

# Florida School of Traditional Midwifery



## Preceptor Handbook



## The Florida School *of* Traditional Midwifery

Dear preceptors,

It is my pleasure to welcome you to the Florida School of Traditional Midwifery community of preceptors, as you join our faculty in educating the next generation of midwives!

Preceptors oversee student experiences in the clinical setting, forming a bridge between what students learn in courses on campus and the practice of midwifery in their own communities. Preceptors bring current insights into practice-related issues and demonstrate the development of midwife-client relationship and communication. Without excellent preceptors, the mission of FSTM cannot be achieved.

Student clinical experience is concurrent with academic coursework, giving relevance to factual material and evidence-based practice. FSTM feels it is very important that students experience all types of practice settings, so midwifery students are encouraged to precept at a variety of clinical sites during the training program.

Our clinical sites are located throughout Florida and provide students with experience in homebirth practices, birth centers, clinics and observation in hospitals. Preceptors include licensed midwives, certified nurse midwives, registered nurses and physicians who are licensed in Florida.

In addition to technical skills and academic knowledge, FSTM's program cultivates the essential qualities of nurturing, intuition, compassion and strength. FSTM has learned from and modeled its program after the experiences of generations of midwives, like you. We have developed a special environment to nurture students as they join our community as the next generation of midwives.

At FSTM, we are honored to have you join us as partners in educating future midwives and thank you for your time, support, and energy in graciously accepting our students into your practice.

Warm regards,  
Kerri Audette, LM, CPM  
Clinical Director



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## **OUR MISSION**

The mission of the Florida School of Traditional Midwifery (FSTM) is to offer the finest in Direct-Entry Midwifery education in an environment that encourages students to reach their full potential. We believe that it is our responsibility to promote awareness of and access to midwifery services. Our graduates are community-builders who use midwifery as their tool.

## **OUR VISION**

We believe that everyone should have access to the maternity care provider of their choice and to the resources necessary to make an informed decision.

## **OUR PROGRAM**

The Florida School of Traditional Midwifery is committed to providing quality educational programs for those who share our desire to provide the best care for childbearing women and their families. Graduates of our midwifery program are eligible to become Florida Licensed Midwives (LM) and Certified Professional Midwives (CPM). FSTM is a not-for-profit 501(c)3 corporation organized under Florida law and licensed by the Florida Commission for Independent Education (CIE). We are also accredited by the Midwifery Education and Accreditation Council (MEAC). We offer direct-entry midwifery educational programs, which are based on combining the art of traditional midwifery with current knowledge of medical science and evidence-based practice. Our students' clinical experiences take place in a variety of settings: home birth practices, community-based birth centers, clinics, and hospitals, located throughout Florida. Our goal is to educate and prepare students to become skilled, caring midwives who will be available to serve women and families in their communities. Upon graduation, midwifery students will receive a diploma in direct-entry midwifery from FSTM and are eligible to sit for the state licensed midwifery examination. The State of Florida utilizes the North American Registry of Midwives (NARM) national examination for this purpose. Upon passing this exam and obtaining licensure, graduates are eligible to practice as Licensed Midwives (LM) in Florida. They are also eligible to become nationally certified through NARM as Certified Professional Midwives (CPM).

### **Contacts**

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## HOW TO BECOME A PRECEPTOR

### Requirements for Preceptorship

- Preceptors must be physicians, licensed midwives, or certified nurse midwives, who have a minimum of 3 years' professional experience, and a clear and active license
- Practitioners whose licenses are under suspension are not be eligible for FSTM preceptorship
- Filed disciplinary actions or public complaints with the Department of Health, or complaints/problems on record with FSTM are subject to additional consideration

If you are interested in becoming a preceptor with the Florida School of Traditional Midwifery, please contact the Clinical Director to discuss expectations and responsibilities. Preceptors are required to submit a completed FSTM Common Faculty Contract, including the Commission for Independent Education Form 402, and the Preceptor Addendum. License verification will be performed by the Clinical Director.

Students are not approved to participate beyond an observational role with a practitioner until all required documentation is received. Experiences with the practitioner are not covered under the school's liability insurance until the preceptor on-boarding process is complete.

### FSTM Non-Discrimination Policy

The Florida School of Traditional Midwifery does not discriminate on the basis of age, race, color, national and ethnic origin, sexual orientation, gender, disability, marital status and/or religion; FSTM grants to all the rights, privileges, programs and activities generally accorded or made available to any members of the organization.

