

SOUTHWEST WISCONSIN TECHNICAL COLLEGE

DIRECT ENTRY MIDWIFERY PROGRAM

PRECEPTOR HANDBOOK



Southwest Wisconsin Technical College
1800 Bronson Blvd., Fennimore, WI 53809 • Toll Free: 800.362.3322 • FAX: 608.822.6019 • TDD: 608.822.2072
ASSOCIATE DEGREE DIRECT ENTRY MIDWIFE PROGRAM PRECEPTOR HANBOOK

Created: March 2014, Revised January 2023

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Please contact Southwest Tech faculty/staff for current forms as needed

Welcome Preceptors

Dear Preceptor,

We want to welcome you, and thank you for your willingness to mentor a Southwest Tech Direct Entry Midwifery Program student. You are essential and central to the education of the student(s) you take into your practice.

The Direct Entry Midwifery Program came into being in January 2008 as a response to the legalization of the Certified Professional Midwife Credential as the vehicle for licensure in Wisconsin. It is a unique both in the State of Wisconsin and nationally as the only CPM program located in a community college, conferring an Associate Degree in Applied Science in Direct Entry Midwifery to graduates. In the fall of 2014 the program gained accreditation from Midwifery Education and Accreditation Council (MEAC).

The Direct Entry Midwife program at Southwest Wisconsin Technical College (Southwest Tech) is an integrated program with clinical training and assessment offered concurrently with our academic classes. Southwest Tech is fortunate to have faculty and staff with both educational and clinical expertise. They are committed to providing quality midwifery education that meets the requirements of the North American Registry of Midwives (NARM) and the Midwives Alliance of North America (MANA) core competencies, in reflection of Wisconsin State Licensed Midwife laws.

The faculty and staff at Southwest Tech are available to preceptors in an on-going fashion, whether by email, telephone or ZOOM, to help with any concerns which may arise, whether with the student(s) you have accepted into your practice to teach and mentor or for questions regarding the program itself. Preceptors have the opportunity to provide feedback at the end of each clinical cycle. Additionally, if you have any suggestions or input to help improve the quality of the program, please let us know.

In 2021 we launched our Midwife Clinical Faculty Preceptor Training page on our online learning platform, Schoology. On this page you will find numerous trainings such as HIPPA for midwives, FERPA trainings, Typhon tutorials and lectures from many speakers on the topics of diversity in midwifery, breech birth, birth outcomes in America, and much more. Preceptors are given an access code and instructed how to log in their introductory letter. During the onboarding meeting, an orientation to the Midwife Clinical Faculty Training folder on Schoology is given, and preceptors are shown the Required Training folder and shown how to access the trainings and take the quiz.

If you would like to become more involved in the program either as a guest speaker or an advisory committee member please let the Midwife Program Director or the Dean of Health Occupations know.

Welcome and Thank You!

Direct Entry Midwifery Program Faculty and Staff

Southwest Wisconsin Technical College Direct Entry Midwife Program

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FACULTY AND STAFF CONTACT INFORMATION

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About the Program

DIRECT ENTRY MIDWIFE PROGRAM MISSION STATEMENT

- The Southwest Tech Direct Entry Midwife program will develop and facilitate skills necessary to provide competent, compassionate, and family-centered care through integration, use and dissemination of the midwives' model of care.
- The Direct Entry Midwife faculty and staff supports the purpose and mission of the Wisconsin Technical College System and Southwest Wisconsin Technical College.
- We believe the Direct Entry Midwife Program philosophy and educational outcomes are congruent with the mission of the College.

SOUTHWEST WISCONSIN TECHNICAL COLLEGE MISSION STATEMENT

Southwest Wisconsin Technical College provides education and training opportunities responsive to students, employers, and communities.

DIRECT ENTRY MIDWIFE PROGRAM VISION STATEMENT

The Midwives Model of Care is the central point for all academic and clinical training for the Direct Entry Midwife student at Southwest Tech. It is the desire of the program faculty to continue to develop a Midwifery program whose graduates and faculty enjoy a reputation for excellence. As such, it is Southwest Tech's intention to adhere to these founding and current philosophies and documents in training the next generation of midwives.

SOUTHWEST WISCONSIN TECHNICAL COLLEGE VISION STATEMENT

Southwest Wisconsin Technical College will be a preferred provider of education, source of talent, and place of employment in the region. We at the college change lives by providing opportunities for success.

DIRECT ENTRY MIDWIFE PROGRAM PHILOSOPHY

The Direct Entry Midwife curriculum was developed in response to the current and future workforce needs. Curriculum is ever changing, responding to new knowledge and the evolving role of the midwife within the health care setting and community. Prior learning, experience and career mobility are valued and efforts are aimed at facilitating that movement. Information gathering within the community network that includes advisory committees, employers, and consumers enhances curriculum review and revision.

The philosophy incorporates the faculty beliefs regarding the midwife model of care, health, the birthing person, community, midwife education, the teaching/learning process, and midwife practice.

Midwifery care is a dynamic interpersonal process that seeks to promote optimal health within the context of the birthing person, baby, family, community and society. The concept of family centered care, which is central to midwifery, is communicated through both attitude and action. Midwives assess health and make clinical decisions to provide safe and effective midwifery care according to standards of practice within the legal, ethical and regulatory frameworks. Midwifery practice is based on its own body of knowledge. Through collaboration with other health care professionals, midwifery is responsive to the needs of the birthing person across the lifespan via the health-illness continuum.

Health is a dynamic state of being, evaluated on a continuum, including, physical, psychological, cultural and spiritual elements. The midwife model of care seeks to address the impact of all elements upon the health of the birthing person and their baby.

The birthing person is a complex living being, in which physical, psychological, cultural and spiritual processes are in constant interaction. The constant interaction provides the birthing person with the capacity for change. Each birthing person is unique; however, all people share similar human responses. Each person has inherent worth and dignity and is the focus of midwifery practice. Each person has a right to self-determination in matters of health and well-being and deserves high quality midwifery care.

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Community is comprised of the social, emotional, physical, cultural and environmental influences that affect individuals, families and groups. The midwife manages care in the context of community, and influences health care policy and systems.

Midwifery education is the process that enables learners to achieve knowledge and skills appropriate for midwifery practice. Using performance-based instruction; faculty members assist learners in acquiring knowledge and skills required for the discipline of midwifery. Individuals are responsible for their own learning. Faculty and learners create an environment, which stimulates curiosity, creativity, and growth while fostering feelings of respect, worth, and dignity. Midwifery education seeks to promote critical thinking, communication, problem solving, cultural diversity, quantification skills, and use of information and science technology.

Learning is a continuous, goal-directed process that results in measurable change. Learning occurs best when individuals are active participants in the teaching/learning process. Faculty and learners share accountability for assessment and evaluation of learning. Learning increases when application and practice occur in various settings. Ongoing evaluation, based on measurable behavioral outcomes, is an essential and dynamic part of the teaching/learning process. Evaluation of learner and graduate performance facilitates continuous improvement of the midwife curriculum.

PURPOSE OF THE PROGRAM

The Southwest Tech Direct Entry Midwife Program provides a pathway for education and training of professional midwives who will qualify for certification and licensure in Wisconsin by:

- Recognizing the value, worth, and uniqueness of students through prior learning
- Facilitating the attainment of knowledge, skills, and attitudes necessary for a beginning midwife
- Preparing graduates for success on the National (NARM) Exam as evidenced by a 70% pass rate
- Preparing graduates to be competent midwives to diverse populations in an ever-changing healthcare environment
- Provide a supportive learning environment for midwifery students from diverse racial, cultural, and socioeconomic backgrounds resulting in achievement of at least a 60% retention and 40% graduation rate

PROGRAM ACCREDITATION

On September 4, 2014, the MEAC Board of Directors voted to grant initial programmatic accreditation to the Direct-Entry Midwifery Program at Southwest Wisconsin Technical College.

The period of accreditation is five years from September 4, 2019 to September 3, 2025.

For further information, contact MEAC at:

Midwifery Education Accreditation Council
1935 Pauline Blvd., Ste. 100B, Ann Arbor, MI 48103
Phone (360) 466-2080; Fax (480) 907-2936; www.meacschools.org

COLLEGE ACCREDITATION

Southwest Wisconsin Technical College is accredited by The Higher Learning Commission and is a member of the North Central Association of Colleges and Schools. Southwest Tech has been accredited since 1976. In 2002, Southwest Tech was accepted as an AQIP institution, and in June, 2017 became a member of the Standard Pathway.

<https://www.swtc.edu/about/college-accreditation>.

<https://www.hlcommission.org/component/directory/?Action=ShowBasic&Itemid=&instid=1862&lang=en>

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MIDWIVES ALLIANCE CORE COMPETENCIES

The Midwives Alliance of North America Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level practice for direct-entry midwifery in the United States. The Certified Professional Midwife (CPM) is based on the MANA Core Competencies. The MANA Core Competencies were written and adopted by the MANA Board of Directors in October 1994, revised and in August 2011 and again in December 2014. <https://mana.org/resources/core-competencies>.

The history of the MANA Core Competencies is illustrative in why this document plays an essential role in establishing the organizing framework of the midwifery program at Southwest Tech.

ORGANIZING FRAMEWORK

In 1986 the Midwives Alliance of North America (MANA) created a national registry, which would lay the groundwork for the development of the national certifying examination for direct-entry midwives: the NARM exam. In the early 1990s MANA developed the *Statement of Values and Ethics*, providing guidance for professional conduct in the practice of midwifery with a unique focus on experience and competencies of childbearing people. At the same time, MANA's *Core Competencies* were developed and described the clinical skills and judgment needed for the practice of midwifery becoming the foundational document for the professionalization of direct-entry midwifery.

In 2008 the International Confederation of Midwives developed a series of core documents to support the growth and utilization of midwives throughout the world. In June 2011 the ICM Council endorsed global midwifery standards for education, regulation, and association – the "3 pillars" for the profession. The World Health Organization uses the ICM Core Competencies to inform midwifery organizations and government agencies to improve the health of birthing people and babies world-wide.

In March 2013 the MANA Document Committee prepared a side-by-side comparison document of the ICM and MANA Core Competencies to identify where these two documents were aligned and where they differed. At this time both ACNM and MEAC were engaged in similar work. The goals for the MANA Core Competencies revision were:

- To bring them in line with the ICM Core Competencies as they apply to US midwifery, and
- To make the language inclusive and welcoming to all who seek midwifery care.

