

NURSE-MIDWIFERY PROGRAM MANUAL

— A Supplement to the MSN & PMC Handbook —

2023 - 2024





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CHAPTER 1: INTRODUCTION TO NURSE-MIDWIFERY (MIDW)

The UNM Nurse-Midwifery graduate program is fully accredited by the American College of Nurse-Midwives' Accreditation Commission for Midwifery Education.

College of Nursing (CON) Nurse-Midwifery students are expected to be familiar with both the provisions contained in this manual and the Master of Science in Nursing (MSN) & Post Master's Certificate (PMC) Student Handbook and related policies.

This manual provides an overview of the Nurse-Midwifery Program, its philosophical and organizational context and policies. The manual clarifies what we expect from one another as part of the program policies and procedures within this manual supplement the UNM CON MSN & PMC in Nursing Student Handbook and the [UNM Catalog](#) in effect at the time of your admission. Exceptions to these policies and procedures may be made at the discretion of the faculty and Program Coordinator. Please see the [MSN & PMC in Nursing Student Handbook](#) for details.

Nurse-Midwifery Philosophical and Organizational Context

Nurse-Midwifery is a specialty within the Advanced Nursing Practice programs within the Masters in Nursing Program at the University of New Mexico (UNM), Health Sciences Center (HSC), College of Nursing (CON). The mission statement of the College of Nursing and the philosophy of the graduate nursing program provide the philosophical context for the educational program.

Our mission is to educate nurse-midwives to care for rural, diverse and under-resourced communities. We endeavor to improve the health and well-being of individuals and families through partnership and community collaboration. We strive towards social justice and human dignity. Our faculty and graduates will recognize the strengths and challenges of historically marginalized communities and place a high value on diversity, equity, and inclusion.

The philosophy of the program shares the philosophy of the American College of Nurse-Midwives (retrieved from: <https://www.midwife.org/our-philosophy-of-care>).

THE PHILOSOPHY OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES AND THE NM PROGRAM

We, the midwives of the American College of Nurse-Midwives, affirm the power and strength of women and the importance of their health in the well-being of families, communities and nations. We believe in the basic human rights of all persons, recognizing that women often incur an undue burden of risk when these rights are violated. We believe every person has a right to:

- Equitable, ethical, accessible quality health care that promotes healing and health
- Health care that respects human dignity, individuality and diversity among groups
- Complete and accurate information to make informed health care decisions
- Self-determination and active participation in health care decisions
- Involvement of a woman's designated family members, to the extent desired, in all health care experiences

We believe the best model of health care for a woman and her family:

- Promotes a continuous and compassionate partnership
- Acknowledges a person's life experiences and knowledge
- Includes individualized methods of care and healing guided by the best evidence available
- Involves therapeutic use of human presence and skillful communication

We honor the normalcy of women's lifecycle events. We believe in:

- Watchful waiting and non-intervention in normal processes
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care

We affirm that midwifery care incorporates these qualities and that women's health care needs are well served through midwifery care.

Finally, we value formal education, lifelong individual learning, and the development and application of research to guide ethical and competent midwifery practice. These beliefs and values provide the foundation for commitment to individual and collective leadership at the community, state, national and international level to improve the health of women and their families worldwide.

MSN & PMC GENERAL INFORMATION

The CON offers programs to prepare graduates to assume leadership in advanced clinical practice, administration, and education roles. Clinical practice areas offered are Adult Gerontology Acute Care Nurse Practitioner and Primary Care (Nurse-Midwifery, Pediatric Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, and Family Nurse Practitioner). **The CON will be transitioning the Nurse-Midwifery Program to a DNP only program in 2024.**

The Nurse-Midwifery Program in the Advanced Practice program is:

- A sequential, six term, full time, graduate program of studies consisting of 545 credit hours, including more than 1,000 hours of clinical, lab and simulation experience.
- Graduates are awarded the Master of Science in Nursing degree
- Graduates are eligible for national certification and licensure in New Mexico and all other US states as nurse- midwives after successful completion of the American Midwifery Certification Board Certification exam.

Purpose of the Nurse-Midwifery Program

The purpose of the Nurse-Midwifery Program is to prepare graduates who will:

- A. Practice nurse-midwifery, meeting the American College of Nurse Midwives' professional standards in the care and health promotion of women throughout the life span, with a focus on the childbearing years.
- B. Focus on primary health care, including an orientation that emphasizes cultural sensitivity, continuity of care and respect for human rights. The community-based focus means that graduates will work to assist and strengthen clients and

communities to participate in the planning and development of health promotion and health care.

- C. Practice in collaboration with other health care professionals, with understanding of the special needs of rural and under-resourced populations.
- D. Apply health-related theories and research in their practice and enhance their abilities to identify and pursue an ethical philosophy of practice, as well as generate clinical inquiry.
- E. Demonstrate leadership in matters of professional development of midwifery and nursing and in matters of health policy at the community and national level.

The objectives of the Master's program in Nurse-Midwifery include both the general objectives of the Master in Nursing program and the terminal objectives of the Nurse-Midwifery program.

General Objectives for the MSN & PMC Program

Upon completion of the program, the graduate is prepared to:

- A. Analyze theoretical formulations as a basis for nursing practice, education, and/or administration.
- B. Apply and/or participate in research about the nature of health/illness and the practice of nursing.
- C. Utilize advanced clinical knowledge and skills to promote, maintain, and/or restore optimum wellness to client systems.
- D. Assume leadership roles in nursing practice, education, or administration.
- E. Assume responsibility for developing health care policy relative to social, ethical, legal, economic, and political issues that affect nursing.
- F. Organize and develop collaborative relationships for the improvement of health care on an agency, organization, or legislative level.
- G. Synthesize knowledge from the biophysical, social, and nursing sciences that affect health/illness behavior or client systems as a basis for nursing practice, education, and administration.

Terminal Objectives for the Nurse-Midwifery Program

- A. Analyze theoretical and empirical knowledge from the social, behavioral and physical sciences and apply this knowledge to the care of women and their infants within a family and community context.
- B. Identify the influence of economic, social, and political trends on health care delivery to women and infants.
- C. Provide safe and satisfying primary health care that supports individual rights and self-determination in a variety of settings, with an emphasis on underserved and rural client populations. This includes clinical management of normal labor and delivery, care of the neonate, and primary health care to women throughout the life span.
- D. Apply skills in health assessment, teaching, and counseling with an emphasis on self-help, wellness, and the prevention of illness and disability.
- E. Communicate both verbally and in writing with various members of the health care delivery system including keeping adequate documentation of nurse-midwifery care.
- F. Develop accurate and reflective self-evaluation skills of knowledge base and clinical performance.
- G. Demonstrate collaborative relationships with other health team members and with community groups for the planning, management, and provision of health care for women and their infants.
- H. Demonstrate the socialization and conceptual awareness of the role and responsibilities of the nurse- midwife.
- I. Demonstrate a commitment to personal and professional growth and the growth of the profession through participation in professional organizations, community, and scholarly activities such as research, writing, and teaching.
- J. Participate in quality assurance activities in the health care setting.
- K. Exemplify the ethical and moral obligations of professional service while interacting with clients and society in general.

American College of Nurse-Midwives (ACNM) Competencies for Master's Level Midwifery Education

The ACNM defines midwifery practice as the independent management of women's health care focusing particularly on issues common in primary care, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period, and the care of the newborn.

All students must achieve the [ACNM Core Competencies for Basic Midwifery Practice](#), whether at the master's or doctoral level. After successfully completing a basic midwifery education program and earning a master's degree from that program or having already received an appropriate graduate-level degree, the graduate will be able to integrate the provision of midwifery care with midwifery education, administration, research, public service, or other related midwifery role. To achieve that outcome, the graduate will be able to do the following:

1. Evaluate and apply expert clinical knowledge into best practice models utilizing relevant data to analyze midwifery outcomes.
2. Identify gaps between evidence and practice and consider potential solutions for bridging gaps.
3. Evaluate and utilize research to provide high quality, evidence-based health care, initiate change, and improve midwifery practice for women and newborns.
4. Analyze the process for health policy development, influential factors, and the impact of policy on clinical practice.
5. Participate as an effective team member to enhance team function and promote positive change in the health care of women and newborns.
6. Identify theories relevant to midwifery practice or scholarship.
7. Utilize information systems and other technologies to improve the quality and safety of health care for women and newborns.
8. Evaluate health care finance and identify appropriate use of resources for management of a health care practice.
9. Explore potential areas of interest in midwifery scholarship.

CHAPTER 2: CURRICULUM AND FACULTY ROLES

NURSE-MIDWIFERY CURRICULUM

The Nurse-Midwifery Program requires full-time commitment since the specialty courses are offered sequentially and only once per year. Master's core courses which are offered every term must be taken early in the program as they are foundational to other courses. Students with existing graduate degrees in Nursing (Master or Doctorate) may pursue the nurse-midwifery curriculum as post-Master's certificate students. An individualized program of studies is developed for PMC students by the coordinator of the program and is based on consideration of previous coursework in relation to the requirements of the chosen specialty (gap analysis) as well as recent clinical experience.

A two-part comprehensive examination covering the MSN core courses and specialty content is required in the final term unless the student elects to do a thesis (see MSN & PMC Handbook).

All MSN & PMC students must pass a comprehensive mock board exam administered by the program prior to graduation.

The curriculum consists of MSN general core courses required of all graduate students and specialty courses as delineated below:

MSN General Core Courses

- NURS 501 Theoretical Foundations of Advanced Nursing Practice
- NURS 503 Research in Nursing I
- NURS 505 Health Care Policy, Systems & Financing for Advanced Practice

Advanced Practice Nursing Core Courses:

The advanced clinical practice core courses were developed and organized for the nurse practitioner and midwifery students. Specialty courses are then taken separately.

- NURS 525 Primary Care Concepts
- NURS 526 Pathophysiology for Advanced Practice Nursing Practice
- NURS 540 Advanced Health Assessment and Diagnostic Reasoning

- NURS 543 Pharmacological Principles of Clinical Therapeutics

Beginning in Term 4, students concentrate on specialty content.

Didactic content in **Terms 3-5** is presented in concentrated weeks (classroom block), with clinical blocks arranged between classroom blocks. **Term 6** is almost exclusively clinical practicum time, Master’s comprehensive examinations and seminars, labs, OSCEs and simulations take place during the term.

Upon completion of the program, the graduate is eligible to take the American Midwifery Certification Board certification examination (<https://www.amcbmidwife.org/amcb-certification/candidate-handbook>). Graduates who are certified may then use the title CNM (certified nurse-midwife) and are eligible for CNM licensure in New Mexico through the NM Department of Health, Public Health Division, and Maternal Health Program.

2023 UNM College of Nursing, Nurse-Midwifery Program of Studies			
	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
SUMMER-TERM I			
N501 Theoretical Foundations of Advanced Nursing	3	3	
N503 Practice Research in Nursing I	3	3	
N526 Pathophysiology for Advanced Nursing Practice	3	3	
TOTAL	9	9	
FALL-TERM II			
N525 Primary Care Concepts	3	3	
N543 Pharmacological Principles of Clinical Therapeutics	3	3	
N540 Advanced Health Assessment & Diagnostic Reasoning	3	2	50 (lab hours)
TOTAL	9	8	50

SPRING-TERM III			
N505 Health Care Policy, Systems & Financing for Advanced Practice Roles	3	3	
N548 Women's Health	4	2	100
N544 Antepartum/Postpartum	7	3	200 (16 lab)
TOTAL	14	8	300
SUMMER-TERM IV			
N550 Intrapartum	3	2	50 (50 lab)
N551 Newborn	1		
N553 Nurse-Midwifery Professional Practice	1	1	
TOTAL	5	3	50
FALL-TERM V			
N550 Intrapartum	6	1	250
N551 Newborn	2	1	50
N552 Evidenced-Based Care in Nurse-Midwifery	1	1	
TOTAL	9	3	300
SPRING-TERM VI			
N595 Advanced Fieldwork in Nursing	7		350
N597 Professional Examination	1		
TOTAL	8		350

Total Credit Hours: 54 Total Clinical Hours: 1050

Course Descriptions: See [APPENDIX A](#)

Online Courses

Online courses offered at the CON are delivered through a learning management system, Canvas (see Student Identification below). Because all MSN Core Classes and many specialty classes are only offered online, all CON graduate students must be

proficient with Canvas. **Students in these classes must log on within a week of the first day of class or be dropped from it.**

Note: the nurse-midwifery program is transitioning to a DNP starting in 2024 and MSN courses will no longer be offered.

FACULTY ROLES

Program Coordinator

The Program Coordinator provides leadership for the planning, implementation, and evaluation of the overall Nurse-Midwifery Program; they are responsible for maintenance and improvement in the quality of the program and ensure that the midwifery program meets all administrative and curricular requirements for accreditation by ACME. The coordinator collaborates with the Interim Assistant Dean Professional Graduate Programs to assign faculty to roles for each course. They also participate in orientation and some aspects of faculty evaluation. The role also includes ensuring the procurement, maintenance, and evaluation of clinical learning sites.

The Program Coordinator also acts as the academic advisor to the midwifery students and provides guidance in academic matters. They monitor the evaluation of students in the program with faculty regarding student progression issues and receive official notice if academic progress in any course is unsatisfactory. The Program Coordinator is ultimately responsible for candidate eligibility to sit for the American Midwifery Certification Board examination.

Course and Clinical-Related Roles

Instructor of Record

Each nurse-midwifery course will have an Instructor of Record. That faculty member prepares the syllabus, including course assignments, resources, and evaluation procedures for the course. The Instructor of Record will collaborate with the teaching team, the Clinical Coordinator and Program Coordinator to make clinical placement assignments. The Instructor of Record will be apprised of any student or faculty concerns arising in the clinical area.

Faculty Liaison

Each student will be assigned a **Faculty Liaison** for each clinical nurse-midwifery course. The Faculty Liaison supervises student learning in the clinical setting and maintains communication with both the student and Preceptor during a student's clinical experience. The Faculty Liaison will help the student reflect on clinical experiences in scheduled conferences through discussion of experiences and management relative to objectives. The Faculty Liaison will assist the student in identifying learning needs, goals, and strategies.

The Faculty Liaison is responsible for weekly conferences and for making site visits during the student's clinical rotation. It is the student's responsibility to keep scheduled appointments (via either phone, Skype/Zoom, email, or face-to-face) with the Faculty Liaison. Failure of the student to demonstrate mastery of the clinical objectives to the Faculty Liaison may result in failure in the course.

Whenever possible, appointments will be made during regular working hours at a time mutually beneficial to both parties. In the case of scheduling conflicts, students may occasionally be asked to conference with the Faculty Liaison at other times.

1. The Faculty Liaison maintains communication with Preceptors to obtain feedback on the student's clinical progress.
2. Any concern on the part of the Preceptor or student about clinical logistics or teaching and learning needs are initially addressed by the Faculty Liaison. The Faculty Liaison also evaluates the Preceptor at the site visit.
3. The Faculty Liaison is responsible for periodically reviewing formative evaluation forms, preparing formal summative evaluation forms, and conducting summative evaluation conferences at scheduled intervals during the term.
4. The problem identification process should take place if there is a concern about a student's performance. It is the responsibility of the student and Faculty Liaison to formalize problem identification. The Instructor of Record and Program Coordinator will be informed of the problem identification process.
When indicated, a teaching-learning contract process will be facilitated by the Faculty Liaison with involvement of the student, Preceptor and Instructor of Record when indicated. The Program Coordinator will remain informed of all

teaching- learning contracts and be involved in formulating or conducting student conferences at the request of any member of the teaching team.

5. The Faculty Liaison collects and signs off all student paperwork and assures that all Typhon entries are complete at the end of the term; students must upload all final signed documents to Typhon at the end of each term.

Preceptor

The **Preceptor** provides direct clinical oversight and teaching of the student in the clinical area. The Preceptor will:

- Set the clinical schedule and identify appropriate student learning opportunities.
- Will observe and oversee the student's work, validate the student's skills, and provide instruction to help the student develop sound clinical reasoning in accordance with the nurse-midwifery management process.
- Expect the student to formulate daily goals and objectives.
- Assist the student in identifying learning opportunities to facilitate goal attainment.
- Assist in evaluation of attainment of goals and goal revision based on learning needs.

The Preceptor evaluates the student's daily clinical work in accordance with the nurse-midwifery management and UNM Midwifery program evaluation processes.

FACULTY RESPONSIBILITIES

1. Academic Faculty

- a. Arrange student clinical experiences in cooperation with the Nurse-Midwifery Program Coordinator and ensure adequate communication with clinical sites.
- b. Coordinate clinical experience dates with the academic schedule.
- c. Oversee the sending of appropriate forms and information when requested to the clinical sites:
 - i. Clinical experience record
 1. Student background data

- ii. Course syllabus and clinical expectations
 - iii. Any other course-related information requested by the site.
- d. Schedule conferences with assigned students to discuss objectives, experiences, and management. Assist students in formulating learning goals and strategies when needed.
- e. Schedule site visits at regular intervals as well as conferences with students and Preceptors to observe and validate student progress in relation to the course objectives. Help define teaching-learning strategies that may be helpful to ensure continued student progress.
- f. Schedule conferences with each clinical site Preceptor to discuss student progress and needs.
- g. Review and file student and clinical Preceptor evaluations.
- h. Be available for student progress counseling.
- i. Prepare problem identification and clinical teaching-learning contracts in collaboration with the student and the Program Coordinator when indicated.
- j. Enforce all clinical contracts initiated by faculty, students, and Preceptors.
- k. At specified intervals, prepare and communicate summative evaluations of the student and the clinical site using data from conferences and student and Preceptor evaluations.
- l. Review weekly Typhon entries and numbers.

2. Nurse-Midwifery Primary Preceptors

- a. Accept and commit to the philosophy of education and client care espoused by the Nurse-Midwifery Program.
- b. Communicate regularly with the academic faculty regarding:
 - i. The student's progress, concerns, and accomplishments.
 - ii. Progress toward course clinical experience requirements.
 - iii. Understand and support the Nurse-Midwifery curriculum.
- c. Understand and support student-defined learning objectives.
- d. Define and provide boundaries of "safe clinical practice."

- e. Select appropriate clinical learning situations for students in collaboration with the Faculty Liaison.
- f. Identify learning needs of students and communicate these to the student and Faculty Liaison in an ongoing manner for formative input and confer with the Faculty Liaison in the development of regularly scheduled summative evaluation of clinical performance and learning needs.
- g. Support theoretical rationale for clinical practice when requested or needed by the student.
- h. Supervise the student's clinical practice: validate skills, knowledge base, and clinical reasoning in accordance with the nurse-midwifery management process; sign records as appropriate.
- i. Evaluate the student's clinical performance through daily oral conferences, sign and comment on appropriate clinical evaluation forms, and confer with Faculty Liaison for regularly scheduled summative evaluation.
- j. Work with the student and Faculty Liaison to address any student learning or progression issues.

CHAPTER 3: PROGRAM PROGRESSION AND COMPLETION

Nurse-midwifery clinical courses are sequential. Skills and facility with the **nurse-midwifery management process** build upon previous experience. It is the policy of the Nurse-Midwifery Program that satisfactory completion of each clinical course is required prior to progression into the subsequent clinical course (Health Assessment, Women's Health, Antepartum/Postpartum, Intrapartum, Newborn Care, and Advanced Field Work [Integration]).

Consistently safe and competent performance of the process, principles and skills of the nurse-midwifery management process is required in the clinical portion of each nurse-midwifery clinical course. To successfully complete these clinical courses, clinical evaluations based on ACNM Core Competencies and the midwifery management process (elaborated in [Appendix B](#)) and recorded on the forms found in [Appendix E](#) (described in [Chapter 4](#)) must reflect achievement of all elements of the nurse-midwifery management process.

The full curriculum overview is found in [Chapter 2](#) of this Manual. The following are important completion deadlines that must be met in the Nurse-Midwifery Program plan of studies:

- Advanced Health Assessment (N540) and Pathophysiology for Advanced Nursing Practice (N526) must be successfully completed before starting the clinical sequence.
- All Master's core and Advanced Nursing Practice courses must be completed before the start of Term 4.

COURSE PERFORMANCE, PROGRESSION REQUIREMENTS AND SUSPENSION

- A first examination grade of 83% in N544 Antepartum/Postpartum, N548 Women's Health and N550 Intrapartum and a minimum grade of B in the clinical course sequence is required for automatic progression in the Nurse-Midwifery Program.