### Revocation or Suspension of Preceptorship

The following may be grounds for revocation or suspension of preceptorship with FSTM:

- Failure to agree to the terms and conditions stated within the Preceptor Handbook or the Semester Agreement
- Violation of Florida Statute 467 or Admin. Code 64B24
- Disciplinary actions or public complaints on file with the Department of Health
- Complaints or grievances filed by other preceptors, practitioners, or students

### Reapplication After Preceptorship Denial or Revocation

Practitioners wishing to reapply or be reinstated as FSTM-approved preceptors must submit the following:

- Letter of intent stating corrective action taken by the midwife, including but not limited to remediation related to preceptorship dismissal and/or licensure suspension/revocation
- Documentation of CEUs obtained since last licensure

- If applicable, documentation that licensure probation or suspension requirements have been fulfilled

The FSTM Board of Directors will review the applicant's letter and other supporting documentation to determine whether the preceptor will be reinstated. Decisions will be made within 30 days of complete submission of requested materials.

## **PRECEPTOR RIGHTS & RESPONSIBILITIES**

### **Rights & Responsibilities**

- The preceptor has the right to interview the student prior to acceptance at the site. FSTM and the preceptor will designate the expected length of affiliation between student and preceptor.
- The preceptor shall have the right to direct FSTM to withdraw a student from the preceptor's site and will notify the FSTM Clinical Director in writing and/or verbally when the clinical performance of the student is disruptive or detrimental to the preceptor's practice or clients.
- The preceptor has the right to be informed of the student's immunization status.
- It is agreed by all that there shall be no discrimination based on race, religion, creed, sex, sexual orientation or national origin.
- The preceptor shall provide clinical experience according to FSTM recommendations. At all times during clinical experiences, Florida Law, F.S. 467 and Ch. 64B24 shall be adhered to.
- The student shall work under the direct supervision of the preceptor, who will be physically present at all clinical experiences and shall be available to the student at all times while the student is performing in a (clinical) midwifery capacity with clients. (F.S 467, 64B24-4.007 Clinical Training)
- Clinical experience will progress through a tiered process of observation, assistance and management in the antepartum, intrapartum and postpartum periods in midwifery care.
- Type of experience available shall be reviewed with the Clinical Director.
- The preceptor shall be available to review the student's progress and communicate with FSTM the nature of each student's clinical education at the site.
- The preceptor shall complete a written evaluation for each student assigned to the preceptor's practice each semester.
- The preceptor may only precept 2 students at a time during clinical experience. (F.S. 64B24-4.006)
- It is the preceptor's responsibility to inform the client and secure client consent for student participation in client care.
- The preceptor shall provide, for the student's review, all rules, regulations, protocols, policies & procedures and personnel policies of the preceptor's clinical site/practice.
- Changes in clinical staff acting in the role of preceptor(s) require notification and prior approval of FSTM.

- The preceptor shall be responsible for arranging immediate emergency care of student(s) in the event of accidental injury or illness at the preceptor's site, but the preceptor shall not be responsible for costs involved, follow up care or hospitalization.
- The preceptor shall conduct a clinical check in with each student assigned to the preceptor's practice each semester.
- The preceptor shall notify the Clinical Director immediately in the event that any disciplinary actions or public complaints should occur on file with the Department of Health.

### **Social Media & Networking Policies**

- Social media activities include but are not limited to creating or contributing to: blogs, message boards, RSS feeds, etc.; social networks such as Facebook, MySpace, Twitter, Instagram, and YouTube; or any other kind of social media site on the internet.
- It is expected that all who participate in social media and associate that interaction with FSTM understand and follow appropriate usage guidelines:
  - FSTM students, staff, faculty & preceptors are prohibited from posting any content that criticizes or ridicules FSTM, its policies, students, faculty and preceptors, staff or curriculum, on any social networking site.
  - Never comment on anything related to legal matters, litigation, or any parties FSTM, its students or preceptors may be in litigation with.

## **ACCEPTANCE & PLACEMENT OF STUDENTS**

The Clinical Director facilitates placement of students at clinical sites. Student Clinical Profiles are available to preceptors so that they can see relevant experience, certifications, skills, and academic course loads. Students and preceptors have the opportunity to meet and interview with one another to determine if they are a good fit for each other. FSTM does its best to place students in sites within their current communities, but assignment is dependent on a number of factors, including how many student openings a particular site has, how many students desire placement at those sites, and whether the student and preceptor believe they are a well suited for each other.

In the event that a student cannot be placed at a site within their own community they may be required to commute or relocate in order to attend clinic. Students are responsible for the costs related to travel, room and board related to clinical lab. Students must have reliable transportation while on call and must be accessible by telephone.

