<b>Moderate Complexity</b> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR 2 or more stable chronic illnesses; OR 1 undiagnosed new problem with uncertain prognosis; OR 1 acute illness with systemic symptoms; OR 1 acute complicated injury					
<b>High Complexity</b> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR 1 acute or chronic illness or injury that poses a threat to life or bodily function					

Table 1 - \*Not Applicable - based upon clinical setting or level of required clinical performance

#### Appendix A: American Association of Colleges of Nursing (AACN) Domains for Advanced-level Nursing Education

1. **Domain 1:** Knowledge for Nursing Practice encompasses the integration, translation, and application of disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
2. **Domain 2:** Person-Centered Care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.
3. **Domain 3:** Population Health spans the healthcare delivery continuum from prevention to disease management of populations and describes collaborative activities with affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.
4. **Domain 4:** Scholarship for Nursing Practice involves the generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.
5. **Domain 5:** Quality and Safety, as core values of nursing practice, involves enhancing quality and minimizing risk of harm to patients and providers through both system effectiveness and individual performance.
6. **Domain 6:** Interprofessional Partnerships involves intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.
7. **Domain 7:** Systems-Based Practice prepares nurses to lead within complex systems of health care. Nurses must effectively coordinate resources to provide safe, quality, equitable care to diverse populations.
8. **Domain 8:** Informatics and Healthcare Technologies are used to provide safe, high quality care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice.
9. **Domain 9:** Professionalism involves cultivating a sustainable professional nursing identity, perspective, accountability, and comportment that reflects nursing's characteristics and values.
10. **Domain 10:** Personal, Professional, and Leadership Development includes activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

#### Appendix B: American College of Nurse-midwives Core Competencies for Basic Midwifery Practice

A. Demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary

## Primary Care Clinical Performance Evaluation

Please indicate the appropriate score pertaining to the student's clinical performance. Assessment of clinical performance is determined by the student's ability to demonstrate the described behavior and is based upon the scoring rubric from Oto 5.

At the Final Evaluation, it is expected that the student will earn a score between 3 and 4 on each objective to pass the course. The student will not pass if there is a score of 2 on any single objective or if the average score is less than 3.75 (total score of 26.25) at the final.

### Scoring Legend:

N/A: No opportunity to interact or observe student performance.

0: **Unsafe, unprofessional, or unethical behavior observed.**

*Example: Delivers aspect of patient care without permission/supervision. Neglects to report significant abnormal findings.*

1: Omits required elements of patient care management (history, physical exam, and/or management); incomplete; inaccurate.

**Unsatisfactory, incomplete, or inaccurate clinical performance of patient care management skills consistently observed.**

*Example: Fails to demonstrate application of prior instruction in history taking. Consistently fails to complete delegated tasks.*

2: Minimal competence of clinical performance of patient care management skills. Demonstrates inadequate level of knowledge, skill, and initiative requires significant or constant guidance/supervision.

**Minimal ability to demonstrate clinical performance at the appropriate student level for an initial clinical experience.**

*Example: Minimal patient interaction. Successful attempt to complete history and physical exam with supervision/validation. Appropriately identifies abnormal versus normal findings.*

3: Minimal to moderate competence in clinical performance of patient care management skills. Demonstrates novice level of knowledge, skill, and initiative.

Requires moderate supervision/coaching/validation.

**Appropriate level of clinical performance at the student level for an initial clinical experience.**

*Example: Completes history and physical exam with moderate supervision/validation. Initiates preliminary diagnostic evaluation. Appropriately identifies differential diagnoses of common primary care conditions.*

4: Moderate competence in clinical performance of patient care management skills. Demonstrates adequate knowledge, skill, and initiative. Requires minimal supervision/coaching/validation.

**Advancement towards intermediate competence of clinical performance at the student level for an initial clinical experience.**

*Example: Completes history, physical exam with minimal supervision/validation. Completes preliminary diagnostic evaluation. Appropriately identifies final diagnosis of primary care conditions. Initiates care management with moderate coaching.*

5: Mastery of clinical performance of patient care management skills appropriate to the student level of performance. Demonstrates consistent application of knowledge, skill, and initiative.