- The clinical sequence includes:
 - NURS 540 Advanced Health Assessment,
 - NURS 548 Women’s Health,
 - NURS 544 Antepartum/Postpartum,
 - NURS 550 Intrapartum,
 - NURS 551 Newborn, and
 - NURS 595 Advanced Fieldwork in Nursing
- Students are required to earn an 83% on exams taken before starting clinical rotations in
- N544 and N548 and N550. If an 83% is not achieved, an oral exam is administered. **If an 83% is not achieved on the oral exam, the student does not progress to the clinical setting.**
- If the student receives a course grade of less than a B (83%), the student will be counseled concerning options by the Nurse-Midwifery Program Coordinator.
- If the student's overall GPA is 3.0 or better, the options may include retaking the course one time or applying to another graduate program compatible with the student's goals or complete withdrawal from the College of Nursing Graduate Programs.
- In all cases, it is Nurse-Midwifery Program policy that progression in the Nurse-Midwifery Program occurs upon receipt of a course grade below a B.
- Of note: the nurse-midwifery program is transitioning to a DNP only starting in 2024 and current MSN courses will no longer be offered.

GRADUATION

A student will be eligible for graduation and awarded of the Master of Science in Nursing from the University of New Mexico, College of Nursing after successful completion of all the clinical and academic requirements for the Master’s degree and the nurse-midwifery clinical sequence.

NURSE-MIDWIFERY PROGRAM LEAVE OF ABSENCE POLICY

NOTICE: The UNM College of Nursing is discontinuing the MSN programs after the 2023 admissions cycle. Any student currently enrolled in either of these programs who must take a leave of absence for personal or professional reasons will have to reapply to the Post-Baccalaureate DNP program.

CHAPTER 4: EVALUATION AND ASSURANCE OF STUDENT PERFORMANCE

Clinical evaluation is accomplished in the academic courses according to the plans set forth in the course syllabus; the lead faculty member is responsible for its structure and implementation. The following processes are a part of the overall schema of student evaluation in all nurse-midwifery clinical courses.

CLINICAL EVALUATIONS

The philosophy of nurse-midwifery education includes the premise that to safely practice in the advanced nursing role, students must develop accurate and reflective self-evaluation of their knowledge base and clinical performance. As a result, student self-evaluation (formative evaluation) is ongoing in all clinical experiences. Additionally, student professionalism is evaluated in an ongoing manner. Below is a summary of the evaluation process.

UNM CON Nurse-Midwifery Updated Clinical Evaluation Forms/Tool/Timing

Evaluation	Timing	Overview
Daily Self-Reflection Petroglyph*	Daily	Student initiates at the end of clinical day. Preceptor reviews, comments & signs. This is a self-reflection that confirms clinical hours and offers an opportunity for preceptor feedback. Includes a summary of each day: clients seen, learning, areas for improvement, goals, topics to review, and the ACNM Hallmarks. Faculty Liaisons review these forms with students and at the end of term ensures all are signed off.
Typhon	Daily	Student enters all clinical visits/time into Typhon. Reviewed and confirmed by Faculty Liaison.

<p>Professionalism & Specific Clinical Evaluation Grid*</p>	<p>Every 2 weeks</p>	<p>Student initiates. Preceptor reviews, comments & signs. Evaluates Professionalism Standards (Based on ACNM Code of Ethics and CON Professionalism Code of Conduct). Assesses specific clinical skills and knowledge (per ACNM Core Competencies) and identifies areas that need improvement. Faculty Liaisons review these forms with students and at the end of term ensure all are complete/signed. (During Integration student initiated every 2 weeks x 2 then monthly)</p>
<p>Formative Mid-Term Midwifery Management Evaluation Grid *</p>	<p>Mid-clinical</p>	<p>Preceptor initiates. Students' review, comment & signs Brief summary of student progress according to midwifery management process. Identifies areas of strength and for growth/improvement. Confirms students are making progress toward clinical objectives Faculty Liaisons review these forms with students and at the end of term ensures all are signed off.</p>

Summative Final Midwifery Management Evaluation Grid *	Final Clinical	<p>Preceptor initiates. Students' review, comment & sigs.</p> <p>Brief summary of student progress according to midwifery management process. Identifies areas of strength and for growth/improvement. Confirms students have satisfactorily completed all clinical objectives for the courses. For Integration students the form confirms they are at level of safe beginning practitioner. Faculty Liaisons review these forms with students and at the end of term ensures all are signed off.</p>
TYPHON Evaluations Of Student, Preceptor, Site, Faculty Liaison	Site visit/End of term	<p>Completed by FL for students, preceptor, and site during the site visit.</p> <p>Completed by students of FL, Preceptor, and Site at end of term. Provides more comprehensive evaluations from student and Faculty Liaison perspectives. Positive feedback is shared with preceptors.</p>
OSCE	Varies	Objective Structured Clinical Examinations- Formative & Summative
Demonstration of Competency	Completed at end of program	<p>Summative Evaluation/Assessment of basic clinical knowledge and skills based on clinical scenarios.</p> <p>Completed by 2 faculty for each individual student at the end of the program.</p>

The Clinical Evaluation Tools use the following codes to assess progress:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates a lack of basic knowledge, skills, or professional behavior. Disrespectful communication, does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

In general, during the first part of the first block, “beginning” is expected. By the middle of the first block, the student should be “advancing” in all areas and should have

“advancing or proficiency” of the basic skills by the end of the term as identified in [Appendix C](#), Teaching/Learning: A student and Preceptor’s guide to content, mastery, and clinical performance expectations. *If there are occasions where “unsatisfactory or no opportunity” is assigned by a Preceptor, reflecting that the student’s progress is stuck and not improving in a selected area, the Faculty Liaison should become involved and problem identification and a teaching/learning contract should be initiated.*

Students are expected to achieve course goals within the allotted timeframe of the course. *If the clinical objectives are not achieved, clinical failure may result. **Failure in Clinical results in a letter grade of C in the course.***

FORMATIVE & SUMMATIVE EVALUATION

Formative and summative evaluations of student progress and learning needs will occur at regular intervals during the clinical courses. Students initiate the Professionalism and Specific Clinical Evaluation Grid every 2 weeks and Preceptors initiate the Formative Mid-Term Midwifery Management Evaluation Grid and the Summative Final Midwifery Management Evaluation Grid found in [Appendix F](#). Using data from Preceptor observation, clinical evaluation forms, site visits and conferences, the Preceptor and Faculty Liaison review and complete the Typhon evaluations collaboratively. These evaluations are presented to the student by the Faculty Liaison and will identify areas where student performance is currently beyond, at, or below expectation. Areas found to be below expectation may prompt a teaching learning plan and contract process ([Appendix G](#)). Failure will result when the student performs below expectation at the course's end in the nurse-midwifery management process.

PROBLEM IDENTIFICATION AND RESOLUTION PROCESS

When a problem occurs involving jeopardy to student progress toward achieving course and program objectives, the Problem Identification and Resolution Process is initiated.

The process involves:

1. Clarifying and documenting the problem;
2. Forming goal-based teaching and learning strategies to resolve the problem and
3. Evaluating the outcome of teaching-learning team efforts.

This process is documented on the specific UNM Nurse-Midwifery Program forms found in [Appendix G](#) and referred to below.

Request to initiate the problem identification and resolution process may originate from the student, faculty or Preceptor. The ***Faculty Liaison for the student involved (or other faculty designated by the Program Coordinator) will formally initiate the process and ensure timely completion of necessary conferences and documentation using the following program forms.***

- The **Problem Identification** form ([Appendix G-1](#)) is initiated ***at the earliest indication of a concern with a student's performance*** that may interfere with successful completion of course or program objectives. The form is used to guide and document the faculty and Preceptor perspective on the problem identification and is to be completed by the Faculty Liaison for the student in collaboration with the Preceptor involved. The completed form is shared with the student by the Faculty Liaison.
- The **Faculty Liaison requests the Student-defined Teaching and Learning Needs Assessment form (G-2) from the student** at the earliest possible time during the problem identification process. This provides a vehicle for the student to identify their perspective of the problem, learning and performance needs, and most helpful actions and strategies to fix it.
- The **Teaching/learning and Performance Contract form (G-3)** is initiated when the results of the problem identification process (above) indicate a need to institute a documented formal contract aimed at resolving unsatisfactory student progress toward course and program objectives.

The Faculty Liaison is responsible for completing the contract document. The contract incorporates both the Preceptor/faculty Problem Identification form ([form G-1](#)) and the Student-defined Teaching and Learning Needs Assessment ([form G-2](#)), and specifies objectives, goals, timelines, and specific outcomes/behaviors that will indicate resolution. The form recommends action to be taken if the terms of the contract are not met.

The Faculty Liaison is responsible for assuring ongoing communication with the Instructor of Record and Program Coordinator concerning the learning contract, assuring conduct of necessary meetings and obtaining necessary signatures.

PROGRAM EVALUATION

Students are expected to participate in course and program evaluation activities; student and graduate evaluations are used to review the program and adjust on an ongoing basis. The formal points of evaluation are identified below.

- **Evaluation of individual courses and academic faculty** are regularly accomplished at the completion of scheduled class meetings using the online EvalKit. Students are urged to complete these evaluation forms thoughtfully with specific examples.
- Student evaluations of clinical sites and Preceptors are required at the end of each course and must be uploaded Typhon. If the student is placed in more than one site or has more than one Preceptor for > 1 shift, an evaluation of each site and Preceptor is required.
- Preceptor contact hours are also tallied. The forms to facilitate this evaluation are found in Typhon.

All required forms must be completed and returned to the Faculty Liaison before receiving a course grade.

- **The final student exit interview** is a two-step process. An online anonymous survey is available to the student at the program's completion, followed by an in-person group discussion with the Alumni Relations Director. This process is to gain insight into student experiences and positive and negative aspects of the program. Interview results are confidential and considered in the aggregate at the conclusion of each academic year.
- Students are encouraged to make an appointment with another the CON's Associate Dean for Academic Affairs to discuss issues that cannot be discussed with the Program Coordinator.

Program evaluation surveys are sent to graduates regularly. Information concerning graduates' employment history and evaluation of the program as an individual's career matures is essential to both program improvement and to the program's ongoing accreditation. Graduates are expected to notify the Program Coordinator of e-mail address/or employment changes.

CHAPTER 5: STUDENT RIGHTS, RESPONSIBILITIES, & EXPECTATIONS

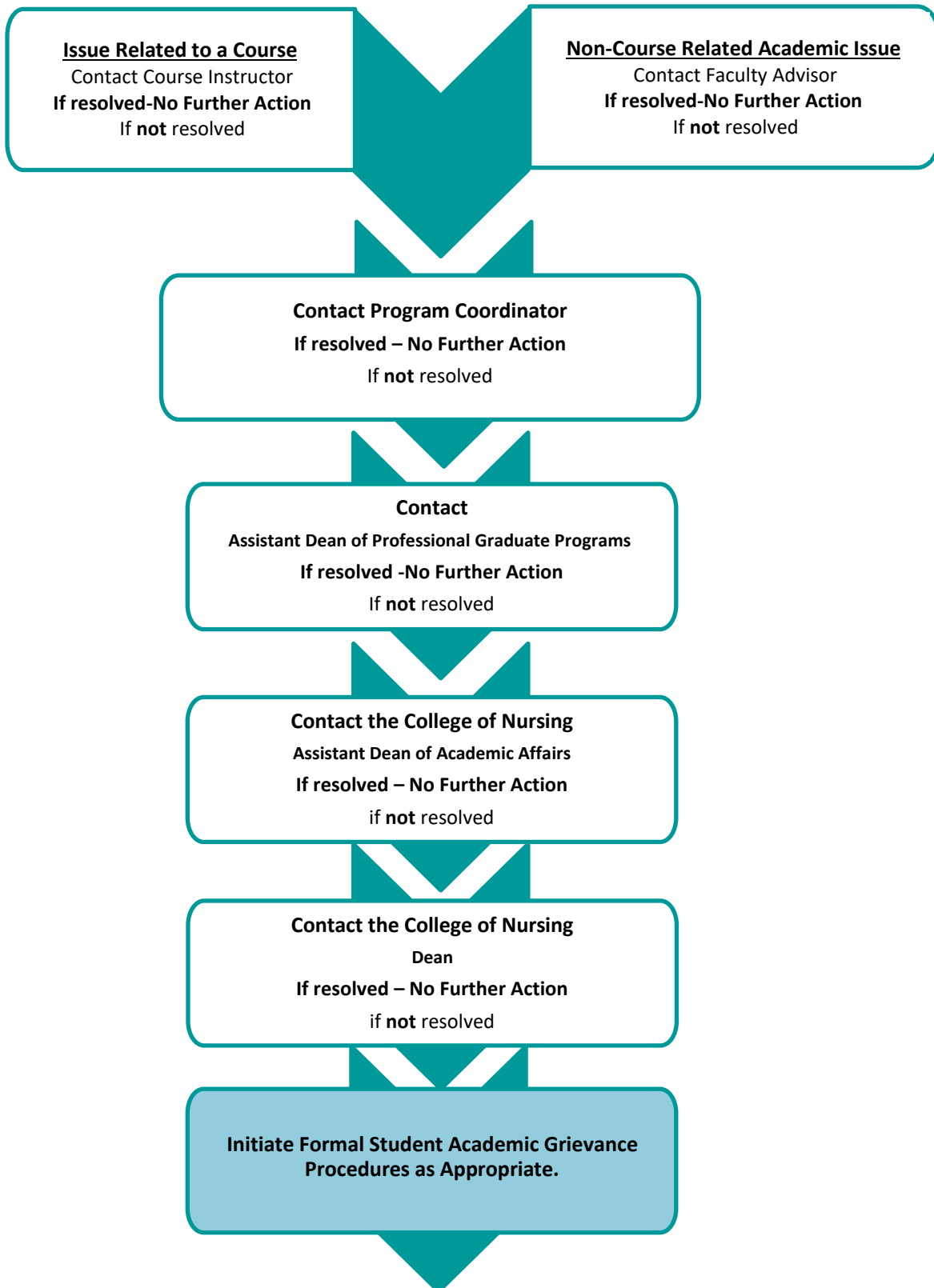
ACADEMIC DISPUTES

Students have the right to due process in academic matters. There are established procedures to address complaints, disputes, or grievances of an academic nature that can be initiated by a student enrolled in a graduate degree program at The University of New Mexico. These procedures are in place for various issues related to the academic process, including academic progression, or alleged improper or unreasonable treatment.

The grievance policy and procedures are explained in the Pathfinder, the UNM Student Handbook: <https://pathfinder.unm.edu/>. The student grievance procedure, a part of the Pathfinder, is available at <https://pathfinder.unm.edu/graduate-student-grievance-procedures.html>.

Note: The Program Coordinator should be consulted (as appropriate) whenever there is an issue of concern to you. Often, the issue can be resolved at the level of the Program Coordinator. If not, then the **informal** communication process should be followed (See Figure 1 on next page). The **formal** process for resolution of issues not otherwise resolved is described in the [*UNM Catalog*](#).

Figure 1: Flow Chart for Informal Resolution of Academic Disputes/Grievances in the Nursing MSN & PMC Program



Students have a right to representation in the graduate program and are encouraged to channel their views to faculty about programmatic and curricular affairs.

Nurse-midwifery students are requested to select a representative to attend regularly scheduled Nurse-Midwifery Program faculty meetings; that representative will be responsible for communicating issues to the student group. In addition, Nurse-Midwifery Program faculty meetings are open to any student wishing to attend, and students may place items on the agenda at any time. To place an item on the agenda, notify the Program Coordinator so that time can be allotted accordingly. Students will be excused from the meetings for discussions of student progress and clinical placement issues.

Students have a right to clear expectations regarding course and clinical performance assignments.

- The course syllabi are the documents to consult regarding assignments, timelines, and expectations. These syllabi are verbally reviewed and clarified at the initial class session.
- Additionally, general policies and procedures regarding clinical evaluation and expectations are found in Chapter 4. Clinical evaluation forms for student evaluations are in [Appendix E](#) and summative evaluations of the students are in [Appendix F](#).
- Clinical expectations and evaluations are reviewed prior to initiating clinical experiences each term. When additional clarification of expectations is needed, students are expected to consult the Instructor of Record, Faculty Liaison, and/or the Program Coordinator, or may bring questions to the faculty at faculty meetings.

Communication: Throughout your Nurse-midwifery Program of Studies (POS), you will find faculty and staff who are ready to facilitate your progress.

Midwifery Faculty	Office	Email
Felina Ortiz, DNP, RN, CNM, FACNM	234	FeOrtiz@salud.unm.edu

Laura Migliaccio, DNP, RN, CNM, FACNM Program Coordinator	221	LMigliaccio@salud.unm.edu
Katie Kivlighan, PhD, MS, RN, CNM	321	kkivligh@salud.unm.edu

Other Faculty and Staff		
Graduate Student Advisor		HSC-CON-advising@salud.unm.edu
Assistant Dean Professional Graduate Programs	Dr. Gina Rowe	
Program Planning Manager	Ms. Robyn Mintz	UNM-CON-Clinical-Affairs@salud.unm.edu
Program Specialist	Michael Kisner	Mkisner@salud.unm.edu
Clinical Program Manager	Ms. Roxanne Humphries	UNM-CON-Clinical-Affairs@salud.unm.edu
Associate Dean for Clinical Affairs	Dr. Carolyn Montoya	cjmontoya@salud.unm.edu

STUDENT RESPONSIBILITIES

Students are responsible for their own learning. The program provides classes, clinical experiences, direction to resources and other learning activities. Students are responsible for applying themselves to achieve the goals of each course. They are responsible for seeking out resources, including faculty input, if teaching/learning difficulties arise.

Policy on Academic Dishonesty

Each student is expected to maintain the highest standard of honesty and integrity in academic and professional matters. The University reserves the right to take disciplinary

action, up to and including dismissal, against any student who is found guilty of academic dishonesty or professional misconduct or otherwise fails to meet course and program standards. Any student judged to have engaged in academic dishonesty in course or clinical work may receive a reduced or failing grade for the work in question and/or for the course.

Academic dishonesty includes, but is not limited to cheating on quizzes, tests, or assignments; claiming credit for work not done or done by others; hindering the academic work of other students; misrepresenting academic or professional qualifications within or without the University; and nondisclosure or misrepresentation in filling out applications or other University records (see the UNM Pathfinder Student Handbook).

Professional misconduct includes, but is not limited to unethical, unsafe or unprofessional conduct. Professional misconduct may result in a grade of "F" for the course and dismissal from the College of Nursing regardless of the grade earned on assignments and tests.

Social Media Usage

The College of Nursing Social Media Policy, policy number [CON-401](#), applies to students, faculty, and staff and is intended to ensure that social media and social networking technologies are used in a professional and responsible manner.

Please refer to the UNM Social Media Guidelines for additional information

<https://social.unm.edu/guidelines/>

Class Attendance

Attendance at classes is expected. Instructors of Record should be contacted if a student must miss a scheduled class. Arrangements are to be made by the student with a classmate to acquire missed material, communications, and assignments.

Attendance at official program activities is expected. Seminars on midwifery professional issues will be scheduled during each term that will include such topics as midwifery history, professional role development, national or international issues, orientations, and communication sessions.

The Program Coordinator must be contacted if a student will miss a scheduled activity. Arrangements are to be made with a classmate to acquire missed material, communications and assignments.

Nurse-Midwifery Student Communication Requirements

Students need to submit and update addresses, phone numbers and schedules to the Program Coordinator to facilitate communication. Students are responsible for:

- reading email daily for program-related communication,
- maintaining communication with their Faculty Liaison during clinical experiences as mutually agreed upon, keeping scheduled weekly appointments (either via phone, email, Skype/Zoom, or face-to-face) with the Faculty Liaison.

Failure of the student to demonstrate mastery of the clinical objectives to the Faculty Liaison may result in failure in the course. Whenever possible, appointments will be made during regular working hours at a time mutually beneficial to both parties. In the case of difficult schedules, students may occasionally be asked to conference with the Faculty Liaison at other times.

Professional Documentation Requirements

Please refer to the [College of Nursing Master of Science in Nursing & Post Master's Certificate Student Handbook](#).