Clinical placement is assigned on a per semester basis. A Semester Agreement shall be signed by the student, preceptor, and Clinical Director at the beginning of each semester. Students and preceptors satisfied with their arrangement may continue to work together for the duration of the program, however, it is encouraged for students to gain experience with more than one preceptor so that they may be exposed to varying practice styles. Students are not permitted to change clinical sites without the Clinical Director's approval.

Unauthorized changes in clinical site will result in denial of clinical experiences received at the unapproved site, placement on a Performance Plan, and/or clinical probation.

**The student midwife is not a replacement for a well-trained birth assistant.** Beginning students need more guidance and training in the beginning and may benefit from observing and working with your trained birth assistant, or with a more senior student.

Before accepting a student into your practice, consider what you are looking for in a midwifery student. Areas to consider include:

- What qualities you desire in a student
- What sort of student will work well with your style of teaching
- How much of a time commitment you expect from your students, including clinical days and on-call time
- How much of a long term commitment you expect from students

### **Interviewing the Student**

When interviewing a student, consider covering the following:

- Discuss your practice, staff, the type of care provided and general expectations you have of students
- Review and clarify mutual expectations with the student
- Discuss expectations for call and clinic time
- Discuss expectations of duties to be performed in clinic and at birth
- Discuss student's academic needs and requirements and how they will balance that with their clinical obligations
- Discuss student rules or guidelines that pertain to professional expectations, social media etiquette, etc.

### **Orienting the Student to the Practice**

An orientation day will help set the student up for success within the midwifery practice. A contract between the preceptor and student is helpful to clarify your goals and guidelines in writing. This meeting should include:

- Information about procedures and protocols of the practice
- Scheduling for clinic days and on-call time
- Clinic day start and end times, as well as expectations for arrival and departure at birth
- Appropriate attire for clinical visits and births
- Duties assigned to the student (e.g. clean up, restocking, lab requisition) and procedures for completing them
- Safety protocols and procedures
- Preferred methods of contact if the student is running late, is ill, or other related scheduling issues
- Meal and rest breaks
- Information from the student regarding academic course load, requirements, and schedule



- Students require adequate time to study and prepare for academic courses and testing. Students require a balance of didactic and clinical instruction. Specifically, the 1<sup>st</sup> and 2<sup>nd</sup> year students must have adequate time built into their schedules to dedicate to academic material.

### **Excused Birth-Related Absence Policy**

Students are required to be off call for all FSTM classes. However, FSTM understands that absences may occasionally occur due to longer than expected birth or a need to attend for completion of Full Continuity of Care Cases. The following conditions apply to the Excused Birth-Related Absence Policy:

- Students must be in Year 2, Term 1 or beyond and enrolled in Clinical Lab
- Students may be excused from:
  - Two clock hours for each credit hour of a theory course, and
  - Four clock hours of a lab course missed for birth-related absences each semester.
- Any additional birth-related absences will be considered unexcused absences.

## **CLINICAL INSTRUCTION AND SKILLS DEVELOPMENT**

Preceptors are role models, clinical instructors, evaluators and mentors to midwifery students. Preceptors have the opportunity to imprint students with good clinical work habits, professionalism, and demonstrate the Midwives Model of Care.

Clinical experiences offer students:

- Exposure to midwifery or obstetrical practices that embody patient centered care
- Opportunities to apply newly acquired knowledge
- Opportunities to practice clinical skills
- Evaluation of their progress during semester check-ins

### **The Role of the Preceptor**

- Plan learning experiences and instruct the student in a way that helps them to meet professional and clinical goals
- Participate in identification of learning needs of the midwifery student
- Set goals with the student in collaboration with the curriculum and Clinical Director
- Act as a role model:
  - Provide patient care in accordance with established, evidence-based midwifery practice standards
  - Perform midwifery duties in accordance with F.S. 467, and Admin. Code 64B24
  - Maintain mature and effective working relationships with other health care providers and staff
  - Use resources safely, effectively and appropriately

- Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable
- Provide the student with feedback on his/her progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies, and patient care documentation
- Recognize that the healthcare setting may be new to the student
- Facilitate the student's professional socialization into the practice and with staff
- Consult with the Clinical Director

### **The Role of the Midwifery Student**

- Participate in the identification of his/her learning need
- Participate in the planning and implementation of learning experience
- Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience
- Accept and act in accordance with the direction provided by the preceptor
- Participate in ongoing evaluation of progress with the preceptor and Clinical Director

### **The Role of the Clinical Director**

- Receive regular feedback from students and preceptors on progress and developments
- Provide regular feedback to students and preceptors on progress and development; keep written records of the students' clinical experience
- Facilitate student placement at preceptor sites
- Develop institutional skills instructions and standards for use in the program
- Assess student clinical progress through check ins, reviews and skills assessments
- Meet regularly with student(s) for clinical check-ins
- Be available for questions, problem identification and resolution

### **Clinical Instruction**

As a preceptor, your primary responsibility to the student is to teach. Students come to a clinical site eager to learn everything you have to offer. Not only do you initiate students into the culture of midwifery and introduce them to midwifery customs, language and procedures, you will be teaching skills and helping them put the knowledge base they gain in the classroom into practical use.

