



ATM Midwifery Training Program  
P.O. Box 887 - Elmendorf, TX. 78112  
432-664-8815  
ClinicalSupervisor@atmmtp.org

## **ATM Midwifery Training Program - PRECEPTOR CONTRACT**

I agree to accept apprentice midwives enrolled in the ATM Midwifery Training Program (ATMMTP), subject to my approval, including estimation of compatibility with my practice.

I have received a copy of the Preceptor Handbook and have read it, understand it, and will abide by it and use it to guide Student Midwives through ATMMTP.

ATMMTP will not pay me for supervising Student Midwives. I am responsible for any financial arrangements with Student Midwives.

ATMMTP Preceptors and Students are bound by all applicable laws in the state in which they are practicing midwifery and training Midwifery Students.

I understand that my ATMMTP Student Midwives must adhere to the policies set forth in the ATMMTP Student Handbook.

Upon renewal of my license and/or certifications, I agree to email a current copy to the ATM office.

If I become unable to fulfill my duties as Preceptor, I will give 30 days' notice to the Student Midwife and the Clinical Supervisor. Before the 30 days expire, I will ensure I complete and sign necessary forms of all completed clinical training, give the original to the Student Midwife, and keep a copy for my files.

I will:

- Maintain an Active Midwife ATM membership in order to maintain my preceptor status.
- Positively promote ATMMTP and encourage prospective students to enroll in ATMMTP
- Provide clinical training, oversight, encouragement, accountability and evaluation for midwifery students they train
- Provide a setting in which I provide clinical teaching and supervision as a student learns clinical skills, sees clients and gains experience in the clinical practice of midwifery
- Provide a safe work environment for students and clients
- Verify and co-sign any clinical chart documentation written by the student midwife
- Submit required forms and paperwork in a timely manner as required by the Program
- Notify the Clinical Supervisor immediately if unsatisfactory performance of a student midwife is in question
- Attempt to communicate encouragement and constructive criticism in a positive, non-threatening way
- Be responsible for all Student Midwife's clinical and management skills performed under my supervision
- Document evaluation and assessment of clinical skills, including approval of performance and/or recommendations for additional training and experience

- Inform all clients of the Student Midwife's role in their prenatal, labor, birth, postpartum, and newborn care, and obtain informed consent to allow Student Midwives to take part in that care
- Abide by the guidelines/definitions for "observer", "assistant" and "primary midwife under supervision" in the Preceptor Handbook for determining the role the Student Midwife assumes in client care.
- Evaluate Student Midwives every January and July as required
- Not use the ATM Midwifery Training Program or any materials for my own purposes or financial benefit, nor will I distribute or share any part of this program with others not currently enrolled in the program
- Adhere to HIPAA law and ATMMTP policy, guarding the privacy of clients, students and staff, not sharing or discussing information I have gained through ATM while serving as a Preceptor
- Allow current or past Student Midwife access to client charts that involved the Student Midwife
- I agree to abide by the ATMMTP anti-bullying policy outlined in the ATMMTP Preceptor Handbook
- *Directly supervise* the Student Midwife in every aspect of clinical training, meaning **I am physically present** when the Student Midwife performs any clinical care, except for the two required planned hospital birth observations (I am responsible for verifying the hospital births).
  - ANY deviation from this policy will result in clinical experience not counting towards the student's clinical requirements, and failure to provide the required supervision will be considered grounds for dismissal as a Preceptor.

I understand and agree to adhere to the statements in this document.

<hr/> Preceptor Name	<hr/> Preceptor Signature	<hr/> Date
<hr/> <b>Kelli Beaty, LM, CPM</b> Clinical Supervisor	<hr/> Clinical Supervisor Signature	<hr/> Date