<https://mana.org/blog/Overview-MANA-Core-Competencies-Revisions>

COMPETENCY-BASED INSTRUCTION

The purpose of midwifery instruction is to help the student gain the ability to function competently as a midwife, with technical, critical thinking, and interpersonal skills – thus preparing a midwife who can function independently and take responsibility for the consequences of their own actions. Many students enter with some background knowledge, skills, and attitudes from prior learning, which the program will build upon and apply to health care concepts. The midwifery curriculum uses competency-based instruction and assessment developed by faculty; the student will know exactly what competencies are required and which are expected to *demonstrate* the knowledge, skills, and attitudes necessary to complete any given unit of study, and ultimately for entry-level midwifery practice.

This competency-based instruction and assessment is ongoing throughout the academic and clinical program, and is *in addition* to participation in a required minimum numbers of clinical hours, client contacts, and exposure to hands-on skills. Students are given the required competencies, measurement criteria, learning plans and activities for each course, as well as any performance assessment tools used in the course. Each student is responsible for their individual learning process. It is expected that the student will prepare prior to attending class and participate in all classroom activities. If there is difficulty in understanding material presented, the student is responsible for contacting the lead instructor for assistance. Many resources are available in facilitating student learning. These include lecture, computer-assisted clinical simulations, videos, movies, classroom and laboratory demonstrations, supervised skill practice sessions, cooperative student work groups, guest presenters, and individual evaluation (formal and informal).

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OUTCOMES FOR THE DIRECT ENTRY MIDWIFE PROGRAM

At the completion of this program graduates will be able to:

1. Acquire a foundation of theoretical knowledge, clinical assessment, critical thinking skills, and shared decision making.

Criteria:

- Use critical thinking to evaluate clinical findings
- Optimize intuition as authoritative knowledge
- Demonstrate effective communication and written skills
- Apply care principles, support and information regarding reproductive health

2. Create the plan of care for the birthing person in the childbearing year.

Criteria:

- Demonstrate an integrated understanding of the whole picture
- Use conscious analysis of the challenges and goals in creating the plan of care
- Identify with the person the goals and challenges of their care
- Maximize the teaching and learning process to maintain health and nutrition of clients served
- Construct clinical decisions to assure positive outcomes for birthing person and newborn
- Summarize how to incorporate high quality, culturally relevant, and holistic midwifery care in a variety of settings

3. Demonstrate holistic, competent care for birthing person and families during the childbearing year.

Criteria:

- Function within the Midwives Model of Care
- Uphold professional standards for the Certified Professional Midwife
- Assume responsibility for collaboration with other team members and healthcare professionals
- Anticipate the need for referral to local and regional resources and services available to families in community
- Demonstrate assessment skills of preconception, pregnancy, birth, postpartum and newborn
- Perform assistance with the natural birthing process as indicated
- Facilitate continuity of care within the context of the midwifery setting

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DIRECT ENTRY MIDWIFE PROGRAM COURSE CONFIGURATION

Course #	Course Title	Credits
Spring Semester 1st year		
10-501-153	Body Structure and Function	3
10-510-140	Nutrition	3
10-510-153	Applied Pharmacology	2
10-510-155	Introduction to Midwifery Practice	2
10-510-156	Midwife Science Lab	1
10-510-157	Physical Exam for the Midwife	2
10-510-155	Introduction to Midwife Clinic	1
Summer Semester 1st year		
10-510-159	Midwife Clinic 1	1
10-801-195	Written Communication	3
10-809-172	Introduction to Diversity Studies	3
Fall Semester 1st year		
10-510-161	Antepartum Lab	1
10-510-160	Antepartum Theory	4
10-510-162	Midwife Clinic 2	2
10-804-123	Math with Business Applications	3
10-809-199	Marriage & Family	3
10-809-198	Introduction to Psychology 'OR'	
10-809-199	Psychology of Human Relations	3
Spring Semester 2nd year		
10-510-146	Well Woman Gynecology	3
10-510-148	Midwife Clinic lab I	1
10-510-163	Midwife Clinic 3	1
10-510-164	Intrapartum	3
10-510-165	Postpartum	1
10-510-166	Neonate	1
10-510-167	Midwife Clinic 4	2
10-801-196	Oral/Interpersonal Communication	3
Summer Semester 2nd year		
10-510-168	Midwife Clinic 5	2
10-510-169	Midwife Clinic 6	2
Fall Semester 2nd year		
10-510-149	Professional Issues in Midwifery	2
10-510-150	OB/Medication Management	1
10-510-152	Midwife Clinic Lab II	2
10-510-154	Midwife Research	1
10-510-170	Midwife Clinic 7	3
10-809-166	Intro to Ethics: Theory & App	3

TOTAL CREDIT HOURS: 68 FOR PROGRAM COMPLETION

PROGRAM BASICS

- The Midwifery Core Program has a January (Spring semester) start date
- Financial aid is available to students who qualify
- General education classes are available online and may be taken upon program acceptance.
- A virtual (real time, not self-paced) option for class attendance is available for those classes deemed face-to-face and blended.
- Students must achieve a 78% "C" grade or higher in each program course in order to progress.
- Academic and clinical course offerings run concurrently throughout the program.
- Completion of all midwifery program clinical requirements needs to be accomplished within 5 years of original program
- A CPM to ASM is available for the currently credentialed Certified Professional Midwife (CPM)

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PROGRAM DESIGN

Southwest Tech Direct Entry Midwife program is located in a Technical College, which means that the program curriculum is built around attainment of hard skills, incorporating a soft skill set, for optimal clinical practice. This program is, at present, the only Direct Entry Midwifery program based in a Technical or Community College anywhere in the US. Due to that fact, the program provides access virtually to help break down barriers to a public midwifery education. This is not a distance program, but one which provides virtual access to classes.

Along with meeting both MEAC, NARM and MANA requirements and competencies, this program meets and teaches to Wisconsin requirements for licensure as a Licensed Midwife (LM). Thus the program prepares students to take the NARM exam but does not incorporate each state's licensing requirements. Many states have additional or different requirements for legal recognition as a midwife/for the CPM. Students from outside of WI are responsible for investigating their own state requirements and determining if this program meets those requirements.

Clinical experiences are designed in a progressive manner reflecting academic theory course work. The student must be able to show adequate performance in linking theory to practice by demonstrating competency in all NARM Skills, MANA Core Competencies and linked MEAC competencies. The student is expected to complete each clinical course in a timely manner, understanding that academic course work and clinical work are intricately linked. One clinical course must be completed and the current course grade issued prior to starting the next clinical course. Clinical placement will occur only with a NARM approved preceptor. It should be noted that students cannot attend a clinical practice site placement in a state that does not recognize the legal practice of the Certified Professional Midwife

CLINICAL SITE EXPECTATIONS

The NARM and Southwest Tech Clinical Requirements document linked below delineates how the Southwest Tech midwifery program has integrated the NARM clinical requirements into expectations for student progression through distinct clinical courses.

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247099888>

SCHOLASTIC REQUIREMENTS FOR GRADUATION

For the student to be granted an Associate Degree in Applied Science:

- The student must have satisfactorily completed the full Direct Entry Midwife program curriculum and have met all program requirements.
- The student must have maintained a 78% (2.0) average or above in each course of the midwife curriculum, and have at minimum a 78% (2.0) grade point average overall.
- The student must have demonstrated competency in all clinical courses based on criteria related to skill performance, safety, critical thinking skills and professionalism.
- Final grades must have been submitted to the Student Services Office.
- The student must be recommended for graduation by the Midwife faculty, the Clinical Site Coordinator, the Program Director and the Academic Dean.

DISMISSAL

A student will be dismissed from the program under the following circumstances:

- Unsatisfactory academic performance
- Unsatisfactory progress in the clinical area according to clinical competencies
- Violation of midwife ethics
- Excessive absenteeism
- Unethical behavior and cheating
- Failure to abide by the policies of the college and affiliating agencies

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PRECEPTOR-STUDENT RELATIONSHIP

The integrity of the preceptor-student relationship is a substantial portion of the student's educational experience. This relationship requires considerable trust in the preceptor, who, by virtue of their position, carries significant authority and accountability as an educator, evaluator, and mentor. The unequal power dynamic in this relationship requires the preceptor to maintain professional boundaries to avoid unprofessional or unethical behavior (or even the appearance of unprofessional or unethical behavior) and to limit the possibility for coercion. The relationship between preceptor and student must be free from influences or activities that can interfere with learning or the goals and principles of the program and the College. It should be noted that relationships, such as friendships or business partnerships, that interfere with the objectivity of the preceptor may threaten the integrity of the educational process. As such the student cannot be placed with a preceptor where a friendship or business relationship or partnership is current.

INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM) DEFINITIONS

Midwife clinical preceptor/clinical teacher: An experienced midwife engaged in the practice of midwifery who is competent and willing to teach, observe, and evaluate midwifery students during their practical/clinical learning. (Southwest Tech uses the term 'clinical preceptor' or 'preceptor' and is not considered part of the college's faculty).

Midwife teacher: A qualified, competent midwife who has successfully completed a programme of study and/or demonstrated competency in teaching that includes the art and science of curriculum development, methods of theoretical and practical teaching of adult learners, and methods of measurement and evaluation of student learning.

Midwifery fitness to practice: Evidence that a midwife has the knowledge, skills, professional behaviors, character, and health status necessary to meet the standards or competencies required for entry to the midwifery profession and for the practice of midwifery

<http://internationalmidwives.org/what-we-do/global-standards-competencies-and-tools.html>

SOUTHWEST TECH EXPECTATION FOR PRECEPTORS:

- Comply with state and federal laws which govern and relate to practice
- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Actively maintain and continually improve their professional competence, and represent it accurately
- Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of clients they care for, including the right to informed consent and refusal of treatment.
- Divulge no confidential information regarding any client or family unless disclosure is required for responsible performance of duty or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- As clinical faculty/preceptors, it is your right and responsibility to participate in development, implementation, and evaluation of curriculum, evaluation and advancement of students, evaluation of student admissions criteria and evaluation of program resources, facilities, and services. You will have the opportunity to participate and provide feedback in our semester Academic and Clinical Faculty Planning Meetings. Meeting information is emailed at the start of the spring and fall semesters.