Student skill level in the first term of clinic will vary depending on the experience a student has had prior to enrolling in the midwifery program. Some students may enter the program with healthcare or birth work experience. In this case the student may be ready to move forward quickly. However, most students enter the program with no background in healthcare and will have only completed a basic introduction to healthcare skills when they begin Clinical Lab.

Keep clinical teaching simple and organized, and build skills and duties as the student

masters each task. FSTM Academic and Clinical staff have worked collaboratively to map the curriculum and provide a progressive approach to skill acquisition. Skills are taught in sequence moving from less autonomy and proficiency to more autonomy and proficiency. Students will be given the opportunity for development of skills in Health Care Skills courses and Midwifery Practicum courses as well as in the clinical setting.

Students develop their knowledge and skills in a progressive approach:

**Introduced:** Students observe or assist in a limited role that meets their skill level. The observer role is one of learning and observation, beginning to explore the relationship between theoretical knowledge of skills and practical application.

**Developing:** Students assist the midwife, providing supportive care that helps to develop critical thinking and other clinical skills, but does not yet apply those skills consistently or proficiently. They may be beginning to make management decisions, but are not yet consistently using best practice.

**Mastery:** Students act as a primary decision maker under the supervision of the preceptor. Students apply theoretical knowledge to practice and demonstrate the ability to consistently and correctly make management decisions regarding client/patient care.

Reviewing FSTM curriculum and skills lists, and discussing student progress with the Clinical Director will help determine appropriate clinical duties for the students. Students may not feel enabled to say 'no' when they feel unprepared for a particular learning opportunity. There can be a fine line between pushing the boundaries of comfort and participating in practice that feels unsafe. Students of the same cohort may acquire skills at different rates and a skill that one student may have mastered may still be in the developing phase for another. It is important to check in with students as new experiences and clinical opportunities begin.

### **Skills Development**

Skills are introduced and practiced in Health Care Skills I and II, and in the Midwifery Practicum classes utilizing simulated models. However, certain skills cannot be adequately practiced in the classroom setting and will need to be practiced during actual scenarios at clinic or in the birth setting. Some advanced skills and high risk situations may not be available for actual practice due to the nature of low risk midwifery care. Skills such as breach birth and manual removal of the placenta, for example, will be conducted in simulated clinical teaching classes. FSTM conducts a thorough Clinical Skills Exam in the 3<sup>rd</sup> year of the program.

## **CLINICAL EXPERIENCE**

All clinical requirements are in compliance with Chapter 467, Florida Statute 64B24, the Commission for Independent Education, the North American Registry of Midwives (NARM),

and the Midwifery Education Accreditation Council (MEAC). Students shall abide by the clinical site's personnel policies, protocols, and contracts as deemed by the preceptor.

### **Definition of Clinical Experience Roles**

**Silent Observer:** Students are introduced to antepartum, intrapartum, postpartum, and newborn skills at the clinical site. Students observe or assist in a limited capacity in a role that meets their skill level. The observer role is one of learning and observation, beginning to explore the relationship between theoretical knowledge of skills and practical application. Five of the ten required 'Silent Observer' experiences do not require an FSTM-approved preceptor and can be approved in observation-only clinical sites.

**Assistant under Supervision:** Students are developing antepartum, intrapartum, postpartum, and newborn skills at the clinical site. Students assist the primary midwife, providing supportive care that helps to develop critical thinking and other clinical skills, but does not yet apply those skills consistently or proficiently. Students grow their level of involvement and assistance in a progressive approach as they develop increased skill and confidence. They may be beginning to make management decisions, but may not yet be consistently using best practice.

**Primary under Supervision\*:** This experience is often referred to as "management". Students are proficient in antepartum, intrapartum, postpartum, and newborn skills at the clinical site. Students act as the primary decision maker under the supervision of the preceptor. Students apply theoretical knowledge to practice and demonstrate the ability to consistently and correctly make management decisions regarding client/patient care. Like the Assistant under Supervision category, students develop this autonomy in a progressive approach. A student's first Primary under Supervision birth may require more suggestion and support than their final experience.

\*Note: Only one student can assume the Primary under Supervision role at a clinical experience. If two students are present, they may not "co-manage." However, one student may take the Assistant under Supervision role and one may take the Primary under Supervision role.