Needle-Stick Policy and Insurance

Any needle-stick or other exposure to blood and body fluids during clinical must be reported immediately to the clinical instructor. The student must then report to the Student Health Center (SHAC) on main campus. **If the SHAC is closed or the student is out of town, report immediately to the facility emergency room and notify SHAC as soon as possible so that they can follow-up.** A needle-stick insurance policy is mandatory and will be billed to the student's account at a cost of \$16.00 per academic year. Information for reporting process is located on the UNM Student Health and Counseling (SHAC) website: <https://shac.unm.edu/services/allergy-immunization/blood-body-fluid-exposure.html>

Student UNM ID

Students must wear UNM photo IDs at clinical sites and when on campus.

Professional Organizations

We strongly recommend all students join our national professional organization the American College of Nurse Midwives (ACNM) and the local NM ACNM affiliate. Student attendance at the quarterly affiliate meetings is encouraged along with participation in affiliate committees. A student representative to ACNM will be selected from available and interested volunteers.

STUDENT RESPONSIBILITIES RELATED TO CLINICAL EXPERIENCES

- All students must follow and sign the CON Professionalism Contract
- Punctual, professional attendance at all scheduled clinical experiences is expected. In case of emergency or illness, please notify the Preceptor ASAP and notify the Faculty Liaison within 24 hours. The dress code of the site must be observed.
- Be aware that clinical schedules may vary at different sites and may shift during the term due to student learning needs, staffing changes or illness.
- In the clinical area, students should be well-rested and prepared for expected types of learning experiences and bring learning resources pertinent to the clinical area, as well as carry a personal “pocket reference brain” or device. A knowledge base appropriate to the current course content and the program is expected. The student can expect to be queried regarding this knowledge base for clinical decisions.
- It is very important for students to be fully available to the learning experience physically, mentally and emotionally, and arrange for other life demands to be met by others during the clinical experience. Our program follows the ACNM 2017 position statement, “Fatigue, Sleep Deprivation, and Safety” to ensure students have adequate sleep before and during clinical time.

<http://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000306/Sleep-Guidelines-04-07-17.pdf>

Clinical Tardiness Policy

Students need to report to their clinical area at least 15 minutes before the start of the workday/shift, dressed in the appropriate attire, with pertinent reference resources/books and portable/accessible references (pocket brain).

1. The first incident of tardiness will result in a warning and the possibility of being asked to leave the clinical area for that shift. It will also be noted on the evaluation sheet. The scheduled time must be made up, and the student must report this to the Faculty Liaison within 24 hours.
2. Students who are late a second time may be removed from the clinical area for the scheduled shift. The student must notify the Faculty Liaison when this occurs, and a meeting to write a learning contract must be set up promptly with the student, Preceptor, and Faculty Liaison, Instructor of Record, and/ or Program Coordinator.
3. The third tardy incident can result in the student's dismissal from the clinical site, program non-progression and learning contract failure.

Intrapartum Clinical Nursing Proficiency

The student is expected to have clinical proficiency in basic intrapartum nursing skills before taking the N550 Intrapartum Care. This includes an understanding of:

- the culture of the labor and delivery unit and staff roles,
- the evaluation of the electronic fetal heart rate monitor strip,
- the ability to give labor support,
- a basic understanding of the course of labor, and
- an understanding of common medications used in birth (analgesics, sedatives, tocolytics and oxytocics)

Students without these basic proficiencies must complete extra hours on a labor and delivery unit before the intrapartum clinical rotation.

Prior to the beginning the clinical term, students are responsible for:

- a. Sharing information about themselves, their learning styles, and goals for the term.

- b. Promptly contacting the Education Coordinator or staff CNM at the site after receiving the official go-ahead from faculty. The student should clarify site expectations regarding:
 - attire
 - equipment required
 - schedule
 - orientation
 - preclinical expectations (such as chart review)
 - other site-specific logistics: parking, assistance for living arrangements, etc.
 - student data/credentialing forms as required by facility (e.g., Indian Health Service student employment forms, criminal background checks, etc.)
- c. Initiating a discussion of how the Preceptor would like to begin to work together in the clinical setting (e.g., a period of observation, timing of student presentation of report)
- d. Determining the preferred method of communication (phone numbers, e-mail, etc.) for the student to use with the Preceptor in the case of illness or emergency, necessary questions, etc.
- e. Determining how the evaluation process can be accomplished most efficiently (e.g., should the student stop clinical work a short period before the end of the shift to ensure that evaluation can take place, where does the Preceptor want to receive evaluation forms?).
- f. Directions to the site as well as lodging costs when the placement includes residence.

During the clinical experience, the student is responsible for:

- a. Setting, writing down and sharing goals with the Preceptor. Goals for subsequent days are set as part of the evaluation process. Learning activities to enable goal attainment are suggested.

- b. Carrying out all activities assigned and supervised by the Preceptor. The student is responsible for identifying to the Preceptor if and when she needs more direct observation, skills validation and direct assistance based upon her knowledge base and skills comfort level.
- c. Completing self-evaluations and sharing them with the Preceptor in a timely manner at the end of the clinical experience or within 24 hours ([Appendix E](#)).
- d. Recording client encounters at the end of each clinical day in Typhon and providing it to the Faculty Liaison when requested and at the conclusion of each term.
- e. Typhon evaluation of clinical faculty/Preceptors and learning sites at the end of the experience. Students should keep a copy of their clinical numbers for at least 5 years after graduation, as these may be requested at employment sites. The Faculty Liaison must have all paperwork from the student at the end of the term before grades will be issued.

Untoward and Reportable Events

Occasionally, events with potential legal ramifications occur while a client is under a student's care. Some examples of these events are: antepartum/intrapartum Intrauterine Fetal Demise, newborns requiring resuscitation, severe shoulder dystocia, severe post-partum hemorrhage, missed ectopic pregnancy, etc.

Just as it is a CNM's professional responsibility to notify one's malpractice insurance carrier of any untoward event, so too is it the student's responsibility to notify both the Faculty Liaison and the Program Coordinator of such a situation as soon as possible. In these cases, the student must also work closely with the Preceptor to comply with all site-specific guidelines for risk management. New Mexico Risk Management legally protects students whenever they are functioning in a clinical situation under Preceptor/faculty supervision as part of coursework.

Occasionally, students may be required to purchase private medical malpractice insurance while obtaining clinical experience at an out-of-state site that requires more coverage than NMRM provides. The Program Coordinator will give advance notification of these special circumstances to any student considering one of these sites. In those

cases, the student should also notify that private insurance carrier. These reports are confidential and protect the student, the Preceptor/clinical institution and UNM.

THE CLINICAL SITE PLACEMENT PROCESS

The mission of the UNM Nurse-Midwifery Program is to educate nurse-midwives to care for rural and underserved populations. To meet this mission, students agree to be placed out of the Albuquerque metro area for up to two of the three clinical rotation times. It is a goal that everyone will have at least one term (and likely two) of clinical experience outside of Albuquerque. The program has affiliation agreements with diverse sites all over New Mexico, Arizona, Colorado, Texas and other states. An affiliation agreement is a contractual document between the UNM College of Nursing and the Preceptor site.

The program has a long history of midwifery education and therefore, affiliation agreements are already in place with major practices and hospitals/facilities in the area. However, we are always interested in exploring new sites that support our mission, especially if they provide clinical experience that is otherwise difficult for students to obtain such as out-of- hospital birth. Students knowing of a potential new clinical site should notify the Program Coordinator who will research the feasibility of a potential site and obtain an affiliation agreement. The student should be prepared to give all the contact information for the potential site.

NOTE: Under no circumstances should a student place pressure on a potential new site; all negotiations are to be managed by the Program Coordinator. Depending on the complexity of the site, sometimes several affiliation agreements must be in place before a clinical placement can be made and therefore this may take many months. If a new site suggested by a student turns out to not be the right place for that student because of learning or developmental needs, it may be used for someone else or not at all.

The process of student site placement is as follows:

- The faculty or Program Coordinator obtains commitments from the wide array of sites that provide Preceptorship for our students in the upcoming term.
Not all sites are available all terms for many reasons. A site providing multiple

types of student ambulatory clinical experiences may not have enough birth volume to be a good intrapartum site. Maternity or illness leaves, new graduates in the service, commitment to other programs, fatigue/burnout, space pressures, and organizational stability of the site also impact whether a site will have a midwifery student.

- Several months before the clinical rotation is to begin, the faculty will email a list and description of the sites to the students with information and directions for how to rank sites.

Information gathered from the students may include previous nursing/midwifery experience, language fluency (other than English), plans/goals for future terms, special circumstances, personal/family needs, student understanding of their learning style, personal goals, plans for future employment etc. Students must reply within the posted time frame.

- Faculty regularly discuss student progress regarding strengths, learning needs, and qualities as a learner in both clinical and classroom. After the student preferences are reviewed, the faculty reviews and considers the student's background/experiences that are relevant to the skills being developed in that term, along with their professional development needs.
- Faculty will try to complement students' previous experience, clinical numbers and preferences and build on known strengths and areas of development when selecting sites.
 - *One goal is to try to provide students with as wide a variety of experiences as possible with different sociocultural populations, in different settings (urban/rural; community/tertiary) and different types of organizations (HMO, IHS, private practice, university, etc.). For these reasons, it is rare that a student will be placed twice at the same site. Complementary experiences are valued that can give the student as broad an experience with midwifery as possible.*
- To avoid any conflicts of interest, students will not be placed in a practice in which a student's family member is the owner, director, supervisor of the Preceptor, or Preceptor of the student.

- The faculty strives to identify clinical placements that will optimally meet the needs of each individual student. Learning needs and student development issues will take priority when conflicts arise.
- Students are notified about the next term's placements as soon as possible, usually a month or more before the start of that term. There may be occasions when a clinical the placement is withdrawn or changed. The student will be notified of this as soon as possible and given another placement. Students are responsible for their own transportation, housing, and licensure (if necessary).

APPENDIX A: COURSE DESCRIPTIONS

N501 Theoretical Foundations of Advanced Nursing Practice *MSN CORE COURSE*

Three credits (didactic): Examines selected theories in nursing and health. Approaches to the analysis, critique and utilization of theories in nursing practice and scholarship are emphasized. Students develop and apply a theory and analysis to an area of interest.

N503 Research in Nursing I *MSN CORE COURSE*

Three credits (didactic): Examines methods used to research nursing problems and measure outcomes of therapeutic interventions. Emphasis on problem generation, framing problem theoretically, research designs, and data measurement and analysis. Prerequisite: upper division statistics course.

N505 Health Care Policy, Systems & Financing for Advanced Practice *MSN CORE*

Three credits (didactic): Examines professional, political, and practice issues relevant to nursing and health care.

N525 Primary Care Concepts *CLINICAL CORE COURSE*

Three credits (didactic): This course focuses on the role of the APRN / Nurse Midwife providing primary care across the lifespan. Content includes best practices for health supervision, health promotion, and disease prevention. Students explore determinants of health, strategies for building therapeutic relationships, and approaches to interdisciplinary collaboration. Content supports mastery of AACN Essentials of Master's Education I, IV, VII, VIII, and IX.

N526 Pathophysiology for Advanced Practice Nursing *CLINICAL CORE COURSE*

Three credits (didactic) Focuses on the pathophysiological bases of advanced nursing assessment. Clinical case studies are used to apply theoretical principles to clinical practice.

N540 Advanced Health Assessment and Diagnostic Reasoning *CLINICAL CORE COURSE*

Three credits (2 didactic and 50 clinical hours): Presents theoretical principles of health assessment throughout the life cycle. Topics include methodologies of data gathering and data analysis essential to comprehensive health assessment. Principles of diagnostic reasoning are presented to enhance critical thinking skills.

N543 Pharmacological Principles of Clinical Therapeutics *CLINICAL CORE COURSE* **Three Credits (didactic)** Focuses on the application of advanced pharmacologic and pharmokinetic principles of drug categories commonly used in health care across the life span.

N544 Primary Care: Antepartum/Postpartum *SPECIALTY COURSE*

Seven credits over Terms 3 and 4 (3 didactic and 200 clinical hours): Midwifery students study, analyze and apply concepts of management process to ante/postpartum periods. Within cultural and rural context, health maintenance preventive care and health policy throughout the life span is covered. 9 hrs. lab per week. Prerequisites: N526, N540 or permission of instructor.

N548 Women's Health *SPECIALTY COURSE*

Four credits (2 didactic and 100 clinical hours): Theories and concepts applied in the promotion of the health of adolescent and adult women. 6 hrs. lab per week. Prerequisites: N526, N540 or permission of instructor. Clinical component is specialty-specific.

N550 Intrapartum *SPECIALTY COURSE*

Nine credits over Terms 4 and 5 (3 didactic and 300 clinical hours): Management of labor and birth, triage of complications and cultural dimensions foundational to the nurse- midwifery model of intrapartum care is studied. Prerequisites: N526, N540 or permission of instructor. Clinical component is specialty-specific.

N551 Newborn*SPECIALTY COURSE*

Three credits (2 didactic and 50 clinical hours) Study of the normal neonate within the cultural structure of the family. Common physiological, pathological problems and their management by nurse-midwife emphasized. Prerequisites: N526, N540 or permission of instructor. Clinical component is specialty-specific.

N552 Evidence-Based Care in Nurse-Midwifery*SPECIALTY COURSE*

One credit (didactic): Using historical and scientific perspectives, current topics in clinical midwifery and obstetrics research are analyzed with special focus on the assessment of quality and relevance to care.

N553 Nurse-Midwifery Professional Practice*SPECIALTY COURSE One*

credit (didactic): This advanced course in nurse-midwifery professional practice standards analyzes variations based upon populations, geography, practice teams and delivery systems. Historical and ethical frameworks are used in the analysis of clinical, organizational and international issues. As part of N553, Nurse-Midwifery Graduate Seminars on contemporary and historical nurse midwifery are held approximately 2 to 4 times per term throughout the program, as scheduling permits. These seminars bring together both first- and second-year nurse-midwifery students and often utilize guest speakers from the professional community. The schedule of these seminars will be variable and **attendance is mandatory**.

N595 Advanced Fieldwork in Nursing*SPECIALTY CORE COURSE*

Seven credits (350 clinical hours): In the Nurse-Midwifery Program, the focus of this course is clinical refinement of previously explored rural, primary health care skills and knowledge base. Integration of the major content areas in the nurse- midwifery practice is expected. The student will apply and test the theoretical base for primary care practice by assuming responsibility for selected groups of clients and implementing management on an increasingly independent level. The community focus will include discussing the value of community assessment and descriptive epidemiology in providing primary health care.

N597 Professional Examination*MSN COURSE*

One credit. A two-part examination taken during the start of the final term to meet requirements for the Master's Comprehensive Examination: Part II. Part One covers content from the Master's Core and Part Two is a four- hour comprehensive examination over all specialty content. Offered on a CR/NC basis only.

APPENDIX B

AMBULATORY NURSE-MIDWIFERY MANAGEMENT FRAMEWORK: PROCESS ANTEPARTUM/POSTPARTUM/WOMEN'S HEALTH

(See the ACNM Core Competencies for additional details)

The student:

- I. Investigates by obtaining all necessary data for complete evaluation of the client.
 - A. Reviews previous data when available
 1. Gestational dating parameters (Antepartum)
 2. Problem list
 3. Lab results
 - B. Identifies the purpose of the visit for the client
 - C. Identifies the purpose of the visit for the health care provider
 - D. Interviews client appropriately, obtaining complete and relevant historical information

Antepartum

1. Current pregnancy
2. Family medical-surgical
3. Personal medical-surgical
4. Obstetrical-gynecological (including menstrual, sexual, contraceptive)
5. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest, medications, stress management)
6. Psychosocial/occupational (including significant other family support, economics, religion, housing, recent emotional crisis or changes)
7. Obtains interval history on a return visit to include:
 - a) Minor discomforts/common complaints
 - b) Symptoms that suggest a possible complication
 - c) Psychological adjustment to pregnancy

- d) Support system/family response to pregnancy/domestic violence issues
- 8. Obtains interval nutritional history to include:
 - a) Patterns of weight gain/dietary intake
 - b) Cultural influences
 - c) Daily activities/exercise

Postpartum

- 1. Labor course and outcomes
- 2. Presenting complaints/discomforts
- 3. Questions from mother about self and newborn care
- 4. Infant feeding method and feeding experience
- 5. Family development and adjustment
- 6. Contraception history/use/plan
- 7. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest)

Women's Health

- 1. Present illness/complaint/reason for visit
- 2. Family medical-surgical history
- 3. Personal medical-surgical history
- 4. Obstetrical-gynecological history (including menstrual, sexual, contraceptive issues)
- 5. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest)
- 6. Psychological/occupational history (including significant other family support, economics, religion, housing, recent emotional crisis or changes, domestic violence issues)

E. Explains exam procedure to client

F. Performs systematic review of systems during appropriate physical examination of the client

Antepartum

- 1. S/S of Pre-eclampsia

2. S/S of preterm labor
3. S/S of infection
4. Fetal movement pattern

Postpartum/Women's Health

1. Breast/lactation questions/problems
2. Sexual functioning
3. Menstrual cycle
4. Contraceptive needs

G. Obtains all routine laboratory data

H. Organizes data for preliminary diagnosis and complete data base

1. Clusters data appropriately
2. Identifies tentative diagnoses
3. Identifies missing information
4. Obtains additional data necessary (includes history, physical, laboratory and other data)

I. Validates assumptions

II. Makes an accurate identification of problem(s)/diagnosis(es) based upon correct interpretation of the data

III. Anticipates other potential problems/diagnoses based on problem/diagnosis identification and correct interpretation of the data

Antepartum

1. Hypertensive disorders
2. Nutritional/weight problems
3. Malpresentation
4. Psychosocial problems
5. Other

Postpartum

1. Infection (site/source)
2. Breast problems
3. Thrombophlebitis
4. Anemia/PP hemorrhage

5. Interaction with infant
6. Wound healing
7. Psychosocial problems
8. Health habits (diet, weight, substance use exercise, etc.)
9. Other

Women's Health

1. Health habits (diet, weight, substance use, exercise, etc.)
2. Infection
3. Pain
4. Lesions, masses, tumors, organomegaly
5. Abnormal uterine bleeding
6. Chronic disease
7. Urinary problems
8. Psychosocial problems
9. Other

IV. Evaluates client need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and /or physical referral when there is deviation from normal

V. Develops a comprehensive plan of care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:

- A. Identifies possible treatment plans and consequences of each, then discusses with client
- B. Finalizes management plan identifying potential limitations
- C. Informs client of options, rationale, risks, sequelae, and limitations of plan including anticipated procedures (prior to institution of procedures)
- D. Identifies and addresses learning needs of clients that limit participation in care planning
- E. Plans for subsequent assessment at appropriate intervals
- F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan

G. Functions within policies/guidelines of setting

VI. Directs/implements the plan of care efficiently and safely

- A. Orders appropriate additional lab tests
- B. Orders appropriate treatment(s)
- C. Performs appropriate procedures
- D. Addresses learning needs of clients
- E. Initiates management of complications, emergencies, and deviations from normal
- F. Arranges for subsequent assessments at appropriate intervals
- G. Obtains appropriate medical consultation or collaboration
- H. Records all data legibly, concisely, and logically
- I. Facilitates entry into utilization of health care system

VII. Appropriately evaluates the effectiveness of care

- A. Includes the client's participation in the evaluation/revision of the plan
- B. Identifies methods for follow-up evaluation
- C. Provides for follow-up evaluation when possible
- D. Identifies implications of evaluation for the next steps in planning
- E. Identifies deviations from expected outcome, investigates reasons and utilizes this information in further planning
- F. Identifies implications of treatment results for subsequent practice.