PRECEPTOR REQUIREMENTS

Any individual wishing to serve as a preceptor for Southwest Tech's Direct Entry Midwifery program shall submit and maintain current copies of the following:

- Curriculum vitae
- NARM approval letter for preceptor copy

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- The NARM Preceptor Handbook and application: <http://narm.org/pdf/PreceptorRegForm.pdf>
- Registration with NARM must be renewed with each NARM recertification cycle
- Current NARM or AMCB certificate, or
- Current state license as a practitioner legally recognized to provide maternity care
- Current NRP certification
- Current CPR certification
- Completed Preceptor Questionnaire (this allows us to appropriately place students in your practice depending on student and preceptor needs) all comply with the following
- Yearly signed *Safety Form*
- Signed *Equipment and Resources For Preceptor* form
- Signed *Preceptor Handbook Affidavit*

According to NARM (from: <http://narm.org/preceptors/>):

A NARM Registered Preceptor is a midwife who meets requirements for supervising CPM candidates and has current, approved registration through NARM. The Registered Preceptor must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.

Effective January 1, 2017, NARM Preceptors must be registered before supervising any clinicals documented on a student's NARM Application. Skills/clinicals signed off after that date by a preceptor who is not registered with NARM will be invalid.

NARM approved preceptors must abide by the NARM Preceptor Guidelines in order to maintain the ability to precept midwifery students.

Guidelines for Documentation of Clinical Experience

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

As part of the training process, the preceptor will be asked to sign for clinical skills and experiences on the student's CPM application. A preceptor must only sign for those experiences for which s/he was present and s/he believes the student has performed competently.

Once a preceptor signs for anything on a NARM application or Southwest Tech form, it may not be retracted.

Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason risk having their preceptor status revoked by NARM. If there is a concern, the clinical skill should not be signed off in the first place.

NARM and Southwest Tech relies on preceptors to use fair and unbiased judgment when evaluating a student's abilities, regardless of personal relationships.

To help NARM candidates achieve exceptional training and a satisfactory relationship from their preceptorship, NARM makes the following recommendations:

1. The preceptor and student should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.
2. The student, if at all possible, should have the NARM application and any and all applicable Southwest Tech documentation at the beginning of the preceptorship, and should have all relevant documentation signed at the time of the experience rather than waiting until the completion of the apprenticeship.

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In response to multiple requests for clarification about the role of the NARM Registered Preceptor in the NARM application/certification process, NARM has developed the following guidelines based on the instructions set forth in the Candidate Information Bulletin. These guidelines are recommendations for successful completion of the application documentation.

1. The preceptor and student together should:
 - a. Review the three (3) separate practice documents required by NARM—Practice Guidelines, Informed Consent, and Emergency Care Form.
 - b. Review all client charts (or clinical verification forms from a MEAC accredited program) referenced on the NARM Application and confirm that the preceptor and applicant names/signatures appear on each part of the chart/form that is being referenced.
 - c. Confirm that the signatures/initials of the applicant and preceptor are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up post-partum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials for both the applicant and the preceptor on the charts/forms.
 - d. Check all birth dates and dates of all exams for accuracy.
 - e. Check all codes to make sure there are no duplicate code numbers. Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.
2. If a preceptor has more than one student (or NARM applicant), each chart must have a uniform code that all students will use. Students should not develop different codes for the same client.
3. Preceptors need to be sure their forms show that the student participated as primary under supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.
4. Students should have access to or copies of any charts listed

Information taken and applied from the following site on August 8, 2016: <http://narm.org/preceptors/guidelines-for-documentation-of-clinical-experience/>

DELINEATION BETWEEN CLINICAL TIME AND CLINICAL SITE EMPLOYMENT

While enrolled in and attending the midwife program there must remain a clear distinction between the student and employee roles; and to that end:

- Students may not be employed or utilized at their assigned clinical sites as administrative staff. This does not include training/mentorship in business aspects of practice.
- Students may not complete clinical coursework while working in an employee status, whether in a midwifery practice, a clinic, hospital or other facility.
- Students may not receive/accept remuneration in exchange for work performed at their assigned clinical site.
- **Payment of students in clinic:** Students cannot be paid for their clinical practice. Some clinical sites have reached out asking if they can grant scholarships to support the students and this is very different from a paid position. There are liability differences when a student is an employee vs a student. We will add the option of scholarship to the student and preceptor handbook but please note, this is not a clinical sites obligation.

DELINEATION BETWEEN ROLE AS STUDENT AND ROLE AS EMPLOYEE IN ANY BIRTH-RELATED PROFESSION

While enrolled in and attending the midwife program there must remain a clear distinction between the student and employee roles; and to that end:

- Students may only work in any birth-related or healthcare-related capacity providing direct patient/client care within a practice, clinic or facility which has a minimum \$1million/\$3million liability coverage.

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SELECTION OF PRECEPTORS

The program's Clinical Site Coordinators (CSCs) will utilize student's introductory letters, student questionnaires, and occasionally student assistance in identifying potential preceptors. There may be additional requirements set forth by preceptors prior to acceptance of a student into their practice. These may include, but are not limited to, interviews and applications. The clinical site coordinator will act as a student's liaison to coordinate clinical placement.

Every effort is made to secure clinical placement close to the student's place of residence. Students may be required to drive a maximum of 3 hours to a clinical site. There may also be times students are asked to temporarily relocate even further away from home for clinical placement. Southwest Tech does not have an unlimited number of preceptors that can and are willing to take on student midwives into their practice. We try to work with students to minimize any personal and financial strain during their clinical courses. Clinical course work will not be limited to out-of-hospital providers. Clinical site coordinators will work with students to secure placement with appropriate preceptors in an appropriate location.

CLINICAL GUIDELINES

- There must be a signed contract in place at the time any clinical work is performed.
- Students are expected to attend **all** scheduled clinical sessions.
- Students are expected to arrive to their clinical site on time, prepared to work and learn.
- Students are expected to have all necessary clinical experience documentation available for the preceptor.
- Students may not leave the clinical site until expressly released by the clinical preceptor.
- The Direct Entry Midwife Program **requires** students who are assigned to a clinical site to communicate with the clinical preceptor in the agreed-upon format.
- Since punctuality and reliability are essential for success within a career, students who are consistently late or absent from clinical assignments will receive **a 10% grade reduction and risk failing this portion of the academic program.**
- Tardy is defined as >10 minutes late.
- Students who leave their assigned clinical site without consent of the preceptor of record will receive a written warning and 10% grade reduction. Repeated offenses will be deemed excessive absences from clinical time and may result in course failure and the need to repeat the entire clinical course.
- Students may not be transferred to another midwife without first discussing this with the clinical site coordinator and program director to ensure the midwife meets NARM requirements for preceptors, is a Southwest Tech approved preceptor and a student contract signed.

APPEARANCE DURING CLINICAL PLACEMENTS

People are known to form impressions within the first 15 - 30 seconds after being introduced; in light of this fact, it is important that the student give an appropriate visual impression. The preceptor is allowing the student midwife access to the preceptor's place of business. Any failure on the student's part to be appropriately dressed can affect the business. Additionally, if in the client's eye the student does not look professional, it may affect the student's ability to interact with the client. Standards of clinical appearance and attire are set, expected and enforced by the clinical preceptor, within reason. Southwest Tech asks that the preceptor make very clear to the student the clinical site expectations of dress code.

DRESS CODE

It is expected that students will adhere to the dress code as established for their clinical site. In general it is expected that students will present in business casual attire or scrubs, if appropriate. It is expected that the preceptor will provide the student with a written statement of appropriate attire for their clinical/office site.

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- Clothes should reflect the culture of the population setting. Clothes (and any jewelry) should be neutral, free of slogans, symbols and words, modest, clean and free of wrinkles. Shoes should be clean and professional.
- Hair should be clean and pulled back as appropriate.
- Fingernails should be fingertip length. Nail polish and/or artificial nails are not permitted.
- Students should not have offensive odors (e.g. cigarette smell on their breath or clothing, perfumes, clothing or body odors) during classroom, clinics nor especially at birth. Due to the nature of the pregnant persons diminished ability to tolerate noxious odors, the student may be sent home if presenting with offensive odors on their body, clothes and/or breath.
- Students may not wear any scented products in during on-campus lab class sessions. Many people have severe chemical sensitivities that can be triggered by perfumes or scented products. This includes hair products, lotions and perfumes.
- Chewing gum is considered unprofessional, and not allowed in a clinical assignment or in class.
- Students are expected to bring spare professional change of clothing in case a transport to the hospital is necessary during a labor/delivery or in the event that it is necessary to go directly from a delivery to the office for a prenatal day. It is suggested that the student keep this change of clothing in their personal vehicle at all times.

PROFESSIONALISM AND RESPECT DURING CLINICAL PLACEMENTS

During any clinical experience students are reminded to be professional and respectful. They know that preceptors expect students to come into their practice without gaining monetary benefit, and that it is extra work for a preceptor to have a student present. Preceptors are not reimbursed for their efforts by the school and at no time should a student need to provide compensation to a preceptor. Students are also not allowed to accept any financial reimbursement for their efforts at a clinical site.

CLINICAL COURSE EXPECTATIONS

Students are required to review the expectations for each clinical course prior to starting in the clinical site. Please refer to the *Midwife Clinic Course Expectation (SDAT)* [attached below] for the respective clinical course for specifics as to these expectations. Students should also be alerted to any additional expectations of a particular clinical site and abide by them appropriately. It is up to the preceptor, CSC, and course instructor to agree upon when the student has met the stated clinical skills and course competencies.

The *Midwife Clinic Course Expectation (SDAT)* document is used to evaluate the student's overall semester progress. Each clinical course requires completion of the competencies and skills as outlined in the corresponding clinical course expectations. Both preceptor and student can view the document as a tool to understand what skills, clinical hours and numbers are required in order to be successful in the clinical course. Note that the total clinical hours and numbers assigned to each clinical course is based on NARM's requirements for basic beginning midwife performance. It should also be noted that the clinical hours and numbers may not be sufficient for the student to reach competency for the course; additional clinical time may be necessary for the student to reach competency.

The *Midwife Clinic Course Expectation (SDAT)* will be completed as a survey by the preceptor prior to the end-of-course site visit. It will be used to facilitate discussion between the student, the preceptor and faculty. It is the student's responsibility to request that the preceptor complete this survey (and a preceptor feedback / evaluation survey) prior to a site visit. Both surveys are located in the Typhon online clinical tracking program. Students also have a "running skills list" they use throughout the program. PDFs of these documents can be found on the [Midwife Clinical Faculty Preceptor Training](#) page in Schoology and in the Program Resources folder in the Information section on your Typhon Main Menu.

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DOCUMENTATION FOR CLINICAL EXPERIENCES

All clinical experiences will be documented by the student in the Typhon online clinical documentation program. Note that, while all contact with preceptors and clients will have some type of documentation to show evidence of participation, the data is HIPAA-protected and de-identified, in addition to being protected by 256-bit encryption. Preceptors will be provided with log-in access to Typhon for approval of documentation (case logs, time logs, and notes) during a student's clinical courses. All students are advised to stay on top of their documentation, with the suggestion that they complete this task on a daily basis. Students are directed to have discussions with their preceptors as to when and how they would like them to complete this task. The preceptor's responsibility is for the approval function only; please convey to the student the best schedule for performing this approval that works within your practice. **Note that if student fails to have their documentation reviewed and approved by their preceptor for a period of more than 2 weeks' time, the preceptor is not required to approve clinical encounters and the student may lose those clinical experiences.**

PROCESS FOR SUBMISSION OF DOCUMENTATION

Prior to starting at a clinical site, a student-preceptor contract must be signed by both parties, submitted to the CSC for program representative signature, then posted in Typhon. One contract is to be signed with each preceptor at the start of each clinical course. This is to occur even if the student was with the same preceptor for a previous clinical course. If the student is conducting their clinical experience at a birth center with more than one preceptor, a separate contract with each preceptor must be submitted.

All case logs and time logs will need to be approved, surveys submitted by both student and preceptor(s) prior the end-of-course site visit. The clinical documentation is based on NARM standards and MANA core competencies.

SITE VISITS

A routine site visit is scheduled at least once per clinical course. It is the student's responsibility to notify the assigned CSC that a site visit is needed. The CSC will then contact the preceptor to arrange a mutually agreed upon date, time and place. Site visits generally occur virtually using ZOOM virtual platform. It is understood that a site visit may be cancelled and need to be rescheduled due to a client labor/birth or other extenuating circumstances.

There will be a review of the student's clinical experiences and performance during the site visit. An assessment and plan will be discussed as to how the student's clinical experiences should proceed in order to obtain the necessary required midwifery clinical experiences for competency and completion of the program. Additional site visits may be held as necessary based on student need and performance.

PROGRESSION OF CLINICAL COURSES

Progression to the next clinical course will not occur until after the site visit has occurred, clinical documentation is completed, and a grade submitted by the course instructor. Remember that the numbers of hours and experiences listed on SDATs are *minimum* requirements. Some students may gain competence at these minimum requirements while others may take longer.

Southwest Tech's goal is to have students gain experiences with 3 different preceptors, with the additional goal of those preceptors *being located at 3 separate practice sites*, throughout the duration of their clinical courses. By being placed with a variety of preceptors and practice sites, students will be able to witness a variety of styles of practice and gain skills with some midwives that may not be attainable with others.

Please contact the CSC if questions or concerns arise. Note that the clinical course instructor and program director are available for help at any point. Southwest Tech faculty and staff are there for student's and preceptor's assistance and strive for everyone to succeed and have an enjoyable experience. Communication is the key to help things flow smoothly.

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CONTRACTS FOR CLINICAL EXPERIENCES

Contracts will be provided to the preceptors by the students at the start of each clinical course. The contracts outline the role of Southwest Tech, the preceptor, and the student. It is the responsibility of the student and preceptor to review the contract together and sign that they are in agreement of said terms. Students cannot be placed with preceptors without a signed contract in place.

Separate Student-Preceptor contracts exist for the observed role and for the assist and primary roles during clinical placements:

1. Observational Contract: to be used for observational clinical experiences/placements only
2. General Contract: to be used for all hands-on clinical skill building experiences

STUDENT PRECEPTOR CONTRACT – OBSERVATIONAL – Used in Intro to Clinic and Midwife Clinic 1

<https://swtc.schoolology.com/course/3113888336/materials/gp/4763116344>

STUDENT PRECEPTOR CONTRACT – CLINICAL COURSES 2 – 7

<https://swtc.schoolology.com/course/3113888336/materials/gp/4763116362>

NOTICE OF PRECEPTOR-APPRENTICE RELATIONSHIP

The form *Notice of Preceptor-Apprentice Relationship*, will need to be completed for all preceptors that are working with students with a Wisconsin Temporary Permit. The student will be responsible for initiating this form and handling its processing. If there is a change in Wisconsin Preceptor, the preceptor must initiate this process with the state; however the student is responsible to see that the process is done. The TPH credential belongs to the student, and ultimately the student is responsible for obtaining and maintaining the credential.

<https://dsps.wi.gov/Pages/Professions/MidwivesLicensed/Default.aspx>


According to Wisconsin's Department of Safety and Professional services the average processing times for receiving license/permit can vary. It is recommended that students apply 8 weeks prior to when the license is needed. According to the Department, peak workloads typically fall between the months of April through August and December through February. Keep in mind that this office manages other professional licenses.

<https://dsps.wi.gov/Pages/Professions/ApplicationProcess.aspx>. By law, the TPH must be obtained prior to the student engaging in any hands-on clinical placements. A student must upload a copy of the TPH card in Typhon in order to be placed in a Wisconsin-based clinical site. The TPH card can be downloaded from the DSPS website.

STUDENT REQUIREMENTS TO BEGIN CLINICAL WORK

All students are required to fulfill the following prior to any clinical placement:

1. Complete a Caregiver Background Check
2. Provide documentation of a recent physical exam
3. Provide documentation of a recent two-step TB Skin Test
4. Obtain NRP certification
5. Obtain Healthcare Provider CPR (BLS)

 ***Students are responsible for all costs associated with meeting these requirements.***

LIABILITY INSURANCE

Students at Southwest Tech, while acting within the scope of their duties as Direct-Entry Midwifery students, are covered under academic liability insurance by Southwest Tech. This is not nor should be understood to mean medical malpractice insurance. A certificate of insurance is available to any preceptor upon request.

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CONTINUITY CLIENT

All students will attend five “continuity of care” clients (as defined by NARM) spanning the two final Midwife Clinic courses. Students will be expected to write a case study and labor SOAP note for one of these clients.

CONTINUITY CLIENT CASE STUDY

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247099876>

CONTINUITY CLIENT SUMMARY FORM

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247099880>

STUDENT-PRECEPTOR CONFERENCES AND EVALUATIONS

Formal and informal conferences should be ongoing. They may vary in length and are considered to be learning conferences. The purpose of the conference are to:

- Assure adequate progression of competencies and course objectives
- Keep students informed of their progress
- Inform students of available resources
- Help students adjust to new situations and grow in ability to provide safe midwifery care
- Troubleshoot any concerns using an individualized learning plan with the student who is having difficulty with development of skills and/or in meeting competencies

Student self-evaluation is a part of the evaluative process. To that end the student is required to complete a “Daily Evaluation” at the end of each clinical day, and to enter it into the “notes” section of the final case log for that day. This process is to be used for the student’s self-evaluation and for the preceptor to evaluate the student’s daily clinical performance. Additional self-evaluation questions are required after attendance at each birth; these, too, are to be placed in the “notes” section of case logs.

DAILY EVALUATION TEMPLATE

<https://swtc.schoolology.com/page/6247114003>

MANAGEMENT OF BIRTH TEMPLATE

<https://swtc.schoolology.com/page/6247115148>

At the end of each clinical course but prior to the site visit, both student and preceptor are asked to evaluate each other and provide feedback. The student will fill out a “Student Site Evaluation Survey,” which will be sent to the preceptor, and the preceptor is asked to evaluate the student via the “Preceptor Feedback Survey.” Note that there is also opportunity via this survey for the preceptor to provide feedback on the program as a whole, including input into the curriculum. Both of these surveys are accessed via Typhon login.

STUDENT SITE EVALUATION

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247161440>

PRECEPTOR EVALUATION AND FEEDBACK SURVEY

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247161440>

CLINICAL CONCERN FORMS

In order to help ensure the safety of students, clients, preceptors, faculty and staff; we must always be evaluating ourselves. The following forms are to be used by students, preceptors, faculty, and staff associated with Southwest Tech, to help identify less than optimal occurrences. You will find a brief description of each form to help you decide which form is most appropriate. Completion of these forms will help us all to discuss the situations at hand and help us to determine how to proceed, as a team.

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PROBLEM IDENTIFICATION FORM

This form will help with the basics of problem identification. The student and the preceptor should each fill one out, then meet to discuss. Sometime simply identifying the problem can help with effective strategies. If necessary, don't hesitate to contact a Southwest Tech Clinical Site Coordinator for help and input.

PROBLEM IDENTIFICATION FORM

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247099890>

CRITICAL ASSESSMENT OF CLASSROOM, CLINICAL OR LABORATORY INCIDENT

This form is to be used for critique of student performance. The preceptor will use this form when there is a concern (i.e. not adhering to the student contract expectations, being careless with equipment, etc.) or if there is a student-related incident (i.e. a needle stick, etc.).

CRITICAL CONCERN – INCIDENT REPORT FORM

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247099882>

A *Critical Incident* is defined as **any** situation that occurs within the clinical setting, with a preceptor, in the classroom and/or laboratory setting. Critical incident concerns could include but are not limited to, situations such as: failure to follow standard precautions, sterile technique, failure to meet safety standards, failure to follow proper safety protocol for midwife procedures, failure to follow specific preceptor guidelines for safety, failure to fulfill points of responsibility in the clinical setting, and/or failure to demonstrate growth in meeting identified clinical/lab objectives.

DEFINITION OF TERMS

1. Critical thinking/assessment: self-directed, disciplined reasoning in which assumptions, weigh evidence, evaluate conclusions, discriminate between good and bad arguments, and seek to justify those facts and values that result in credible beliefs and actions.
2. Key issue/critical incident: focal point of the student's performance that actually or potentially affects delivery of midwifery care or classroom/laboratory behavior
3. Principles: fundamental midwifery care concepts that guide midwifery practice.
4. Assumptions: basic beliefs that are generally accepted as true.
5. Consequences: actual or potential result of the behavior involved in the key issue
6. Implications: the relationship between the key issue and the resulting consequences.
7. Evidence: relevant data upon which a judgment or conclusion might be based or by which proof may be established.

INCIDENT REPORT

- The incident report is a form to be used if there was a problem with the client's care or birth.
- Use this form if there might be a reaction by either the client, the state regulating body, or someone else in regards to the clinical situation.
- This form is not to be used in relation to student performance.

Southwest Tech would prefer that you submitted incident reports that were unnecessary, rather than not have one on file in the case of a problem. When an incident occurs, please send the completed form to the Program Director as soon as is reasonable to do so. This Incident Report will then be forwarded to the Dean of Health Occupations, and the Clinical Site Coordinator would be informed. Follow-up will occur as is deemed necessary by all involved.

INCIDENT REPORT

<https://swtc.schoolology.com/course/3113888336/materials/gp/6247099886>

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MANAGING STUDENT PROGRESS

1. The student observes the preceptor carrying out her/his daily work. Before beginning a task, question the student to find out how much s/he knows and to help her/him understand associated responsibilities. After finishing the task, prompt the student to reflect on the experience. For example, a preceptor may ask how the student might have handled the task differently.
2. The student assists the preceptor by performing a small portion of a task or procedure. Before a student carries out a new procedure, ask her/him to demonstrate and/or explain the steps involved. Watching procedures, in addition to performing assigned duties is a valuable combination.
3. The preceptor observes the student completing specific tasks. Direct observation is important in establishing a learning climate, reinforcing skills, and stimulating independent performance. After the student completes a task, reinforce appropriate behavior and provide constructive feedback. As s/he becomes proficient and comfortable in skill development, add to the assigned duties. Be sure the student knows what parts of the task s/he can perform. Give opportunity for repetition of skills and practice. Repeating skills helps the student to become more comfortable and confident. Research has shown it may take as many as 11 times in repetition of task to assimilate the knowledge of new information/skill. An important responsibility of preceptors is determining when a student is ready to be more independent. In deciding when to “let go”, take into consideration whether:
 - both the student and preceptor are comfortable with the student making decisions,
 - the student has demonstrated that s/he performs without making mistakes, transfers learning to new situations, recognizes the limits of her/his knowledge, and adapts to schedule changes
 - the student asks/articulates that they are ready to perform tasks alone and are ready for more challenging experiences.
4. The student performs independently and provides regular reports to the preceptor. Evaluate the student’s performance at this stage by reviewing outcomes of her/his actions. For example, observe the student presenting or review a resource that s/he is working on.

*This resource was adapted from Public Health Ontario web resources.

STUDENT PRECEPTED CLINICAL EXPERIENCE - UNPAID

It is the policy of Southwest Tech that all students in the Direct Entry Midwifery Program (excluding those in the CPM to ASM pathway who are already-certified CPMs) are required to complete various unpaid clinical placements in preparation for certification and graduation. Students are placed in preceptor clinical sites by and with the assistance of Southwest Tech Clinical Site Coordinators. Southwest Tech strongly encourages each preceptor to provide the student with an orientation to the clinical site to better prepare the student for positive progression and to minimize confusion. Neither the preceptor nor the student shall receive monetary compensation for any clinical experiences for the training of the midwifery student.

Items to consider and include during the orientation period of a midwife student’s clinical placement:

- orientation
- dress code
- agreed upon communication method(s)
- health and safety
- policies and procedures
- confidentiality
- evaluation
- how each will interface with Southwest Tech Student-Preceptor Contract responsibilities

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ORIENTATION

All students receive an orientation which includes the following:

- Review of site's client base
- Role and responsibilities of student, preceptors and other personnel involved in student placements
- Orientation to site's equipment
- Review of relevant operational plans, policies and procedures, etc.
- Introduction to the specific placement
- Signed Student Preceptor Contract as supplied by Southwest Tech

TRANSPORTATION

It is the responsibility of the student midwife to maintain a working vehicle with appropriate insurance as per the state law. It is strongly recommended that the student not transport clients in her/his personal vehicle. It is encouraged that the preceptor and the student discuss how the student will travel to a client's home. Although it may be "usual practice" for the student midwife to ride in the preceptor's car during clinical visits, both the student and preceptor should consider the possible imbalance of power contained within this assumption. Additionally, it is recommended that both student and preceptor check with their personal insurance carriers about the appropriate coverage of insurance when using a vehicle for business purposes.

Use of texting and social media while driving is against all state and local laws. The student should not be asked or volunteer, nor penalized for non-communication during travel time. It is considered a violation of state law to text while driving. Violation can carry up to an \$800 fine and 8 point reduction on the driver's license per the state of Wisconsin. Other states have similar laws.

CLINICAL SUPERVISION

The State of Wisconsin requires, through policy, that a student midwife is to always have direct supervision by the preceptor during preceptor clinical hours and any client interaction. The North American Registry of Midwives (NARM) also uses a policy of direct supervision for all clinical experiences. Supervision always means direct on-site supervision for all activities pertaining to client care. Southwest Tech supports this concept for all students regardless of the state of clinical placement.

In practice this means that a student midwife may not be present during, but not limited to, physical clinical hours, transporting a client or newborn, or at the client's home, without the preceptor first being present. The student midwife cannot communicate with the client either by phone, email or text without the direct supervision of the preceptor during those correspondences.

The North American Registry of Midwives (NARM) holds policies that are expected from each student/ preceptor dyad.

- All preceptor applicants must be currently registered with NARM as a Registered Preceptor.
- It is the student's responsibility to verify the preceptor's registration status by asking his/her preceptor or contacting NARM (Southwest Tech will help you in achieving this).
- Determination of "adequate performance" of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary.
- The preceptor must be physically present.
- Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM Certified Professional Midwife (CPM) credential. (In addition to this statement by NARM, Southwest Tech would view this as violation of school policy, and the student could be subject to disciplinary actions as outlined in the college Student Handbook.)

CONFIDENTIALITY

Preceptors are encouraged to review the clinical site's confidentiality agreement with the student. It is also understood that the State of Wisconsin requires the student midwife to provide informed consent to each client the student interfaces with. Southwest Tech asks that the preceptor remind the student about confidentiality on an ongoing basis.

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EVALUATION

It is important that students receive timely evaluation as part of clinical skill attainment. There are three documents that are specific to student evaluation (links to these documents are found in this handbook):

- Daily Clinical Evaluation Tool
- Verification of Skills Form
- Clinical Course Evaluation (SDAT)

Assessment of student performance can/should be accomplished verbally, via demonstration or in writing. Additionally, Southwest Tech faculty asks that the preceptor be available for at least one site visit per clinical course. It should be noted that the student cannot move forward to another clinical course without first being evaluated for the current course. Evaluation includes a site visit with the student, preceptor and assigned clinical site coordinator present.

TERMINATION

The student placement can be terminated:

- if confidentiality is not adhered to
- if the affiliation agreement expires
- at preceptor request
- when there are performance issues that cannot be resolved

PRECEPTOR HEALTH AND SAFETY STANDARDS

Southwest Tech works with a variety of birth sites and preceptors who provide hands-on educational experiences for Southwest Tech midwifery students. As such, it is important that every preceptor understands and meets federal and state safety standards.

For Commercial Buildings and Home Offices

- Smoke detector(s) are present and working
- Fire extinguisher (s) is present and working
- Exit plans are posted and available
- Fire and safety equipment are inspected and maintained on a regular bases
- The building is safe, sanitary, and meets all generally excepted health standards
- If a commercial building, the building meets all fire and health codes

INFECTION CONTROL PRECAUTIONS POLICY

Preceptors are required to use universal precautions and standards per CDC guidelines for a safe and clean environment. Sharps must always be disposed of in appropriate containers. Items that have been contaminated with bodily secretions must be disposed of in hazardous waste garbage bags or in double- bagged trash bags. Any blood or bodily secretion spills must be cleaned up using proper infection control barriers such as gloves. Spills should be cleaned with an industry-accepted solution (such as ¼ cup bleach in 1 gallon of water placed on the cleaned spill for 20 minutes or more). Preceptors and students are required to use appropriate infection control barriers such as gloves when in possible contact with blood or other bodily secretions. Proper sterilization techniques must be maintained when using items that require sterilization. Preceptors and students must use proper contamination barriers when using hazardous materials such as bleach or other sanitizers. Hazardous materials must always be properly marked and kept in areas away from flame or the possibility of access by children.

ACCIDENT AND INJURY REPORTING POLICY

Students who are injured while on clinical placement must report the incident to Southwest Tech program faculty and Southwest Tech Health Educator to ensure they receive appropriate health care and that relevant documentation is completed. Circumstances related to all student injuries are reviewed and followed up to reduce reoccurrence of this type of incident.

Preceptor/staff working with the student at the time of the incident will ensure student receives appropriate first aid or medical care. Placement preceptor working with the student must inform Southwest Tech Program Director of the incident. Student must also report to the Southwest Tech Program Director and Health Educator, and complete

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Southwest Tech Incident report within 24 hours of the incident. The preceptor and Southwest Tech Faculty will review the circumstances related to the incident with Southwest Tech Health Educator and provide the preceptor with recommendations to reduce a recurrence of the type of incident.

COMPLAINT PROCEDURE AND WHISTLEBLOWER POLICY

Southwest Tech is committed to maintaining a campus environment that enhances and supports student learning and achievement. In fulfilling this commitment, the college is responsive to complaints from all stakeholders. Confidentiality of complaints will be kept as strictly as possible within the requirements of the investigation. Federal law, the College, and the Midwifery Program strictly prohibits any form of discrimination, harassment, or retaliation because of making a complaint. Retaliation should be reported immediately to the person or office overseeing your report. As a Southwest Tech preceptor, a formal complaint process is available to you. Preceptors with concerns are encouraged to first attempt resolution with Midwife Program faculty and then the Dean of Health Occupations. If, however, this does not achieve acceptable results, the formal complaint process should be accessed. Records of all complaints, formal or informal, including follow-up and resolution will be maintained by the Program and/or College for a minimum of 7 years.

FILING A FORMAL COMPLAINT WITH THE COLLEGE

All complaints must first be filed with Southwest Tech using the [Southwest Tech Complaint Form](#). This form can be found on Southwest Tech website www.swtc.edu. The form must be filled out and signed. Be sure to print a copy for your files. Be sure to hit the Submit button at the bottom of the page when you complete the form and are ready to submit it. This form will be reviewed and forwarded to the appropriate party. <https://www.swtc.edu/student-resources/policies-procedures/complaints-process>. As the Program's Accrediting Body, complaints about the Midwifery Program may also be made to MEAC through their website: <https://www.meacschools.org/resources/for-current-students-at-meac-schools/>

EQUITY AND ACCESS

Southwest Tech does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, or age in its programs and activities. The Equal Opportunity/Affirmative Action Officer has been designated to handle inquiries regarding non-discrimination policies. Call 800.362.3322, Ext. 2315 (TDD: 608-822-2072) or write Southwest Tech, 1800 Bronson Blvd., Fennimore, WI 53809.

<https://www.swtc.edu/about/who-we-are>, <https://www.swtc.edu/about/publications?tab=policies>

Academic faculty and Preceptors are recruited, appointed and promoted without discrimination, harassment, retaliation, or discipline according to SWTC non-discrimination policy. Reasonable accommodations for persons with disabilities will be made to ensure access to academic programs, services, and employment in accordance with Section 504 of the Rehabilitation Act of 1973. Southwest Tech fully complies with the Americans with Disabilities Act (ADA) Amendments Act of 2008. Additional information can be found in the College Wide Student Handbook:

<https://www.swtc.edu/uploadedpdfs/academic/Student-Handbook.pdf>
<https://www.swtc.edu/legal/ada>; <https://www.swtc.edu/forms/accommodations-request-form>

The handling of complaints, incidents, or grievances dealing with discrimination, harassment, or retaliation are also subject to review.

SWTC Midwifery Program Nondiscrimination Policy

Southwest Wisconsin Technical College is committed to fostering a learning environment that is inclusive, respectful, and free from discrimination. The Midwifery Program Nondiscrimination Policy applies to all individuals involved in the Midwifery Program, students, academic faculty, preceptors/clinical faculty, and administrative staff.

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1. **Equal Opportunity:** The Midwifery Program prohibits discrimination harassment, retaliation, or discipline against any individual or group on the basis of their actual, implied or perceived: race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity; sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category under federal, state or local law. All individuals within the Midwifery Program are required to uphold this commitment.
2. **Selection and Evaluation of Program Faculty and Staff:** The selection and evaluation of preceptors/clinical faculty, academic faculty, and administrative staff will be based on qualifications, experience, and professional competence, without regard to protected characteristics. Decisions regarding recruitment, appointment, and promotion will be made impartially and free from discrimination, harassment, retaliation, or discipline against any individual or group on the basis of their actual, implied or perceived: race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity; sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category under federal, state or local law.
3. **Recruitment, selection, enrollment, and advancement of students:** Students are recruited, selected, enrolled, and advanced without discrimination, harassment, retaliation, or discipline against any individual or group on the basis of their actual, implied or perceived: race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or express, including transgender identity; sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category under federal, state, or local law.
3. **Inclusive Learning Environment:** All Midwifery Program academic faculty, preceptors/clinical faculty, administrative staff, and students are expected to create an inclusive learning environment that respects and values the diversity of all individuals involved in the Program regardless of their backgrounds or protected characteristics. They should foster a supportive and respectful atmosphere that encourages open dialogue, collaboration, and the exchange of ideas.
4. **Fair Treatment:** All Midwifery Program academic faculty, preceptors/clinical faculty, administrative staff are required to provide fair and equal treatment to all students, without favoritism or bias. They should not engage in discriminatory practices, such as differential treatment, grading, or opportunities based on protected characteristics.
5. **Harassment and Retaliation:** Any form of harassment, including but not limited to verbal, physical, or visual harassment, is strictly prohibited. Members of the academic faculty, preceptors/clinical faculty, administrative staff, and students should not engage in or tolerate any behavior that may create a hostile or intimidating environment. Additionally, any form of harassment, retaliation, or discipline against individuals who report discrimination or participate in related investigations is strictly prohibited.
6. **Reporting and Complaint Procedures:** Southwest Wisconsin Technical College and the Midwifery Program have established procedures for reporting and addressing concerns related to discrimination. Any individual who believes they have experienced or witnessed discrimination, harassment, or prohibited retaliation or discipline within the College or the Program should promptly report the incident to their supervisor, clinical site coordinator, or program director as appropriate and/or utilize the SWTC Complaints Process online at <https://www.swtc.edu/student-resources/policies-procedures/complaints-process>.
7. **Investigation and Remedial Actions:** The Program will initiate and participate in the investigation of any complaints of discrimination involving academic faculty, preceptors/clinical faculty, and staff. If a violation is substantiated, appropriate remedial actions will be taken, which may include education, training, counseling, disciplinary actions, termination of employment, or revocation of preceptor/clinical faculty approval, as deemed necessary.

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8. Education and Training: The Midwifery Program will provide education and training to academic faculty, preceptors/clinical faculty, and staff on the importance of maintaining a nondiscriminatory learning environment. This may include workshops, seminars, or online modules that address issues of diversity, inclusion, cultural competence, race and other forms of privilege, inequities, and implicit bias as it relates to education and healthcare delivery.

9. Compliance with Laws and Regulations: This policy is in accordance with applicable federal, state, and local laws and regulations regarding nondiscrimination. The SWTC Equal Opportunity Officer is responsible for implementing, monitoring, and evaluating compliance with all applicable laws and regulations and will take appropriate action to address any violations.

10. Dissemination and Awareness: The Midwifery Program makes this nondiscrimination policy readily available to all academic faculty, preceptors/clinical faculty, administrative staff, students, and relevant stakeholders. It will be communicated through appropriate channels, including student and preceptor handbooks, Faculty Resource Group, and Clinical Faculty Preceptor Training Folder on Schoology.

Adherence to this policy is essential for creating an inclusive and equitable learning environment. The SWTC Midwifery Program expects all individuals involved in the Program to understand and comply with this policy, promoting an atmosphere that fosters respect, diversity, and equal opportunity for all students, faculty, and staff.

SWTC Midwifery Program Policy on the Implicit Power Differential in Educational Partnerships

The SWTC Midwifery Program recognizes and acknowledges the existence of implicit power differentials in educational partnerships. We understand that educational partnerships within midwifery involve various stakeholders, including students, faculty, preceptors, administrators, and clients, each with their unique roles and perspectives. Implicit power differentials refer to the unequal distribution of power and influence that can arise within these partnerships, often based on factors such as age, experience, expertise, socio-economic status, and institutional position. These power imbalances can shape interactions, decision-making processes, and outcomes within educational settings.

We understand that such power differentials can have a profound impact on the dynamics and effectiveness of educational partnerships. They can influence the ability of certain individuals or groups to contribute, participate, and have their voices heard. Additionally, they can affect the distribution of resources, opportunities, and benefits within the educational ecosystem.

By acknowledging the existence of implicit power differentials, we strive to create an environment that promotes equity, inclusivity, and mutual respect in our educational partnerships. We are committed to fostering open dialogue, active listening, and shared decision-making processes that recognize and address power imbalances. We are dedicated to actively challenging and dismantling systemic barriers and biases that perpetuate power imbalances, ensuring that every individual is heard, and every voice is valued.

To achieve this, the SWTC midwifery program has invested in ongoing professional development, training, and initiatives that foster and promote inclusive practices. To ensure this the Midwifery Program has implemented a strategic plan of how to identify and respond to abuses of power differentials in preceptorships and the classroom. Utilizing a team approach, the midwifery program has instituted biannual Academic and Clinical Faculty Planning Meetings and periodic meetings of student, faculty, and administration, creating transformative educational

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experiences that empowers learners, educators, and the midwifery community.

Additionally, the Midwifery Program encourages reporting power differentials which negatively impact the learning environment. Incidents can be reported to the program director, CSC, or the Dean of Health Services who will provide guidance in submitting a formal written report through the SWTC Complaint Process. The Midwifery Program takes part in investigations where appropriate and provides follow-up to ensure accountability. SWTC policy strictly forbids discrimination, harassment, retaliation, or discipline against any person making a complaint or participating in an investigation.

We remain committed to continuously examining and refining our policies, practices, and structures to mitigate and address implicit power differentials.

Preceptor Resources and Training

WHY BE A PRECEPTOR?

Working with a student can energize your attitude toward daily work by adding interest, challenge, and personal renewal. It can enrich your appreciation and value of your daily decisions and of the profession.

PRECEPTORSHIP BENEFITS THE PRECEPTOR BY.

- enhancing personal growth and satisfaction.
- adding challenge to your daily work.
- increasing your visibility in your workplace
- bringing new ideas to your practice.
- increasing productivity.
- Influencing the development and future practice of midwifery
- providing different kinds of teaching opportunities.
- serving as a mirror that allows you to evaluate and improve your own practice.
- allowing you to share your unique treasures of knowledge and experience.
- increasing satisfaction as a result of seeing the student's smiling face, energy, and interest in learning.
- increasing your professional value.

PRECEPTORSHIP BENEFITS THE STUDENT BY...

- allowing the student to learn needed/expected skills of the profession
- gaining wisdom from an experienced midwife
- improving their skills in problem solving, judgment, prioritization and time management
- improving and increasing self-confidence
- enabling them to synthesize information learned throughout their program
- enhancing their ability to apply theory to practice
- providing a foundation for continued learning
- providing an opportunity to discuss professional conflicts

Let's face it. We were all once beginners, students, and learners! We are endlessly grateful to those who helped us along and made us feel welcome and worthwhile, who showed us the ropes and patiently waited as we began to put it all together.

Sources: Bashford, 2002; Letizia & Jennrich, 1998; O'Malley, 2000; Gates & Cutts, 1995; O'Mara, 1997.

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THE ROLE OF THE PRECEPTOR

You, as a clinical preceptor have been given one of the most important roles in the education of future Midwives. Each clinical preceptor brings to students a set of unique clinical experiences. These shared experiences can add a tremendous amount of practical information to the students' growing knowledge base. In the clinical setting, the preceptor provides a vital bridge from the classroom to the client.

The clinical preceptor plays more than one role when working with students. Students see a preceptor as a **TEACHER** who imparts knowledge and/or skills; a **LEADER** who guides them; a **TEAM MEMBER** who is associated with them in a joint effort or action; a **ROLE MODEL** who sets a professional standard for imitation; a **CONSULTANT** who advises them; and last but not least, the clinical preceptor is viewed as a **FACILITATOR** who makes good experiences happen.

Everyone at some time in their training has benefited from experienced clinical preceptors, and all have been influenced by their association with clinical preceptors during their training. You now have an opportunity as a clinical preceptor to pass on the knowledge and experience you have gained. Your part in the education of competent dedicated midwives helps ensure a bright future for our profession.

EFFECTIVE PRECEPTORS

An effective preceptor demonstrates exceptional interpersonal, clinical and teaching skills.

INTERPERSONAL SKILLS

- Demonstrates trustworthiness, respect and a non-judgmental attitude.
- Fosters confidence and empowers others.
- Conveys friendliness and responsiveness to others' needs.
- Demonstrates assertiveness and self-confidence.
- Exhibits good communication skills and manages conflict appropriately.
- Enjoys problem solving and demonstrates flexibility to change.
- Exhibits warmth, caring and support and creates a safe environment for learning.
- Upholds a positive attitude.

CLINICAL SKILLS

- Exhibits professional behavior, speech and attitudes.
- Relates knowledge and theory to practice.
- Exhibits a genuine interest in client care.
- Possess experience, expertise and skill proficiency in clinical field.
- Demonstrates leadership skills.
- Keeps current in practice by attending workshops and in-services.
- Enjoys problem solving, decision making, and finding appropriate alternatives.
- Pursue personal, professional growth and development.

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TEACHING SKILLS

- Enjoys teaching and working with students.
- Explains complex concepts in simple terms and facilitates learning.
- Welcomes questions and remains accessible.
- Demonstrates respect and concern for and confidence in students.
- Coaches and fosters autonomy in students.
- Plans for student learning opportunities.
- Demonstrates patience.
- Adapts teaching to meet individual needs.
- Watches without taking over.
- Views self as a partner in learning.
- Provides clear, motivating feedback in response to both positive and negative performance.
- Plans for success.

*This resource was adapted from Public Health Ontario web resources.

GIVING FEEDBACK TO STUDENTS

One fundamental aspect to the preceptor-student relationship is giving regular feedback. Students are generally accustomed to and interested in receiving feedback regarding their performance. Students require both positive and constructive feedback. Preceptors should provide frequent, specific feedback on students' knowledge, skills, and abilities and identify their strengths and weaknesses so students will know what they can do to improve. Giving excessive, insufficient or negative feedback can result in conflict between you and the student, and can have a negative effect on learning. Remind the student that giving feedback in both strong and weak areas is part of the teaching role. Effective preceptors are honest and direct with students about their performance, notice when they perform well, and provide specific suggestions for improvement. Effective and safe student performance must be validated and encouraged.

HELPFUL TIPS FOR GIVING FEEDBACK

1. Daily feedback in a private location generally helps the student to feel secure.
2. Give feedback in a private place. Adhere to the adage, "praise in public, correct in private." If it is necessary to correct a student in front of other staff or clients, do it in a tactful way.
3. Ask students to evaluate themselves after tasks are performed by asking, "How do you feel you did?" and "What could you do differently next time?" This initiates performance evaluation in a non-threatening manner.
4. Feedback should be objective in nature. Use "I" statements, such as, "I noticed that..." Avoid judgmental statements, such as "You should have known better..."
5. To know what specific performance items need to be evaluated, review the course objectives and indicators in the Semester Evaluation Tool (DSAT).
6. Private weekly evaluations work well to track student progress towards course and personal objectives. This is the time to say, "You are doing well." Point out what the student has learned and how much knowledge and skill proficiency has been acquired and what problems need to be addressed.
7. Phrase feedback in a positive fashion, such as "This is what I want you to work on."
8. Encourage students by pointing out their strengths often and in an honest manner. Celebrate successes. Seeing your obvious pleasure in their success is a wonderful reward for a student.
9. Preceptors should also welcome ongoing feedback regarding the preceptorship process. Asking "How am I doing?" opens communication up so students can share their needs and experiences. It is also a good opportunity for the preceptor to model appropriate behavior when receiving constructive criticism.

*This resource was adapted from Public Health Ontario web resources.

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PRINCIPLES FOR THE CLINICAL PRECEPTOR

Hallmarks of the midwife who exhibits benchmark excellence as a clinical preceptor:

- Interest in teaching
- Displays enthusiasm
- Demonstrates communication necessary to accomplish teaching
- Attends scheduled clinical preceptor meetings and workshops
- Maintains certification and jurisdictional credentials
- Adheres to FERPA regulations
 - FERPA
 - Family Educational Rights and Privacy Act, 1974
 - Protects the privacy of a student's education records and interactions
 - Applies to all educational agencies or institutions that receive funds under any program administered by the Secretary of Education

TIPS FOR TEACHING ADULTS

MUTUAL TRUST & RESPECT

Be patient, receptive and approachable. Be a student advocate. Provide all the information the student will need. Help make the student feel secure in the new environment.

INDIVIDUALIZED LEARNING

Base content on the perceived needs of the student. Allow the student to set the pace of learning. Engage the student in mutual goal setting. Students learn well from watching others, participating, and developing her/his own learning plan. Allow the student to make choices and be self-directed.

SHARED LEARNING & RECIPROCITY

Work as a team and relate as colleagues. Preceptors who views her/his role as a facilitator of learning helps make adult learners feel more comfortable.

SAFE, SUPPORTIVE AND FRIENDLY ENVIRONMENT

Adults need to feel they will not be embarrassed or made to feel inadequate or intimidated in any way. Provide frequent positive reinforcement. Watch without asking over, be non-judgmental, and plan for success. Because learning can be mentally and physically exhausting, allow the student some free time when the occasion arises as a reward for hard work and good performance.

ACTIVE LEARNING

Encourage learners to participate actively in the learning process. Engage students in dialogue about care and procedures. Reaffirm the student's knowledge and skills by explaining why certain actions are taken as well as how. Show the student available resources, such as practice guidelines and reference texts.

PRIOR LEARNING

Make use of the student's prior experience and knowledge by finding out what they already know and what experiences they have had, and then anchoring new learning in these past experiences. Valuing the student's skills and knowledge recognizes past accomplishments and helps ease this difficult and often humbling transition in adult education. Even if the previous experiences are not specifically related, there may be a transfer of skills. For example, link past experience in waitressing and time management or multi-tasking.

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FEEDBACK

Give frequent, clear feedback so the student knows how s/he is progressing towards her/his goals.

ORGANIZATION & REPETITION

Repeat content over time and sequence it in a logical fashion. Use a variety of teaching methods if possible. For example, reading about a skill, watching a demonstration the skill, assisting with the skill and actually doing the skill with assistance and independently are all different ways of teaching and can be used in combination with each other.

BUILDING STUDENT CONFIDENCE

ASSESSMENT (Background):

Students often enter clinical situations feeling vulnerable as their learning occurs in a public forum and they have little contextual understanding of the situations encountered (Myrick & Yonge, 2002). In general, students fear failure and therefore need to be guided and supported through their learning to prevent fear from escalating into lack of self-confidence (Myrick & Yonge, 2005). Enhancing student confidence is a desired outcome of clinical experience as it contributes to the development of safe and competent midwives (Myrick & Yonge, 2005), professional identity and socialization into the profession (Bevis & Watson, 1989).

PLANNING (Roles):

Integrating knowledge, skills and experiences have been identified as the benchmarks of developing professional confidence in midwife students (Brown et al, 2003). Preceptors can assist students to integrate their knowledge and skills to enhance professional confidence using the following behaviors:

Preceptor Behavior	Example
Supporting: A supporting approach is beneficial when a student is able but lacking confidence to complete a task.	A 'supporting preceptor' uses a high supportive and low directive approach: <ul style="list-style-type: none">▪ sharing ideas and facilitating decision-making▪ seeking student input▪ demonstrating commitment, mutual respect and acceptance
Coaching: A coaching approach is beneficial when the student is unable (as yet) to achieve a learning goal but is willing to work toward it.	A 'coaching preceptor' uses a highly directive and highly supportive approach: <ul style="list-style-type: none">▪ explaining decisions, providing clarification▪ challenging students▪ encouraging students to make their own self assessments▪ addressing strengths and areas for improvement
Reinforcing: Self-confidence is a learned behavior that develops over time with positive reinforcement by significant others. A reinforcing approach is beneficial when the student has achieved a learning goal.	A 'reinforcing preceptor' uses a reinforcing approach by: <ul style="list-style-type: none">▪ acknowledging and recognizing student efforts to increase confidence in their own abilities▪ being consistent in behaviors so that students receive clear messages in terms of progress and expectations (an important consideration for co-preceptors)

Reference: Brown et al (2003); Ferguson (1996); Lockwood-Rayermann (2003); Myrick & Yonge (2005); Myrick & Yonge (2002).

IMPLEMENTATION (Strategies):

Teaching behaviors have also been correlated to the development of confidence in students experiencing a precepted experience (Ferguson, 1996; Myrick & Yonge, 2005). Preceptors can enhance student confidence by:

- assisting them to set realistic expectations for themselves
- focusing on accomplishing measurable, specific goals
- identifying what the student needs to do to prepare for work/tasks
- designing the learning experience to fit with their learning style and personality

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- recognizing the student's level of ability & providing opportunities for the student to perform work at their level
- encouraging students to take on work that will stretch their abilities while under supervision
- providing constructive feedback in a positive light: viewing mistakes as learning opportunities, encouraging students to compare their performance to learning objectives vs. other staff/students and stating confidence in the student's abilities
- sharing preceptor learning experiences to put the student experience in perspective
- encouraging students to work independently

EVALUATION:

- Has the student set realistic objectives for them self?
- Are the learning opportunities consistent with the student's level of ability?
- Is the student comparing their performance to their learning objectives?
- Have you made your expectations realistic and clear?
- If you are co-precepting, are both preceptors' expectations congruent with each other and with the student?

REFERENCES:

- Bevis, O., & Watson, J. (1989). *Toward a caring curriculum: A new pedagogy for nursing*. New York: National League for Nursing.
- Brown, B., O'Mara, L., Hunsberger, M., Love, B., Black, M., Carpio, B., Crooks, D., & Noesgaard, C. (2003). Professional confidence in baccalaureate nursing students. *Nurse Education in Practice*, 3, 163-170.
- Ferguson, L. (1996). Preceptors enhance students' self-confidence. *Nursing Connections*, 9(1), 49-61.
- Myrick, F. & Yonge, O. (2005). *Nursing Preceptorship: Connecting practice and education*. Lippincott, Williams & Wilkins: Philadelphia
- Myrick, F. & Yonge, O. (2002). Preceptor behaviors integral to the promotion of student critical thinking. *Journal for Nurses in Staff Development*, 18(3), 127-133.
- Lockwood-Rayermann, S. (2003). Preceptor leadership style and the nursing practicum. *Journal of Professional Nursing*, 19(1), 32-37.

CRITICAL THINKING – TRANSFERRING KNOWLEDGE INTO PRACTICE

ASSESSMENT (Background):

Critical thinking is the ability to apply knowledge and skills to a new situation and to think about situations from different perspectives (O'Connor, 2001; Myrick & Yonge, 2005). Midwifery students need to develop the ability to apply their knowledge and respond to unique client situations (Phillips & Duke, 2001), however, novice students often have knowledge and skills that are not well connected and therefore are unable to identify or prioritize key elements in a situation (O'Connor, 2001; Ignatavicius, 2001).

PLANNING (Roles):

Preceptors are ideally situated to contribute to the development of student critical thinking skills and the following preceptor behaviors have been identified as promoting critical thinking in students:

When a Student:	Preceptor Style:
Does not ask questions or makes assumptions about a client situation...	Facilitation Assist the student to identify what they need to know. Define specific learning goals and select appropriate learning experiences that will help them to achieve their goals. Encourage students to make self-assessments of their performance, focusing on how they arrived at their decision.

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Is unable to link previous knowledge to practice or identify pertinent information in a client situation...	Guidance Guide the student to develop the knowledge and skills they require to provide safe and competent care. By revising the learning goals, validating knowledge, answering questions, providing clarification and assistance with clinical decisions, preceptors can foster critical thinking.
Is at any stage of development...	Role Modeling Requires preceptors to be clear and consistent in their behavior, specific in their expectations and open to different ways of thinking about or approaching a client situation. Model critical thinking by considering a broad range of possibilities when making a decision and explaining how you arrived at your decision.

Reference: Myrick & Yonge (2002a)

IMPLEMENTATION (Strategies):

When students are having difficulty with their ability to think critically, determine their current knowledge of the situation and identify their previous experiences, knowledge and skills which may help you to determine their learning needs and goals. You may want to use one of the following strategies to assist with the student's development of critical thinking:

- **Probing statements:** Through debriefing, you can encourage the student to think about their decisions/rationale and their implications. For example: "What led you to believe that"? "How does that apply to this case?"; "How did you come to that conclusion?"
- **Thinking aloud:** Encourage the student to explain their thinking/decision-making processes aloud to make what is implicit explicit. For example, what evidence/ information have they selected to base their decision on? Have they considered alternatives?
- **Prioritizing:** Assist the student to identify key issues/information in a particular situation that must be addressed so that they can define problems contextually.
- **Questioning:** The level of question asked is as important as the use of wait time afterwards in order to allow students to process information (Myrick & Yonge, 2002b). Questions that focus on the Analysis, Synthesis and Evaluation domains enhance critical thinking because they require students to make a judgment and provide rationale.

Reference: Phillips & Duke (2001).

Cognitive Domain	Examples of Questions
Knowledge (Requires recall)	What is preterm labor? What are the signs and symptoms?
Comprehension (Requires understanding)	Why is it important to assess a newborn baby during at the 24 hour postpartum visit?
Application (Requires the student to use information in the appropriate circumstance)	What are some strategies you will use for facilitating a childbirth class?
Analysis (Requires consideration of multiple factors and to draw conclusions)	What are some of the issues your client with a positive screen for a Down's syndrome baby might be experiencing and how might you address them?
Synthesis (Requires combining knowledge into a new plan)	Can you describe your plan of care for your client who is 28 weeks gestation?
Evaluation (Requires judgment using criteria)	What do you think is the most important aspect (s) of caring for your client who is 36 weeks gestation? Can you evaluate your goals in the plan of care?

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EVALUATION:

- Does the student think beyond the obvious when making an assessment of the situation?
- Is the student able to identify the 'relevant issues' in a variety of contexts?
- Is the student able to support their decisions with evidence/rationale?
- Does the student engage in self-evaluation of their own practice and/or decision-making? (i.e. correcting or improving as needed?)
- If the student is having difficulty applying theory to practice, have you evaluated your preceptor style and the learning environment to assure that it is supportive of student learning? (i.e. staff/preceptors are approachable, open to questions, encourage inquiry and accept differences between student's abilities to solve problems).

REFERENCES:

Phillips, N., & Duke, M. (2001). The questioning skills of clinical teachers and preceptors: A comparative study. *Journal of Advanced Nursing*, 33(4), 523-529

JOIN THE SOUTHWEST TECH TEAM!

Southwest Tech Midwifery Program Advisory Committee

Southwest Tech advisory committee meets annually. The committee is comprised of CPMs, CNMs, MDs, preceptors, students, and consumers. Virtual access to meeting is available – you don't have to be local! If you are interested in volunteering for the advisory committee, please let a CSC or the Program Director know of your interest. Seats on the Advisory board are filled by interest, ability of time to accomplish assigned projects, ability to work collegially, interest in taking on special projects, and by appointment.

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Safety Form for Training Sites and/or Practices

All clinical placement sites for Southwest Tech students need to meet federal and state safety standards as it pertains to particular practice site. As such, Southwest Tech requests that you fill out the following form.

Preceptor Name: _____

Practice Name/Address: _____

Practice Site

Please check all that apply:

- ☐ Office in a commercial building – please attach a copy of the most recent safety inspection
- ☐ Accredited Birth center – please attach a copy of the most recent accreditation certificate
- ☐ Birth center – please attach a copy of the most recent safety inspection
- ☐ Home office – Please attach a blueprint with exits and fire extinguishers marked (can be hand drawn)
- ☐ Only in client's home – No documentation needed

Clinical Opportunities/Experiences Available to Midwife Student

Please check all that apply:

- ☐ Preconception Care
- ☐ Family Planning/Child spacing
- ☐ Prenatal Care
- ☐ Intrapartum Care
- ☐ Postpartum Care
- ☐ Newborn care to:
 - ☐ 2 weeks
 - ☐ 6 Weeks
- ☐ Well Woman Care

I, _____, affirm that my clinical practice environment meets safety standards for fire prevention, that I use universal precautions per CDC guidelines, that the environment is clean and safe for students.

I, _____, practice only in my client's home and do not have an office site, therefore clinical practice environmental safety standards do not apply.

Preceptor Signature _____

Date _____

This form is required upon first contract as a preceptor. Please submit this form to a Southwest Tech clinical coordinator by e-mail, mail, or fax.
Note that an affirmation of conforming to safety standards is included in every subsequent student-preceptor contract.

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Equipment And Resources For Preceptor/Clinical Sites

EQUIPMENT LIST

Manual and/or doppler fetoscope(s)
Sphygmomanometer (one adult, & one large cuff)
Stethoscope with bell and diaphragm (adult & infant)
Thermometer (digital)
Watch with tracking that includes seconds
Tape measure
Adult and newborn resuscitation equipment
Oxygen and equipment for initiating oxygen therapy as allowed or required by law
Flashlight
Hemostats, Scissors, Cord bander or cord clamps, cord tape, etc.
Equipment for perineal repair (needleholders, scissors, sutures, etc.) as allowed by law
Infant scale
Maternal scale
Sterile lubricating gel
Exam gloves (including non-latex, sterile and non-sterile)
Specula and acceptable methodology for cleaning reusable specula
Vaginal culture swabs
Urine test strips
Equipment for starting and maintaining an intravenous line as allowed or required by law
Phlebotomy equipment (or midwife refers clients to lab for blood draws)
Sharps disposal containers
Nitrazine paper, pH paper or equivalent and/or portable "Lens" for ferning
Supplies for antisepsis and sterilization of instruments and equipment
Syringes and needles as allowed or required by law
Alcohol wipes
Medications such as anti-hemorrhagics, newborn eye prophylaxis, Vitamin K, RhoD immune globulin etc. as allowed or required by law
Herbs, homeopathy, and other complementary medicines as allowed or required by law
Urinary straight catheter
Neonatal suction device(s)
Pulse oximeter (adult and infant)

POLICY/PROCEDURE FOR ACCEPTANCE OF DONATED EQUIPMENT, PHARMACEUTICAL, AND OTHER MEDICAL SUPPLIES

____ I do not accept donated equipment, pharmaceuticals, or supplies

____ Acceptance policy and procedure is as follows:

AFFIRMATIONS

____ I affirm that I stock all the above listed equipment, supplies, and pharmaceuticals as allowed by law and expected by current community standards for midwifery care.

____ I affirm that I have access to perinatal testing according to current standards for CPMs with accounts at the following clinical laboratories: _____

____ I affirm that I have access to medical consultation, referral, and hospital transfer. *Attach copy of emergency care form or describe how consultation, referral, or hospital transfer is accessed.*

Signature:

Preceptor _____ Date _____

Southwest Wisconsin Technical College Direct Entry Midwife Program Preceptor Handbook

Affidavit of Preceptor Handbook

I, _____, have read the Southwest Wisconsin Technical College Direct Entry Midwife Program Preceptor Handbook.

I have had any questions answered and/or concerns addressed.

I understand that the North American Registry of Midwives requires all preceptors for CPM candidate students fill out and file an application to be a NARM Preceptor. I agree to fulfill this requirement and notify Southwest Tech faculty once it is accomplished. (The form can be found on the NARM website www.narm.org)

I agree to abide by the policies and procedures of Southwest Tech and the Midwife Program as required of a preceptor as described in the above named document.

Please Print Name _____

Preceptor Signature _____

Date _____

**** Please submit this form to a Southwest Tech clinical coordinator by e-mail, mail, or fax****

Southwest Wisconsin Technical College
Attention: Midwife Program
1800 Bronson Blvd
Fennimore, Wisconsin 53809
Fax: 608-822-2772