### **Clinical Experience Minimum Requirements for Graduation**

Initial Prenatal Exam: 23

- Assistant Under Supervision: 3
- Primary Under Supervision: 20

Prenatal Exam: 80

- Assistant Under Supervision: 25
- Primary Under Supervision: 55

Labor & Birth: 80

- Silent Observer: 10
- Assistant Under Supervision: 20

- Primary Under Supervision: 50

Newborn Exam: 50

- Assistant Under Supervision: 20
- Primary Under Supervision: 30

Postpartum Exam: 50

- Assistant Under Supervision: 10
- Primary Under Supervision: 40

Partial Continuity of Care: 10

- Student shall provide care in a Primary or Assistant role for at least one prenatal visit AND serve as Primary at the birth (labor, birth, immediate postpartum exam, newborn exam)

Full Continuity of Care: 5

- Student shall provide care as the Primary Under Supervision for the following: five complete prenatal exams spanning at least two trimesters, the birth (labor, birth, immediate postpartum exam, newborn exam), and two complete follow-up postpartum exams all as the Primary Under Supervision

Vaginal Suture: 5

- Student shall perform vaginal suture of 1st or 2nd degree laceration

In all categories, the Assistant under Supervision requirements must be completed before the student midwife can begin as Primary under Supervision.

These experiences must also include:

- A minimum of 5 births conducted in the home
- A minimum of 2 planned hospital births (may not be a result of an intrapartum transport, but may be an antepartum transport)

## **FEEDBACK & EVALUATION**

Determining student progress is an on-going process that includes setting clear expectations early on at the clinical site, and providing continual observation and assessment of the student's performance. Feedback and evaluation are complementary means of ensuring constructive growth. They enhance and reinforce clinical education.

- **Feedback** is frequent, ongoing review of strengths and areas for growth with suggestions for further study and practice. The intention of feedback is to improve performance from one experience to the next.
- **Evaluation** is a categorical comparison of a student's current performance to the desired requirements or standards. Verbal evaluations occur at the mid-term, and

written evaluations occur at the end of each term with the purpose of documenting achievement and/or competence.

## Feedback

**Daily feedback:** Debriefing and discussion should happen at the end of every clinic day and birth experience. Allowing 10-15 minutes at the end of the clinic day for the student to ask questions, relate what they learned, and for you to give feedback or suggestions will ensure that opportunities for learning and follow up are not missed. These daily conversations are an important opportunity for you to help the student understand what they have experienced that day and set goals for next time.

**Appropriate types of feedback:** Feedback should be specific and a combination of positive as well as corrective/constructive. Setting and timing of feedback is an important consideration.

- *Specific feedback:* When students are developing new skills, it is important to concentrate on providing specific positive feedback for work well done. For example: "I liked the way you asked the client's permission before taking her blood pressure" is more helpful than just saying "Good Job".
- *Corrective feedback:* Critical feedback should be tailored to help students understand their learning needs. Example: "You may need to review the anatomy of the pelvis to better understand and evaluate what you're palpating during a vaginal exam."
  - Correction should be given regularly but not so much as to overwhelm the student with information. It should also not be saved up for weeks or months and delivered all at once.
  - Feedback may be appropriate during or after completing a clinical activity. It is important to be mindful of appropriate settings for various types of feedback. For example: guiding a student to feel the difference between a head and a breech during Leopold's Maneuver on a client is appropriate, but calling a student out for misjudging a baby's position in a way that shames the student in front of a client is neither appropriate nor productive.

## Strategies for Evaluation

- *Define Expectations:* Students' clinical and academic achievements should be evaluated according to which term they are in in the midwifery program.
- *Identify Performance:* Determine how well the student performs in a given category or skill. Keep in mind that skills are developed in a progressive manner and should be evaluated thusly (see Clinical Instruction section above).
- *Identify Differences:* Compare performance and expectations to determine where students are succeeding and where growth opportunities exist.
- *Documentation:* Written documentation of the evaluation is a crucial component of FSTM's assessment of student readiness and mastery of midwifery skills.

- *Self-assessment*: Students may be asked to evaluate their own progress at the end of the semester. This self-assessment will be compared to the preceptor's overall assessment.

### **End of Term Evaluation**

Preceptors evaluate students at the end of each term utilizing the Student Clinical Progress Report. This report is particularly important as it allows FSTM to gauge a student's competence in providing health care to the general population and gives the student a general assessment of their progress that term. The Progress Report verifies whether students possess appropriate knowledge, skills, professionalism, and critical thinking skills in real-time situations.

Students are responsible for scheduling time with the preceptor to review the Progress Report and are responsible for submitting the completed Student Clinical Progress Report to the Clinical Director at the end of each term.

### **Mid-Term Evaluation**

A mid-term evaluation may be held by conducting a brief meeting around the middle of the semester. It can be structured similarly to the end of term evaluation, and is a chance to identify students' strengths and points of weakness, any problems, potential or actual, clarify expectations. Mid-term evaluations allow the student to receive feedback about their general performance with time to improve before the end of the term. Like end of term evaluations, mid-term evaluations should include specific information about areas that require improvement as well as positive feedback on areas that have shown growth.

## **STUDENT CLINICAL DOCUMENTATION**

### **Clinical Experience Forms**

All preceptors will receive an account on FSTM's electronic clinical tracking system where students submit clinical experience forms. Preceptors are able to login to their accounts at any time to review student experience forms and students may also be responsible informing their preceptor when they have submitted forms for approval.

When reviewing clinical experience forms verify the following:

- Was the student in attendance for the clinical experience on the date listed?
- Did the student fulfill the role the form states: Silent Observer, Assistant under Supervision, or Primary under Supervision?
- Did the student perform duties they attest to performing on the form?
- Is the information true and correct?

You have the option to approve or deny each form. If you feel the student should make a change to the form (ex.: experience not considered 'Primary under Supervision', HIPAA

violation, etc.) or if they were not present for the experience, the form should be denied. You will be directed to a comment page to leave a note for the student. Inform the student of the reason for denial and how they may proceed.

### **Clinical Hours Log**

Each credit of Midwifery Clinical Lab equates to a minimum of 60 clock hours. The FSTM Clinical program encompasses 23 Midwifery Clinical Lab credits and 1,380 clock hours. Clinical hours are obtained via attendance at the clinical site.

FSTM honors that each person's birth experience is unique. Given this, the exact number of hours required to attend the mandated number of birth experiences cannot be predetermined. Intrapartum hours (time spent at birth) are in addition to clinical hours. Most students will exceed the minimum number of clinical hours required. The preceptor and student shall work together to develop a mutually agreeable call and clinic schedule for the student, and the student must be off call for classes.

Students will document clinical hours on the Clinical Hours Log and will submit a final and signed version at the end of each semester. The total number of hours submitted must be equivalent to or exceed the number of clock hours associated with the number of Clinical Lab credits for which the student has registered. As an example, if the student has registered for two credits of Clinical Lab, they must show documentation of at least 120 Clinical Lab clock hours. Students may not include driving time to or from clinic and births on the Clinical Hours Log.

Students at risk for not obtaining the minimum number of clinical hours in a semester may obtain hours in additional settings at the discretion of the Clinical Director.

### **MEAC Required "Second Signature" Skills**

Per NARM/MEAC guidelines students must have verification from two different preceptors of proficiency for the following skills:

1. Basic maternal physical exam
2. Routine prenatal exam
3. Newborn exam
4. 4-6 week postpartum check-up

This verification is to be documented on the 'NARM Required Essential Skills Form'. Both preceptor signatures on each skill must indicate that the student has demonstrated proficiency in the skill.

## **CHALLENGES IN THE CLINICAL SITE**

Students and preceptors alike have the right to be treated with respect and professionalism. When feasible, issues in the clinical site should be resolved at the most immediate level



possible and students and preceptors are encouraged to first attempt to resolve their grievance or complaint by speaking with the individual(s) involved.

If a dispute occurs and informal means of resolution are not productive, please notify the Clinical Director as soon as possible. FSTM realizes that informal resolutions may not always be practical and the Clinical Director is always available to discuss any situation with the student or preceptor. The Clinical Director's responsibility is to strive to mediate a resolution that is satisfactory to all parties involved.

In the event that harassment or irreconcilable disputes occur, the safety of the student is compromised, or flagrant violations of the Semester Agreement arise, students or preceptors may submit a Clinical Grievance Form to the Clinical Director and begin the Formal Complaint & Grievance process (see Formal Complaint and Grievance Policy in Academic and Administrative Policies of the FSTM Catalog). Students and preceptors are urged to immediately bring any concerns of illegal or unethical patient care forward without fear of retaliation.

Variable clinical sites will inherently expose students to many different practice styles and approaches to care. However, if a student believes that an experience is in direct violation of common sense safety, Florida Statute 467 or Administrative Code 64B24, or presents a dangerous situation for the participants, the student is instructed to immediately contact the Clinical Director through email or phone.

In the event that disagreements or problems regarding behavior or clinical performance are not resolved, the preceptor has the right to file a Clinical Grievance and/or dismiss a student from the clinical site.

### **Corrective Action**

If a student refuses to perform agreed upon clinical duties, such as attendance in clinic, attendance at birth while on-call, or various assigned tasks/skills within the scope of the law, they may be placed a Performance Plan, clinical probation and/or be dismissed from their current clinical site. This may further result in a failing grade in Clinical Lab or dismissal from FSTM.

## FSTM DIRECT-ENTRY MIDWIFERY PROGRAM CURRICULUM

### Year 1, Term 1

1101	Anatomy & Physiology I	3
1101L	Anatomy & Physiology I Lab	1
1103	Healthcare Skills I	1
1103L	Healthcare Skills I Lab	1
1109	Research and Public Health	2
1108	Cultural Competency	1
1110	Midwifery History, Law & Rule	2
<b>Total Credits</b>		<b>11</b>

### Year 1, Term 2

1201	Anatomy & Physiology II	3
1201L	Anatomy & Physiology II Lab	1
1203	Healthcare Skills II	2
1203L	Healthcare Skills II Lab	1
2201	Microbiology for Midwives	1
2201L	Microbiology for Midwives Lab	1
2105	Psychology for Midwives	2
1200CL	Clinical Lab	1
<b>Total Credits</b>		<b>12</b>

### Year 1, Term 3

1301	Reproductive Anatomy & Physiology	3
1301L	Reproductive Anatomy & Physiology Lab	1
2303	Pharmacology	2
1306	Interpersonal Communication	1
2101	Nutrition for the Childbearing Year	2
1204	Human Sexuality for Midwives	2
1300CL	Clinical Lab	1
<b>Total Credits</b>		<b>12</b>

**Year 1 Total Credits 35**

### Year 2, Term 1

1303	Antepartum	4
1305	Diagnostic Testing	1
2107	Midwifery Practicum I	2
3101	Gynecology	2
2100CL	Clinical Lab	3
<b>Total Credits</b>		<b>12</b>

### Year 2, Term 2

2103	Intrapartum	4
2104	Fetal Monitoring	1
2207	Midwifery Practicum II	2
2106	Professional Communication	1
2205	Herb Workshop	1
2200CL	Clinical Lab	3
<b>Total Credits</b>		<b>12</b>

### Year 2, Term 3

2203	Postpartum	3
2206	Newborn	2
2305	Midwifery Practicum III	2
1205	Breastfeeding	1
2204	Suturing for Midwives	1
2300CL	Clinical Lab	3
<b>Total Credits</b>		<b>12</b>

**Year 2 Total Credits 36**

### Year 3, Term 1

3106	Obstetric Complications	1
3104	Collaborative Management	1
3105	Midwifery Practicum IV	1
3100CL	Clinical Lab	4
<b>Total Credits</b>		<b>7</b>

### Year 3, Term 2

3204	Issues in Professional Midwifery	1
3201	Establishing & Maintaining a Practice	2
3200CL	Clinical Lab	4
<b>Total Credits</b>		<b>7</b>

### Year 3, Term 3

3103	NARM Review	1
3202L	Clinical Skills Practicum Lab	1
3300CL	Clinical Lab	4
<b>Total Credits</b>		<b>6</b>

**Year 3 Total Credits 20**

Clinical Requirements	
<i>Prenatal Exams</i>	<i>Postpartum Exams</i>
Assist - 25	Assist - 10
Primary - 55	Primary - 40
<i>Initial Prenatal Exams</i>	<i>Newborn Exams</i>
Assist - 3	Assist - 20
Primary - 20	Primary - 30
<i>Birth Observations</i>	<i>Continuity of Care</i>
Silent Observe - 10	Partial - 10
Assist - 20	Full - 5
<i>Birth Managements</i>	<i>Suturing</i>
Primary - 50	5

<b>Total Program Credits: 91</b>
Cost per Credit: \$364.00
Total Cost of Credits: \$33,124.00

## FORMS

The forms on the following pages may be helpful and are available for preceptor use:

### **Student Clinical Progress Report**

Preceptors evaluate students at the end of each term utilizing the Student Clinical Progress Report. This report is particularly important as it allows FSTM to gauge a student's competence in providing health care to the general population and gives the student a general assessment of their progress that term.

Students are responsible for scheduling time with the preceptor to review the Progress Report and are responsible for submitting the completed Student Clinical Progress Report to the Clinical Director at the end of each term.

### **Student Success Plan**

The Student Success Plan is a tool often used at FSTM to help students maintain a course success in the program. The Student Success Plan is developed by the student so that they may take ownership of their progress and improvement. It is not meant to be punitive, but is a means of helping the student to recognize and reflects upon challenges they may be facing, and create a plan for correction.

### **Grievance Form**

When feasible, issues in the clinical site should be resolved at the most immediate level possible and you are encouraged to first attempt to resolve their grievance or complaint by speaking with the individual(s) involved. If this is not possible, please use the Clinical Grievance Form.

# Student Clinical Progress Report

Student name

Date of Evaluation

Preceptor Name

Semester and Year

## Professionalism and Communication

Poor

Excellent

### Attendance and Presentation

1 2 3 4 5

*Is the student punctual and appropriately dressed for clinical experiences? Are they consistently prepared to work and learn?*

### Enthusiasm and Learning Initiative

1 2 3 4 5

*Does the student take initiative in the clinical setting and take full advantage of learning opportunities? Do they respond well to feedback?*

### Respect and Responsibility

1 2 3 4 5

*Does the student show respect for and work well with all members of the practice? Do they take responsibility for their own actions?*

### Communication

1 2 3 4 5

*Does the student appropriately and professionally communicate with Preceptor, clients, and other members of the practice?*

Comments:

## CONFIDENTIAL Critical Thinking and Thinking

### Comprehension

1 2 3 4 5

*Does the student retain didactic information? Do they demonstrate the ability to recall and utilize information effectively?*

### Critical Thinking

1 2 3 4 5

*Does the student demonstrate the ability to make accurate judgements and solve problems effectively?*

### Data Collection

1 2 3 4 5

*Does the student understand the objective and subjective data collection process and do they collect data as directed or expected by the preceptor?*

### Client interaction

1 2 3 4 5

*Does the student listen sensitively to clients and contribute appropriate feedback (relative to experience level)?*

Comments:

## Hands on Skills

### Performance

1  2  3  4  5

*Given their experience and education level, does the student perform hands on skills appropriately?*

### Sensitivity

1  2  3  4  5

*Is the student physically gentle with clients and do they respect client boundaries and autonomy?*

### Equipment and Instrument Use

1  2  3  4  5

*Does the student demonstrate comfort with and proper care for equipment and instruments?*

Comments:

## Safety

### Safe Skills Practice

1  2  3  4  5

*Does the student perform skills and tasks safely and under Preceptor direction? Do they act within their scope of practice?*

### Verification and Consultation

1  2  3  4  5

*Does the student verify all findings with the Preceptor and demonstrate knowledge of appropriate times for consultation?*

### Emergency and Stress Response

1  2  3  4  5

*Does the student maintain composure and handle difficult or stressful situations in a calm manner?*

Comments:

## Record Keeping and Charting

### Data Recording

1  2  3  4  5

*Does the student clearly and accurately record clinical data according to Preceptor specifications?*

### Student Forms

1  2  3  4  5

*Does the student complete and submit BirthTree forms in a timely and thorough manner?*

### Record Keeping

1  2  3  4  5

*Does the student complete clinical cleaning check lists and process lab work as required?*

Comments:

Is the student making reasonable progress in the development of clinical skills? Have they performed at an overall acceptable level while working under your supervision?

Yes

No

Are there any problems at the clinical site which may require mediation between the student and yourself, or other members of your staff?

Yes

No

Would you like a follow-up call regarding this student?

Yes

No

**Additional comments individual development plan for upcoming semester:**

Preceptor Signature: \_\_\_\_\_



## Student Success Plan

Student Name:	Date:
Current Clinical Site/Preceptor:	
Strengths in the clinical site:	
Limitations/growth opportunities:	
Student's plan for resolution (please include specific actionable items):	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Clinical Grievance

When feasible, issues in the clinical site should be resolved at the most immediate level possible and you are encouraged to **first attempt to resolve their grievance or complaint by speaking with the individual(s) involved.**

If a dispute occurs and informal means of resolution are not productive, please notify the Clinical Director as soon as possible. FSTM realizes that informal resolutions may not always be practical and the Clinical Director is always available to discuss any situation with the student or Preceptor. The Clinical Director's responsibility is to strive to mediate a resolution that is satisfactory to all parties involved.

In the event that irreconcilable disputes occur, or flagrant violations of the Semester Agreement arise, students or preceptors may submit a Clinical Grievance Form to the Clinical Director and begin the Formal Complaint & Grievance process (see Formal Complaint and Grievance Policy in Academic and Administrative Policies of the FSTM Catalog). Students and preceptors are urged to immediately bring any concerns of illegal or unethical patient care forward without fear of retaliation.

Name of individual filing grievance:	
Subject of grievance and individual(s) involved:	
Facility involved in incident (if applicable):	
Witness to incident (if applicable):	
Have you reported or discussed the concern with the individual involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
Briefly describe the incident or concern:	

Are you requesting student dismissal/release from the clinical site?     Yes     No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date