**Mastery of clinical performance at the student level for an initial clinical experience.**

*Example: Independent patient care management with minimal coaching/validation. Understands the role of the primary care provider.*

**Total Score:** A 28-35      B 26.25-27.99      C 21-26.24      U 0-20\_99

This evaluation is based on the American Association of Colleges of Nursing (AACN) Essentials: Core Competencies for Professional Nursing Education and the American College of Nurse-midwives Core Competencies for Basic Midwifery Practice which are listed below in Appendix A and B for further detail. While

students may not fully meet these competencies until the end of their training to become an advanced practice nurse, we expect that they meet course objectives by the end of this semester.

Course objectives include:

- A. Apply knowledge and skills in primary care that includes identification of normal and deviations of normal, management, and theapeutics for well adults as well as those with acute and chronic conditions.
- B. Implement the midwifery management process in primary care settings including interdisciplinary collaboration and self-reflection on progress toward the professional role as an advanced practice nurse.

Please rate this student's overall ability, safety, and competence for the following:

1. Demonstrate skillful acquisition of subjective, physical, and laboratory data:

- Obtains a comprehensive history and determine status/problems relevant to physical, psychosocial, environmental, developmental, and cultural needs.
- Adapts interview as needed and completes health history in a timely manner.
- Observes the patient and correctly applies advanced health assessment techniques and laboratory tests to patient assessment.
- Identifies abnormal findings and completed physical examination with confidence, organization, and completeness.
- Orders/obtains/performs all routine care including laboratory data and theapeutics.

Student Rating: \*      S.O   \* 4.5   4.0   3.5   3.0   ,S   2.0   1.5   OS   0.0

Student comments

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Preceptor Rating: "      S.O   \* 4.5   4.0   3.5   3.0   ,S   2.0   1.5   1.0   0.5   0.0

Preceptor  
Comments:

2. Identify differential diagnoses and make a final assessment of health care needs based on the correct interpretation of the subjective and objective data, and anticipate potential problems or diagnoses based on identified risk factors.

Student Rating: \*      S.O \* 4.5   4.0   3.5   3.0   ZS   ,.0   1.5   1.0   0.5   0.0

Student Comments

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Preceptor Rating: \*      5.0   \*4.5   4.0   3.5   3.0   ,S   2.0   1.5   1.0   0.5   0.0   NA

Preceptor  
comments:

3. Demonstrate organization of clinical data in a written format and organize time efficiently.

Documents in logical, sequential, and clear manner.



Documents patient information completely and concisely.  
Efficiently organizes time spent in the clinical setting.

Student Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.0 0.5 0.0 NA

Student Comments

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Preceptor Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.0 0.5 0.0 NA

Preceptor  
Comments:

4. Demonstrate responsible and professional patient/family-centered communication with concise reporting to the preceptor that exhibits appropriate concern and respect of the patient and involves interdependent collaboration between preceptor, peers, and resource personnel.

Student Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.0 1.0 0.5 0.0 NA

Student Comments

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Preceptor Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.0 0.0

Preceptor  
Comments:

5. Provide appropriate management of health problems with implementation of an evidence-based plan of care:

Integrates principles of health management and promotion.

Identifies abnormal growth and development.

Locates and utilizes relevant text and research.

Collaborates with outside health and community resources.

Provides appropriate and culturally competent patient counseling, education, and anticipatory guidance.

Student Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0

Student comments

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Preceptor Rating: \* 5.0 \* 4.5 4.0 3.5 3.0 2.0 1.5 1.0 0.0 0.0

Preceptor  
Comments:

6. Exhibit professionalism throughout clinical interactions, including skillful communication with the patient, preceptor, and interprofessional healthcare team.

- Maintains confidentiality of patient information.

Provides safe, efficient, and ethical care.

- Demonstrate respect and authority with nonverbal behaviors.

Follows clinical agency's policies and procedures.

Performance indicates awareness of limitations of scope, skills, and knowledge.