Ambulatory Care Management Framework: PRINCIPLES

The student:

1. Minimizes physical and emotional discomfort – using a trauma informed approach
2. Maintains privacy to extent possible
3. Adapts approach to client as appropriate
4. Provides opportunity for client to receive support from significant others
5. Exchanges information in manner which client understands
6. Demonstrates sensitivity to the biases/constraints of the client, setting, system, and Preceptor

7. Provides opportunity for asking questions
8. Actively includes the client in making decisions concerning personal health care
9. Promotes family-centered care
10. Demonstrates awareness of cost/benefit ration in health care
11. Communicates effectively with health team members, faculty, and peers
12. Develops environment of mutual respect in all professional interactions
13. Accepts responsibility for decision-making and consequences thereof
14. Identifies bioethical considerations related to reproductive health
15. Utilizes clear and concise verbal and written communication skills
16. Assesses the client in a timeframe appropriate to the client's needs and constraints of the setting
17. Assumes appropriate emerging nurse-midwife role
18. Demonstrates accountability, responsibility, dependability
19. Demonstrates integrity, self-direction and the ability to evaluate oneself
20. Practices in an ethical manner with respect for all people
21. Maintains composure under stress
22. Accepts and incorporates constructive criticism
23. Presents a professional image to clients

Ambulatory Care Management Framework: SKILLS

The student performs all skills in a manner which:

- I. Demonstrates correct and efficient utilization of hands, instruments and equipment**
- II. Results in obtaining accurate data**
- III. Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions**
- IV. Causes the least possible physical and /or psychological discomfort to the client (using a trauma informed approach)**
- V. Conducts physical examination using the following skills in accordance with the above manner:**

- A. Appropriate, accurate initial physical exam, including weight and vital signs

Antepartum

1. Update PE as indicated
 - a) B/P, TPR
 - b) Weight-total, interval, and pattern of change
 - c) Edema, DTR's
- B. Thyroid exam, heart and lungs (**Well Woman**)
- C. Thorough breast examination/demonstrate and teach self-breast exam
- D. Abdominal exam
 1. Perform Leopold's maneuvers (with minimal discomfort) for EFW, presentation, position, and lie
 2. Fundal height
 3. Auscultates fetal heart accurately with fetoscope and doptone
 4. Uterine contractions
 5. Abdominal muscle tone, tenderness

Postpartum

1. Musculature and tone, diastasis
 2. Fundus-involution, position, tenderness
 3. Genital tract assessment- including healing and tone
- E. Pelvic exam (maintains asepsis)
1. Examination of external genitalia

Postpartum

- a) **Perineal exam** including integrity, edema, varicosities, hematoma, healing
2. Speculum exam-uses appropriate placement technique to visualize structures/obtain pap, cultures, etc.
3. Digital exam
 - a) Uterine size, regularity, position, pain
 - b) Adnexa size, tenderness

Antepartum

- c) Effacement, dilation, station
- d) Cervical length, consistency, and dilation
- e) Presenting part when relevant
- f) Clinical pelvimetry
- g) Measurements/characteristics
 - i. Pelvic type

4. Rectal exam (as indicated)

- F. Lower extremities (edema, pain, varicosities, DTRs)

VI. Obtains/performs/evaluates appropriate lab tests/data

- A. Venipuncture/fingerstick for blood work
- B. Urine specimen (clean catch/catheterization)
- C. Cervical culture by sterile speculum exam
- D. Performs wet mount/microscopic examination
- E. Orders ultrasound examination
- F. Other lab tests
- G. Labels specimens/requisitions per setting requirements

VII. Identifies learning needs of client

VIII. Initiates therapy/counseling plan

- A. Counsels regarding pregnancy planning/prevention
 - 1. Hormonal contraceptive methods
 - 2. Barrier contraceptive methods
 - 3. Intrauterine devices and other LARC methods
 - 4. Sterilization procedures
 - 5. Natural Family Planning/fertility awareness
- B. Counsels in STD/HIV/hepatitis prevention **Postpartum**
- C. Instructs mother/family about maternal care (hygiene, activity, danger s/s, rest)
- D. Instructs the mother/family about newborn care
- E. Follow up care instructions for mother and baby
- F. Instructs mother on resumption of sexual activity

Postpartum/Women's Health

- G. Initiates contraception and instructs about danger signs
 - 1. Prescribes/dispenses OCPs
 - 2. Prescribes/dispenses other hormonal contraceptives
 - 3. Fits/prescribes/dispenses diaphragm
 - 4. Inserts/removes IUCD
 - 5. Inserts/removes Nexplanon

Women's Health

- H. Provides preconception counseling
- I. Counsels regarding unwanted pregnancy/emergency contraception
- J. Counsels regarding perimenopausal needs
- K. Counsels regarding postmenopausal needs
- L. Dispenses/prescribes
 - 1. HRT
 - 2. Alternative therapeutics

IX. Utilizes anticipatory guidance to meet psychosocial and health maintenance needs

INPATIENT NURSE-MIDWIFERY MANAGEMENT FRAMEWORK: PROCESS INTRAPARTUM & POSTPARTUM

(See the ACNM Core Competencies for additional details)

The student:

I. Investigates by obtaining all necessary data for complete evaluation of the client.

- A. Reviews previous data when available
 - 1. Gestational dating parameters (Antepartum)
 - 2. Problem list
 - 3. Lab results
- B. Identifies the purpose of the visit for the client
- C. Identifies the purpose of the visit for the health care provider
- D. Interviews client appropriately, obtaining complete and relevant historical information

Antepartum

- 1. Current pregnancy
- 2. Family medical-surgical
- 3. Personal medical-surgical
- 4. Obstetrical-gynecological (including menstrual, sexual, contraceptive)
- 5. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest, medications, stress management)
- 6. Psychosocial/occupational (including significant other family support, economics, religion, housing, recent emotional crisis or changes)
- 7. Obtains interval history on a return visit to include:
 - a) Minor discomforts/common complaints
 - b) Symptoms that suggest a possible complication
 - c) Psychological adjustment to pregnancy

- d) Support system/family response to pregnancy/domestic violence issues
- 8. Obtains interval nutritional history to include:
 - a) Patterns of weight gain/dietary intake
 - b) Cultural influences
 - c) Daily activities/exercise

Postpartum

- 1. Labor course and outcomes
- 2. Presenting complaints/discomforts
- 3. Questions from mother about self and newborn care
- 4. Infant feeding method and feeding experience
- 5. Family development and adjustment
- 6. Contraception history/use/plan
- 7. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest)

Women's Health

- 1. Present illness/complaint/reason for visit
- 2. Family medical-surgical history
- 3. Personal medical-surgical history
- 4. Obstetrical-gynecological history (including menstrual, sexual, contraceptive issues)
- 5. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest)
- 6. Psychological/occupational history (including significant other family support, economics, religion, housing, recent emotional crisis or changes, domestic violence issues)

E. Explains exam procedure to client

F. Performs systematic review of systems during appropriate physical examination of the client

Antepartum

- 1. S/S of Pre-eclampsia

2. S/S of preterm labor
3. S/S of infection
4. Fetal movement pattern

Postpartum/Women's Health

1. Breast/lactation questions/problems
 2. Sexual functioning
 3. Menstrual cycle
 4. Contraceptive needs
- G. Obtains all routine laboratory data
- H. Organizes data for preliminary diagnosis and complete data base
1. Clusters data appropriately
 2. Identifies tentative diagnoses
 3. Identifies missing information
 4. Obtains additional data necessary (includes history, physical, laboratory and other data)
- I. Validates assumptions

II. Makes an accurate identification of problem(s)/diagnosis(es) based upon correct interpretation of the data

III. Anticipates other potential problems/diagnoses based on problem/diagnosis identification and correct interpretation of the data

Antepartum

- A. Hypertensive disorders
- B. Nutritional/weight problems
- C. Malpresentation
- D. Psychosocial problems
- E. Other

Postpartum

- A. Infection (site/source)
- B. Breast problems
- C. Thrombophlebitis
- D. Anemia/PP hemorrhage

- E. Interaction with infant
- F. Wound healing
- G. Psychosocial problems
- H. Health habits (diet, weight, substance use exercise, etc.)
- I. Other

Women's Health

- A. Health habits (diet, weight, substance use, exercise, etc.)
- B. Infection
- C. Pain
- D. Lesions, masses, tumors, organomegaly
- E. Abnormal uterine bleeding
- F. Chronic disease
- G. Urinary problems
- H. Psychosocial problems
- I. Other

IV. Evaluates client need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and /or physical referral when there is deviation from normal

V. Develops a comprehensive plan of care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:

- A. Identifies possible treatment plans and consequences of each, then discusses with client
- B. Finalizes management plan identifying potential limitations
- C. Informs client of options, rationale, risks, sequelae, and limitations of plan including anticipated procedures (prior to institution of procedures)
- D. Identifies and addresses learning needs of clients that limit participation in care planning
- E. Plans for subsequent assessment at appropriate intervals
- F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan

G. Functions within policies/guidelines of setting

VI. Directs/implements the plan of care efficiently and safely

- A. Orders appropriate additional lab tests
- B. Orders appropriate treatment(s)
- C. Performs appropriate procedures
- D. Addresses learning needs of clients
- E. Initiates management of complications, emergencies, and deviations from normal
- F. Arranges for subsequent assessments at appropriate intervals
- G. Obtains appropriate medical consultation or collaboration
- H. Records all data legibly, concisely, and logically
- I. Facilitates entry into utilization of health care system

VII. Appropriately evaluates the effectiveness of care

- A. Includes the client's participation in the evaluation/revision of the plan
- B. Identifies methods for follow-up evaluation
- C. Provides for follow-up evaluation when possible
- D. Identifies implications of evaluation for the next steps in planning
- E. Identifies deviations from expected outcome, investigates reasons and utilizes this information in further planning
- F. Identifies implications of treatment results for subsequent practice.

Ambulatory Care Management Framework: PRINCIPLES

The student:

1. Minimizes physical and emotional discomfort – using a trauma informed approach
2. Maintains privacy to extent possible
3. Adapts approach to client as appropriate
4. Provides opportunity for client to receive support from significant others
5. Exchanges information in manner which client understands
6. Demonstrates sensitivity to the biases/constraints of the client, setting, system, and Preceptor

7. Provides opportunity for asking questions
8. Actively includes the client in making decisions concerning personal health care
9. Promotes family-centered care
10. Demonstrates awareness of cost/benefit ration in health care
11. Communicates effectively with health team members, faculty, and peers
12. Develops environment of mutual respect in all professional interactions
13. Accepts responsibility for decision-making and consequences thereof
14. Identifies bioethical considerations related to reproductive health
15. Utilizes clear and concise verbal and written communication skills
16. Assesses the client in a timeframe appropriate to the client's needs and constraints of the setting
17. Assumes appropriate emerging nurse-midwife role
18. Demonstrates accountability, responsibility, dependability
19. Demonstrates integrity, self-direction and the ability to evaluate oneself
20. Practices in an ethical manner with respect for all people
21. Maintains composure under stress
22. Accepts and incorporates constructive criticism
23. Presents a professional image to clients

Ambulatory Care Management Framework: SKILLS

The student performs all skills in a manner which:

- I. Demonstrates correct and efficient utilization of hands, instruments and equipment**
- II. Results in obtaining accurate data**
- III. Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions**
- IV. Causes the least possible physical and /or psychological discomfort to the client (using a trauma informed approach)**
- V. Conducts physical examination using the following skills in accordance with the above manner:**

- A. Appropriate, accurate initial physical exam, including weight and vital signs

Antepartum

1. Update PE as indicated
 - a) B/P, TPR
 - b) Weight-total, interval, and pattern of change
 - c) Edema, DTR's

- B. Thyroid exam, heart and lungs (**Well Woman**)

- C. Thorough breast examination/demonstrate and teach self-breast exam

- D. Abdominal exam

1. Perform Leopold's maneuvers (with minimal discomfort) for EFW, presentation, position, and lie
2. Fundal height
3. Auscultates fetal heart accurately with fetoscope and doptone
4. Uterine contractions
5. Abdominal muscle tone, tenderness

Postpartum

1. Musculature and tone, diastasis
2. Fundus-involution, position, tenderness
3. Genital tract assessment- including healing and tone

- E. Pelvic exam (maintains asepsis)

1. Examination of external genitalia

Postpartum

- a) **Perineal exam** including integrity, edema, varicosities, hematoma, healing
2. Speculum exam-uses appropriate placement technique to visualize structures/obtain pap, cultures, etc.
3. Digital exam
 - a) Uterine size, regularity, position, pain
 - b) Adnexa size, tenderness

Antepartum

- c) Effacement, dilation, station
- d) Cervical length, consistency, and dilation
- e) Presenting part when relevant
- f) Clinical pelvimetry
 - i. Measurements/characteristics
 - ii. Pelvic type

4. Rectal exam (as indicated)

- F. Lower extremities (edema, pain, varicosities, DTRs)

VI. Obtains/performs/evaluates appropriate lab tests/data

- A. Venipuncture/fingerstick for blood work
- B. Urine specimen (clean catch/catheterization)
- C. Cervical culture by sterile speculum exam
- D. Performs wet mount/microscopic examination
- E. Orders ultrasound examination
- F. Other lab tests
- G. Labels specimens/requisitions per setting requirements

VII. Identifies learning needs of client

VIII. Initiates therapy/counseling plan

- A. Counsels regarding pregnancy planning/prevention
 - 1. Hormonal contraceptive methods
 - 2. Barrier contraceptive methods
 - 3. Intrauterine devices and other LARC methods
 - 4. Sterilization procedures
 - 5. Natural Family Planning/fertility awareness
- B. Counsels in STD/HIV/hepatitis prevention

Postpartum

- C. Instructs mother/family about maternal care (hygiene, activity, danger s/s, rest)
- D. Instructs the mother/family about newborn care
- E. Follow up care instructions for mother and baby

F. Instructs mother on resumption of sexual activity

Postpartum/Women's Health

G. Initiates contraception and instructs about danger signs

1. Prescribes/dispenses OCPs
2. Prescribes/dispenses other hormonal contraceptives
3. Fits/prescribes/dispenses diaphragm
4. Inserts/removes IUCD
5. Inserts/removes Nexplanon

Women's Health

H. Provides preconception counseling

I. Counsels regarding unwanted pregnancy/emergency contraception

J. Counsels regarding perimenopausal needs

K. Counsels regarding postmenopausal needs

L. Dispenses/prescribes

1. HRT
2. Alternative therapeutics

IX. Utilizes anticipatory guidance to meet psychosocial and health maintenance needs

INPATIENT NURSE-MIDWIFERY MANAGEMENT FRAMEWORK: PROCESS INTRAPARTUM & POSTPARTUM

The student:

I. Investigates by obtaining all necessary data for complete evaluation of the client

A. Reviews previous data when available

Intrapartum

1. History including medical, surgical, OB/GYN
2. Antepartum course
3. LMP/EDC/EGA
4. Lab data
5. Psychosocial data
6. Birth Plan
7. Allergies

Postpartum

1. Labor course and outcomes
2. Pertinent antenatal history and lab data
3. Postpartum course
4. Risk for postpartum adaptation
5. Contraceptive plan

B. Identifies the purpose of the visit for the client

C. Identifies the purpose of the visit for the health care provider

D. Interviews the woman, including:

Intrapartum

1. Antepartum course
2. Medical-surgical history
3. OB/Gyn history
4. Preferences and birth plans
5. Health habits and lifestyle (including drugs, alcohol, smoking)

6. Psychosocial/occupational support issues (including significant other, family support, economics, religion, housing, recent emotional crises or changes)
7. Intrapartum course
 - a) Contractions (onset, timing, perceived intensity)
 - b) Membrane integrity (SROM time, color, amount)
 - c) Bloody show
 - d) Fetal activity
 - e) Other problems
 - f) Emotional response to labor
 - g) Recent rest, hydration and excretory status

Postpartum

1. Complete and relevant historical information (pregnancy, labor, delivery)
 2. Presenting complaints/discomforts
 3. Questions from the mother about self and newborn care
 4. Maternal perception of newborn
 5. Infant feeding method and feeding experience
 6. Family development and adjustment
- E. Performs systematic review of systems during appropriate physical examination
1. Screens for signs and symptoms of abnormalities

Intrapartum

- a) Maternal
 - i. Anemia
 - ii. Urinary tract infection
 - iii. Lung disease
 - iv. Heart disease
 - v. Substance abuse
 - vi. Depression/mental illness/domestic violence
 - vii. Infection

- viii. Hypertensive disorders
- ix. Placenta previa
- x. Abruptio placenta
- xi. Uterine rupture
- xii. Cord prolapse
- b) Fetal
 - i. Non-reassuring fetal heart patterns
 - ii. Intrauterine growth restriction
 - iii. Postmaturity, dysmaturity, prematurity
 - iv. Fetal death in utero
 - v. Meconium
 - vi. Malpresentation/malposition
- c) Labor progress
 - i. Aberrations of “passageway”
 - ii. Aberrations of “power”
 - iii. Variations in fetal position/presentation
“passenger”
 - iv. Fear, extreme anxiety or conflict “psyche”

Postpartum

- a) Anemia
- b) Infection
- c) Breast problems (engorgement, nipple integrity)
- d) Subinvolution
- e) Urinary problems
- f) Perineal pain
- g) Post anesthesia problems
- h) Depression/mental health/domestic violence
- i) Attachment disorders
- j) Adequacy of support and knowledge
- k) Hypertensive disorders

F. Obtains all routine laboratory data

- G. Organizes data for preliminary diagnosis and completes data base
 - 1. Clusters data appropriately
 - 2. Identifies tentative diagnoses
 - 3. Identifies missing information
 - 4. Obtains additional data as necessary (history, PE, lab etc.)
- H. Validates assumptions

II. Makes an accurate identification of problem(s)/diagnosis(es) based upon correct interpretation of the data

Postpartum

- A. Identifies and addresses maternal learning needs regarding expectations of newborn behavior that may influence parent/infant interaction
- B. Identifies and addresses factors in the immediate labor and delivery/medical/social history may impact parent/infant interaction (drugs, gender preference, etc)

III. Anticipates potential problems/diagnoses based on correct interpretation of data

Intrapartum

- A. Infection
- B. Shoulder dystocia
- C. PPH
- D. Hypertensive/coagulation disorders

Postpartum

- A. Infection (site/sources)
- B. Breast feeding problems
- C. Thrombophlebitis
- D. Anemia/PPH
- E. Interaction with infant
- F. Wound healing
- G. Other

- IV. Evaluates client need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and/or physician referral when there is deviation from the normal**
- V. Develops a comprehensive plan of postpartum care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:**
 - A. Identifies possible treatment plans and consequences of each
 - B. Provides description of diagnosis, finalizing the plan of management of present and potential problems and rationale for plan
 - C. Informs clients of options, rationale, risks, sequelae, and limitations of therapeutic milieu including anticipated procedures (prior to institution of procedures)
 - D. Identifies need for appropriate additional lab tests
 - E. Plans for subsequent assessment of appropriate intervals
 - F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan
 - G. Selects most appropriate therapeutic plan based on valid rationale; which includes consideration of research findings and scholarly literature
 - H. Offers/orders/performs/obtains supportive comfort measures/pain relief
 - I. Functions within policies/guidelines of setting
- VI. Directs/implements the plan of care efficiently and safely**
 - A. Orders appropriate additional lab tests
 - B. Orders appropriate treatment/lab(s)
 - C. Performs appropriate procedures
 - D. Identifies learning needs/implements educational plan
 - E. Initiates management of complications, emergencies and deviations from normal
 - F. Arranges for subsequent assessments and care visits at appropriate intervals
 - G. Obtains appropriate medical consultation or collaboration
 - H. Records data legibly, concisely, and logically

- I. Facilitates entry into and utilization of health system
- VII. Evaluates the effectiveness of the care given, recycling appropriately through the management process for any aspects of care which have been ineffective**
 - A. Predicts expected outcomes of management plan
 - B. Includes the clients participation in the evaluation/revision of the plan
 - C. Identifies methods for follow-up evaluation
 - D. Provides for follow-up evaluation when possible
 - E. Identifies deviations from expected outcome, investigates reasons and utilizes this information in further planning
 - F. Identifies implications of treatment results for subsequent practice

Inpatient Nurse Midwifery Management Framework: PRINCIPLES

1. Minimizes physical and emotional discomfort
2. Maintains privacy to extent possible
3. Adapts approach to client as appropriate
4. Provides opportunity for client to receive support from significant others
5. Exchanges information in manner which client understands
6. Demonstrates sensitivity to the culture, biases/constraints of the client, setting, system and health care provider
7. Provides opportunity for asking questions
8. Actively includes the client in making decisions concerning personal health care
9. Promotes family centered care
10. Demonstrates awareness of cost/benefit ratio in health care
11. Communicates effectively with health team members, faculty and peers
12. Develops environment of mutual respect in any professional interaction
13. Accepts responsibility for decision making and consequences thereof
14. Identifies bioethical considerations related to reproductive health
15. Utilizes clear and concise verbal and written communication skills
16. Assesses the client in a timeframe appropriate to the client's needs and constraints of the setting
17. Assumes nurse-midwifery role

18. Demonstrates accountability, responsibility, dependability
19. Demonstrates integrity, self-direction and the ability to evaluate oneself
20. Practices in an ethical manner with respect for all people
21. Maintains composure under stress
22. Accepts and incorporates constructive criticism
23. Presents a professional image to clients and staff.

Inpatient Nurse Midwifery Management Framework: SKILLS

- I. Performs all skills in a manner which demonstrate correct and efficient utilization of hands, instruments and equipment**
- II. Performs all skills in a manner which result in obtaining accurate data**
- III. Performs all skills in a manner which result in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precaution**
- IV. Causes the least possible physical and/or psychological discomfort to the client**
- V. Performs indicated physical assessment of the client**

Intrapartum

- A. Abdominal examination
 1. Fundal height (+/-1 cm)
 2. Leopold's maneuvers for lie, attitude, presentation
 3. Contraction intensity, frequency, duration, quality
 4. Fetal weight (within ½ lb)
 5. Uterine tonus and shape
 6. Abdominal muscles
 7. Amniotic fluid abnormalities
 8. Abnormal symptoms or presentation
- B. Vaginal examination (including sterile speculum as needed)
 1. Cervical effacement (+/-20%) and dilation (+/-1 cm) and position
 2. Condition of membranes
 3. Documentation of ROM (color, odor, amount, fern, nitrazine)

4. Fetal Position, presentation, and station
 5. Wet-prep as indicated
- C. Clinical pelvimetry
- D. Physical Exam
1. Vital signs
 2. Heart, lungs, breast exam
 3. CVA tenderness
 4. Varicosities/Homan's Sign or other DVT assessment
 5. Edema
 6. DTR's and clonus
- E. Assessment of maternal/fetal well being
1. Evaluates maternal vital signs
 2. Evaluates fetal heart tones with attention to baseline, variability, acceleration, deceleration
 3. Shows knowledge of satisfactory techniques for intermittent auscultation of FHTs with a Doptone.
 4. Shows knowledge of continuous fetal monitoring application and interpretation
 - a) External fetal and uterine electronic monitoring
 - b) Internal fetal scalp electrode
 - c) Internal uterine pressure catheter

Postpartum

- A. Breast examination
1. Demonstrate/teach self-breast exam
 2. Evaluate integrity of nipples
- B. Abdominal examination including musculature, tone, diastasis recti
- C. Perineal and rectal exam
1. Evaluate healing and/or infection of lacerations/episiotomy
 2. Signs of hematoma
 3. Hemorrhoids
 4. Lochia (volume/character/odor)

- D. Lower extremities – edema, pain, varicosities
- E. Other physical assessment as indicated based on history or risk

VI. Times and perform/orders procedures appropriately

- A. Intrapartum
- B. AROM
- C. Oral/parenteral therapy
 - 1. Comfort therapy
 - 2. Massage
 - 3. Hydrotherapy
 - 4. Breathing/visualization/deep relaxation
 - 5. Ataractic/sedative agents
 - 6. Antiemetic agents
 - 7. Analgesics agents
- D. Encourages mother to choose a comfortable birth position if possible.
- E. Performs episiotomy if indicated
 - 1. Assesses the need for episiotomy appropriately
 - 2. Selects appropriate time for cutting episiotomy
 - 3. Cuts episiotomy firmly, smoothly and correctly with minimum number of snips
 - 4. Obtains homeostasis
- F. Supports birth of infant skillfully
 - 1. Controls head
 - 2. Assesses perineum
 - 3. Suctions with bulb and/or wipes face as indicated
 - 4. Manages nuchal cord appropriately
 - 5. Guides birth of shoulders, while observing perineum, by providing steady pressure downward for anterior shoulder, upward for posterior shoulder while controlling limbs and supporting infant's body
 - 6. Clamps and cuts cord appropriately after delayed cord clamping if indicated

7. Modifies the above as appropriate depending upon client's position for birth
 8. Institutes active management of the third stage if appropriate
- G. Assists newborn's transition to extrauterine life:
1. Establishes airway, and dries infant
 2. Performs bag and mask ventilation as needed
 3. Initiates cardiac compressions as needed
 4. Performs tracheal intubation as needed
 5. ***Calls for pediatric help in second stage if problems are anticipated or immediately if problem arises***
 6. Evaluates for hypothermia, hypoglycemia
- H. Facilitates neonatal/parental attachment
- I. Delivers and examines placenta and membranes
1. Obtains cord blood
 2. Observes for signs of placental separation
 3. Confirms placental separation by modified Brandt-Andrews.
 4. Delivers placenta by:
 - c) Guarding uterus
 - d) Controlled cord traction
 - e) Following curve of Carus
 - f) Appropriately manages trailing membranes
 5. Examines placenta, membranes and cord
 6. Controls bleeding
 - a) Etiology
 - b) Institutes correct management
- J. Perineal repair
1. Inspects perineum and correctly identifies structures
 2. Correctly performs repair
- K. Manages emergency complications
- L. Performs immediate newborn assessment and care
1. Assigns or confirms Apgar score

2. Visual screening for congenital abnormalities
3. Performs gestational age assessment and identifies dysmaturity.
4. Assesses continued transition to extrauterine life
5. Monitors vital signs: heart rate, temperature, respirations

Postpartum

- A. Orders/obtains lab specimens
 1. Venipuncture/fingerstick
 2. Urine specimen (clean catch/catheterization)
 3. Others as needed
 4. Labels specimens/requisitions correctly
 - B. Orders/initiates parental therapy
 - C. Urinary catheterization
- VII. Counsels/teaches client appropriately**
- A. Identifies and addresses mother/family's learning needs regarding infant feeding
 - B. Identifies and addresses mother's learning needs regarding self-care
 - C. Identifies and addresses mother's learning needs regarding hygiene activity, danger signs
 - D. Identifies and addresses mother and partner's learning needs regarding resumption of sexual activity and contraception
 - E. Identifies and addresses mother/family's learning needs regarding NB care
 - F. Addresses follow-up care for mother and baby
 - G. Provides preventive counseling/anticipatory guidance regarding physical and psychological risks in postpartum period

MURSE-MIDWIFERY MANAGEMENT FRAMEWORK: PROCESS NEWBORN

(See the ACNM Core Competencies for additional details)

The student:

I. Investigates by obtaining all necessary data for complete evaluation of the newborn.

A. Reviews maternal record to establish database

1. Previous obstetrical history
2. Antenatal history
3. Intrapartum history
4. Family medical history
5. Maternal past medical, including gynecological, history
6. Psychosocial-economic history

B. Reviews newborn record

C. Obtains interval history from mother/father

1. Assesses parental concerns
2. Infant nutrition/breastfeeding
3. Infant elimination
4. Infant safety/environmental concerns
5. Support systems

D. Explains exam procedure to parent(s)

E. Performs a gentle, complete and accurate physical exam of the newborn

1. General appearance
2. Weight, length, head circumference
3. Skin
4. Head and neck
5. Ears
6. Eyes
7. Nose
8. Mouth

9. Cardiac, including pulses
 10. Lungs
 11. Abdomen
 12. Genitourinary
 13. Musculoskeletal (extremities, hips, back)
 14. General neurological
- F. Performs an accurate gestational age assessment
 - G. Assesses maternal/paternal-newborn interaction
 - H. Obtains appropriate laboratory tests or test data
 1. Knows routine neonatal screening tests and normal values
 2. Understands rationale for screening tests
 - I. Organizes data for preliminary diagnosis and completes data base
 1. Clusters data appropriately
 2. Identifies tentative diagnoses
 3. Identifies missing information
 4. Obtains additional data necessary (includes history, physical, laboratory and other data)
- II. Makes an accurate identification of problems(s)/diagnosis(es) based upon correct interpretation of the data.**
 - III. Anticipates other potential problems/diagnoses based on problem/diagnosis identification and correct interpretation of the data.**
 - IV. Evaluates patient need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and/or physician referral when there is a deviation from normal.**
 - V. Develops a comprehensive plan of care which is supported by explanation of valid rationale underlying decisions made and is based upon preceding steps.**
 - A. Identifies possible management plans and consequences of each
 - B. Assesses parent/family reaction to diagnosis/problems

- C. Informs parents of options, rationale, risks, sequela, and limitations of management plan, including anticipated procedures (prior to institution of procedures)
- D. Identifies need for appropriate additional lab tests
- E. Plans for subsequent assessment at appropriate intervals
- F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan
- G. Identifies community medical, social/economic resources
- H. Selects most appropriate management plan based on valid rationale, including consideration of research findings/scholarly literature and client preferences/family resources.
- I. Functions within policies/guidelines of setting

VI. Directs/implements the plan of care efficiently and safely

- A. Orders/performs additional lab tests and treatment(s)
- B. Provide teaching/anticipatory guidance to parent(s)/family
- C. Confirms parent(s) understanding of instructions
- D. Confirms arrangements for subsequent assessments at appropriate intervals
 - 1. Confirms date for follow-up well childcare with parent(s)
 - 2. Discusses importance of well child visits and immunizations
- E. Initiates management of complication emergencies and deviations from norm.
- F. Obtains appropriate medical consultation or collaboration
- G. Records data legibly, concisely, and logically
- H. Facilitates entry into and utilization of health care systems

VII. Evaluates the effectiveness of the care given, recycling appropriately through the management process for any aspects of care which have been ineffective.

- A. Predicts expected outcomes of management plans
- B. Includes the family's participation in the evaluation/revision of the plan
- C. Identifies methods for follow-up evaluation when possible

- D. Provides for follow-up evaluation when possible
- E. Identifies implications of treatment results for subsequent practice

Nurse Midwifery Management Framework: PRINCIPLES Newborn

The student:

1. Minimizes physical and emotional discomfort.
2. Maintains privacy to extent possible.
3. Adapts approach to parent(s) as appropriate.
4. Provides opportunity for parent(s) to receive support from significant other(s).
5. Exchanges information in manner which parent(s) understand(s).
6. Demonstrates sensitivity to the culture, biases/constraints of the parent(s), setting, system, Preceptor, and self.
7. Provides opportunity for asking questions.
8. Promotes parent(s) right to make and be responsible for decisions concerning infant's health care
9. Promotes family-centered care
10. Demonstrates awareness of cost/benefit ratio in newborn care.
11. Communicates appropriately with health team members, faculty and peers.
12. Develops environment of mutual respect in any professional interaction.
13. Accepts responsibility for decision-making and consequences thereof.
14. Identifies bioethical considerations related to newborn health.
15. Utilizes clear and concise communication skills.
16. The newborn visit is conducted in a timeframe appropriate to the parent(s)' needs and/or clinic/office schedule.
17. Assumes appropriate nurse midwifery role.
18. Demonstrates accountability, responsibility, and dependability.
19. Demonstrates integrity, self-direction and the ability to evaluate oneself.
20. Practices in an ethical manner with respect for all people.
21. Maintains composure under stress.
22. Accepts and incorporates constructive criticism.
23. Presents a professional image to clients.

Nurse Midwifery Management Framework: SKILLS Newborn

- A. The student performs all skills in a manner which:
 - 1. Demonstrates correct and efficient utilization of hands, instruments and equipment.
 - 2. Results in obtaining accurate data and documentation
 - 3. Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions
 - 4. Causes the least possible physical and/or psychological discomfort to the client
- B. Demonstrates the following skills:
 - 1. Oral intubation of neonatal intubation mannequin
 - 2. Use of bag and mask for resuscitation
 - 3. Cardiopulmonary resuscitation of resusci-baby

NURSE-MIDWIFERY MANAGEMENT FRAMEWORK: PROCESS INTEGRATION

(See the ACNM Core Competencies for additional details)

The student:

I. Investigates by obtaining all necessary data for complete evaluation of the client.

- A. Review previous data when available
- B. Identify the purpose of the visit for the client
- C. Identify the purpose of the visit for the health care provider
- D. Interview client appropriately, obtaining complete and relevant historical information
 - 1. Family medical-surgical
 - 2. Personal medical-surgical
 - 3. Obstetrical-gynecological (including menstrual, sexual, contraceptive)
 - 4. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest, medications, stress management)
 - 5. Psychosocial/occupational (including significant other/family support, economics, religion, housing, recent emotional crisis or changes)
- E. Performs review of systems and systematic review of systems in appropriate physical examination of the client
- F. Obtains all routine laboratory data
- G. Organizes data for preliminary diagnosis and complete data base
 - 1. Clusters data appropriately
 - 2. Identify tentative diagnoses
 - 3. Identify missing information
 - 4. Obtain additional data as necessary (including history, physical, laboratory and other data)

- H. Validate assumptions
- II. Make an accurate identification of problem(s)/diagnosis(es) based upon correct interpretation of the data**
- III. Anticipate other potential problems/diagnoses based on problem diagnosis identification and/or correct interpretation of the data.**
- IV. Evaluate client need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and/or physician referral when there is deviation from normal.**
- V. Develop a comprehensive plan of care that is supported by explanations of valid rationale underlying the decisions made and is based on the preceding steps.**
 - A. Identify possible treatment plans and consequences of each.
 - B. Provide description of diagnosis, finalizing the plan of management of potential problems and rationale for plan.
 - C. Inform consumer of options, rationale, risks, sequelae, and limitations of therapeutic milieu including anticipated procedures (prior to institution of procedures).
 - D. Identify need for appropriate additional lab tests.
 - E. Plan for subsequent assessment at appropriate intervals.
 - F. Utilize appropriate faculty consultation for validation of management plan.
 - G. Select most appropriate therapeutic plan based on review of data and evidence and a valid rationale.
- VI. Direct/implement the plan of care efficiently and safely**
 - A. Order appropriate additional lab tests.
 - B. Order appropriate treatment(s).
 - C. Perform appropriate procedures.
 - D. Initiates management of complications, emergencies and deviations from norm.
 - E. Arrange for subsequent assessments at appropriate intervals.
 - F. Obtain appropriate medical consultation or collaboration.
 - G. Record data legibly, concisely and logically.

- H. Facilitate entry into and utilization of health care systems
- VII. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspects of care that have been ineffective.**
- A. Predict expected outcomes of management plan.
 - B. Includes the client's participation in the evaluation/revision of the plan.
 - C. Identify methods for follow-up evaluation.
 - D. Provide for follow-up evaluation when possible.
 - E. Identify implications of treatment results for subsequent practice.

Nurse-Midwifery Management Framework: PRINCIPLES Integration

The student:

1. Minimizes physical and emotional discomfort using a trauma informed approach.
2. Maintains privacy to extent possible
3. Adapts approach to consumer as appropriate
4. Provides opportunity for consumer to receive support from significant other
5. Exchanges information in manner that consumer understands
6. Demonstrates sensitivity to the culture, biases/constraints of the consumer, setting, system and health care provider
7. Provides opportunity for asking questions
8. Promotes consumer's right to make and be responsible for decisions concerning personal health care
9. Promotes family-centered care
10. Demonstrates awareness of cost/benefit ration in health care
11. Develops environment of mutual respect in any professional interaction
12. Accepts responsibility for decision making and consequences thereof
13. Identifies bioethical considerations related to reproductive health

Nurse-Midwifery Management Framework: SKILLS Integration

The student performs all skills in a manner which:

1. Demonstrates correct and efficient utilization of hands, instruments and equipment

2. Results in obtaining accurate data
3. Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions
4. Causes the least possible physical and/or psychological discomfort to the consumer

APPENDIX C: UNM CON NURSE-MIDWIFERY CLINICAL PERFORMANCE EXPECTATIONS

A Student and Preceptor's Guide to Content, Mastery and Clinical Performance Expectations

AMBULATORY WOMEN'S HEALTH

1. Students are to adjust to the Preceptor's work schedule.
2. Provide an orientation to the clinical site and learn about students experience, learning styles and goals. If you wish, you can have the student orient prior to his/her first clinical day to include clinic operations, workflow, EMR, charting/forms, clinical guidelines, meeting the staff, etc.
3. At the beginning of the term, have the student simply follow you for a day or two so he/she can see how the clinic and providers operate and how the required documentation is processed.
4. **The focus during this term is more on the quality of the student's time with the client as opposed to quantity.** Initially, the student may need up to an hour to complete the full history and physical exam (maybe more for an initial OB history and exam). As the term progresses, less time should be needed. The student will keep track of the number and type of client he/she is seeing. Each student is responsible for reviewing his/her progress with you each week.
5. Request the client's permission to be examined by the student and, if possible, introduce the student to each client. Clients are more accepting of student care if they understand the student's already an R.N. who is going to graduate school to be a midwife.
6. The student should be able to do the history and give report before the physical exam. How much supervision you provide beyond observation and rechecking the physical exam is at your discretion, depending on your level of confidence in the student's skills. Initially, please confirm the student's clinical findings by either doing the exam first or repeating the exam. Students benefit most when you perform the bimanual exam first so you can give better guidance before the student removes his/her fingers. Again, how long you feel you need to do this is

up to your assessment of the student's accuracy and skill. The student should always discuss the assessment and plan for the client with you.

7. Students all need prescription-writing experience, although paper prescriptions will need to be signed by you. Please review the student's charting and countersign their entry.
8. Students have had training and seek out an opportunity to practice IUD insertion and Nexplanon counseling and removal during didactic sessions. If you do these procedures, please allow the student to observe first. You may decide at what point she/he is ready to do this under your supervision.
9. If there are other providers in your clinic with special skills or interests (colposcopy, STDs, pessaries, menopause, etc.), you may arrange for the student to spend some time with them. This depends of course, on their availability and willingness to share their expertise with your student.
10. The Affiliation Agreement between the College of Nursing and an agency covers all employees of the agency, not just the individual Preceptor. Student malpractice is covered by New Mexico Risk Management.
11. Students will reflect on their daily learning and goals and complete daily evaluations at the end of each day. Preceptors are asked to review, make comments or suggestions and sign the form. Additional forms include detailed grids every two weeks, a mid-term and end of term evaluation.

*If questions or issues arise about a student's performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact the Program Coordinator. We are **very** grateful for the time and effort our Preceptors contribute to our students' clinical learning experiences.*

ANTEPARTUM AND POSTPARTUM CARE – FIRST AND SECOND CLINICAL BLOCKS

I. Content Mastery to be expected

A. Preceptors can expect mastery of the basic knowledge base presented during the **FIRST ACADEMIC BLOCK** (see syllabus). This includes:

- Pregnancy diagnosis, conception, pregnancy dating
- The new OB visit: hx, PE, labs, risk assessment, patient education
- Nutrition and weight gain in pregnancy
- Fetal development and maternal physiology throughout gestation
- Return OB visit: hx, PE, Leopold's maneuvers, labs, patient education
- Screening for AP problems: size/dates discrepancies, hypertension, diabetes, anemia, malpresentation, preterm/post term
- Common complaints of physiologic origin
- Assessment of fetal well-being
- Psychological/sexual/emotional issues of prenatal and postpartum period
- Normal PP visit: hx, PE, labs
- Screening for PP problems: depression, ineffective parenting, UTI, mastitis, subinvolution, thrombophlebitis

B. More complex issues in the prenatal and postpartum areas are covered in the **SECOND ACADEMIC BLOCK** (see syllabus). This includes:

1. Pelvimetry and feto pelvic relationships
2. AP/PP complications including:
3. bleeding and hypertensive disorders
4. substance abuse
5. grief and loss
6. childbirth education
7. breastfeeding

While mastery of this content is not expected until the second half of the term, it is reasonable to expect that part of a student's daily plan would be independent reading in any area that was involved in the day's clinical experience. For example: if hyperemesis was encountered in the clinical area, it is reasonable for objectives before next clinical to include: identify signs and symptoms of hyperemesis, management options, and treatment plan.

II. Clinical Learning Focus

A. Clinical Skills

1. By the end of the first clinical block the student should have achieved competence in the basic, essential AP/PP clinical skills. These include, but are not limited to:
 - Leopold's maneuvers for presentation, position and lie
 - Estimated fetal weight
 - Fundal height
 - Auscultation of fetal heart with fetoscope and doppler
 - Speculum exam
 - Bimanual exam with correct uterine sizing
 - Postpartum breastfeeding instruction and breast care
 - Fundal exam for involution
 - Abdominal assessment of diastasis recti
2. Those skills for which learning opportunities are available less frequently or are more complex will be validated and "progressing" or beginning progress" is to be expected depending on previous learning opportunities or performance. The student should be able to verbalize steps and/or demonstrate the skills "dry run".

B. Nurse-Midwifery Management Process

1. By the end of the first clinical block, the database for diagnosis of pregnancy, initial OB visit, assessment of progress throughout pregnancy and the normal postpartum period should be complete and achieved in a timely manner. The student should be able to

identify significant aspects of history and present situation to be considered in management planning, and include the patient in developing the management plan.

Our focus at this time is on the QUALITY of the visit, not the quantity of visits, and we expect that during this visit the student will include assessment of psychosocial issues and include pertinent anticipatory guidance with patient education.

By the end of the first clinical block, students should be expected to complete a routine NOB visit, including write-up, in about 90 minutes. Students should be able to independently conduct a complete ROB exam and document such in 30-45 minutes. A postpartum exam, which includes a pelvic and write-up, should be completed in about an hour.

2. Formulation of a complete, safe management plan with solid rationale for normal pregnancy and postpartum situations is expected. These plans are to be developed with the patient/family, and to include preventative and/or precautionary management strategies for presenting risk factors, teaching, and referrals.
3. Means to evaluate the success of the plan should always be included (at least verbally) in a plan. An evaluation of all normal AP/PP situations is expected for all plans by the end of the first block.
4. Initially, students should be able to identify when there is a need for medical consultation or referral. By the second clinical block, students should perform the consultation while being observed by the Preceptor

III. Documentation

- A. Progressively skilled documentation in normal situations according to standards set by clinical sites is expected. It is to be achieved in a timely

manner by the end of the first clinical block.

It is very important that documentation be completed prior to seeing the next client, and not delayed.

- B. Whenever SOAP charting is possible in the clinical site, this method of charting is preferred because it is congruent with and reinforces the reasoning of the nurse-midwifery management process. If SOAP charting is not used in the clinical setting, completion of a comprehensive SOAP note for selected patients on separate paper, not to be a part of the patient chart, is encouraged.
- C. Students may be requested to copy parts of a client's chart in conjunction with academic assignments. All identifiers are to be obliterated. Notes will be deleted from student laptops after submitting to a secure learning management system
- D. Evaluation Paperwork:
 - 1. Students are expected to self-evaluate at the end of each clinical day using the "Petroglyph Page." To facilitate this, students are encouraged not to see the last client of the day but instead fill out this page so that the day's work may be discussed with the Preceptor when the Preceptor finishes the last visit of the day.
 - 2. The Professionalism and Clinical Grids are to be completed every 2 weeks and discussed/signed by the Preceptor(s). Additional forms include detailed grids every two weeks, a mid-term and end of term evaluation.

We are very grateful for the time and effort our Preceptors contribute to our students' clinical learning experiences. If questions or issues arise about a student's performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact the program coordinator.

INTRAPARTUM CARE – FIRST AND SECOND CLINICAL BLOCKS

I. Content Mastery to be expected

A. Preceptors can expect mastery of the academic content presented during the **FIRST ACADEMIC** block (see syllabus). This includes:

- labor physiology
- pelvimetry
- Leopold's maneuvers
- diagnosis of labor
- labor admission procedures
- basic principles for management of NORMAL labor
- mechanisms of labor: OA and OP
- hand maneuvers for delivery of OA and OP babies
- principles of suturing and wound healing
- episiotomy and laceration repair
- psychosocial issues and support in labor
- pain management: pharmacologic and non-pharmacologic
- conduct of postpartum "rounds"
- common postpartum problems
- postpartum hemorrhage (introduction)
- shoulder dystocia (introduction)

B. Preceptors can expect that students will have some knowledge of, but should not expect mastery of other areas pertinent to beginning practice management of obstetrical emergencies (complication of labor, threats to maternal and fetal well-being). Although the content will be covered in the second academic block, it is reasonable to expect that part of a student's daily plan would be independent reading in any area that was involved in the day's clinical experience. (For example: if chorioamnionitis/intrauterine inflammation or infection was encountered in the clinical area, it is reasonable for objectives before next clinical to include: Identify signs and symptoms of intrauterine inflammation or

infection in labor, the management options, and implications for post-birth maternal and newborn care.)

II. Clinical Learning Focus

A. Clinical Skills

1. By the end of the first clinical block the student should have achieved mastery of the basic intrapartum clinical skills of the nurse-midwife that are essential to labor and delivery management of all patients. These include but are not limited to:
 - vaginal/pelvic exams: To include dilatation, station, membrane status, fetal position, attitude and asynclitism, clinical pelvimetry. (In the case of fetal position, attitude and station, the student should be “progressing”, meaning correct most of the time, but not necessarily all of the time).
 - Leopold’s maneuvers
 - Fetal well-being assessment
 - Accurate EFW
 - Hand skills for delivery of OA infant in semi-Fowlers
 - Appropriate identification of need for active vs. psychologic third stage management
 - Delivery of the placenta, including expectant and active management of the third stage and the Brandt- Andrews maneuver
 - Identification of perineal landmarks
 - Postpartum physical exam and teaching
 - Newborn exam and teaching
 - Provide labor support to patient and her labor support system; teaching when appropriate.
2. Those skills for which learning opportunities are available less frequently or are more complex will be validated and “progress” or “beginning progress” is to be expected depending on previous learning opportunities and performance. The student should be

able to verbalize steps and/or demonstrate the skills “dry run”.

These include such things as but are not limited to:

- placing internal fetal monitors
 - episiotomy/laceration repair
 - hand maneuvers for OP babies
 - hand maneuvers for birth in lateral and dorsal maternal positions
 - amnioinfusion/IUPC placement
 - Cook’s catheter or Foley placement
3. With the exception of postpartum hemorrhage and shoulder dystocia, obstetrical emergencies are not covered in class until the **SECOND ACADEMIC** block; however, the student should be able to define and identify the emergent situation if it occurs and manage postpartum hemorrhage and shoulder dystocia at a beginning level.

B. Nurse-Midwifery Management Process

1. By the end of the first clinical block, the database for evaluation for labor, labor admission, assessment of progress in a normal labor and normal postpartum should be complete and achieved in a timely manner. During this block, students should be expected to have “complete” management responsibility for one actively laboring patient. This does not mean that taking advantage of learning opportunities and participation in management decision discussions concerning other patients is not encouraged; however during this beginning phase, the student’s primary responsibility is to manage a single uncomplicated labor, carefully using and documenting the nurse- midwifery management process. Labor support and sitting are encouraged when possible.
2. By the end of the first clinical block, the correct assessments of diagnosis of labor/false labor, maternal and fetal well-being, phases of first and second stage labor as identified by Friedman, and

postpartum involution and adaptation is expected. Students are expected to identify a deviation from normal but not necessarily expected to be able to correctly label or manage, dysfunctional labor patterns. (This doesn't mean the student can't learn it in process, but that they should be in the "back seat".) Assessments related to women's health skills and knowledge such as UTI, URI, vaginitis, STDs, etc. are also expected as well as assessment of psychosocial situations.

3. Formulation of a complete, safe management plan with solid rationale for normal labor and delivery and postpartum situations is expected. These plans are expected to include preventive and/or precautionary management strategies for presenting risk factors (i.e. if a patient presents with a history of postpartum hemorrhage) the management plan presented should include a plan that takes this into account. At this point the plan may not always be complete as postpartum hemorrhage has not been extensively studied. Deviations from normal that are minor and rest on previous knowledge base such as UTI or vaginitis are expected to be managed in the plan.
4. Means to evaluate the success of the plan should always be included (at least verbally) in a plan. And evaluation is expected on all plans of all normal postpartum and laboring situations by the end of the first block.

III. Documentation

- A. Documentation in normal situations according to standards set by clinical site is expected in an ongoing manner. It is to be achieved within a predetermined agreed-upon timeframe by the end of the first clinical block. It is very important that documentation be ongoing and not delayed.

Whenever SOAP charting is possible in the clinical site, this method is

preferred for students because it is congruent with and reinforces the reasoning of the nurse-midwifery management process.

B. Evaluation Paperwork:

1. Students are expected to self-evaluate at the end of each clinical day using the “Petroglyph Page.” The student should self-evaluate for the last 30 minutes of the shift unless a birth is imminent.
2. The Midwifery Management Framework grids are to be filled out every other week and discussed/signed by the Preceptor(s). The “A” for achieved is to be used when a student achieves a category on the grid at a basic, student level, not the level of an experienced practitioner. Does the student perform the task correctly with few errors almost always?

We are very grateful for the time and effort our Preceptors contribute to our students’ clinical learning experiences. If questions or issues arise about a student’s performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact the Program Coordinator.

INTEGRATION

I. Content Mastery to be expected

- A. Preceptors can expect student mastery of the basic knowledge bases presented during the program, including well-woman gynecology and family planning, pregnancy diagnosis and care during the antepartum period, diagnosis of and management of the intrapartum period, care of the newborn, and the postpartum period.

This should include an understanding of the physiology and physiologic changes in each area, psychosocial issues involved in women's health care, identification of and management of normal events, identification of and management of complications, identification of the need for consultation and/or referral, and the appropriate patient teaching for the above.

Remember that most integration students have not been in the ambulatory clinical setting for seven months. We would expect in the beginning, they may seem less sure of themselves in this area than in IP.

II. Clinical Learning Focus

A. Clinical Skills

1. Students have demonstrated competence in basic clinical skills in previous terms; although they have been away from all clinical areas for several weeks while completing their graduate examinations, their clinical skills should quickly return.
2. Note that we seek to place students in a wide variety of settings and hope to give each student a broad level of experience. As a result, although students are familiar with the content of midwifery care, they may well be totally inexperienced with midwifery care in your setting. (i.e., if you are in a small private practice, it is likely that your student has just come from a tertiary care setting. If you are in an urban practice, the student has most likely been in rural

practices for her past experiences.) Please take time to orient the student to your service and expect that there will take be a short period of adjustment to your individual practice setting and demands

3. Some skills have not been available to the student in previous terms. This should be noted in their “experiences” log. Although not actually performed, the student is responsible for the content, and should be prepared to perform new skills with supervision.

B. Nurse-Midwifery Management Process

1. The student should possess the ability to collect an appropriate and complete database; to identify significant aspects of history and present situation, to be considered in management planning; to develop an appropriate plan of care that involves the patient in decision-making; to identify a means of evaluating the care plan; and to document the plan of care in a timely manner. These plans are expected to include preventative and/or precautionary management strategies for presenting risk factors.

Our focus in previous terms has been on the QUALITY of the visit, not the quantity of visits. Although thoroughness is always expected, during integration we also want the student to work on keeping the visit timely. Although the student is not expected to function as efficiently as the Preceptor in the clinical area, care and charting should proceed smoothly, with increasing speed and independence.

C. Practice and Professional Learning

1. Students are expected to participate in all aspects of the staff CNM role in your setting this may include such activities as hospital committees, staff meetings, public relations, childbirth education, or other site-specific activities. Attendance at professional organization activities during integration is expected.

III. Documentation

- A. Ongoing documentation in normal situations according to standards set by clinical sites is expected. It is to be achieved in a timely fashion by the end of the first couple of weeks. It is very important that documentation be completed prior to initiation of the next clinical visit, and not delayed.
- B. Whenever SOAP charting is possible in the clinical site, this method of charting is preferred because it is congruent with and reinforces the reasoning of the nurse midwifery management process. If SOAP charting is not used in the clinical setting, completion of a comprehensive SOAP note on selected patients using separate paper, not to be a part of the patient chart, is encouraged.

IV. Written Evaluation

- A. During integration, we expect that students will be “progressing” or “achieved” with most self- evaluations. At any time “Not Progressing” or “Not done, should have been done” is noted, please contact the Faculty Liaison to discuss the situation and decide when to initiate the problem identification process and consider the need for a learning contract.

We are very grateful for the time and effort our Preceptors contribute to our students’ clinical learning experiences. If questions or issues arise about a student’s performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact the Program Coordinator.

APPENDIX D: UNM CON NURSE-MIDWIFERY PROGRAM DATA COLLECTION BY STUDENT

AMBULATORY AP/PP/WW

Using Typhon for Ambulatory AP/PP/WW

Students must complete a case log in Typhon for each patient encounter following every clinical day. Refer to the blank Typhon case log worksheet for details. Typhon data are used for accreditation, to track students' number and type of patient encounters including diagnoses and procedures, and allow the Faculty to know what clinical experiences each student is getting. The Faculty Liaison will view the data before each tutorial and the Program Coordinator will collate all individual and group data at the end of each term and before graduation. Typhon data is sometimes used following graduation to share numbers with prospective employers for clinical credentialing.

TYPHON CASE LOG WORKSHEET Information

Student Information Complete all the Typhon fields including the "Procedure/Skills" Sections both the MIDW Competencies and the BACME Requirements. Additionally complete the Birth & Delivery Sections. These must be filled in completely.

For some sections you can use your Typhon default setting to pre-set information (such as semester/course/clinical site) or to auto-expand procedure/skills section.

Course: N544/548. If you are assisting with group prenatal care, the course is N544

Preceptor: If your Preceptor is not listed in the drop-down box, notify the Clinical Affairs Team via e-mail at HSCCON-Placements@salud.unm.edu.

Patient demographics: Self-explanatory- do not need to enter if pre-term child unless known

Clinical Information

- **Time with patient:** Estimate it for the shift (whole labor and birth including triage, postpartum etc).

- Consult with Preceptor:(time working with preceptor that was not part of direct patient time)
- Reason for visit: (Ex. Initial visit=New OB, rout f/u=routine follow-up i.e.: return OB or retesting episodic=comes in special for bronchitis, UTI, vaginitis for example annual=PAP, Rx refill, etc. scheduled procedure= sch prcdr-ie NST, IUD placement, other)
- Encounter number: (is the 1st or 4th time you've seen this patient)
- Social Problems: check all that apply or were addressed

Procedure/Skills MIDW Competencies

This is a detailed list based on core competencies. Check the most appropriate boxes (one or more as applicable) and include if you observed, assisted or performed the skill.

Procedure/Skills MIDW Competencies

This is an accreditation requirement to capture your total numbers. Check the most appropriate boxes (one or more as applicable) and include if you observed, assisted or performed the skill.

Birth and Delivery: This section doesn't expand unless you use the little arrow. Fill it all out completely. Shoulder dystocia goes under other in the "Maternal Problems" section. You do NOT need to enter CPT or ICD-10 codes.

Other questions: Include information about referrals and insurance.

Clinical notes: Optional. Use prn for things like compound hand, nuchal cord, knot in cord, etc. Do not include any patient names or identifiable information.

Other Typhon Uses (EASI section for required evaluations on the screen after the log-in)

Your Faculty Liaison will write up your site visit evaluation here. You should read it and comment after you get the prompt that it has been completed.

Students also must complete a site and Preceptor evaluations at the end of the term.

Typhon Case Log Worksheet



Case #:

Date of Service:

▶ = REQUIRED FIELD

Student Information

- ▶ Semester: _____
- ▶ Course: _____
- ▶ Preceptor: _____
- ▶ Clinical Site: _____
 - ___ Rural Visit
 - ___ Underserved Area/Population

Patient Demographics (ignore if Group Encounter)

- ▶ Age: _____ yrs/mos/wks/days
 - ___ Pre-Term (Premie) Child?
- Gestational Age (at birth): _____ weeks
 - ___ Prenatal visit? Enter fetus age: _____ wks
- ▶ Gender: M / F / T
- ▶ Race: _____

Clinical Information

- ▶ Time with Patient: _____ minutes
- Consult with Preceptor: _____ minutes (not part of patient time)
- ▶ Reason for Visit: _____
- ▶ Encounter #: _____

Social Problems Addressed	
___ Abused Child/Adult	___ Nutrition/Exercise
___ Caretaking/Parenting	___ Palliative/End of Life Care
___ Education/Language	___ Prevention
___ Emotional	___ Role Change
___ Grief	___ Safety
___ Growth & Development	___ Sanitation/Hygiene
___ Housing/Residence	___ Sexuality
___ Income/Economic	___ Social Contact/Isolation
___ Interpersonal Relationships	___ Spiritual Issues
___ Issues w/Comm. Resources	___ Substance Abuse
___ Legal	___ Other: _____
___ Neglected Child/Adult	

Procedures/Skills - MIDW Competencies (Observed/Assisted/Performed)

Obs	Asst	Perf	
___	___	___	AP/PP/WW antepartum NST
___	___	___	AP/PP/WW Bimanual for early pregnancy sizing
___	___	___	AP/PP/WW birth control implant insertion
___	___	___	AP/PP/WW birth control implant removal
___	___	___	AP/PP/WW Diaphragm fitting
___	___	___	AP/PP/WW intrauterine device insertion
___	___	___	AP/PP/WW intrauterine device removal
___	___	___	AP/PP/WW pelvic exam full (speculum and digital)
___	___	___	AP/PP/WW wetmount
___	___	___	AP/PP/WW/IP ultrasound GYN
___	___	___	AP/PP/WW/IP ultrasound OB
___	___	___	Group postpartum/postnatal class
___	___	___	Group prenatal class
___	___	___	IP amnioinfusion
___	___	___	IP artificial rupture of membranes
___	___	___	IP bimanual compression
___	___	___	IP cervical ripening balloon
___	___	___	IP Early/latent labor mgmt (phone/triage/home)
___	___	___	IP emergency care
___	___	___	IP episiotomy
___	___	___	IP first assist at cesarean birth
___	___	___	IP intermittent auscultation of FHT
___	___	___	IP Labor augmentation: Pitocin
___	___	___	IP Labor induction: breast simulation or pump
___	___	___	IP Labor induction: Cervdil, Miso, Pitocin
___	___	___	IP manual removal of placenta
___	___	___	IP Monitoring: continuous electronic
___	___	___	IP Monitoring: FSE placement

Birth & Delivery

Use ICD codes for pregnancy history & complications.
 Use CPT codes for labs, anesthesia & mode of delivery.

Infant Gender: M / F / O
 Birth Weight: _____ grams
 Apgar Scores: 1 min: _____ 5 min: _____

Newborn Procedures	Newborn Complications
___ Deep suctioning	___ Meconium aspiration
___ Endotracheal suctioning	___ Congenital anomalies
___ Bag and mask	___ Birth trauma/injury
___ Intubation for ventilation	___ NICU Admit: _____
___ Full CPR	___ Clinically apparent seizures
___ Other: _____	___ Other: _____

Maternal Problems <24 hrs Postpartum

- ___ Hemorrhage
- ___ Hypertension (onset postpartum)
- ___ Other: _____
- ___ Temperature >100.4°F
- ___ Hematoma

Other Questions About This Case

- ▶ Referrals: _____
- ▶ Insurance: _____

Clinical Notes:

___	___	___	IP Monitoring: intermittent auscultation
___	___	___	IP Monitoring: IUPC placement
___	___	___	IP Pain: Analgesic
___	___	___	IP Pain: Epidural anesthetic
___	___	___	IP Pain: Local anesthetic
___	___	___	IP Pain: sterile water papule injection
___	___	___	IP Pain: Therapeutic use of self
___	___	___	IP Pain: water therapy
___	___	___	IP Presentation of management options
___	___	___	IP Repair: first degree
___	___	___	IP Repair: other tissue
___	___	___	IP Repair: second degree
___	___	___	IP sterile speculum exam/ferning for SROM
___	___	___	IP uterine exploration
___	___	___	NB emergency care
___	___	___	NB exam
___	___	___	NB feeding - both breast feeding and formula
___	___	___	NB feeding - exclusive breastfeeding
___	___	___	NB feeding - exclusive formula feeding
___	___	___	NB peds visit
___	___	___	PP/NB home visit
___	___	___	PP/NB phone follow up

Procedures/Skills - ACME Requirements (Observed/Assisted/Performed)

Obs	Asst	Perf	
___	___	___	Antepartum Care - New prenatal care across gestational ages
___	___	___	Antepartum Care - Return prenatal care across gestational ages
___	___	___	Gynecologic Care - Adolescent
___	___	___	Gynecologic Care - Contraception
___	___	___	Gynecologic Care - Postmenopausal
___	___	___	Gynecologic Care - Preconception
___	___	___	Gynecologic Care - Premenopausal
___	___	___	IP - Birth
___	___	___	IP - Caesarean
___	___	___	IP - Labor Assessment
___	___	___	IP - Labor management
___	___	___	Newborn Care - anticipatory guidance
___	___	___	Newborn Care - assessment
___	___	___	PP visits (0-7 days) up to 8 weeks PP
___	___	___	PP breastfeeding support
___	___	___	Primary care - Common Acute condition
___	___	___	Primary Care - Stable chronic health condition

IP/NEWBORN CLINICALS

Using Typhon for IP/Newborn Clinicals

Students must complete a case log in Typhon for each patient encounter following every clinical day. Refer to the blank Typhon case log worksheet for details. Typhon data are used for accreditation, to track students' number and type of patient encounters including diagnoses and procedures, and allow the Faculty to know what clinical experiences each student is getting. The Faculty Liaison will view the data before each tutorial and the Program Coordinator will collate all individual and group data at the end of each term and before graduation. Typhon data is sometimes used following graduation to share numbers with prospective employers for clinical credentialing.

TYPHON CASE LOG WORKSHEET Information

Student Information Complete all the Typhon fields including the "Procedure/Skills" Sections both the MIDW Competencies and the BACME Requirements. Additionally complete the Birth & Delivery Sections. These must be filled in completely.

For some sections you can use your Typhon default setting to pre-set information (such as semester/course/clinical site) or to auto-expand procedure/skills section.

Courses:

- If you are on an IP shift, or you are coming in for postpartum rounds, the course is N550 Intrapartum.
- If you do a newborn exam after the birth on that shift or are doing some newborn clinical hours, the course is N551 Primary Care of the Newborn.

Preceptor: If your Preceptor is not listed in the drop-down box, notify the Clinical Affairs Team via e-mail at HSCCON-Placements@salud.unm.edu.

Patient demographics: Self-explanatory- do not need to enter if pre-term child unless known

Clinical Information

- Time with patient: Estimate it for the shift (whole labor and birth including triage, postpartum etc.).
- Consult with Preceptor (time working with preceptor that was not part of direct patient time)
- Reason for visit
- Encounter number (is the 1st or 4th time you've seen this patient)
- Social Problems- check all that apply or were addressed

Procedure/Skills MIDW Competencies

This is a detailed list based on core competencies. Check the most appropriate boxes (one or more as applicable) and include if you observed, assisted or performed the skill.

Procedure/Skills MIDW Competencies

This is an accreditation requirement to capture your total numbers. Check the most appropriate boxes (one or more as applicable) and include if you observed, assisted or performed the skill.

Birth and Delivery: This section doesn't expand unless you use the little arrow. Fill it all out completely. Shoulder dystocia goes under other in the "Maternal Problems" section. You do NOT need to enter CPT or ICD-10 codes.

Other questions: Include information about referrals and insurance.

Clinical notes: Optional. Use prn for things like compound hand, nuchal cord, and knot in cord, etc. Do not include any patient names or identifiable information.

Other Typhon Uses (EASI section for required evaluations on the screen after the log-in)

Your Faculty Liaison will write up your site visit evaluation here. You should read it and comment after you get the prompt that it has been completed.

Students also must complete a site and Preceptor evaluations at the end of the term.

USING TYPHON FOR INTEGRATION

Students must complete a case log in Typhon for each patient encounter following every clinical day. Refer to the blank Typhon case log worksheet for details. Typhon data are used for accreditation, to track students' number and type of patient encounters including diagnoses and procedures, and allow the Faculty to know what clinical experiences each student is getting. The Faculty Liaison will view the data before each tutorial and the Program Coordinator will collate all individual and group data at the end of each term and before graduation. Typhon data is sometimes used following graduation to share numbers with prospective employers for clinical credentialing.

TYPHON CASE LOG WORKSHEET Information

Student Information Complete all the Typhon fields including the "Procedure/Skills" Sections both the MIDW Competencies and the BACME Requirements. Additionally, complete the Birth & Delivery Sections. These must be filled in completely.

For some sections you can use your Typhon default setting to pre-set information (such as semester/course/clinical site) or to auto-expand procedure/skills section.

Course: NURS 595

Preceptor: If your Preceptor is not listed in the drop-down box, notify the Clinical Affairs Team via e-mail at HSCCON-Placements@salud.unm.edu.

Patient demographics: Self-explanatory- do not need to enter if pre-term child unless known

Clinical Information

- Time with patient: Estimate it for the shift (whole labor and birth including triage, postpartum etc.).
- Consult with Preceptor (time working with preceptor that was not part of direct patient time)
- Reason for visit (Ex. Initial visit=New OB, rout f/u=routine follow-up i.e.: return OB or retesting episodic=comes in special for bronchitis, UTI, vaginitis for

example annual=PAP, Rx refill, etc. scheduled procedure= sch prcdr-ie NST, IUD placement other=triage, labor, birth)

- Encounter number (is the 1st or 4th time you've seen this patient)
- Social Problems- check all that apply or were addressed

Procedure/Skills MIDW Competencies

This is a detailed list based on core competencies. Check the most appropriate boxes (one or more as applicable) and include if you observed, assisted or performed the skill.

Procedure/Skills MIDW Competencies

This is an accreditation requirement to capture your total numbers. Check the most appropriate boxes (one or more as applicable) and include if you observed, assisted or performed the skill.

Birth and Delivery: This section doesn't expand unless you use the little arrow. Fill it all out completely. Shoulder dystocia goes under other in the "Maternal Problems" section. You do NOT need to enter CPT or ICD-10 codes.

Other questions: Include information about referrals and insurance.

Clinical notes: Optional. Use prn for things like compound hand, nuchal cord, and knot in cord, etc... Do not include any patient names or identifiable information.

Other Typhon Uses (EASI section for required evaluations on the screen after the log-in)

Your Faculty Liaison will write up your site visit evaluation here. You should read it and comment after you get the prompt that it has been completed.

Students also must complete a site and Preceptor evaluations at the end of the term.

APPENDIX E: FORM E-1

Daily Record (“Petroglyph Page”) (Student to complete after each clinic/in-patient day and preceptor to review/comment/sign)

Student Name _____ Term _____ Date _____

Type of clients or reason seen:	What went well today?
What did I learn today?	What inhibited my learning?
What helped me learn?	What topics do I need to look-up/review ASAP?
What can I improve?	Specific objectives for the next clinical day?

Preceptor Comments & Recommendations:

Preceptor Name & Initials: _____ Hours spent with student: _____ Student Initials: ____

Faculty Liaison Initials: ____

Form E-1 Rev 3-2019

APPENDIX F: EVAL GRIDS

UNM CON NURSE-MIDWIFERY UPDATED CLINICAL EVALUATION FORMS/TOOL/TIMING

Evaluation	Timing	Overview
Daily Self-Reflection Petroglyph *	After each clinical day	Student initiates at end of clinical day. Preceptor reviews, comments & signs. This is a self-reflection that confirms clinical hours and offers an opportunity for preceptor feedback. Includes a summary of each day: clients seen, learning, areas for improvement, goals, topics to review, and the ACNM Hallmarks. Faculty Liaisons review these forms with students and at the end of term ensures all are signed off.
Typhon	Daily	Student enters all clinical visits/time into Typhon. Reviewed and confirmed by Faculty Liaison.
Professionalism & Specific Clinical Evaluation Grid*	Every 2 weeks	Student initiates. Preceptor reviews, comments & signs. Evaluates Professionalism Standards (Based on ACNM Code of Ethics and CON Professionalism Code of Conduct). Assesses specific clinical skills and knowledge (per ACNM Core Competencies) and identifies areas that need improvement. Faculty Liaisons review these forms with students and at the end of term ensure all are complete/signed. (During Integration student initiated every 2 weeks x 2 then monthly)
Formative Mid-Term Midwifery Management Evaluation Grid *	Mid-clinical	Preceptor initiates. Students reviews, comments & signs. Brief summary of student progress according to midwifery management process. Identifies areas of strength and for growth/improvement. Confirms students are making progress toward clinical objectives. Faculty Liaisons review these forms with students and at the end of term ensures all are signed off.
Summative Final Midwifery Management Evaluation Grid *	Final Clinical	Preceptor initiates. Students reviews, comments & signs. Brief summary of student progress according to midwifery management process. Identifies areas of strength and for growth/improvement. Confirms students have satisfactorily completed all clinical objectives for the courses. For Integration students the form confirms they are at level of safe beginning practitioner. Faculty Liaisons review these forms with students and at the end of term ensures all are signed off.
TYPHON Evaluations Of Student, Preceptor, Site, Faculty Liaison	Site visit/End of term	Completed by FL for students, preceptor, and site during the site visit. Completed by students of FL, Preceptor, and Site at end of term. Provides more comprehensive evaluations from student and Faculty Liaison perspectives. Positive feedback is shared with preceptors.
OSCE	Varies	Objective Structured Clinical Examinations- Formative & Summative
Demonstration of Competency	Completed at end of program	Summative Evaluation/Assessment of basic clinical knowledge and skills based on clinical scenarios. Completed by 2 faculty for each individual student at the end of the program.

*All paper evaluation forms must be uploaded to Typhon by students after reviewed and signed by preceptors and Faculty Liaisons

Evaluation	Timing
Daily Self-Reflection Petroglyph	After each clinical day
Professionalism & Specific Clinical Evaluation Grid	Every 2 weeks
Formative Mid-Term Midwifery Management Evaluation *	Mid-clinical
Summative Final Midwifery Management Evaluation *	Final Clinical
TYPHON Evaluations of Student, Preceptor, Site, Faculty Liaison	Site visit/End of term

*Preceptor initiates

Link to ACNM Hallmarks: <https://www.midwife.org/Our-Philosophy-of-care#:~:text=Watchful%20waiting%20and%20non%2Dintervention,to%20provide%20optimal%20health%20care>

DAILY SELF-REFLECTION CLINICAL EVALUATION (“PETROGLYPH PAGE”)

(This is an interactive tool for students to complete at the end of each day and for preceptors to review/comment/sign.)

Student Name _____ **Term** _____ **Date** _____

Summary of type of clients or reason seen: <i>(Track specific visits in Typhon)</i>	What can I improve?
What went well today? What goals did I meet?	What feedback do I have for my preceptor?
What supported my learning and development?	What topics do I need to look-up/review ASAP?
Which of the ACNM Hallmarks were part of the care provided?	List 2-3 specific goals for the next clinical day that will support growth and development.

Preceptor comments & recommendations:

Preceptor Name & Initials: _____

Hours spent with student: _____ **Student Initials:** _____ **Faculty Liaison Initials:** _____

Hallmarks of Midwifery

The art and science of midwifery are characterized by the following hallmarks:

- A. Recognition, promotion, and advocacy of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
- B. Advocacy of non-intervention in physiologic processes in the absence of complications
- C. Incorporation of evidence-based care into clinical practice
- D. Promotion of person-centered care for all, which respects and is inclusive of diverse histories, backgrounds, and identities
- E. Empowerment of women and persons seeking midwifery care as partners in health care
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of continuity of care
- H. Utilization of health promotion, disease prevention, and health education
- I. Application of a public health perspective
- J. Utilizing an understanding of social determinants of health to provide high-quality care to all persons including those from underserved communities
- K. Advocating for informed choice, shared decision making, and the right to self-determination
- L. Integration of cultural safety into all care encounters
- M. Incorporation of evidence-based integrative therapies
- N. Skillful communication, guidance, and counseling
- O. Acknowledgment of the therapeutic value of human presence
- P. Ability to collaborate with and refer to other members of the interprofessional health care team
- Q. Ability to provide safe and effective care across settings including home, birth center, hospital, or any other maternity care service

REFERENCE

Core Competencies for Basic Midwifery Practice (2020), Retrieved from

https://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000050/ACNMCoreCompetenciesMar2020_final.pdf.

UNM NURSE-MIDWIFERY PROFESSIONALISM & GYN/PRIMARY CARE/AP/PP GRID (BASED ON ACNM CORE COMPETENCIES)

Student Name: _____

Date/Term: _____

Preceptor Names: _____

Site: _____

Clinical

Student initiates and preceptor reviews/comments and signs every 2 weeks during the term using the following codes:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates a lack of basic knowledge, skills, or professional behavior. Disrespectful communication, does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

Professional Behavior and Development GRID	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Complies with the UNM CON Professionalism Code of Conduct which includes respectful behaviors, reflective learning, professional growth, and communication, and taking responsibilities for one's own learning and conduct.					
Demonstrates professional integrity and relationships that respect the dignity and human rights of all persons. Integrates cultural safety into all care encounters					
Assume responsibility and accountability in clinical practice and professional responsibilities as defined by the ACNM.					
Protect client privacy and maintain confidentiality.					
Preceptor Comments Signature & Date					

Primary Care GRID Student demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Applies nationally defined goals and objectives for health promotion and disease prevention					
Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment					
Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases					
Applies management strategies and therapeutics to facilitate health and promote healthy behaviors					

<p>Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:</p> <ul style="list-style-type: none"> a. Breast b. Cardiovascular and hematologic c. Dermatologic d. Endocrine e. Eye, ear, nose, oral cavity, and throat f. Gastrointestinal g. Genitourinary h. Mental health i. Musculoskeletal j. Neurologic k. Respiratory l. Renal 					
<p>Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated</p>					

Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect					
Preceptor Comments Signature & Date					

Preconception GRID Student demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam					
Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors					

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

GYN GRID Student demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction					
Utilizes common screening tools and diagnostic tests, including those for hereditary cancers					
Manages common gynecologic and uro-gynecologic problems					
Provides comprehensive care for all available contraceptive methods					
Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated					
Provides counseling for sexual behaviors that promotes health and prevents disease					
Understands the effects of menopause and aging on physical, mental, and sexual health a. Initiates and/or refers for age and risk appropriate screening b. Provides management and therapeutics for alleviation of common discomforts					

Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated					
Preceptor Comments Signature & Date					

AP/PP Grid Student demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Confirmation and dating of pregnancy using evidence-based methods					

<p>Management of unplanned or undesired pregnancies, including:</p> <ul style="list-style-type: none"> a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes c. Referral for aspiration or surgical abortion as indicated 					
---	--	--	--	--	--

<p>Management of spontaneous abortion, including:</p> <ul style="list-style-type: none"> a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures d. Recognizing indications for and facilitating collaborative care or referral, as appropriate e. Providing follow-up services for preconception or pregnancy prevention depending on patient need 					
<p>Uses management strategies and therapeutics to promote normal pregnancy as indicated</p>					
<p>Utilizes nationally defined screening tools and diagnostics as indicated</p>					

Educates client on the management of common discomforts of pregnancy					
Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes					
Screens for health risks, including but not limited to intimate partner gender-based violence, infections, and substance use and/or dependency					
Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy					
Provides anticipatory guidance related to birth, lactation and infant feeding, parenthood, and change in the family constellation					
Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies					
Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being					

Identification and management of postpartum mental health					
Discusses psychological, emotional, and social coping and healing following pregnancy					
Counsels regarding the readjustment of significant relationships and roles					
Facilitates the establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated					
Advises regarding resumption of sexual activity, contraception, and pregnancy spacing					

Preceptor Comments Signature & Date					
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UNM NURSE-MIDWIFERY PROFESSIONALISM & IP/PP GRID (BASED ON ACNM CORE COMPETENCIES)

Student Name: _____ **Date/Term:** _____

Preceptor Names: _____ **Clinical Site:** _____

Student initiates and preceptor reviews/comments and signs every 2 weeks during the term using the following codes:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates a lack of basic knowledge, skills, or professional behavior. Disrespectful communication, does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

Professional Behavior and Development GRID	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Complies with the UNM CON Professionalism Code of Conduct which includes respectful behaviors, reflective learning, professional growth, and communication, and taking responsibilities for one's own learning and conduct.					
Demonstrates professional integrity and relationships that respect the dignity and human rights of all persons. Integrates cultural safety into all care encounters					
Assume responsibility and accountability in clinical practice and professional responsibilities as defined by the ACNM.					
Protects client privacy and maintains confidentiality.					
Preceptor Comments Signature & Date					

Intrapartum GRID A midwife demonstrates the knowledge, skills, and abilities to provide care in the intrapartum period, including but not limited to the following:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Confirms and assesses labor and its progress					
Performs ongoing evaluation of the laboring person and fetus					
Identifies deviations from normal and implements appropriate interventions, including management of: <ol style="list-style-type: none"> a. Complications b. Abnormal intrapartum events c. Emergencies 					
Facilitates the process of physiologic labor and birth					

Provides support for physical, psychological, emotional, spiritual, and social needs during labor and birth					
Applies pharmacologic and non-pharmacologic strategies to facilitate coping of the person in labor					
Performs the following skills independently: a. Administration of local anesthesia b. Management of spontaneous vaginal birth c. Management of the third stage of labor d. Episiotomy, as indicated e. Repair of episiotomy, first and second-degree lacerations					

Preceptor Comments Signature & Date					
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Postpartum GRID A midwife demonstrates the knowledge, skills, and abilities to provide care in the period following pregnancy, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Manages physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth					
Utilizes management strategies and therapeutics to facilitate a healthy puerperium, including managing discomforts					
Identification and management of postpartum mental health					

Explains postpartum self-care					
Discusses psychological, emotional, and social coping and healing following pregnancy					
Counsels regarding the readjustment of significant relationships and roles					
Facilitates the initiation, establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated					
Advises regarding resumption of sexual activity, contraception, and pregnancy spacing					
Identifies deviations from normal and appropriate interventions, including management of complications and emergencies					
Preceptor Comments Signature & Date					

UNM NURSE-MIDWIFERY PROFESSIONALISM & NEWBORN GRID (BASED ON ACNM CORE COMPETENCIES)

Student Name: _____ **Date/Term:** _____

Preceptor Names: _____ **Clinical Site:** _____

Student initiates and preceptor reviews/comments and signs every 2 weeks during the term using the following codes:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates a lack of basic knowledge, skills, or professional behavior. Disrespectful communication, does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

Professional Behavior and Development GRID	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Complies with the UNM CON Professionalism Code of Conduct which includes respectful behaviors, reflective learning, professional growth, and communication, and taking responsibilities for one's own learning and conduct.					
Demonstrates professional integrity and relationships that respect the dignity and human rights of all persons. Integrates cultural safety into all care encounters					
Assume responsibility and accountability in clinical practice and professional responsibilities as defined by the ACNM.					
Protect client privacy and maintain confidentiality.					

Preceptor Comments Signature & Date					
Newborn GRID A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including, but not limited to, the following:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Understands the effect of prenatal and fetal history and risk factors on the neonate					
Prepares and plans for birth based on ongoing assessment					

<p>Utilizes methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> a. Establishment of respiration b. Cardiac and hematologic stabilization, including cord clamping and cutting c. Thermoregulation d. Establishment of feeding and maintenance of normoglycemia e. Bonding and attachment through prolonged contact with neonate f. Identification of deviations from normal and their management g. Emergency management, including resuscitation, stabilization, and consultation and referral as needed 					
<p>Evaluates the neonate, including:</p> <ul style="list-style-type: none"> a. Initial physical and behavioral assessment of term and preterm neonates b. Gestational age assessment c. Ongoing 					

<p>assessment and management of term, well neonate during first 28 days d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated</p>					
<p>Develops a plan in conjunction with the neonate’s primary caregivers for care during the first 28 days of life, including the following nationally-defined goals and objectives for health promotion and disease prevention: a. Teaching regarding normal behaviors and development to promote attachment b. Feeding and weight gain, including management of common lactation and infant feeding problems c. Normal daily care, interaction, and activity d. Provision of preventative care that includes, but is not limited to:</p>					

<ul style="list-style-type: none"> i. Therapeutics according to local and national guidelines ii. Testing and screening according to local and national guidelines iii. Need for ongoing preventative health care with pediatric care providers <p>e. Safe integration of the neonate into the family and cultural unit</p> <p>f. Provision of appropriate interventions and referrals for abnormal conditions, including, but not limited to:</p> <ul style="list-style-type: none"> i. Minor and severe congenital malformation ii. Poor transition to extrauterine life iii. Symptoms of infection iv. Infants born to mothers with infections v. Postpartum depression and its effect on the neonate 						
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<p>vi. Stillbirth</p> <p>vii. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of a grieving parent.</p> <p>g. Health education specific to the needs of the neonate and family</p>					
<p>Preceptor Comments</p> <p>Signature & Date</p>					

UNM NURSE-MIDWIFERY PROFESSIONALISM & INTEGRATION GRID (BASED ON ACNM CORE COMPETENCIES)

Student Name: _____ **Date/Term:** _____

Preceptor Names: _____ **Clinical Site:** _____

Student initiates and preceptor reviews/comments and signs every 2-3 weeks during the term using the following codes:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates a lack of basic knowledge, skills, or professional behavior. Disrespectful communication, does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

Professional Behavior and Development GRID	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Complies with the UNM CON Professionalism Code of Conduct which includes respectful behaviors, reflective learning, professional growth, and communication, and taking responsibilities for one's own learning and conduct.					
Demonstrates professional integrity and relationships that respect the dignity and human rights of all persons. Integrates cultural safety into all care encounters					
Assume responsibility and accountability in clinical practice and professional responsibilities as defined by the ACNM.					
Protect client privacy and maintain confidentiality.					

Preceptor Comments Signature & Date					
Primary Care GRID Student demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Applies nationally defined goals and objectives for health promotion and disease prevention					
Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment					
Utilizes nationally defined screening and immunization					

recommendations to promote health and detect and prevent diseases					
Applies management strategies and therapeutics to facilitate health and promote healthy behaviors					
Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems: a. Breast b. Cardiovascular and hematologic c. Dermatologic d. Endocrine e. Eye, ear, nose, oral cavity, and throat f. Gastrointestinal g. Genitourinary h. Mental health i. Musculoskeletal j. Neurologic k. Respiratory l. Renal					
Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-					

limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated					
Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect					
Preceptor Comments Signature & Date					

Preconception GRID Student demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam					
Assesses individual and family readiness for pregnancy, including					

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

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GYN GRID Student demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction					
Utilizes common screening tools and diagnostic tests, including those for hereditary cancers					
Manages common gynecologic and uro-gynecologic problems					
Provides comprehensive care for all available contraceptive methods					
Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated					

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

AP/PP Grid Student demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Confirmation and dating of pregnancy using evidence-based methods					
Management of unplanned or undesired pregnancies, including: <ul style="list-style-type: none"> a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes c. Referral for aspiration or surgical abortion as indicated 					
Management of spontaneous abortion, including:					

<p>a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion</p> <p>b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs</p> <p>c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures</p> <p>d. Recognizing indications for and facilitating collaborative care or referral, as appropriate</p> <p>e. Providing follow-up services for preconception or pregnancy prevention depending on patient need</p>					
<p>Uses management strategies and therapeutics to promote normal pregnancy as indicated</p>					
<p>Utilizes nationally defined screening tools and diagnostics as indicated</p>					

Educates client on the management of common discomforts of pregnancy					
Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes					
Screens for health risks, including but not limited to intimate partner gender-based violence, infections, and substance use and/or dependency					
Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy					
Provides anticipatory guidance related to birth, lactation and infant feeding, parenthood, and change in the family constellation					
Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies					

Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being					
Identification and management of postpartum mental health					
Discusses psychological, emotional, and social coping and healing following pregnancy					
Counsels regarding the readjustment of significant relationships and roles					
Facilitates the establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated					
Advises regarding resumption of sexual activity, contraception, and pregnancy spacing					
Preceptor Comments Signature & Date					

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Intrapartum GRID A midwife demonstrates the knowledge, skills, and abilities to provide care in the intrapartum period, including but not limited to the following:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Confirms and assesses labor and its progress					
Performs ongoing evaluation of the laboring person and fetus					
Identifies deviations from normal and implements appropriate interventions, including management of: a. Complications					

b. Abnormal intrapartum events c. Emergencies					
Facilitates the process of physiologic labor and birth					
Provides support for physical, psychological, emotional, spiritual, and social needs during labor and birth					
Applies pharmacologic and non-pharmacologic strategies to facilitate coping of the person in labor					
Performs the following skills independently: a. Administration of local anesthesia b. Management of spontaneous vaginal birth c. Management of the third stage of labor d. Episiotomy, as indicated e. Repair of episiotomy, first and second-degree lacerations					

Preceptor Comments Signature & Date					
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Newborn GRID A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including, but not limited to, the following:	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Student Initials/Code Date	Faculty Liaison Comments/Date/Initials
Understands the effect of prenatal and fetal history and risk factors on the neonate					
Prepares and plans for birth based on ongoing assessment					

<p>Utilizes methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> a. Establishment of respiration b. Cardiac and hematologic stabilization, including cord clamping and cutting c. Thermoregulation d. Establishment of feeding and maintenance of normoglycemia e. Bonding and attachment through prolonged contact with neonate f. Identification of deviations from normal and their management g. Emergency management, including resuscitation, stabilization, and consultation and referral as needed 					
<p>Evaluates the neonate, including:</p> <ul style="list-style-type: none"> a. Initial physical and behavioral assessment of term and preterm neonates b. Gestational age assessment c. Ongoing 					

<p>assessment and management of term, well neonate during first 28 days d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated</p>					
<p>Develops a plan in conjunction with the neonate’s primary caregivers for care during the first 28 days of life, including the following nationally-defined goals and objectives for health promotion and disease prevention: a. Teaching regarding normal behaviors and development to promote attachment b. Feeding and weight gain, including management of common lactation and infant feeding problems c. Normal daily care, interaction, and activity d. Provision of preventative care that includes, but is not limited to:</p>					

<ul style="list-style-type: none"> i. Therapeutics according to local and national guidelines ii. Testing and screening according to local and national guidelines iii. Need for ongoing preventative health care with pediatric care providers <p>e. Safe integration of the neonate into the family and cultural unit</p> <p>f. Provision of appropriate interventions and referrals for abnormal conditions, including, but not limited to:</p> <ul style="list-style-type: none"> i. Minor and severe congenital malformation ii. Poor transition to extrauterine life iii. Symptoms of infection iv. Infants born to mothers with infections v. Postpartum depression and its effect on the neonate 					
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<p>vi. Stillbirth</p> <p>vii. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of a grieving parent.</p> <p>g. Health education specific to the needs of the neonate and family</p>					
<p>Preceptor Comments</p> <p>Signature & Date</p>					

UNM NURSE-MIDWIFERY FORMATIVE MID-TERM STUDENT EVALUATION GRID (BASED ON ACNM CORE COMPETENCIES)

Student Name: _____ **Date/Term:** _____

Preceptor Names: _____ **Clinical Site:** _____

Preceptor initiates and the student reviews and signs at the mid-point of the term using the following codes:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates lack of basic knowledge, skills, or professional behavior. Disrespectful communication and/or does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

Clinical Assessment Midwifery Management Process	Preceptor Codes/Comments Signature & Date	Student Codes/Comments Signature & Date
Obtains all necessary data for the complete evaluation of the client.		
Identifies problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.		
Anticipates potential problems or diagnoses that may be expected based on the identified risk factors.		
Evaluates the need for immediate intervention and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client.		
Develops a comprehensive evidence-based plan of care in partnership with the client that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.		
Assumes responsibility for the safe and efficient implementation of a evidenced based plan of care including the provision of treatments and interventions as indicated		
Evaluates effectiveness of the treatments and/or interventions, which includes repeating the management process as needed		
Faculty Liaison Comments & Signature		

Formative Summary Mid-Term Evaluation	Preceptor Comments/Initials/Date	Student Comments/Initiate/Date
Student Strengths		
Areas for Growth or Improvement		
Areas of concern that need to be addressed before progressing?	Circle: Yes or No Recommendations:	
Faculty Liaison Comments/Signature/Date		

UNM NURSE-MIDWIFERY FINAL SUMMATIVE STUDENT EVALUATION

Student Name: _____ **Date/Term:** _____

Preceptor Names: _____ **Clinical Site:** _____

Preceptor initiates and the student reviews and signs at the end of the term using the following codes:

Proficiency (P)	Advancing (A)	Beginning (B)	Unsatisfactory (U)	No Opportunity (NO)
Extremely good performance meeting expectations most of the time. For example, in addition to proficiency can demonstrate advocacy, promotion of person-centered care, ability to provide safe and effective care in all settings. Partners with patients, applying public health perspective and skillful communication.	Good performance meets expectations majority of the time. For example, consistently demonstrates knowledge, skills, and initiative for comprehensive diagnosis, care and documentation that is timely and accurate. Emerging into a professional role, seeks consultation appropriately, demonstrates cultural safety and accountability.	Beginning performance meets expectations greater than half of the time. For example, follows midwifery management process, demonstrates basic evidence-based knowledge and skills in communication, assessment, diagnosis, treatment, and documentation. Developing organization and timeliness. Demonstrates respectful person-centered, inclusive care. Seeks and incorporates feedback.	Does not perform at expected level a majority of the time. For example, demonstrates lack of basic knowledge, skills, or professional behavior. Disrespectful communication does not invite or incorporate feedback. Improvement not demonstrated with coaching and practice. Patient well-being and/or safety potentially compromised or endangered.	Has not had any opportunity to experience or demonstrate.

Clinical Assessment Midwifery Management Process	Preceptor Codes/Comments Signature & Date	Student Codes/Comments Signature & Date
Obtains all necessary data for the complete evaluation of the client		
Identifies problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data		
Anticipates potential problems or diagnoses that may be expected based on the identified risk factors		
Evaluates the need for immediate intervention and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client		
Develops a comprehensive evidence-based plan of care in partnership with the client that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated		
Assumes responsibility for the safe and efficient implementation of a evidenced based plan of care including the provision of treatments and interventions as indicated		
Evaluates effectiveness of the treatments and/or interventions, which includes repeating the management process as needed		
Faculty Liaison Comments & Signature		

Formative Summary Final Evaluation	Preceptor Comments/Signature/Date	Student Comments/Signature/Date
Summary of student progress and areas for growth and development.		
Has the student satisfactorily completed all the clinical objectives for the courses?	Circle: Yes or No Recommendations:	
<i>(For Integration only)</i> <i>Is the student prepared for safe beginning practice as a nurse-midwife?</i>	Circle: Yes or No Recommendations:	
Faculty Liaison Comments/Signature/Date		

APPENDIX G

FORM G-1: PROBLEM IDENTIFICATION FORM

Student: _____ Course (Circle One): AP WW PP IP NB INT

Date: _____

Preceptor: _____ Clinical Site: _____

Faculty Liason: _____

Briefly Identify the Problem

Do both student and preceptor agree that this is a problem? _____ Yes _____ No

What sort of progress has the student been making until now		
Performance	Preceptor	Student
Very Rapid		
Moderate		
Slow		
None		
Regressing		
Variable		

Currently, what is the student's commitment level		
Commitment	Preceptor	Student
High		
Variable		
Low		

Until now the problems have been		
Problem	Preceptor	Student
Frequent		
Occasional		
Almost none		

What clinical teaching and learning strategies have the student and Preceptor been using that have been helpful? **(For example, goal setting, modeling, demonstration, reporting)**

Preceptor:

Faculty:

What clinical teaching and learning strategies have the student and Preceptor been using that have **not** been helpful?

Preceptor:

Faculty:

What suggestions do you have as to how to resolve this problem?

Preceptor:

Faculty:

Plan for problem resolution:

Is a teaching-learning contract indicated at this time? _____ **Yes** _____ **No**

Preceptor Signature

Faculty Signature

Program Coordinator Signature

Student Signature

Date

FORM G-2: STUDENT-DEFINED TEACHING-LEARNING NEEDS ASSESSMENT

Student _____

Date _____

Please state the current problem *in your words as you see it* at this time.

What do you know about what helps you to learn best?

What has been helpful to your learning and performance in the program and specifically related to the current problem?

What has hindered your learning and performance thus far in the program and specifically related to the current problem?

What specific actions or steps can you identify that would be most helpful to further your learning and improve your performance at this time?

What do you need to take the above-identified actions or steps?

Faculty Liason

Student Signature

Date

FORM G-3: TEACHING/LEARNING AND PERFORMANCE CONTRACT

Student

Date

Preceptor

Course(s)

Faculty Liason

Statement of the Problem(s):

Program, course or clinical objective(s) where student's performance is currently unsatisfactory:

Specific goals to be achieved during contract period:

Specific teaching and learning strategies and methods planned to assist goal attainment (time frame):

Specific outcomes/behaviors to be demonstrated that will indicate satisfactory accomplishment of goals (specify deadline):

If specified contract activities do not result in accomplishment of goals, what plan/action is recommended?

Date scheduled for evaluation of progress related to terms of contract: _____

Student Signature	_____	Date	_____
Preceptor Signature	_____	Date	_____
Lead Course Faculty Signature	_____	Date	_____
Faculty Liason signature	_____	Date	_____
Program Coordinator Signature	_____	Date	_____

Goal attained, no further contract or program action: _____

Goals not attained, progress noted and subsequent contract formed: _____

Goals not attained, satisfactory progress not noted, jeopardy in program progression exists. Meeting with Program Coordinator scheduled for: _____

Preceptor Signature/Date

Student Signature/Date

Instructor of Record Signature/Date

Faculty Liaison/Date

Program Coordinator Signature/Date

APPENDIX H: TIPS FOR THE PRECEPTOR AND STUDENT

WORKING TOGETHER IN A TIMELY MANNER IN THE AMBULATORY SETTING

I. Expectations/Communications

The student and Preceptor need to set up mutual expectations for all communications. Although each Preceptor is different and has her/his unique style of teaching, we suggest you consider the following as one method for working together/communicating.

A. First half of the initial clinical day together

Consider having the student observe patient care for the first half of the day. Prior to seeing the patient, model for the student how to review the chart, and “present” the patient to the student in a verbal report. See the patient together, provide care, and when documenting the care plan, again model for the student your decision-making process and rationale.

Realistically, this may only occur with one or two patients due to time constraints, but it will help the student understand your student performance expectations.

B. Second half of the initial day

Continue conducting patient care (with the student in the observation role) as to interviewing, teaching/patient Ed and documentation, but involve the student in chart review, “hands on” skills of abdominal assessment and Leopolds, and share how you organize yourself for the visit.

C. When possible, expect that the student will come to clinic early on her scheduled clinical days, to review charts of scheduled patients prior to clinical.

D. Second clinical day

Have student assume clinical role. Give the student the patient chart for review, and ask her to “present” the patient to you verbally

prior to the visit, along with what her plan is for the visit. Modify or correct her initial plan if needed, so the student is clear as to what is needed during the patient visit. Accompany the student for the complete visit to observe her/his information gathering, both verbal and physical. Validate her/his physical findings (discussed later) and her/his teaching plan for accuracy and thoroughness. Prior to documentation, have the student present to you any modification of the care plan based upon additional information gathered and rationale. Modify or correct her/his plan as needed. Have the student document the visit, and review this documentation.

- E. **Because the above plan will take considerably longer than usually allowed**, do consider having the student drop back into an observation role on visits before and following this one to allow schedule catch-up. The Preceptor can begin seeing the next patient while the student is documenting.
- F. **As you become confident of the student's abilities, and allow more independence**, following her/his chart review and verbal report to you, the student may see the patient alone. Many Preceptors like to enter the room as the student is finishing either the history or the entire visit and planning the care, to quickly do Leopolds and touch base with the clients themselves. Then have the student present her/his finding/plan prior to the patient's leaving. By the end of the clinical block, the student should be comprehensive and complete in her assessments and management plans, including all essential elements in the database to be used in making the decision at hand, with appropriate rationale. All patient exams need to be verified by the Preceptor, and no patient should leave the premises without seeing the Preceptor at least once during the visit.

II. Skills Validation

Students should have all skills validated by Preceptors and skills/findings should continue to be validated until the Preceptor and student are comfortable. When validating beginning skills, such as fundal measurement, Leopold's, and uterine

position/sizing, we encourage the Preceptor to perform the exam BEFORE the student. In doing so, the Preceptor can give the most meaningful assistance/direction to the learner. For example, in the case of uterine position/sizing, the Preceptor, after having identified the position and size of the uterus, might say, “Now move your fingers posteriorly. You’re feeling stool in the rectum that is causing the uterus to be a bit more anteriorly displaced. Position your fingers like so to feel it completely.” For about the first half of the clinical block we expect that skills validation is continuous.

III. Students are instructed to ask for validation and/or help whenever necessary.

This should be evaluated as reflecting good self-assessment, attention to safety and responding to her/his own learning needs. Asking for validation and/or help should not be evaluated as a deficiency.

**APPENDIX I:
PATIENT PHOTOGRAPH AND/OR INTERVIEW CONSENT
FORM**

I, _____, hereby consent to be photographed, filmed and/or interviewed at:

and give all University of New Mexico agencies and related facilities permission to use my photographs and/or film and information for publicity, promotion, and education in newspapers, magazines, educational publications or on television or the internet.

Participant's Signature	_____	Date	_____
Parent or Guardian's Signature	_____	Date	_____
Witness' Signature	_____	Date	_____

APPENDIX J – PROFESSIONAL DOCUMENTATION REQUIREMENTS FOR GRADUATE NURSING STUDENTS



Professional Documentation Requirements for Graduate Nursing Students

STUDENT RESPONSIBILITIES

1. The UNM Health Sciences Center as well as the College of Nursing's (CON) accrediting agencies and clinical/practice partners require students to fulfill the professional documentation requirements on the documentation checklist below.
2. All CON professional documentation requirements are due by the stated deadline and must be current and up to date **at all times** while you are a student in the program. Non-compliance may result in the interruption of clinicals, withholding of grades, or disenrollment from the program.
3. Students may be asked to furnish copies of records directly to a clinical or practice site.
4. In the event any requirements change, students will be notified and are expected to respond accordingly.

INSTRUCTIONS

1. Students will manage their professional documentation electronically using myRecordTracker® for a one-time fee of \$50.00. Students will receive an email approximately one month before their first term begins with instructions on how to access the system.

2. **Deadlines to upload professional documentation:**

a. **MSN and PMC Programs:** June 23, 2023

b. **DNP Programs:** October 6, 2023

3. **Important Guidelines:**

a) The Student User Guide in myRecordTracker® provides step-by-step instructions for navigating the system. This guide will be emailed approximately one month before orientation.

b) Profiles must include university HSC/Salud email addresses. In the event a personal address is used to set up the account, it must be changed by the submission deadline.

c) myRecordTracker® provides scanning services if needed. Refer to page 9 of the User Guide for instructions. Allow at least 72 hours for a record to be uploaded.

d) System generated email notifications will be sent to the student notifying them of requirements that will be expiring throughout their time in the program.

4. Please direct any questions regarding professional documentation or myRecordTracker® to the College of Nursing's Office of Clinical Affairs at UNM-CON-Clinical-Affairs@salud.unm.edu

PROFESSIONAL DOCUMENTATION CHECKLIST

Below is a listing of the required professional documentation for the program. Detailed instructions for each requirement can be found in the myRecordTracker® system.

The first seven items listed below must be dated within the calendar year that you are beginning your program.

All of the professional documentation, except for the seasonal influenza vaccination, must be uploaded into your myRecordTracker® prior to the deadline listed in item #2 above.

- New Mexico Department of Health (NMDOH) Caregiver Criminal History Screening Clearance Letter (Completed Annually)
- UNM Student Health and Counseling (SHAC) Immunization Record Form listing the dates and results of the following immunizations:
 - Measles, Mumps, and Rubella (MMR)
 - Tetanus-Diphtheria-Pertussis (TDaP)
 - Varicella (Chickenpox)
 - Hepatitis B Vaccination and Serological Testing
 - **Note regarding Hep B series:** Entering students are required to have at least the first **two** injections of the Hepatitis B series prior to starting clinical. Students **are** allowed to attend clinicals while their third dose and/or titer are pending.
 - Tuberculosis (TB) Screening (Completely Annually)
 - Seasonal Influenza (October – May)
 - COVID-19 Vaccine Series
 - **Note regarding COVID-19 vaccination:** All CON students are expected to have received the full vaccine series for COVID-19 or have received an approved UNM exemption to the vaccine as outlined on UNM’s Bring Back the Pack website:
<https://bringbackthepack.unm.edu/vaccine/vaccine-requirement-exemption-forms.html>
- 10-Panel Urine Drug Screen Results

- UNM HIPAA Security and HIPAA & HITECH Training Certificates
(Completed Annually)**
- Bloodborne Pathogens/OSHA Training Certificate**
- Consent to Release Personal Information Form (form provided in
myRecordTracker)**
- N-95 Respirator Fit Test (Completed Annually)**
- Basic Life Support and/or Concentration-Specific Life Support
Certifications**
- Current Nursing License**