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
Comments:

**7. Integrate advanced health assessment, pharmacotherapeutics, and health promotion based upon best practices and nationally recognized standards to manage patient health in the primary care setting.**

Student Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Student comments

Preceptor Rating: • 5.0 • 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 NA

Preceptor  
comments:

## Reflection of Clinical Performance

Reflection topics may include: overall clinical performance, application of constructive criticism, advancement of clinical skills and/or knowledge, evaluation of patient care outcomes, progression of clinical reasoning skills, and evidence of growth towards practical independence.

What are areas of strength for this student?

Student comments:

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Preceptor comments:

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What are areas for student growth?

Student comments:

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Preceptor comments:

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Overall Preceptor feedback:

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Comments here

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## Complexity of Clinical Decision-Making Evaluation

Please indicate the appropriate level of the student's ability to complete the clinical decision-making process. Assessment of clinical decision-making is determined by the student's ability to manage the number and complexity of problems addressed in clinical encounters. Consideration should also include the amount and/or complexity of data to be reviewed and the student's ability to analyze the data for risk of complications, morbidity, or mortality of patient

At the Final Evaluation, it is expected that the student will demonstrate an Average ability to manage clinical encounters that require Low to Moderate Complexity decision-making. It is appropriate to select Not Applicable for any level of decision-making beyond Moderate Complexity.

<i>Please choose the appropriate level by clicking into one box for each of the following categories.</i>	<b>Below Standards</b>	<b>Needs Improvement</b>	<b>Average</b>	<b>Above Average</b>	<b>Not Applicable*</b>
<b>Straight Forward</b> Minimal 1 self-limited or minor problem					
<b>Low Complexity</b> Low 2 or more self-limited or minor problems OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury					
<b>Moderate Complexity</b> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR 2 or more stable chronic illnesses; OR 1 undiagnosed new problem with uncertain prognosis; OR 1 acute illness with systemic symptoms; OR 1 acute complicated injury					
<b>High Complexity</b> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR 1 acute or chronic illness or injury that poses a threat to life or bodily function					

Table 1 - \*Not Applicable - based upon clinical setting or level of required clinical performance

#### Appendix A: American Association of Colleges of Nursing (AACN) Domains for Advanced-level Nursing Education

1. **Domain 1:** Knowledge for Nursing Practice encompasses the integration, translation, and application of disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
2. **Domain 2:** Person-Centered Care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.
3. **Domain 3:** Population Health spans the healthcare delivery continuum from prevention to disease management of populations and describes collaborative activities with affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.
4. **Domain 4:** Scholarship for Nursing Practice involves the generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.
5. **Domain 5:** Quality and Safety, as core values of nursing practice, involves enhancing quality and minimizing risk of harm to patients and providers through both system effectiveness and individual performance.
6. **Domain 6:** Interprofessional Partnerships involves intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.
7. **Domain 7:** Systems-Based Practice prepares nurses to lead within complex systems of health care. Nurses must effectively coordinate resources to provide safe, quality, equitable care to diverse populations.
8. **Domain 8:** Informatics and Healthcare Technologies are used to provide safe, high quality care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice.
9. **Domain 9:** Professionalism involves cultivating a sustainable professional nursing identity, perspective, accountability, and comportment that reflects nursing's characteristics and values.
10. **Domain 10:** Personal, Professional, and Leadership Development includes activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

#### Appendix B: American College of Nurse-midwives Core Competencies for Basic Midwifery Practice

A. Demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:

1. Applies nationally defined goals and objectives for health promotion and disease prevention
2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
  - a. Breast
  - b. Cardiovascular and hematologic
  - c. Dermatologic
  - d. Endocrine
  - e. Eye, ear, nose, oral cavity, and throat
  - f. Gastrointestinal
  - g. Genitourinary

- h. Mental health
  - i. Musculoskeletal
  - j. Neurologic
  - k. Respiratory
  - l. Renal
6. Applies management strategies and therapies for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
  7. Assesses for risk factors including dysfunctional interpersonal relationships, sexual abuse, and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect.