THE ASSOCIATION OF TEXAS MIDWIVES

The ATM Midwifery Training Program

Preceptor Handbook

A guide to preceptor policies and ATMMTP student requirements

Publication PH-2019-2

Policies included in this handbook apply to all ATMMTP students enrolling on or after January 1, 2019

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ATMMTP PRECEPTOR HANDBOOK

INTRODUCTION

Thank you for being a giving midwife! Not only do you dedicate yourself to assist with the births of new babies, but you are making a commitment to “birth” new Midwives. The effort you invest in Student Midwives will insure that each one will have quality education and that families for years to come will have the option to safely use a midwife.

All preceptors should be thoroughly familiar with the Preceptor Handbook. The amount of information may seem overwhelming at first, especially if you have never had an ATM Midwifery Training Program (ATMMTP) student. Much of the information included is simply to provide you with information on what your student must accomplish or policies she must follow. Take your time when reading through the booklet; if you have any questions at all feel free to contact the Clinical Supervisor. If you would like a phone conference to review policies and forms this can easily be arranged.

All persons involved with the ATM education program will be required to sign an agreement stating that they will not use ATM education materials for their own purposes or financial benefit, nor will they share or distribute any portion of the Training Program for any reason. To do so is punishable by law.

Below is a description of an ATMMTP Preceptor.

ATMMTP PRECEPTORS:

- Provide clinical instruction and training, oversight, encouragement, accountability and evaluation for midwifery students they train
- Provide a setting in which a student sees clients and gains experience in the clinical practice of midwifery
- Function as a role model, providing clinical teaching and supervision for the student in the clinical setting
- Provide a safe work environment for students and clients
- Verify and co-sign clinical documentation written by the student midwife
- Submit required forms and paperwork in a timely manner as required by the Program

- Are expected to notify the Clinical Supervisor immediately when unsatisfactory performance of the student midwife is in question.

TDLR Approval of the Midwifery Training Program

The ATM Midwifery Training Program is approved by the Texas Department of Licensing and Regulation. After each site visit from the TDLR, students will be notified of the status of the ATM Midwifery Training Program.

ATM Mission Statement

To advance the quality and accessibility of midwifery in Texas.

ATMMTP Philosophy

The ATMMTP believes childbearing families should have the option to receive safe, competent midwifery care from well-educated and skilled midwives. The ATM Midwifery Training Program (ATMMTP) philosophy is that the student midwife's educational process is best facilitated by the traditional method of midwives teaching midwives, along with a strong academic foundation. This academic foundation is provided via a structured curriculum that fully covers recognized core competencies for midwives. By successfully integrating the academic knowledge with clinical training provided by ATMMTP approved preceptors, the graduate midwife will be able to offer a safe alternative to childbearing families.

ATMMTP Mission

Our goal is to provide a structured educational opportunity for student midwives via distance education that will integrate with traditional community-based clinical training with an approved ATMMTP preceptor. Graduates of the program will be prepared to take the NARM exam as a Texas Agency candidate. Successful completion of the program and exam confers eligibility for the Texas midwifery license and the NARM Certified Professional Midwife (CPM) credential.

The Process

In order to meet our goals, the ATMMTP's educational component of the program meets all core competencies of Midwives Alliance of North America (MANA) and requirements for certification by the North American Registry of Midwives (NARM.) Multiple methods of instruction are used to

appeal to a wide variety of learning styles and can be completed within 3-5 years. Methods used include:

- Utilizing current midwifery and health education textbooks and evidence-based research.
- Study guides and self-study
- Online course content that uses reading, video, assignments, and testing to assess learning
- Classroom time taught by experienced instructors at the end of each module. These workshops facilitate opportunities to integrate academics via lecture, hands-on skills, simulations, presentations, and ensure learning via testing.
- The student receives individual support and assistance through an evaluation process, personal contact, and by being part of a state organization that will support the student long after she/he becomes a Licensed Midwife.

ATM Contact Information

ATM Business Office	**P. O. Box 887** **Elmendorf, TX 78112** **Phone: 432-664-8815** **Email: ATMOffice@texasmidwives.com**
Course Coordinator **Claudine Crews, LM, CPM** **Office hours are Monday - Friday from 10:30am through 5:00pm. Emails are answered promptly and are the preferred method of contact.**	**P. O. Box 887** **Elmendorf, TX 78112** **Phone: 432-664-8845** **Fax: 830-393-3927** **Email:** **ATMCourse@TexasMidwives.com** **Or: CourseCoordinator@ATMMTP.org**
Clinical Supervisor **Kelli Beaty, LM, CPM**	**Phone: 432-664-8815** **Email: ClinicalSupervisor@ATMMTP.org**

Change of Address or Other Contact Information

Please notify both us of any changes in name, address, phone numbers, or email addresses by using the Change of Member Contact Information form on the ATM website:

https://www.texasmidwives.com/change-of-address.asp

QUALIFICATIONS FOR ATM APPROVED PRECEPTORS

An ATM Approved Preceptor must be one of the following:

1. A Texas Licensed Midwife and NARM CPM who has an additional three years of experience or 50 births, including ten (10) full continuity of care births beyond the primary birth experience requirements for CPM certification.
2. A Certified Nurse-Midwife (American College of Nurse Midwives or American Midwifery Certification Board certified) who has an additional three years of experience or 50 births, including ten (10) continuity of care births beyond the primary birth experience requirements since certification.
3. Physician licensed in the United States and actively engaged in the practice of obstetrics
4. Out-of-state midwives must be either
    a. Certified Nurse Midwives
    b. NARM Certified Professional Midwives (CPM)
    c. Hold a State license from one of the states which have been evaluated by NARM as educationally equivalent
    d. *and* have an additional three years of experience or 50 births, including ten (10) continuity of care births beyond the primary birth experience requirements for CPM certification
    e. *and* are practicing legally within their state

**Full Continuity of Care births are defined as those births for whom the midwife provided care for at least 5 prenatal exams, the birth, newborn exam, and 2 postpartum exams.

A NARM registered preceptor is deemed have met ATMMTP requirements but must still complete a partial application form.

ATM Preceptors must:

1. Accept ATM students as apprentices.
2. Comply with the ATM Preceptor Handbook.
3. Comply with the ATM Code for Ethical Midwifery Practice and Standards of Care.
4. Be in good standing with her/his licensing or credentialing agency(ies).
5. Maintain active midwife membership status with The Association of Texas Midwives.
6. Be actively engaged in the practice of midwifery or obstetrics.
7. Have a signed Preceptor Application and a signed Preceptor Agreement in their file with the ATM Course Coordinator.

The Course Coordinator or Clinical Supervisor shall be responsible for approving and maintaining approval of all preceptors. Preceptor applicants with complaints filed against their practice by regulatory, licensing, or credentialing agencies may be referred to the ATMMTP Education Committee for review before approval. The approval process shall be documented on the preceptor application.

ATM Preceptor Practice Standards, Integrity, and Complaints

Preceptor Complaints

The goal of ATMMTP is to produce midwives of the highest caliber, fully prepared to serve the needs of the 21st century family. In order to fulfill that goal, the ATMMTP holds its preceptors to the highest standard of midwifery. ATMMTP and its students expect preceptors to function as the golden key which integrates midwifery knowledge into midwifery practice.

Therefore, preceptors of ATMMTP must have a practice that will stand up under scrutiny of the student, the ATM Midwifery Training Program, and the agencies which credential the midwife. The ATMMTP takes the integrity and practice standards of its preceptors very seriously.

The following process applies to preceptors who have an ATMMTP student in clinical training with them at the time a complaint is filed against them. Preceptors who do not have an ATMMTP student are not required to participate in the following incident review process.

Incident Review Process

The goal of the ATMMTP will always be to preserve and nurture our preceptors, and to help with training or continuing education when necessary and appropriate. By helping to identify and address areas of concern as quickly as possible we can help ensure that our preceptors are teaching safe and ethical midwifery practices to the next generation of midwives. The preceptor will also be able to demonstrate to the Texas Department of Licensing and Regulation (TDLR) or other agency that she is working with the ATMMTP to resolve areas of concern.

It is an ATMMTP policy that a preceptor notify both her student *and* the ATMMTP if a complaint is filed against her.

The preceptor notifies the Clinical Supervisor that a complaint has been filed against her within 30 days of receipt or notification of the complaint.

Notice of the complaint may be by certified mail or by email or fax, with a confirmatory response.

A copy of the complaint may be obtained via the Open Records Act.

The preceptor is encouraged to forward a copy of the complaint along with her written response to TDLR as this allows the Incident Review Team (PRT) to review the preceptor's side of the story.

The Clinical Supervisor will forward the complaint to the Incident Review Team (IRT.)

The IRT will give adequate time for the complaint to be dealt with on the state level. If not resolved, the IRT will review the complaint.

The IRT will use a "peer review" format and complete a *Midwife Incident Review* form. The preceptor is encouraged to be present for the review, but it is optional. The midwife may elect to

bring 2-3 unrelated charts for review. This is not a requirement, but rather a tool to help assess how the midwife practices.

Note: The principles of privacy and confidentiality will be maintained.

The IRT make take no longer than 30 days to review a complaint and make its determination.

The IRT may determine that:

- no action is necessary
- that the preceptor must participate in peer review
- that continuing education is required
- that another preceptor must be present during clinical care when the student is present
- that a midwife's preceptor status is suspended or revoked, either temporarily or permanently

The Incident Review Team will notify the preceptor within 10 days after a decision is made. A copy of the complaint and determination will be kept in the preceptor's file.

A preceptor has 10 days to appeal the decision. The appeal must be made in writing. Appeals will be handled by the ATM Board of Directors.

An ATM preceptor may have her preceptor status suspended or revoked if any of the following circumstances occur.

- Her license is not current, is suspended or revoked.
- A midwife is under supervision by the TDLR (or in the case of an out-of-state preceptor, the state governing body).
- Is practicing without current CPR and NNR.
- Violations of the Texas Occupation Code Chapter 203.
- If it is determined by the ATMMTP IRT, that the conduct of any preceptor is or has been prejudicial to the best interests of the course or the education of students or that a preceptor is consistently practicing outside the Association's Mission Statement or the ATM Code of Ethics and Standards.
- Falsification of any required documents shall be grounds for removal.
- **If a preceptor is determined to be inadequately supervising her student.**
- If a preceptor fails to follow ATMMTP policies regarding notification of complaints:
- The preceptor will be notified in writing and asked to provide the required documents, within 21 days.
- If the preceptor does not provide the requested information within the 21-day period:
    - The preceptor will be notified that her preceptor status has been suspended until receipt of required documents
    - The preceptor's student(s) will be notified that the midwife's preceptor status is suspended and that no clinical experience obtained during suspension period will count towards graduation requirements
    - Students of the ATMMTP are not allowed to work under the supervision of a preceptor whose preceptor status has been suspended for 30 or more days
    - If 45 days have passed and the preceptor has not provided the required documents her preceptor status will be revoked. Both the preceptor and any student(s) will be notified of the revocation.

SUMMARY:

Preceptor with an active student notifies the Clinical Supervisor that a complaint has been filed against her.

The Clinical Supervisor may request a copy of the complaint through Open Records. Act. All information will be forwarded to the IRT.

In the event that the Clinical Supervisor or IRT feels that a preceptor has violated polices, rules, or educational principals a review of the chart may be requested.

The IRT will review the information supplied by the midwife and may request a meeting or conference call with the midwife.

The IRT will make a determination of violation, or the need for training or re-education. .

The IRT will notify the preceptor of the outcome.

Copy of IRT review and recommendations will be kept in the preceptor's file.

ANTI-BULLYING AND HARASSMENT POLICY

PROHIBITION AGAINST BULLYING AND HARASSMENT

The Association of Texas Midwives recognizes the negative impacts of bullying and harassment upon the practice and profession of midwifery in Texas. We do not tolerate violence, manipulation or coercion of any kind by any source.

DEFINITION OF BULLYING

Bullying is deliberate, purposeful, and repeated health harming mistreatment that takes the form of verbal abuse; conduct or behaviors that are threatening, intimidating, or humiliating; sabotage that prevents work from getting done; or some combination of the three. It is psychological violence—sublethal and nonphysical — a mix of verbal and strategic assaults to prevent the target (the victim) from performing well.

TYPES OF BULLYING INCLUDE:

- **Physical Bullying:** Occurs when someone uses physical actions to gain power and control over their targets.
- **Verbal Bullying:** The use of words, statements, and name-calling to gain power and control over a target; this includes the use of coercion.

- **Emotional Bullying or Relational Aggression:** A type of social manipulation where individuals try to hurt their peers or sabotage their social standing.
- **Cyber Bullying:** Use of the Internet, a cell phone or other technology to harass, threaten, embarrass or target another person.
- **Sexual Bullying:** Repeated, harmful and humiliating actions that target a person sexually.
- **Prejudicial Bullying:** Preconceived opinions toward people of different races, religions, age, sex, gender identity, or sexual orientation.

BULLYING IS NOT CONFLICT

Bullying is different from conflict:

- Conflict is a disagreement or argument in which both sides express their views.
- Bullying is negative behavior directed by someone exerting power and control over another person.
- Bullying is done with a goal to hurt, harm, humiliate, or control. With bullying, there is often a power imbalance between those involved, with power defined as elevated social status, being physically larger, or as part of a group against an individual.

Conflict vs. Bullying – What is the Difference?	
Conflict	**Bullying**
Disagreement or argument in which both sides express their views	Goal is to hurt, harm, or humiliate
Equal power between those involved	Person bullying has more power*
Generally, stop and change behavior when they realize it is hurting someone	Continue behavior when they realize it is hurting someone
	*"Power" can mean the person bullying is older, bigger, stronger, more popular, more influential, or has more authority.
Adapted from Pacer's National Bullying Prevention Center. **https://www.pacer.org/bullying/resources/questions-answered/conflict-vs-bullying.asp**	

Definition of Harassment

Harassment means written, verbal or physical conduct that adversely affects the ability of one or more students to participate in or benefit from the school's educational program, clinical training, or activities because the conduct is so severe, persistent or pervasive. This includes conduct that is based on a student's actual or perceived race, color, national origin, sex, disability, sexual orientation, gender identity or expression, religion or any other distinguishing characteristics that may be defined by the state or local educational agency. This also includes association with a person or group with one or more of the abovementioned characteristics, whether actual or perceived.

Scope

This policy covers conduct that takes place at school-sponsored activities such as workshops and within the clinical setting. This policy includes the usage of electronic technology and electronic communications, computers, networks, forums, Facebook or other social media, and mailing lists. This policy applies to the entire school community, including workshop instructors, preceptors, school staff, students, and volunteers.

Reporting Bullying and Harassment

- Allegations of bullying or harassment of a student by a preceptor or a preceptor by a student shall be reported in writing via email to the Clinical Supervisor who will notify the ATMMTP Education Committee.
- Allegations of bullying or harassment of a student by another student or by an ATMMTP staff member shall be reported in writing via email to the Course Coordinator who will notify the ATMMTP Education Committee.
- The Education Committee will be responsible for investigating the allegation in a timely manner and determining appropriate disciplinary action.

Anonymous Reports

Reports may be filed anonymously. However, disciplinary action cannot be taken solely based on an anonymous report. Anonymous reports will be investigated with the same procedure, timeliness and vigor as other reports and disciplinary action can occur based on the results of the investigation.

False Reports

Students who file false reports of bullying or harassment will be subject to disciplinary action.

Responsibility of Students

Any student who observes an act of bullying or harassment should report the bullying or harassment to the appropriate school administrator.

Responsibility of Staff

All staff members will take reasonable measures to prevent bullying and harassment and are obligated to report any such acts that come to their attention.

RETALIATION

Retaliation or threats of retaliation meant to intimidate the victim of bullying or harassment or toward those investigating the incident will not be tolerated.

INVESTIGATION OF BULLYING AND HARASSMENT

- Disciplinary actions for bullying and harassment by a preceptor or other ATMMTP staff may include but are not limited to warnings, dismissal, re-education and loss of preceptor certification.
- Disciplinary actions for bullying and harassment by a student may include but are not limited to warnings, academic probation, re-education and dismissal from the ATMMTP.

ACADEMIC PROGRAM INFORMATION

The ATM Midwifery Training Program consists of 8 individual modules of study as follows:

- Module 1: Introduction to Midwifery
- Module 2: Anatomy and Physiology for Midwives 2
- Module 3: Antepartum 1
- Module 4: Intrapartum 1
- Module 5: Antepartum 2
- Module 6: Complications of the Intrapartum
- Module 7: Postpartum and the Newborn
- Module 8: Advanced Skills (Suturing and Pharmacology)
- Non-module courses the student must complete prior to graduation
    - Social Determinants of Health and the Midwife
    - Community Resources
    - Pharmacology, including alternative modalities
    - Preparedness in the Event of Disaster

Copies of the ATM Midwifery Training Program are not provided for preceptors. However, details of module content can be found in the *Program Outline* in the appendix. Program curriculum is written to cover core midwifery competencies as defined by the Midwives Alliance of North America (MANA), and to meet the North American Registry of Midwives' (NARM) test specifications. Each module combines written assignments, projects, and guided self-study using the latest, up-to-date midwifery resources. End-of-module workshops are taught by an excellent team of midwifery instructors. They use various methods such as lecture, hands-on skill instruction, role play, and simulations that will complement, supplement, and help integrate topics the students have studied in the module assignments. An exam covering each module is administered at the end of each workshop. Students have a *maximum* of 5 years to complete all program requirements, including all clinical and skills requirements.

We strongly encourage preceptors to review the student's program materials so they will be familiar with what their student is being taught, and to review their student's completed assignments, including their study guides used to prepare for online assignments and quizzes. Students must submit each module's completed assignments no less than 24 hours prior to the beginning of the workshop. A student is not eligible to attend a workshop if all of her assignments are not completed. A passing grade for all module assignments and exams is 80%. Students must attend each module workshop and pass the exam before progressing to the next module of study. *Students are expected to complete each module and attend the corresponding workshop on schedule.* Time spent in clinical training, including attending births, will not be cause for missing a workshop unless it is for one of the *Continuous Continuity of Care* births required in the clinical training.

Module assignments can take up a significant portion of students' time, especially in the first three modules. We strongly encourage students to wait to begin their clinical training until after they have successfully completed module 2, Anatomy & Physiology for Midwives. If a student is unable to complete assignments successfully and on time, she will be required to reduce the hours spent

in clinical training or withdraw from her clinical training until she is able to meet academic requirements. If you would like a list of students who are ready to begin their clinical training component of the program contact the ATMMTP Course Coordinator.

EDUCATION DOCUMENTATION LOG

Students must keep track of and document all time spent in non-clinical learning on the specified form. This includes time spent reading textbooks, completing assignments, research, Independent Study projects, formal peer review, and classroom time at workshops. The preceptor or workshop Instructors will verify the documented hours by initialing and signing the student's Education Log form. *It is not necessary for preceptors to visualize the actual non-clinical hours* documented by the student in order to sign-off on the form(s). The documented hours must total 500 or more.

STUDENT SOCIAL MEDIA POLICY

Due to repeated complaints and HIPAA violations it became necessary for the ATMMTP to write a social media policy. The social media policy applies to all ATMMTP students ***unless the preceptor has determined her own social media policy*.** In these cases, students must follow the policy set by the preceptor. However, HIPAA rules and client privacy must be maintained, e.g., obtaining client permission before posting pictures of a client's baby on Facebook. The following is a copy of the students' social media policy:

ATM Midwifery Training Program students

- May not "Friend" or accept "Friend Requests" from their preceptor or preceptor's clients without written permission from their preceptor.
    - *Note:* It is up to the preceptor to determine if she wants a "friend" relationship with the student and to initiate the request.
- May not post, comment, "Like", etc. via any form of public social media any information regarding midwifery clinical situations. This includes, but is not limited to, posting photographs of a preceptor's clients or their babies, announcing attendance at a birth, announcing a birth has occurred even if no specific information is given, or announcing attendance at any type of "clinical" without written permission from their preceptor. Note that posting of birth stories and/or photographs also require the written permission of the client. "Posting" includes "Tweeting", blogging or any other form of social media.
- The ATMMTP recognizes that conversations about clinical situations between peers can be educational. With that in mind, discussions about clinical situations may take place *only in private, closed-membership forums for ATMMTP students*. These forums are the ATMMTP student Facebook page and student Yahoo email group. No identifying information or any information that would be a violation of HIPAA can be disclosed.

Identifying information includes dates, locations, and preceptor's name, in addition to client information. The spirit of the discussions should be educational and not gossip.

- May not use "smart phones" or other technological devices during clinical hours, including births, for texting or any other form of messaging, emails, gaming, or non-emergency phone calls. Clinical time should be spent with the student's full attention given to the situation at hand.

Preceptors will be advised and encouraged to develop their own social media policy and have Preceptor/Student contracts, signed by both preceptor and student.

It is perfectly acceptable to be "Friends" with your preceptor as long as she is the one who initiates the invitation. Be aware that many preceptors prefer to keep the student/preceptor relationship on a professional level and do not "Friend" their students.

We also suggest that you begin to consider keeping a "private and personal" social media site separate from your public /professional site. Your preceptor's clients, and later your potential clients, may look you up on Facebook! Everything you post on a public site can have an impact on how you are perceived and affect you professionally.

CLINICAL REQUIREMENTS INFORMATION

BEFORE YOU BEGIN…..

The Association of Texas Midwives does not reimburse preceptors. Preceptors who charge clinical training fees are responsible for making payment arrangements with their student.

The ATMMTP requires that a Student-Preceptor Agreement (see below) be turned in by your new student. This form is NOT meant to be a private contract between you and the student. It is strongly recommended that students and preceptors create their own agreement or contract in advance of beginning clinical training. The preceptor and student should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations. Virtually all conflicts between preceptors and students are due to unclear expectations. *Good communication of expectations of both parties can prevent future conflicts between the preceptor and student.*

NOTIFICATION OF CLINICAL TRAINING

It is the student's responsibility to notify the Clinical Supervisor within 10 days of any change in clinical training status using the *Clinical Training Notification* form for that purpose. All preceptors must be listed on the form with the date the clinical training begins and the date the clinical training ends. Preceptors must sign the notification form when the clinical training begins. The student must also turn in a signed Student-Preceptor Agreement with the Clinical Training Notification form. Partial paperwork is not accepted.

STUDENT-PRECEPTOR AGREEMENT

Students and preceptors are required to review and then sign *a Student-Preceptor Agreement* when beginning clinical training. This agreement form covers the general policies regarding preceptor and student rights and responsibilities. *It does not take the place of a private preceptor-student contract.* Students must submit a copy of the signed agreement with the *Notification of Clinical Training*.

CPR

CPR certification for the health care provider is required for enrollment in the ATMMTP and must be maintained for the duration of the program. Proof of ongoing CPR is maintained in the student's file. It is the student's responsibility to provide copies of current CPR certification to the Clinical

Supervisor as soon as the current CPR has expired. ***Students may not participate in clinical training with expired CPR.***

Neonatal Resuscitation Certification

Students must complete Neonatal Resuscitation Certification course no later than prior to the 2nd workshop, Anatomy and Physiology for Midwives. Certification must be maintained for the duration of the program. Proof of current certification must be sent to the Clinical Supervisor. Students who do not have proof of current NNR certification are not eligible for graduation. Note: A preceptor may require a student to have NRP earlier than the ATMMTP requirement.

Overview of Student Clinical Training Requirements

General Information

Student clinical training is achieved through the traditional apprenticeship method of midwives teaching student midwives. Students must complete a *minimum* of 24 months of clinical training of at least 1350 clinical hours and must take no longer than 5 years in order to complete the program and receive a graduation certificate. The 24 months may be with one or more preceptors. During clinical training the student will learn the requisite skills and meet the minimum clinical requirements. Students must document all of the following:

- All hours spent in clinical training (minimum of 1350 hours)
    - Clinical time logs (see below)
- A minimum of 24 months of clinical training, verified by letter(s) from the preceptor(s) stating the beginning date and ending date of the clinical training, or on the "Final Student Evaluation – Verification of Clinical Training Length" form. Time off lasting 2 or more weeks, such as for maternity leave, does not count towards time requirements.
- Mastery of all required skills
    - See NARM Required Skills below
- Completion of the *minimum* number of each clinical requirement
    - See "Clinical Requirements" and "Instructions for Documenting Clinical Requirements"

When discussing requirements, the following definitions are used by the ATMMTP:

- "Skills" are the requisite and individual skills necessary, as determined by the North American Registry of Midwives, to provide safe and competent midwifery care. The term "skill-set" is used to indicate a group of individual steps or skills combined to form one larger skill, for the purpose of evaluating mastery.

- A “clinical requirement” is a combined set of skills and/or skill-sets used to make assessments ***in the clinical setting***. These form the basis of midwifery care. For example, a “prenatal exam” is a clinical requirement that incorporates many necessary skills and is performed under supervision in the clinical setting.

CLINICAL HOURS LOG

Students must keep track of all hours spent in clinical training. These hours are documented on two forms: the “**Clinical Time Log – Intrapartum**” and “**Clinical Time Log – Not Intrapartum**”. Logged hours must total 1350 or more. All hours must be documented, including time spent on non-client care, such as billing, filing birth certificates, cleaning equipment, chart review, etc. However, *the bulk of the clinical hours should be spent on client clinical contact* and not “chores”. No hours spent in clinical training prior to enrollment in the ATMMTP may be counted as Texas midwifery policy does not allow for clinical experience prior to enrollment in an approved program to count towards graduation requirements.

NARM REQUIRED SKILLS

During the course of the student’s clinical training she must learn and demonstrate proficiency in the performance of skills determined as essential for competent midwifery practice by the North American Registry of Midwives. An abbreviated skills list (form #NSV-2012-1) is included with students’ forms and in the Appendix of this handbook. *The ATMMTP does not use NARM forms.* Note that this list of skills is considered abbreviated because it does not list the individual steps required for each skill. Each skill must be performed according to the specific steps as outlined in the text, ***Practical Skills Guide for Midwifery*** (Pam Weaver and Sharon Evans).

While a few skills are taught by ATMMTP academic instructors during workshops, all required skills are mastered in the clinical training, not the classroom. The student must demonstrate proficiency in each skill before it can be signed-off by the preceptor. Simply performing the skill is not sufficient. For example, before the preceptor verifies “blood pressure” the student must demonstrate the ability to take blood pressure safely, accurately, and correctly interpret the results.

Several of the required skill-sets, such “Basic Physical Exam”, require verification by a second preceptor, ***who cannot be one of a student’s primary preceptors*****.** A second sign-off can be performed on volunteer models or in a clinical setting; they do not have to be performed as “primary under supervision”. A step-by-step instruction sheet is provided for skills requiring a second sign-off. **Notarized** verification forms must accompany the completed skills form upon graduation.

TEACHING AND LEARNING

TEACHING SKILLS IN THE CLINICAL SETTING

It is important that student midwives are taught the skills of a midwife in a logical progression, learning basic skills first, and gradually learning more complex skills, continuously building upon a previously laid foundation. This reinforces learned skills and allows for the development of the ability to analyze information gained through subjective and objective data and learn the critical thinking process. The role of the preceptor is not just as witness, but as teacher and evaluator. If the preceptor does not fulfill this responsibility, the essential components of differential assessment, management, follow-up, discussion, interaction, and demonstration are weakened.

Role modeling, or observing how the preceptor performs skills and interacts with clients, is one of the primary methods of learning in the apprenticeship-model. “Talking through” the how-to and whys of each step while demonstrating the skill is a powerful method of teaching. *Preceptors are expected to discuss, explain, and demonstrate a skill before expecting the student to perform the skill in a clinical setting.* Try to remember that the skill you are teaching may be so routine to you that its steps and nuances are automatic, but the student is just learning. Detailed instructions will be needed in the beginning! Do not assume the student already knows something. While students learn theory in their academics, that does not replace the direction under demonstration that you can provide. When something unusual is found, or a complication occurs, asking the student to consider possible solutions, outcomes, plan of care, etc. can help her build critical thinking skills, as can asking her to review the outcomes after the fact. It is very important that students be allowed to ask questions as soon as possible after anything unusual, and it is equally important that you ask them to voice what they believe happened, their view, their opinion, their perceptions, etc. This allows you to clear up any misconceptions, impart knowledge, and help them learn to think critically. Debriefing and constructive feedback are critically important parts of clinical teaching.

While learners of all ages like to know the “why” or reason for learning something, with adult learners it is particularly important for them to know *why* a skill is performed, not just *how* it is performed. This information needs to be imparted at the time the skill is taught. Whenever possible, students should have an opportunity to practice the skill on models or volunteers before being expected to perform the skill on a client. This is especially true of skills such as venipuncture.

Preceptors are encouraged to utilize varying methods of teaching to accommodate various learning styles. Everyone learns best by different methods. ATMMTP students complete a learning styles self-assessment upon enrollment. This assessment can be repeated at any time upon request of the student or preceptor to review or further identify an individual student’s best learning styles.

DEFINITIONS OF TERMS USED IN STUDENT CLINICAL REQUIREMENTS

The Texas midwifery license is recognized by the North American Registry of Midwives for eligibility of the Certified Professional Midwife credential. In order to maintain that eligibility, the reputation and integrity of the CPM credential, and to preserve the apprenticeship-model of training, the ATM Midwifery Training program endorses and will abide by the NARM definitions, guidelines, requirements, and qualifications for clinical requirements and preceptor oversight.

PRECEPTOR SUPERVISION: The preceptor must be physically present in the same room during the provision of **all** care by the student. A preceptor who sign's-off on requirements that she did not witness may lose her preceptor status with the ATMMTP and her CPM credential.

INITIAL PHYSICAL EXAM AND MEDICAL HISTORY: Includes performing an intake interview, history (medical, obstetrical, gynecological, and family) and a complete basic physical examination. Assessment of initial risk status and appropriateness for midwifery care is included. These exams do not have to occur all on the first visit to the midwife.

PRENATAL EXAM: The normal routine prenatal exam, not just parts of or selected skills. This includes directed questioning for possible problems, physical examination (vitals, urine checks, palpation, fetal heart assessments, etc.) counseling as required, and review of any lab reports.

NEWBORN EXAM: The complete head-to-toe physical exam of the newly born infant in the immediate postpartum period (no later than 12 hours following birth) and should include APGAR and gestational age assessments. It does not include exams on the newborn done *after* the immediate postpartum period.

POSTPARTUM EXAMS: These are those exams of the new mother done after the immediate postpartum period, usually between 12 hours and 6 weeks postpartum. They also include well-woman care, such as breast exams and PAP smears.

PLANNED HOSPITAL BIRTH: These are births where the hospital as the birth site is planned in advance of labor. This may be a woman who has been referred out of the midwife's care prenatally, but it is not a transfer of care/transport once labor has begun. If the planned place of birth has been outside of the hospital it is not a planned hospital birth.

DEFINITIONS OF STUDENT MIDWIFE ROLES

Please read the following definitions of student clinical training roles carefully. Students must learn, practice, and perfect the skills necessary to provide all components of the clinical requirements before they have the ability to provide care as a Primary Midwife under Supervision. **This means the student may need to complete additional observations or "Assistant under Supervision" requirements before she is ready to perform as Primary Midwife under Supervision.** *Observations of requirements do not count towards the student's clinical requirements as Assistant under Supervision or Primary Midwife under Supervision.*

OBSERVER: A student midwife whose primary role is to "watch and learn". She may help with various tasks, but she is not being actively taught to perform the skills of a midwife. It is customary for observations of clinical requirements to take place in the beginning of clinical training. Only observations of births are documented to meet graduation requirements. The preceptor must be physically present in the room and supervising the student during her observations, other than the two required hospital births, which require verification by the preceptor. A *minimum* of 10 births as an observer are required of the student.

ASSISTANT UNDER SUPERVISION: A student midwife who is being taught to perform the skills of a midwife. Just observing a clinical requirement is not assisting. Some skills must be learned and/or performed during each clinical requirement. Skills are learned in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the Assistant period, but not counted as a supervised primary. The supervising midwife maintains primary responsibility and is physically present in the room during any care provided.

PRIMARY MIDWIFE UNDER SUPERVISION (PMUS): A student midwife acting in the role of Primary Midwife under Supervision provides all aspects of midwifery care, demonstrates comprehension of events, and is able to communicate the rational for her clinical decisions to the satisfaction of the preceptor. The supervising midwife maintains primary responsibility and is physically present in the room during any care provided.

EXAMPLES:

Due to repeated requests for clarification we have included some examples of situations where the question of if the role of PMUS has been met are clarified:

During a prenatal exam....

The student takes vital signs and recognizes that the client's blood pressure has become elevated. She is able to make some good recommendations to the client. The preceptor adds an additional suggestion for a particular herb she has found to be helpful. That is fine; the student is still in a primary role.

The student takes vital signs and does not notice that the client's blood pressure has become elevated (or is unable to make recommendations.) The preceptor points it out. The student is unable to make recommendations. That is not PMUS.

At a birth....

The student appropriately and in a timely manner takes vital signs and listens to the FHR. She has "coached" the client through a long labor, ensuring the woman stays hydrated. The client has been pushing for an hour in the birth pool. The student suggests she get out and lie down. The preceptor asks the student why she had the client get out of the pool. She has no idea. Really, she was just tired of leaning over the pool. That is not PMUS. However, if the student recognized that the client was not making progress in the pool and she was concerned about the decel she heard, that is PMUS.

The student is coaching a client through a long labor, offering her sips of fluid, rubbing her back, putting cool wash cloths on her forehead, and giving her wonderful verbal encouragement. She has suggested dimming the lights and giving privacy. She has helped her in and out of the shower and birth pool. The preceptor has to remind her to get vitals and FHR. That is not PMUS; that is a "Doula".

The student is PMUS and has "managed" everything. The woman is delivering and there is a shoulder dystocia. The student instructs the woman to flip to her hands and knees (or into McRoberts, or whatever.) She asks (someone, preceptor, or another student) to give suprapubic pressure. No success. The preceptor tells the student to go for the posterior arm and talks her through it. Baby delivers. Later, the preceptor asks the student why she had the client flip over. She can explain why she had her do so. She is PMUS. Give her some positive feedback!

The student is PMUS and has "managed" everything. The woman is delivering and there is a shoulder dystocia. The preceptor jumps in and takes over. The student is not PMUS; she is an assistant under supervision.

WHAT YOUR STUDENT MUST LEARN: SPECIFIC CLINICAL REQUIREMENTS

LEARNING PHASE:

The student must complete a *minimum* of all of the following:

- Attendance at a minimum of 10 births in the role of an observer

In the role of an assistant (learning the skills of a midwife):

- 25 prenatal exams, 3 of which must be the initial physical exam and medical history
- 10 postpartum exams
- 20 newborn exams
- 20 births – 18 must occur prior to births as Primary Midwife under Supervision

PRIMARY MIDWIFE UNDER SUPERVISION (PMUS)

Students must learn, practice, and perfect the skills necessary to provide all components of each requirement before care can be provided as PMUS. As PMUS the student must be able to competently provide all aspects of care and be able to communicate the rational for the care and her clinical decisions, all while under the direct supervision of an approved preceptor.

In the role of Primary Midwife under Supervision the student must complete a *minimum* of the following:

- 75 Prenatal exams
- 20 Initial physical exams and histories
- 40 Postpartum exams
- 20 Newborn exams
- 25 Births
    - Each birth must include one prenatal and one postpartum exam as either an assistant or as PMUS
    - The student must be present for all stages of labor, birth, and the immediate postpartum period (up to 6 hours following delivery of the placenta).

THE 25 BIRTHS AS PMUS MUST INCLUDE THE FOLLOWING:

- 10 "Full Continuity of Care" births (includes 5 prenatal exams as PMUS spanning 2 trimesters, the newborn exam within 12 hours of birth, and 2 postpartum exams between 12 hours and 6 weeks postpartum)
- 3 "Continuous Continuity of Care" births (includes all prenatal care, including the initial physical and history, as PMUS beginning no later than 15 weeks gestation , the newborn exam within 12 hours of birth, and 2 postpartum exams between 24 hours and 6 weeks postpartum)
- At least 10 of the births as PMUS must be out-of-hospital births
- A total of 3 of births as PMUS may be intrapartum transports; the student must accompany the woman to the hospital. Only 1 of the 3 transports may be a Continuous Continuity of Care client

IN ADDITION TO THE ABOVE REQUIREMENTS:

- At least 5 of the 55 total births must be home births (any role)
- At least 2 of the 55 total births must be **planned** hospital births (any role). An intrapartum transport will not count, but they may be antepartum referrals. Attendance may be in any role (observer, assistant, or PMUS) and includes attending the birth as a doula, as a friend, or of a family member. The preceptor will be responsible for *verifying* information prior to signing-off on this requirement but does not have to be physically present during the birth as long as the students attends in the role of observer only.
- At least 5 of the 55 births must be under the supervision of a preceptor who is a Licensed Midwife (as opposed to a preceptor who is a CNM or physician.) These may not be in the role of "observer". The student must perform as AUS or PMUS, with at least one birth in the role of PMUS.
    - A licensed midwife has a very different scope of practice than a CNM. This requirement helps ensure that the student will graduate understanding the scope of practice under which she will be required to practice.

Students must competently perform all components of a requirement, including clinical decision making, in order to count a requirement as Primary Midwife under Supervision. This may mean that the student must perform more than the minimum number of clinical requirements before proficiency is obtained. The preceptor, who must be physically present in the same room in a

supervisory capacity during the provision of all care by a student, has the ultimate authority to determine if the student has met the requirements of PMUS, and will verify the provision of care by initializing and signing the appropriate ATM forms. **Preceptors must not "sign-off" on any care as PMUS if the preceptor is not 100% comfortable that the student has adequately and safely performed the role.** If you have questions or concerns about a student's abilities please contact the clinical supervisor.

Definition of Clinical Requirements as Primary Midwife under Supervison

- ***Initial Physical Exam:*** The student must perform all components of a complete, basic head-to-toe physical exam as outlined in *Practical Skills Guide for Midwifery (Weaver and Evans)* "Basic Physical Exam". An outline of this exam with required components is also included with the student's materials as a second sign-off requirement. Under most circumstances the physical exam and history are completed together, with initial risk assessment and evaluation of appropriateness for midwifery care based on both components. *20 as Primary Midwife under Supervision required.*

- ***Initial History:*** The student must take the client's medical, family, gynecological and obstetrical history. This may be done orally by questioning the client and recording the data, or on a form that the client completes. The student must review and evaluate the data, along with findings from the physical exam, and perform an initial risk assessment of the client. *20 as Primary Midwife under Supervision required.*

- ***Prenatal exams:*** The student must perform all components of a complete routine prenatal exam as previously defined, including assessments, clinical decisions, and on-going risk assessment. *75 as Primary Midwife under Supervision required.*

- ***Births:*** The student should manage (under the preceptor's supervision) all aspects of the labor (first, second, third, and fourth stage), including assessments and decision making. The student should perform all tasks (such as vital signs, fetal heart rates) within reason, or she may delegate some of them, such as when she needs rest, but must review and base decisions on all findings. 'Catching' the baby is only one aspect of births as PMUS. The student should also supervise and provide all care to mother and baby in the immediate postpartum period. The student must have assisted at or performed a minimum of 1 prenatal and 1 postpartum exam for all births counted as primary. *25 births as Primary Midwife under Supervision required.*

    - The student may still count a birth as PMUS if the father catches the baby under her guidance; however, if the preceptor catches the baby then it does not count as a PMUS birth.

    - See also the "Missed Birth" policy

- ***Newborn Exams:*** The student must perform a complete head-to-toe examination of the newborn as previously defined. *20 as Primary Midwife under Supervision required.*

- ***POSTPARTUM EXAMS:*** The student must perform complete postpartum exams as previously defined. This should also include counseling on breastfeeding, contraception, and depression. *40 as Primary Midwife under Supervision required.*

    - **Note:** While not listed as a separate category on clinical requirements, it is expected that the student will also learn and provide newborn assessments in the postnatal period (through age 6 weeks). This skill is included in the NARM skill test specifications and *Practical Skills Guide for Midwifery (Weaver and Evans).* Newborn exam components are also included on the Postpartum Exams as PMUS form. The student should also learn and perform the newborn screening tests as prescribed by Texas laws.

- ***FULL CONTINUITY OF CARE BIRTHS:*** Clients for whom the student has provided ***primary care under supervision*** during at least five prenatal visits spanning two trimesters, birth, newborn exam, and two postpartum exams between 12 hours and 6 weeks. 10 required.

- ***CONTINUOUS CONTINUITY OF CARE (CCC) BIRTHS:*** These clients are those for whom the student provides *complete* care just as if she were the primary midwife, under the supervision of *one* preceptor (or preceptors within a group practice). Prenatal care must begin no later than 15 weeks gestational age. The student must perform the client's initial physical and history; provide all prenatal care (unless ill), supervision of the labor, birth, immediate postpartum care, newborn exam and care, and at least 2 postpartum visits between 24 hours and 6 weeks.

The Continuous Continuity of Care is a special requirement that allows the student to practice handling the full responsibility of being a midwife while she still has the benefit of being under the supervision of her preceptor. These should not be begun until you have confidence that your student is fully ready for this level of care. The more you, as her preceptor, allow her to do while under your supervision, the more she will gain from this experience. Ideally, she will provide all care for the three required CCC clients, including telephone communications, texts, and emails with the client. If the student is unable to attend a scheduled prenatal with a CCC client, the student should call the client and reschedule the appointment. The client should be encouraged to call the student when she has questions or problems during her pregnancy, and when she believes labor has begun. **The student must keep a complete record of all communications in order to review them with her preceptor. *Three-way communication between client, student, and preceptor in every instance is strongly recommended.*** In the event of a transport during labor, the student should make the necessary phone call to the hospital and/or back-up physician, make a report to the doctor and/or nursing staff and answer any questions, and stay at the hospital with the client until after the birth of the baby. She should also provide postpartum care once the client is discharged from the hospital.

The ATMMTP recognizes that the above situation is ideal for the learning experience of the student but requires the preceptor's trust and confidence in the student's skills and judgment. A student must also learn the necessary skills required before she can assume this level of responsibility. *It is up to the discretion of the supervising preceptor the level of responsibility she will allow her student to assume.*

The student is required to complete at least three CCC births before she is eligible to graduate, of which only one may be a transport. If a transport is necessary, it must be included as one of the only three a student may have as “primary midwife under supervision”.

The preceptor still has full responsibility for the safety of the mother and baby and must review all notes made by the student during phone calls or emails with the client. In order to practice informed choice, the preceptor should have a special contract with these clients, explaining the student’s role in her care. One sample of *Full Continuous Continuity of Care* record and client consent is included in the Appendix.

Preceptor Authority

Students are provided with forms on which they are required to document each clinical requirement as PMUS *as it occurs*. The non-birth PMUS forms include simple check-off components that are a normal part of the clinical requirement and may be used as *a guide* for the preceptor in determining if the student has met the requirement of PMUS. The preceptor has the ultimate authority to determine if a student has performed each role and requirement to her satisfaction.

Students are expected to focus on learning clinical skills during clinical events. While it may be appropriate for a student to study or work on homework assignments during a long labor when the client is resting, her primary focus should be on the client and learning her clinical requirements. Preceptors are encouraged to not allow students to spend time on non-urgent phone calls, checking emails, texting, or any other activities during labors or other clinical time that detract from the student’s learning experience.

Reviewing Clinical Situations

Discussion of clinical situations away from clients is an extremely important part of the learning process for the student. Students need the opportunity and freedom to ask the preceptor questions about events, including the preceptor’s reasoning and assessments; this does not mean the student is questioning the preceptor’s judgment or abilities, but is part of the learning process. Students also need the opportunity to give their assessment of situations or information found during questioning or examination to allow the student to develop her diagnostic and intuitive skills. Preceptors are expected to set aside time following prenatal visits, postpartum visits and births to review and discuss situations, and allow the student to ask questions. Ideally, this should occur as soon as possible, especially following interesting, unusual, or complicated situations.

The preceptor is expected to provide adequate opportunities for the student to observe clinical skills, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, *all while under the direct supervision of the preceptor. This means that the preceptor must be physically present and supervising the [student's] performance of skills and decision making.* The preceptor holds final responsibility, both ethically and legally, for the safety of the client and/or

baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Preceptors who fail to supervise their students and/or sign off on experiences they did not witness risk losing their preceptor status with both ATM and NARM, and also risk losing their NARM certification.

MISSED BIRTHS

DEFINITION OF A MISSED BIRTH:

A. Any birth the student misses due to a precipitous birth, or
B. Any birth the preceptor misses and is not present to supervise the student

MISSED BIRTH POLICY

C. Missed births will not count towards the student's graduation requirements. *See exception below under Continuous Continuity of Care clients
D. Continuous Continuity of Care clients: The ATM Education Committee will give consideration to a Continuous Continuity of Care client missed birth *which is precipitous* after a full chart review. Only one exception will be considered; no other missed births will count toward the student's requirements for graduation.

STUDENT'S INSTRUCTIONS FOR DOCUMENTING CLINICAL EXPERIENCE

Findings for each instance of clinical care provided should be in the student's own notes or records, properly documented in the clients' charts, **and on the appropriate ATMMTP forms**. Student notes or records that verify documentation of the learning phase requirements may be determined between student and preceptor. Graduation forms may be used for the "Assistant" requirements, although they will probably need to be re-done for graduation documentation purposes. Client confidentiality must be maintained at all times. Documentation of all PMUS requirements are documented on ATMMTP forms, discussed separately.

CLIENT CHARTS:

Clinical care provided by the student as PMUS must be documented in the preceptor's client charts. The exact manner may vary depending on the types of charts used by the preceptor; however, certain policies apply in all cases. The following instructions meet minimum guidelines set by the North American Registry of Midwives:

1. The name of both the preceptor and the student must appear on each chart/form that is being referenced.

Example:

Name: Amy Smith Age: 23 LMP: 3/8/08 EDD: 12/13/08

Address: 104 J St., Austin, TX SS #: 000-00-0000

Hm. Phone: _____ Cell: _____ Partner: _____ G 1 P 0 - 1 - 1 - 1 - 1

DATE	Wks Gest	BP	P	FH	FHT/ Location	POS	FA	UA	WT	H A	Vis Dis	GI Dis	Nut/ Sup	Vag Exam	INT
5/5/08	8	110/72	80	–	not heard	n/a	ø	SG 1.015 pH 6 P ø L ø K ø G ø N ø B ø	120	ø	ø	ø	w: ¥ cvl	Dil 4+ Eff knc Sta	mj
6/1/08	12	108/68	82	5cm	152 LML	n/a	ø	SG 1.010 pH 5 P ø L ø K ø G ø N ø B ø	122	ø	ø	ø	good	Dil Eff n/a Sta	CC mj

Midwives' Signatures: 1. mj Mary Jane 2.

Apprentices' Signatures: 1. CC Claudi Cruz 2.

2. Preceptors need to be sure their forms show that the student participated as Primary under Supervision *and that the preceptor was present in the room during the provision of any clinical care.* At the time of clinical experience preceptors and students should initial each visit. Arrival and departure times at births should be documented on the chart for both the student and the preceptor. At births, the *role* of each student must be documented on the birth records.

3. It must be clear *who* provided each instance of clinical care. In the example above the preceptor has the person who provides the care initial in the designated column, then she initials to verify her supervision. Another preceptor may circle the initials of the person providing the care. Documentation methods should be consistent.

4. In practices with more than one student the charts must clearly indicate which student provided the care as Primary Midwife under Supervision. Only one student can perform and count a primary clinical performed under supervision.

5. An identifying code must be given to each client to provide confidentiality and help keep track of experience requirements. Students must be able to identify and locate the charts by the code number in case of an audit.

6. Check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth with any given client there must be a different code assigned for each subsequent birth.

7. If a preceptor has more than one student each chart must have a code that all students will use. Students may not develop different codes for the same client.

Examples of code methods for students:

1) You may want to put the year first, an initial for your role, the number that year (example: 08A7 = 2008, active participant birth #7 for the year).

2) You may use initials of client to identify that client (example: AS-A-19 could mean Amy Stratton, Assisted, 19th birth).

3) The clients estimated due date and 1st 3 initials of her last name (080928MAL = EDD of 9/28/08 for Sue Malvin). Example 3 is useful when preceptors have multiple students.

DOCUMENTING INDIVIDUAL PMUS REQUIREMENTS

Each individual instance of clinical care provided as **PMUS** must be documented on the appropriate ATMMTP form for that requirement **as soon as completed**. It is the student's responsibility to complete the forms and present them to the preceptor for review in a timely manner.

The following forms are used on an ongoing basis to provide a record and document care as PMUS. They are not the "Summary of Clinical Experience" forms the students must submit when ready to graduate, but copies of these forms will be useful to help you reconcile and verify her graduation forms, if necessary.

Requirement	Form #	File Name of Form
Initial Medical Histories	PMUS-IH-2013-7	PMUS Individual Initial Medical History
Initial Physical Exams	PMUS-IP-2013-7	PMUS Individual Initial Physical Exams
Prenatal Exams	PMUS-PN-2013-7	PMUS Individual Prenatal exams
Postpartum Exams	PMUS-PP-2013-7	PMUS Individual Postpartum exams
Newborn Exams	PMUS-NB-2013-7	PMUS Individual Newborn exams
Births as Primary Midwife under Supervision	PMUS-IBR-2013-7	PMUS Individual Client Birth Record

All forms other than the “Births” form are designed to be easily completed on the student’s computer. The student types the client code and date of exam into the shaded space for each, and then “clicks” the box for each component performed to the preceptor’s satisfaction. If the preceptor’s computer is used a copy of the initialed formed should be transferred to the student’s computer so she has a copy. *Students must have their own copies at all times.*

The student and the preceptor should review the components listed for each requirement. It is not always necessary for every component to always be done. For example, “Pap” is listed as a component on the Postpartum Exam record, but the student is not expected to perform a Pap test on a woman at a 2-week visit! The Individual Prenatal Exams has a check box for ultrasound and labs, but that does not mean these must be done (or referred) at every visit. However, the student must perform the *majority* of all components, and at minimum those required by NARM unless the component does not apply. Once the preceptor is satisfied that the student has performed the clinical requirement as PMUS she should type her initials into the appropriate space. As soon as the page is full the student will print the page, sign and date it, and each preceptor who initialed a completed requirement will sign and date the form. Each preceptor should maintain a copy of the completed form. These are permanent records the student must maintain to provide proof of meeting clinical requirements. Copies may be requested by the Course Coordinator or Clinical Supervisor at any time if she has questions about student progress, or for the purpose of audit. Thus, it is important that these forms are completed and maintained as instructed.

Primary Midwife under Supervision Individual Client-Birth Record

The Primary Midwife under Supervision Individual Client-Birth Record form is used to document each individual client’s record of care for whom the student participates as Primary Midwife under Supervision (PMUS) at the birth. **The form documents events and verifies the student’s successful completion of the requirements of the PMUS role to the satisfaction of the preceptor and *will become a permanent record used to verify the summary of clinical requirements that must be submitted upon graduation.*** The student and each preceptor who signs the form must retain a copy. In case of an audit the student will need to submit requested records and the preceptor may be required to verify the document(s).

The form is in two main sections; Section A covers all births as PMUS and must be completed *by the student* and signed by the preceptor **within 7 days of the birth**. Section B adds information that documents both *Full Continuity of Care* births and *Continuous Continuity of Care* births and must be signed within 7 days of the final postpartum exam. The student and each preceptor who signs the form must retain a copy. In case of an audit the student will need to submit requested records and the preceptor may be required to verify the document(s).

Reminder: the student must have performed 18 of the required 20 births as an assistant prior to beginning births as PMUS.

Before signing the PMUS Individual Birth Record the preceptor should:

- Review the form for accuracy
- Make sure there are no blanks spaces or lines
- Verify that the student comprehends the events of the prenatal, labor, birth, and postpartum periods

- Is able to communicate the rational for her clinical decisions

The following is a copy of the instructions given to students for filling out the form:

INSTRUCTIONS FOR PMUS INDIVIDUAL BIRTH RECORD

Part A of the form is to be accurately filled out ***by the student*** for each birth where her role is PMUS in any of the above 3 categories. Events should be filled in as soon as completed and must be signed by the supervising preceptor no later than 7 days following the event. For example, when the student assists at a prenatal exam for a client where she will be the PMUS the supervising preceptor should sign-off at that time. If it is not known until the birth that the student will assume the role of PMUS then it may be signed-off with the birth. It is not necessary that every space contain information, however, any identified issues should be filled in concisely but with enough detail so that the student and preceptor will be able to recall and answer questions if asked. All spaces must be filled in and the appropriate boxes checked. If it is not applicable, then the space should state "n/a". For example, if there were no risk factors on the client's medical history then the student may write "n/a". If the client developed an infection prenatally the student could record "UTI" on the "Prenatal complications" line. **Part A** of the form must be completed and signed by both the supervising preceptor(s) and the student **no later than 7 days** following birth. The preceptor should not sign unless she is satisfied with the student's performance.

Part B of the form is to be completed ***by the student*** for each **"Full Continuity of Care"** client or **"Continuous Continuity of Care"** client and must be signed by the supervising preceptor(s) and the student no later than 7 days following the last postpartum exam. All care documented on the form must have been performed as PMUS.

DOCUMENTING CLINICAL REQUIREMENTS FOR GRADUATION

It is the student's responsibility to ensure that all forms and documentation required for graduation from the ATMMTP are filled out correctly and submitted to the Course Coordinator. Forms that are filled out incorrectly, on the wrong form, or are missing required information will be returned to the student and may result in a delay for NARM exam scheduling. **The preceptor should not sign-off on any form that has blank lines.**

SUMMARY OF CLINICAL EXPERIENCE FORMS

LEARNING PHASE REQUIREMENTS:

The student will transfer information from notes, records, or client charts that document each individual requirement to the appropriate ATMMTP form to be submitted with graduation paperwork. All preceptor verification policies apply.

SUMMARY OF CLINICAL EXPERIENCE:

The student will transfer the information from the individual clinical requirement as PMUS forms to the ATMMTP "Summary of Clinical Experience" and the "Summary of Full and Continuous Continuity of Care" forms. She may not use any forms other than those specified by the ATMMTP. Information must be typed or printed neatly in black ink. If an error is made while completing a form that documents clinical experience she will need to start over on a fresh sheet. **Use of white-out is not allowed.** If it appears that any information on a form submitted for documenting clinical requirements has been altered it will be returned to the student. Any space not filled in should have one single line drawn through it. The preceptor should not sign any form that has blank lines.

The following items must be reviewed by both student and preceptor:

1. Review all PMUS individual clinical requirements forms that were completed and signed throughout clinical training, and are referenced on the Summary of Clinical Experience, Observations of Births, and Full and Continuous Continuity of Care forms. Confirm that both the preceptor and student's names appear on each chart/form that is being referenced. Review client charts if necessary or there is a question regarding accuracy.
2. Confirm that the signatures/initials of the student are on every chart/form for: initial physical exam and history, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up postpartum exams listed on each of the clinical documentation forms. **Be sure the numbers written on the documentation forms are the same number of signatures/initials on the charts/forms**. For example, if your student records that she performed 6 prenatal exams with client LG-P-22 it should be clearly documented in that chart the 6 times she performed those prenatal exams
3. Check dates of all initial physical exams, initial histories, and births for accuracy.
4. Check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.
5. The preceptor must initial each entry on the clinical documentation forms to verify that the student performed those clinical requirements, and sign and initial the bottom of each form. Each Preceptor must verify the clinical requirements she supervised. You cannot verify clinical requirements supervised by another preceptor.

Example of documentation on the Summary of Clinical Experience:

- Client - AS-A-19, you performed 5 prenatal exams, the baby was born 3-19-00 at home, you were the PMUS, and you performed 1 postpartum exam.
- Client - JL-P-20, you performed the initial history and physical exam, 6 prenatal exams, the baby was born 6-22-00 in the hospital after transporting, your role was primary midwife under supervision, and you performed 2 postpartum exams.
- Client - LG-P-22, you performed the physical exam and initial history, 6 prenatal exams that spanned two trimesters, the baby was born on 8-01-00 at the birth center, you were primary midwife under supervision, and you performed the newborn exam and 4 postpartum exams. (*You provided full continuity of care for this client)*
- Client 010201SI is with a different preceptor with 3 students. You provided all care as primary under supervision beginning at 8 weeks gestation, other than one prenatal

completed by a different student when you were sick with the flu. (You provided *continuous continuity of care* for this client).

Birth #	Client Code	Prenatal Exams				Birth Site	Date of Birth	NB Y or N	# PP Visits	TP Y or N	FCC Y or N	CCC Y or N	Outcome; Actions, complications	Prec Init
		Initial Y or N	# Visits 1st Trim	# Visits 2nd Trim	# Visits 3rd Trim									
1	AS-A-19	N	0	0	5	HM	3-19-00	N	1	N	N	N	First baby; no comp	LS
2	JL-P-20	Y	0	0	6	H	6-22-00	N	2	Y	N	N	Cesarean	LS
3	LG-P-22	Y	0	1	5	FBC	8-01-00	Y	4	N	Y	N	2ND baby, 3 hr labor	LS
4	010201SI	Y	2	3	7	H	10/10/00	Y	4	N	N	Y	SVD, 10#	SJ
Totals:														

Each preceptor must print her name, sign, and initial the bottom of the form. The student also signs the bottom of the form. The student should add each column carefully and fill in the total for each category in the designated location on the form.

The originals of all documents must be submitted to the Course Coordinator. The student should keep a copy of all documents for her own records. The preceptor should keep a copy of all forms documenting student care provided as PMUS.

Student clinical forms are subject to an audit by the Course Coordinator. In addition, NARM audits 20% or more of applicants who apply for the NARM Certified Professional Midwife credential. Proper and accurate documentation of clinical experience is essential.

All required clinical experience must be supervised and verified by the ATM preceptor(s). The preceptor(s) hold(s) final responsibility for confirming that the ATMMTP student provided the required care. Except in the case of planned hospital observations, the preceptor(s) **must be physically present in the same room in a supervisory capacity** during that care and must confirm the provision of that care by initializing and signing the appropriate ATM forms. The preceptor should not sign-off on any requirement that cannot be clearly documented in the preceptor's charts.

GRADUATION REQUIREMENTS

Satisfactory completion by students of both didactic and clinical portions of the program and final approval by the ATM Course Coordinator must be met before a graduation certificate is awarded. All required documentation of program requirements must be met, and the originals of the appropriate forms submitted to the Course Coordinator no later than **10 weeks** in advance of the date of the planned NARM exam. Students should keep a copy of all documents for their own records.

Students must notify the Course Coordinator of their ***intent*** to fulfill graduation requirements and sit the NARM exam a minimum of 10 weeks prior to the date of the planned NARM exam. There is no penalty if the student fails to meet the graduation requirements by the 10-week deadline.

Students wishing to participate in the ***ATMMTP graduation ceremony*** must have all required documents submitted to the Course Coordinator a minimum of 4 weeks prior to the scheduled

ceremony. The graduation ceremony is normally held in conjunction with the annual conference in the spring of each year. Preceptors are encouraged to attend the ceremony and honor our graduates!

STUDENT AWARDS

Each year one student from the past year's graduating students (any student eligible to participate in the ATMMTP graduation ceremony) will receive the ATMMTP *Valedictorian* award. The award will be given to the student demonstrating the highest academic achievement. The award will be presented at the ATMMTP graduation ceremony.

A "Student of the Year" is also selected from the past year's graduating class. To be eligible for this award the student must have demonstrated both academic and clinical excellence. A letter from the preceptor stating her reasons for believing her student deserves the award may be required.

EVALUATION AND CLINICAL PROGRESS REPORTS

EVALUATIONS

It is an ongoing requirement that ATMMTP students and preceptors are evaluated at least twice each year during the clinical training period. Forms for this purpose are included in the Appendix. Student evaluation by preceptors is a very important part of the learning process for student midwives. Student evaluation of preceptors is also very important. Student feedback enables the ATM Midwifery Training Program to review the preceptors' abilities and provide assistance if needed.

The preceptor is responsible to provide the student with an evaluation in January for the 6-month period ending on December 31st and in July for the 6-month period ending on June 30th. Reminders are sent to students during the evaluation period, including instructions on how they must be submitted. Preceptors within a group practice may designate one preceptor to evaluate the student, or all preceptors may complete an evaluation. Student evaluations from all preceptors within a group practice are welcomed and encouraged. At the same time that the preceptor evaluates the student, the student must also complete an evaluation of her preceptor(s). Students must evaluate each preceptor under whom they work.

The evaluations should indicate the number of months included in the evaluation period, which is normally the time from the previous evaluation to the current date. Ideally, the evaluation should include a formal meeting with sufficient time set aside to discuss the progress of the student and the student's learning needs, and to determine if the preceptor is meeting the student's needs.

This is an opportune time to open a two-way dialog between preceptor and student to discuss any problems or concerns. If it is found that a student will be released from clinical training for any reason a final evaluation must be performed, along with an explanation of why the student is being dismissed and should be sent to the Clinical Supervisor.

Preceptors should maintain a copy of evaluations.

Clinical Progress Report

It is the student's responsibility to submit a Clinical Progress Report along with the evaluation forms each January and July.

Student Responsibility

Preceptors are expected to set aside time and to complete the evaluation process. However, it is the responsibility of the ATMMTP student to ensure that evaluations and Clinical Progress Reports are submitted to the ATM Clinical Supervisor when due. Students who do not submit the required reports will not be able to count clinical time or requirements during the 6-month evaluation period and will be ineligible to attend workshops. Continued failure to submit the required evaluations and progress reports can result in a student being dismissed from the course. Preceptors who fail to complete student evaluations are subject to dismissal as a preceptor.

Grievance Procedures

The ATMMTP will not consider telephone or anonymous complaints. Telephone complainants will be advised to provide a written complaint that is signed by the complainant and mailed to the ATM business office. The Association of Texas Midwives Board of Directors will handle all appeals.

Complaints Against a Student:

Should a complaint be filed with the ATMMTP Clinical Supervisor against a Student, the Student will be notified of the complaint and be given a time period of not more than one month to answer. The Education Committee shall review the complaint and the Student's reply and make a decision concerning the issue. The Student will be given the opportunity to appear before the Education Committee.

Complaints Against ATMMTP Staff:

Any written complaints against workshop instructors should be sent to the ATM business office. The complaint will then be mailed to the Education Chair or Course Coordinator for review and for presentation to the Education Committee.

COMPLAINTS AGAINST AN ATM PRECEPTOR:

Complaints against preceptors should be mailed to the ATM office in writing. The written complaint will then be forwarded to the Clinical Supervisor and/or the Education Chair.

Any complaints against ATMMTP staff or a preceptor by ATMMTP student(s) will be placed on the agenda 10 days prior to the next Education Committee meeting. If a meeting is not scheduled within 2 months of the receipt of the complaint, a special meeting will be called. Complaints will be dealt with on a case-by-case basis.

APPENDIX

LIST OF INCLUDED ITEMS:

- ATM Code for Ethical Midwifery Practice
- ATM Standards for Midwifery Practice
- ATM Midwifery Training Program Outline
- ATM Program Required Textbooks and Reading
- Preceptor Evaluation by Student
- Student Evaluation by Preceptor
- Sample Permission for Student Clinical Training
- Sample Client Permission for Student Care
- Sample Permission for Student Primary under Supervision Care
- Clinical Time Log – Not Intrapartum
- Clinical Time Log – Intrapartum
- ATMMTP Student Final Evaluation by Preceptor – Verification of Clinical Training Length
- NARM Required Skills List
- ATM Student Pathway

THE ASSOCIATION OF TEXAS MIDWIVES
CODE FOR ETHICAL MIDWIFERY PRACTICE

The Association of Texas Midwives was established, in part, to further the goal of safe midwifery care in Texas. The adoption of a code of ethics is one way of achieving that goal. Additionally, the observance of ethical standards increases an awareness of midwifery, by both current and future practitioners, as a unique calling, responsive to the needs of birthing women. Finally, articulation of ethical standards is essential to the recognition of midwifery as a profession by the broader society. For these reasons, the Association of Texas Midwives set forth the following CODE FOR ETHICAL MIDWIFERY PRACTICE.

A. CLIENT RIGHTS

An ethical midwife will respect the personal rights of her clients, including:

1. The right to be treated with respect and dignity without reference to age, marital, socioeconomic, ethnic, national, political, mental, physical or religious status.
2. The right to use informed choice in her care, by having access to relevant information upon which to base decisions.
3. The right to freedom from coercion in decision making.
4. The right to accept or to refuse treatment.
5. The right to full disclosure of financial factors involved in her care.
6. The right to know who will participate in her care and to obtain additional consultation of her choice.
7. The right not to be abandoned, neglected, or discharged from care without opportunity to find other care.
8. The right to absolute privacy except where this right is preempted by law.

B. MIDWIFE RIGHTS

A midwife recognized the importance of respect for her own rights as a care provider, including:

1. The right to refuse care to clients with whom no midwife/client relationship has been established.
2. The right to discharge clients from her care, provided adequate referral to other care is extended.
3. The right to receive honest, relevant information from clients upon which to base care.
4. The right to receive reasonable compensation for services rendered.

C. MIDWIFE RESPONSIBILITIES

A midwife recognizes certain obligations and responsibilities which are intrinsic to ethical midwifery practice, including:

1. The obligation to serve as the guardian of normal birth, alert to possible complications, but always on guard against arbitrary interference in the birthing process for the sake of convenience or the desire to use human beings in scientific studies and training.
2. The obligation to honor the confidence of those encountered in the course of midwifery practice and to regard everything seen and heard as inviolable, remembering always that a midwife's highest loyalty is owed to her client and not to her own reputation or to her health care providers.

3. The obligation to provide complete, accurate and relevant information to the client so that she can make informed choices regarding her health care.
4. The obligation, when referring a client to another health care provider, is to remain responsible for the client until she is either discharged or formally transferred.
5. The obligation never to comment on another midwife's or other health provider's care without first contacting that practitioner personally.
6. The responsibility to develop and utilize a safe and efficient mechanism for medical consultation, collaboration and referral.
7. The obligation to continue professional development through ongoing evaluation of knowledge and skills, and continuing education, including diligent study of all subjects relevant to midwifery practice.
8. The responsibility to assist others who wish to become midwives by honestly and accurately evaluating their potential and competence, and sharing midwifery knowledge and skills, to the degree possible without violating another section of this Code.
9. The obligation to know and comply with all legal requirements related to midwifery practice within the state of Texas, and to work within the law to provide for the unobstructed practice of midwifery within the state.
10. The responsibility to maintain accountability for all midwifery care delivered under her supervision. Assignment and delegation of duties to other midwives or students should be equal to their educational preparation and demonstrated proficiency.
11. The obligation to accurately document the client's history, condition, physical progress and other vital information obtained during client care.

D. UNPROFESSIONAL CONDUCT

Conduct by a midwife which is likely to deceive, defraud, or injure clients, or which results from conscious disregard for the health and welfare of the client under the midwife's care, includes:

1. Knowingly or consistently failing to accurately document a client's condition, responses, progress, or other information obtained during care. This includes failing to make entries, destroying entries, or making false entries in records pertaining to midwifery care.
2. Performing or attempting to perform midwifery techniques or procedures in which the midwife is untrained by experience or education.
3. Failing to give care in a reasonable and professional manner, including maintaining a client load, which does not allow for personalized care by the primary attendant.
4. Leaving a client intrapartum without providing adequate care for the mother and infant (abandonment).
5. Delegation of midwifery care or responsibilities to a person who lacks the ability or knowledge to perform the function or responsibility in question.
6. Manipulating or affecting a client's decisions by withholding or misrepresenting information, in violation of the client's right to make informed choices in her health care.
7. Failure to report to the applicable state board or the appropriate authority in the Association, within a reasonable time, the occurrence of any violation of any legal or professional code.

E. VIOLATIONS

Violations of this Code should be reported to the Association for investigation through the Grievance Procedure. Findings from this investigation will be used to assist the midwife in improving her practice, and to restrict incompetent practitioners if necessary.

1. DEFINITION

The midwife practices in accord with the Midwives Alliance of North America's Standards and Qualifications for the Art and Practice of Midwifery (except where it conflicts with Texas law), the ATM Statement of Values and Ethics, and demonstrates the clinical skills and judgments described in the MANA Core Competencies for Midwifery Practice.

2. STANDARDS

a. *Skills* – Necessary skills of a practicing midwife include the ability to: provide continuity of care to the woman and her newborn during the maternity cycle; identify, assess and provide care during normal antepartal, intrapartal, postpartal neonatal and newborn periods; maintain proficiency in life-saving measures by regular review and practice; manage emergency situations appropriately; use judgment, skill and intuition in competent assessment and response.

b. *Appropriate equipment and treatment* – Midwives carry and maintain equipment to assess and provide care for the mother, the fetus, and the newborn; to maintain clean and/or aseptic technique; and to treat conditions including, but not limited to, hemorrhage, lacerations, and cardio-respiratory distress. This may include the use of non-pharmaceutical agents, pharmaceutical agents by physician prescription or standing orders and equipment for suturing and resuscitation.

c. *Records* -- Midwives keep accurate records of care for each woman and newborn in her/his practice. Records reflect current standards in midwifery charting and are held confidential (except as legally required) and maintained as deemed necessary by law. Records shall be provided to the woman on request. The midwife maintains confidentiality in all verbal and written communications regarding client care.

d. *Data Collection* – It is highly recommended that midwives collect data for their practice on a regular basis. Data collection will be used to further midwifery care in Texas.

e. *Medical Consultation, Collaboration, Referral, and Transfer* – Midwives recognize there are certain conditions for which medical care is recommended. The midwife shall make a reasonable attempt to assure that her/his clients have access to consultation, collaboration, referral, and transfer to a medical care system when indicated.

f. *Screening* -- Midwifery practice upholds the right to self-determination of consumers within the boundaries of safe care. Midwives will use risk factor assessments for initial and continuing eligibility for midwifery services. Women will be informed of their risk status. It is the right and responsibility of the midwife to refuse or discontinue her services, and to make appropriate referrals when indicated or when client care falls outside of midwife's protocols.

g. *Informed Choice* -- Each midwife will disclose in oral and written form to a prospective client the midwife's scope of practice. This shall be accomplished through an Informed Choice and Disclosure Statement. The informed choice shall include statistics of the midwives' experience, date and expiration of license, date and expiration of midwives' CPR and NNR certifications, compliance

with continuing education requirements, and medical back-up arrangements. The disclosure statement shall include legal requirements of the midwife and prohibited acts as stated in the Act, the name, address and telephone number of the Texas Midwifery Board.

h. *Continuing Education* -- Midwives shall update their knowledge and skills on a regular basis.

i. *Peer Review* – Midwifery practice includes an ongoing process of case review with peers.

j. *Practice Protocols* – Each midwife shall develop practice protocols that are in agreement with the ATM Standards for Midwifery Practice, the ATM Statement of Values and Ethics and the MANA Core Competencies for Midwifery Practice, in keeping with her level of expertise and remain within the Texas Law. Protocols shall be written, updated and maintained by the midwife.

k. *Ethics* -- Midwives will maintain high ethical standards in their work, as evidenced by adherence to ATM's CODE FOR ETHICAL MIDWIFERY PRACTICE

ATM Standards for Midwifery Care

Revised 09/2009

ATM MIDWIFERY TRAINING PROGRAM OUTLINE

Effective for all students enrolled as of 2019-1

Note: The ATM Midwifery Training Program curriculum is not stagnant. It constantly evolves as core competencies are revised and NARM test specifications change. We also strive to ensure that our students are learning from the most recent and evidence-based resources. If you have questions about what your student is learning please do not hesitate to contact the Course Coordinator.

MODULE I INTRODUCTION TO MIDWIFERY

Introduction to Midwifery – Module I (coursework)

a. The history and profession of midwifery
b. Introduction to Medical Terminology
c. Birth Planning: Benefits and risks of birth sites
d. The Midwifery Model of Care and Shared Decision Making
e. Overview of midwifery care through required reading, assignments
f. General Nutrition and Fitness
g. Vital Signs – accuracy and interpretation
h. Research, Reading, and Evidence-Based Practice in Midwifery
i. Standard (universal) precautions and infection prevention
j. Basic skills practice assignment (vital signs)
k. Laws, rules, and standards governing midwifery in Texas
l. Anatomy and Physiology for Midwives 1(On-line class/coursework)

i) Introduction to human anatomy and physiology, including basic biological and chemical processes at the cellular level, histology, and an introduction to organ systems

Assignments included with the first module:

Independent Study assignments to complete throughout the course (module workshop due date), including

a) Physical Assessment (Module 3)
b) Neonatal Resuscitation Certification (Module 3)
c) Cultural Competency Health Practitioner Assessment (Module 4)
d) Introduction to the Newborn at Birth (Module 4)
e) Pharmacology & Alternative Modalities assignments (Module 8)
f) Community Resources project (Module 7)

Introduction to Midwifery (classroom)

A. Standard (universal) precautions and infection prevention
B. Review of general nutrition and fitness
C. Introduction to Midwifery: Review of Heart and Hands

D. Ethics in midwifery
E. Basic skills – review and practice
F. Review of the Texas Midwifery Basic Information and Instructor Manual, Midwifery Act, and Midwifery Rules
G. Exam

MODULE II ANATOMY AND PHYSIOLOGY FOR MIDWIVES

Anatomy and Physiology for Midwives 2 (On-line class/coursework)

A. Human anatomy and physiology of all organs and body systems, including normal changes due to pregnancy
B. Overview of human genetics
C. Human reproduction: human reproductive cycles, fertilization
D. Embryonic development and fetal growth
E. The placenta and fetal membranes
F. Fetal circulation and the transition to neonatal life

Anatomy and Physiology for Midwives (classroom**)**

A. Review of Body Systems:
B. Review of Genetics, Mitosis and Meiosis
C. Review of the Reproductive Cycles and Fertilization
D. Review of Embryology, Fetal and Placental Development
E. Review of Fetal Circulation and Transitioning to Neonatal Life
F. Final Exam for Anatomy and Physiology

MODULE III THE ANTEPARTUM PERIOD I

The Antepartum Period I Module (coursework)

A. Vocabulary
B. Reproduction and Pregnancy
C. The Female Pelvis & Pelvimetry
D. The Health History and Pre-existing Risk Factors
E. Cultural issues affecting pregnancy and birth
F. Maternal Physical Assessment
G. Prenatal Care 1
H. Prenatal Fetal Assessment 1
I. Exercise during Pregnancy
J. Nutrition during Pregnancy
K. Common Discomforts of Pregnancy
L. Basic Diagnostic Testing

The Antepartum Period I Workshop (classroom)

A. Pregnancy
B. Maternal Physical Assessment
C. Prenatal Care
D. Routine fetal assessment
E. Nutrition and exercise in pregnancy
F. Basic diagnostic care (lab work)
G. Skills (initial physical and prenatal exam)
H. Skills (venipuncture)
I. Skills (Pap smear)
J. Exam on The Antepartum Period

MODULE IV INTRAPARTUM I

Intrapartum I Study Module (coursework)

A. Physiology of labor and birth
B. First stage of labor
C. Normal second stage of labor
D. Intrapartal maternal assessment
E. Intrapartal fetal assessment
F. Comfort measures and techniques for labor
G. Waterbirth and hydrotherapy
H. Third stage of labor
I. Fourth stage of labor and the immediate postpartum
J. Birth equipment and supplies
K. Professional ethics for midwives

Intrapartum I Workshop (classroom)

A. Writing Practice Guidelines
B. Fetal skull & fetal positions
C. Mechanisms of labor
D. Signs of labor
E. Initial labor assessment
F. Stages of labor
G. Labor support & comfort measures
H. Waterbirth
I. Setting up for birth - equipment & supplies
J. Charting
K. Skills (Estimating blood loss, vaginal exams, urinary catheterization, placental inspection)
L. Exam on Intrapartum I

MODULE V ANTEPARTUM 2

Antepartum 2 Module (coursework)

A. Prenatal Care 2 – Advanced and Special Situations
B. Psychosocial Aspects and Issues in Pregnancy
C. Diagnostic Testing 2
D. Reproductive and perinatal epidemiology, including infections during the childbearing year
E. Prenatal Fetal Assessment 2 including genetic and teratogenic risk factors and counseling
F. Antepartum complications

The Antepartum Period 2 Workshop (classroom)

A. Prenatal Care – Special Situations
B. Being prepared in the event of a disaster
C. Psychosocial Aspects and Issues in Pregnancy
D. Advanced Diagnostic Testing
E. Fetal assessment 2
F. Complications of pregnancy
G. Putting it all together – ongoing risk assessment
H. Exam on The Antepartum Period II

Due with module 5:

SOCIAL DETERMINANTS OF HEALTH AND THE MIDWIFE

A. Online coursework along with classroom discussion during the workshop

MODULE VI COMPLICATIONS OF THE INTRAPARTUM

Complications of the Intrapartum (coursework)

A. Complications of 1st and 2nd stage labor
B. Fetal Assessment
C. Vaginal Birth After Cesarean
D. Complications of 3rd and 4th stage, and the immediate postpartum
E. Complications of Labor and Birth project
F. Case studies

Complications of the Intrapartum (classroom)

A. Complications of labor & birth
B. Transports
C. Vaginal birth after cesarean
D. Fetal assessment
E. Skills – Management of hemorrhage, breeches, shoulder dystocia, and other emergency situations.
F. Exam on Intrapartum II - Complications

MODULE VII POSTPARTUM PERIOD & THE NEWBORN

The Postpartum Period & The Newborn (coursework)

A. Required reading
B. Vocabulary
C. The postpartum period
D. Complications of the postpartum period
E. The newborn period
F. Newborn complications
G. Breastfeeding & bottle-feeding
H. Family planning,
I. Well-woman care including pre-conception counseling; Pap smears
J. Midwifery Business Skills
K. Application of the Midwifery Model of Care

The Postpartum Period & The Newborn Period Workshop (classroom)

A. Immediate postnatal care: monitoring, complications
B. Postpartum period: exams, postpartum depression, unexpected outcomes
C. Newborn period: normal & abnormal, newborn exams & assessments
D. Breastfeeding & bottle-feeding
E. Family planning
F. Well-woman care
G. Skills
H. Midwifery Business Skills
I. Exam on The Postpartum & The Newborn Period

MODULE VIII ADVANCED SKILLS

Advanced Skills (coursework)

A. Introduction to Pharmacology
B. Medications for Midwives
C. Medication administration
D. IVs
E. Suturing

Advanced Skills (classroom)

A. Injection safety
B. Medication administration
C. IV therapy
D. Suturing

Due 14 weeks prior to graduation:

A. Pharmacology project
B. Practice guidelines

ACADEMIC PORTION OF COURSE COMPLETED

CLINICAL EXPERIENCE

ABBREVIATED NARM SKILLS LIST/PRACTICAL SKILLS GUIDE FOR MIDWIFERY

1. Preceptor evaluates and verifies skill competency for student.
2. Skills requiring 2 sign-offs completed with different approved preceptor
3. Abbreviated NARM Skills Verification Form, second sign-off skills, and supporting statements signed and notarized

REQUIRED TEXTBOOKS AND RECOMMENDED READING

Effective January 2019

The following books are required to complete the ATM Midwifery Training Program. The correct version of each book must be used; usually this is the most current edition. However, *use the edition specified on this list* unless otherwise noted. Required texts are grouped by the module for which you will first need the text. *Most textbooks will be used in multiple* modules; however, they are not listed here more than once.

Students are not required to purchase any textbook from a publisher, but in order to prevent a costly mistake by inadvertently obtaining the wrong text or wrong edition we suggest ordering directly from the publisher. By following any provided links you can be assured of obtaining the correct textbook version and edition. Note that you do not need any supplemental materials which may be offered or bundled with some textbooks. Ordering used textbooks is not recommended since students frequently receive an incorrect or older edition. If you have any questions about correct versions/editions contact the Course Coordinator.

Required Textbooks

MODULE 1

The following textbooks will be required before the start of Module 1:

- Davis, Elizabeth. (2012) *Heart and Hands: A Midwife's Guide to Pregnancy and Birth*, 5th edition, Ten Speed Press **(HH5)**
- Jensen, Sharon (2014). *Nursing Health Assessment: A Best Practice Approach* 2nd edition. Lippincott, Williams & Wilkins ISBN: ISBN-13: 978-1451192865 *OR* ISBN-10: 9781451192865 www.lww.com Textbook only – you do not need on-line resources or lab manual. Use promotion code WXT4316D in order to receive a 20% discount. (Discount may be used on any LWW textbooks ordered.) **(NHA)**
- Johnson, R. and Taylor, W. (2010) *Skills for Midwifery Practice* 3rd edition. Elsevier **(SFMP3)**
- King, T. L., Brucker, M. C., Jevitt, C. M., & Osborne, K. (2018). *Varney's Midwifery* 6th edition. Burlington, MA: Jones & Bartlett Learning. ISBN-13: 978-1284160215 *OR* ISBN-10: 1284160211 **(V6)**
- Texas Department of Licensing and Regulation *Texas Midwifery Basic Information and Instructor Manual* (The booklet will be provided by the ATMMTP)
- Thompson, J; Manore, M; Vaughan, L (2011) *The Science of Nutrition* 2nd edition Pearson Benjamin Cummings **(SON2)**

ANATOMY AND PHYSIOLOGY (MODULE 1 AND MODULE 2)

The following textbooks will be required for Anatomy and Physiology for Midwives courses:

- Coad, Jane (2011) *Anatomy and Physiology for Midwives.* 3rd edition Elsevier Churchill Livingstone. **(APM3 or Coad3)**
- McConnell III, T; Hull, K; (2011) *Human Form – Human Function: Essentials of Anatomy and Physiology*. Lippincott, Williams & Wilkins ISBN: 978-0-7817-8020-9 www.lww.com Use promotion code WXT4316D in order to receive a 20% discount. (Discount may be used on any LWW textbooks ordered.) **(HFHF)**

MODULE 3

The following textbooks will be required before the start of Module 3:

- Frye, Anne. (2007) *Understanding Diagnostic Tests in the Childbearing Year*, 7th edition, Labrys Press **(DT7)**
- Frye, Anne. (2010 reprint) *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. 1, Care During Pregnancy*, Labrys Press **(HM1 or HMI)**
- Tupler, Julie. (1996) *Maternal Fitness*. Simon & Schuster **(MF)**
- Davidson, Michele R. (2014) Fast Facts for the Antepartum and Postpartum Nurse. Springer Publishing **(FF)**

MODULE 4

The following textbooks will be required before the start of Module 4:

- Foster, Illysa and Lasser, Jon (2011) Professional Ethics in Midwifery Practice. Jones & Bartlett http://www.amazon.com/gp/product/0763768804/ref=kinw_rke_rti_1 **(PEMP)**
- Frye, Anne. (2004) *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol.II, Care During Labor and Birth 1st edition*, Labrys Press **(HM2 or HMII)**
- Simkin, Penny; Ancheta, Ruth. (2011) *The Labor Progress Handbook* 3rd edition. Wiley-Blackwell **(LPH3)**
- Sinclair, Constance (2004) *A Midwife's Handbook* 1st edition. El Sevier Saunders **(AMH)**

MODULE 5

The following textbook will be required before the start of Module 5:

- Buck Louis, Germaine; Platt, Robert (2011) Reproductive and Perinatal Epidemiology. Oxford University Press ISBN-10: 0195387902; ISBN-13: 978-0195387902 **(RPE)**
- Gruenberg, Bonnie (2008) *BEST - Birth Emergency Skills Training Manual for Out-of-Hospital Birth.* Muse Press *Note: available on Kindle http://www.amazon.com/Birth-Emergency-Skills-Training-Hospital/dp/0979002001 **(BEST)**

MODULE 6

- No new texts for module 6

MODULE 7

The following textbooks will be required before the start of Module 7:

- La Leche League, International. (2003) *The Breastfeeding Answer Book*. Mohrbacker and Stock **(BAB)**

- Rushing, Lynda and Joste, Nancy (2008) *Abnormal PAP SMEARS What Every Woman Needs to Know* 2nd edition. Prometheus Books **(APS2)**
- Thureen, P; Deacon, J; Hall, D; Hernandez, Jacinto (2005) Assessment and Care of the Well Newborn, 2nd Edition El Sevier Saunders (Module VII) **(ACWN2)**

MODULE 8

The following textbook will be required before the start of Module 8:

- Brucker, Mary C. and King, Tekoa L (2017) Pharmacology for Women's Health, 2nd Edition. Burlington, MA: Jones & Bartlett Learning. ISBN-13: 9781284057485 **(PWH2)**

CLINICAL TRAINING (APPRENTICESHIP)

- Weaver, Pam and Evans (2012) Sharon Practical Skills Guide for Midwifery 5th edition. Morningstar Publishing.(Used only in clinical training)

Optional Texts

The following texts are approved for use in required special projects and are highly recommended, but *not* required; most are reference texts for the NARM exam:

- Bennett and Brown, **Myles Textbook for Midwives,** 15th edition, , Elsevier Churchill Livingstone (Module III & V) **(M15)**
- Gaskin, Ina May. **Spiritual Midwifery**, 4rd edition, The Book Publishing Company, 2002. **(SM4)**
- Goer, Henci, and Romano, Amy. **Optimal Care in Childbirth,** Classic Day Publishing, 2012
- Hall, Jennifer, **Midwifery Mind and Spirit**, Elsevier, 2001
- Oxhorn and Foote. **Human Labor and Birth**, 5th edition. McGraw Hill, 1986. **(HLB5)**
- Page, Lesley Ann, **The New Midwifery**, 2nd edition, Churchill Livingstone, 2006
- Pritchard and McDonald. **William's Obstetrics**, 23rd edition. Prentiss Hall, 2009
- Renfrew, Fisher, Arm, **Bestfeeding: Getting Breastfeeding Right.** Celestial Arts, 3rd edition, 2004
- Skidmore-Roth, Linda, **Mosby's Handbook of Herbs and Natural Supplements**, Elsevier **(MHHNS)**
- Tharpe, Nell, **Clinical Practice Guidelines for Midwifery & Women's Health**, Jones and Bartlett
- Wickham, Sarah, **Midwifery, Best Practice**, Vol 3, Elsevier, 2009

Recommended Supplemental Reading List

- **BIRTH WISDOM: TRICKS OF THE TRADE, VOLUMES 1-3**, *Midwifery Today*
- **HOMEOPATHY FOR THE MODERN PREGNANT WOMAN AND HER INFANT**, *Sandra Perko*
- **HOMEOPATHY FOR PREGNANCY, BIRTH, AND YOUR BABY'S FIRST YEAR**, *Miranda Castro*
- **MIDWIFERY**, *Linda V. Walsh*
- **MIDWIFERY TODAY MAGAZINE**
- **MOMMY DIAGNOSTICS**, *Shonda Parker*
- **RESEARCH UPDATES FOR MIDWIVES – SOME THOUGHTS ON THE BEST OF THE EVIDENCE** 2005 Gail Hart
- **THE COMPLETE WOMAN'S HERBAL – A MANUAL OF HEALING HERBS AND NUTRITION FOR PERSONAL WELL-BEING AND FAMILY CARE**, *Anne McIntyre*
- **THE HEMORRHAGE HANDBOOK**, *Midwifery Today*
- **THE NATURALLY HEALTHY PREGNANCY**, *Shonda Parker*
- **THE NATURALLY HEALTHY WOMAN**, *Shonda Parker*
- **THE SHOULDER DYSTOCIA HANDBOOK**, *Midwifery Today*
- **UNDERSTANDING AND TEACHING OPTIMAL FOETAL POSITIONING**, *Jean Sutton and Pauline Scott*
- **WHO (World Health Organization) Essential Antenatal, Perinatal, and Postpartum Care Training Modules**
- **INA MAY'S GUIDE TO CHILDBIRTH**, Ina May Gaskin
- **INA MAY'S GUIDE TO BREASTFEEDING**, Ina May Gaskin
- **WITCHES, MIDWIVES AND NURSES; A HISTORY OF WOMEN HEALERS** *Barbara Ehrenreich and Deirdre English*
- **THE FEMALE PELVIS ANATOMY AND EXERCISES,** *Blandine Calais-Germain*
- **THE FEMALE PELVIS PREPARING FOR A GENTLE BIRTH,** *Blandine Calais-Germain*
- **ACTIVE BIRTH***, Janet Balaskas*
- **ULTIMATE GUIDE TO BREASTFEEDING**, *Jack Newman*
- **PUSHED: THE PAINFUL TRUTH ABOUT CHILDBIRTH AND MODERN MATERNITY CARE,** *Block, Jennifer*
- **CHILDBIRTH WITHOUT FEAR** Grantly Dick-Read & Ina May Gaskin 2013
- **BREASTFEEDING MADE SIMPLE: SEVEN NATURAL LAWS FOR NURSING MOTHERS***, Nancy Mohrbacher*
- **PREGNANCY CHILDBIRTH AND THE NEWBORN***, Penny Simpkin*

Nurse Practitioner's Business Practice And Legal Guide

May 1, 2014 by Carolyn Buppert

Business Concepts for Healthcare Providers: A Quick Reference for Midwives, NPS, CNSS, and Other Disruptive Innovators

Dec 26, 2003

by Joan Slager

ASSOCIATION OF TEXAS MIDWIVES

ATM MIDWIFERY TRAINING PROGRAM
Claudine Crews CPM, LM
Course Coordinator
P.O. Box 887
Elmendorf TX 78112

Preceptor Evaluation by Student

_____ _____
Preceptor's Name (Print) **Student's Name (Print)**

No. of months of apprenticeship included in this evaluation _____ Date of evaluation _____

Does my preceptor:	**Never ……..… Sort of …… Always**				
…give me enough verbal encouragement?	1	2	3	4	5
…express criticism tactfully and privately?	1	2	3	4	5
…give me enough opportunities for hands-on experience?	1	2	3	4	5
…give me a thorough and honest critique after each birth?	1	2	3	4	5
…make an effort to discuss each birth afterwards?	1	2	3	4	5
…spend time going over prenatal and postnatal visits?	1	2	3	4	5
…give me an opportunity to exercise critical thinking skills?	1	2	3	4	5
…test me on what I'm studying?	1	2	3	4	5
…share her thoughts and feelings about the clients we see?	1	2	3	4	5
…give me detailed instructions before expecting me to know how to do something?	1	2	3	4	5
…give me a chance to do things on my own?	1	2	3	4	5
…provide adequate supervision during clinical training?	1	2	3	4	5
…teach ethical midwifery practice by example and discussion?	1	2	3	4	5
…teach me all aspects of a midwifery practice (clients, phone calls, paper work, finances, research, etc.)?	1	2	3	4	5

Additional comments: _____

_____

_____

_____

_____ _____
Preceptor's Signature **Student's Signature**

Please complete the appropriate evaluations and submit no later than the last day of January and July of each year. **If you are not currently in an apprenticeship you still need to sign, date, and submit this form when due.** You will not be eligible to attend workshops if current evaluations are not submitted and on file. Clinicals performed while evaluations are delinquent may not be eligible towards meeting your graduation requirements.

Please use this opportunity to discuss with your preceptor any issues that may help or hinder your learning. Keep a copy for your record.

ATMMTP Student Evaluation by Preceptor

_____ _____

Student's Name (print) **Preceptor's Name (print)**

If this is your first evaluation of the student check here. ❑

How many months of clinical training are included in this evaluation? _____How long has the student been apprenticing with you? _____

Evaluations are an important part of the student learning process. An evaluation is required for the 6 month period of January 1 – June 30 of each year, and is due no later than July 31st, with a second evaluation for the period of July 1 – December 31 due by January 31st. Your student will not be eligible to attend workshops if current evaluations are not submitted and on file.

Please mark the box that most accurately reflects your assessment of how the student is performing in each area. If you feel that something is not applicable you may note N/A in that column. Feel free to contact the ATM Clinical Supervisor if you have questions.

I. Student needs to:	**Often**	**On occasion**	**Rarely**	**Not a problem**
inform the preceptor when help or encouragement is needed				
ask questions in an appropriate manner				
ask questions at appropriate times				
allow time to review clients and situations with the preceptor				
take advantage of hands-on experiences appropriately				
be more punctual				
communicate more with preceptor				
show more respect to preceptor and/or colleagues				
integrate academic and clinical training appropriately				
improve listening skills				
be more assertive				
improve maintaining confidentiality				
behave more professionally				
dress more professionally				
improve telephone-answering technique				

II. Student Skills Evaluation	**Not yet learned or N/A**	**Needs much practice**	**At expected skill level**	**Has mastered skill(s)**
Basic Skills				
1. Vital signs, Maternal (BP, temperature, pulse, RR): *Accuracy*				
2. Vital signs, Maternal (BP, temperature, pulse, RR): *Interpretation of results*				
Prenatal skills:				
3. Initial physical and history				
4. Fundal height measurement				
5. Palpation of fetal presentation/position				
6. Fetal health (heart rate, movement, growth)				
7. Diagnostic testing assessments				
8. Nutrition assessment				
9. Pelvic/vaginal exam				
10. Counseling technique/advice				
11. Documentation/charting				
Intrapartum skills:				
12. Initial labor assessment				

II. Student Skills Evaluation	Not yet learned or N/A	Needs much practice	At expected skill level	Has mastered skill(s)
13. Assessment of contractions (timing, strength)				
14. Maternal intake and output				
15. Maternal comfort techniques, support				
16. Fetal heart rate: timeliness and assessment				
17. Vaginal exams:				
a. Effacement				
b. Dilation				
c. Station				
d. Position of fetus				
18. Assessment of status of membranes				
19. Recognition of normal labor flow and deviations from normal				
20. Birth/delivery of baby				
21. Immediate newborn care (dry, warmth, evaluation, including APGAR)				
22. Appropriate response to emergencies				
23. 3rd stage management/delivery of placenta				
24. Assessment of uterus, lochia				
25. Perineal assessment and/or repair				
26. Newborn examination				
27. Documentation/Charting				
Postpartum/Newborn Period				
28. Maternal assessment for infection				
29. Maternal assessment of uterus, lochia				
30. Maternal breastfeeding assistance				
31. Maternal nutrition				
32. Assessment of Postpartum Mood Disorders				
33. PAP smear				
34. Newborn heart and respiratory assessment				
35. Newborn Screening Testing				
36. Newborn breastfeeding assessment				
37. Newborn measurements (weight, head, length)				
38. Newborn assessment for infection				
39. Assessment for jaundice				
40. Documentation/Charting				

Additional comments (use additional paper if necessary):

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Preceptor's Signature Student's Signature Date

Please ensure that where you, the preceptor, indicate that the student needs help, you take this opportunity to discuss these issues with the student. Keep a copy for your record and compare to previous evaluations so that you may point out consistent problems and also progress and improvements.

PERMISSION FOR STUDENT/STUDENT CLINICAL TRAINING

I, _____, have currently acquired an ATM Midwifery Training Program midwifery student/student for training. My responsibility to her is to train her in all aspects of midwifery. This includes, but is not limited to, her clinical experience.

My first and foremost responsibility is to you, _____, my client. It is my desire that you feel as comfortable with my student as I do. During her training she will progress from student to student to a primary midwife under supervision. At each level she will be required to master certain skills and tasks. She will not be expected nor allowed to perform these tasks until she has shown the necessary skill and proficiency in each one, and will be supervised during the provision of all care. My commitment to you, if you choose to allow her to be involved with your care, is to always have your best interests in mind and to ensure that you get the best care possible.

Therefore, I would like to ask for your permission to allow my student to participate in your care. If at any time you are or become uncomfortable with any care you are receiving from her involvement in your care, you may say so and the student/student's involvement in your care will be tactfully terminated immediately, from either *that* task or *all* care, based upon your request.

If you are willing to help me in this training process, please indicate so by signing this document.

I want to thank you for assisting me in the endeavor to ensure that midwifery remains available to all women in Texas by helping in the process to train the midwives of the future.

I, _____, agree to allow the midwifery student/student

_____ to assist _____ in all aspects of my prenatal, labor, birth, and postpartum care.

_____ _____

Signature of Client Date

_____ _____

Signature of Student Date

_____ _____

Signature of Midwife Date

CLIENT PERMISSION FOR APPRENTICE CARE

I am aware that _____ is an Student Midwife under the supervision of_____, a Preceptor with the Association of Texas Midwives' Midwifery Training Program. The ATM Midwifery Training Program is a basic Midwifery education course approved by the Texas Department of State Health Services Midwifery Board. I have contracted with _____, as Primary Caregiver for my maternity care and realize she/he is ultimately responsible for providing appropriate care and intervening and implementing the care provided by the Student Midwife. I give consent for _____, Student Midwife, to participate in my care as my Primary Caregiver deems appropriate. I willingly participate in the hopes that this aspiring Midwife will develop a confidence in the necessary skills to insure that other women will have an option to give birth outside the hospital with a caring, safe Midwife.

_____

Client's Signature Date

_____

Student's Signature Date

_____

Preceptor's Signature Date

(Sample Informed Consent Form)

Primary Midwife under Supervision

My student, _____, has acquired the knowledge and skills necessary to provide care as a Primary Midwife under Supervision. Midwifery students must provide this care to a minimum of 20 women in order be eligible to sit for the state examination, part of the licensing requirements in Texas. By signing this form you agree to allow her to assume this role in your care. Any care provided will be under my supervision, and she will not be allowed to provide any care in which she has not previously demonstrated proficiency. As her preceptor I maintain full responsibility for all care that she provides.

My first and foremost responsibility is to you, _____, my client. It is my desire that you feel as comfortable with my student as I do. My commitment to you, if you choose to allow her to be involved with your care, is to always have your best interests in mind and to ensure that you get the best care possible.

If at any time you are or become uncomfortable with any care you are receiving from her involvement in your care, you may say so and her involvement in your care will be tactfully terminated immediately.

If you are willing to help me in this training process, please indicate so by signing this document.

I want to thank you for assisting me in the endeavor to ensure that midwifery remains available to all women in Texas by helping in the process to train the midwives of the future.

_____

I, _____, agree to allow _____ to assist _____in the role of Primary Midwife under Supervision during all aspects of my prenatal, labor, birth, and postpartum care. I have been given a discount of _____ off of my fee, and understand that if I choose to terminate care with the student midwife I will forfeit that discount.

_____ _____
Signature of Client Date

_____ _____
Signature of Student Date

_____ _____
Signature of Midwife Date

CLINICAL TIME LOG – NOT INTRAPARTUM

All hours should be rounded up or down to .25 hour increments

Student Name: _____Page ___ of ____

Time Summary					Breakdown of Time						
Date	Preceptor or Clinical Site	Time In	Time Out	Total Time (hours)	Initial History & Physical	Prenatal Exams	Postpartum Exams	Newborn Exams > 24 hours	Chart Review	[1]Other	Preceptor Initials
TOTAL NUMBER OF HOURS rounded to .25 hour increments (.25; .50; .75)											

Preceptor Name: _____ Signature: _____ Initials: _____

Preceptor Name: _____ Signature: _____ Initials: _____

Preceptor Name: _____ Signature: _____ Initials: _____

Student Signature: _____

[1] Other: Includes Office/clerical duties such as: Equipment cleaning/care, supplies order/restocking, billing, scheduling, filing birth certificates, charting, etc.

CLINICAL TIME LOG – INTRAPARTUM

All hours should be rounded up or down to .25 hour increments

Student Name: ______________________________ Page ___ of ____

Role: O = Observer A = Assistant under Supervision P = Primary under Supervision

DOB	Client Code	Role	Time In	Time Out	Post-Birth Review Time	Total Time	Preceptor Initials	DOB	Client Code	Role	Time In	Time Out	Post-Birth Review Time	Total Time	Preceptor Initials
TOTAL NUMBER OF HOURS rounded to .25 hour increments (.25; .50; .75)								TOTAL NUMBER OF HOURS rounded to .25 hour increments (.25; .50; .75)							

Preceptor Name: ________________________ Signature: ________________________ Initials: _____

Preceptor Name: ________________________ Signature: ________________________ Initials: _____

Preceptor Name: ________________________ Signature: ________________________ Initials: _____

Student Signature: ____ Total Hours: ___________

ATMMTP STUDENT FINAL EVALUATION BY PRECEPTOR

Verification of Clinical Training Length

_____ _____

Student's Name (print) **Preceptor's Name (print)**

Dates of active clinical training: _____ to _____, for a total clinical training time of _____ months.

If clinical training time is not continuous or the student took more time off than two weeks please explain below. Time off greater than 2 weeks does not count towards the minimum 24-month clinical training. Those weeks must be deducted prior to calculating the total length of the clinical training.

_____

_____

Please mark the box that most accurately reflects your assessment of the midwife-candidate's readiness for independent midwifery practice. Feel free to contact the ATM Course Coordinator if you have questions.

☐ Verification of Time Only: I am **not** the student's final preceptor and am verifying clinical training time only.

I. Midwife Candidate:	**Ready**	**Not Ready**	**Comments**
Consults appropriately			
Recognizes complications and manages appropriately			
Self reflects			
Has integrated academic and clinical training			
Respects preceptor, other students, colleagues, medical professionals			
Is appropriately self-confident			
Protects confidentiality in all aspects			
Prepared to practice entry level midwifery			

Student has demonstrated mastery of NARM midwifery skills: ☐Yes ☐No

What is your appraisal of the midwife-candidate's ability and readiness to begin independent midwifery practice? _____

_____

Additional comments (use additional paper if necessary):

_____

_____

_____

_____

_____

_____ _____ _____

Preceptor's Signature Student's Signature Date

Please ensure that where you, the preceptor, indicate that the student needs help, you take this opportunity to discuss these issues. Keep a copy of this form in your record.

ATM Midwifery Training Program Abbreviated NARM Required Skills Verification

Sample only – Students have the most current forms with areas for names on each page.

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
1	**I. Midwifery Counseling, Education and Communication**		
2	A. Provides interactive support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes		
3	B. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment		
4	C. Facilitates the mother's decision of where to give birth		
5	D. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome		
6	E. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum		
7	F. Applies the principles of informed consent		
8	G. Communicates practice parameters and limits of practice		
9	H. Applies the principles of client confidentiality		
10	I. Provides individualized care		
11	J. Advocates for the mother during pregnancy, birth and postpartum		
12	K. Provides culturally appropriate education, counseling and/or referral, where appropriate for: to other health care professionals, services, agencies for:		
13	1. Genetic counseling for at-risk mothers		
14	2. Abuse issues: emotional, physical and sexual		
15	3. Prenatal testing and lab work		
16	4. Diet, nutrition and supplements		
17	5. Effects of smoking, drugs and alcohol use		
18	6. Social risk factors		
19	7. Situations requiring an immediate call to the midwife		
20	8. Sexually transmitted diseases diseases/infections and safer sex practices		
21	9. blood borne pathogens: HIV, Hepatitis B, Hepatitis C		
22	10. Complications of pregnancy		
23	11. Environmental risk factors, hazards, teratogenic substances, including TORCH viruses		
24	12. Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc		
25	13. Postpartum care concerning complications and self-care, Kegel exercises, self-breast examination		
26	14. Contraception		
27	15. Female reproductive anatomy and physiology		
28	**II. General Healthcare Skills**		
29	A. Demonstrates the application of Universal Precautions as they relate to midwifery		
30	1. Demonstrates the application of aseptic/sterile technique		

31	B. Demonstrates optimal documentation and charting skills		
32	C. Uses alternate healthcare practices (non-allopathic treatments) and modalities		
33	D. Refers to alternate healthcare practitioners for non-allopathic treatments		
34	E. Manages and treats for shock by:		
35	1. Recognizing the signs and symptoms of shock, or impending shock		
36	2. Assessing the cause of shock and providing treatment for shock		
37	F. Understands the benefits and risks and appropriately recommends the use of vitamin and mineral supplements		
38	G. Demonstrates knowledge of benefits and risks and appropriate administration the following pharmacological (prescriptive) agents:		
39	1. Lidocaine/xylocaine for suturing		
40	2. Medical oxygen		
41	3. Methergine		
42	4. Prescriptive ophthalmic ointment		
43	5. Pitocin ® for postpartum hemorrhage		
44	6. RhoGam ®		
45	7. Vitamin K		
46	8. Antibiotics for Group B Strep		
47	9. IV fluids		
48	H. Provides counsel and refers for performance of ultrasounds		
49	I. Provides counsel and refers for performance of biophysical profile		
50	J. Demonstrates the use of instruments and equipment including:		
51	1. Amnihook® /Amnicot®		
52	2. Bag and mask resuscitator		
53	3. Blood pressure cuff		
54	4. Bulb syringe		
55	5. Cord clamp and/or cord tape		
56	6. DeLee ® (or other tube/mouth suction device)		
57	7. Doppler		
58	8. Fetoscope		
59	9. Gestation calculation wheel/calendar		
60	10. Hemostats		
61	11. Lancets		
62	12. Newborn and adult scale		
63	13. Nitrazine paper		
64	14. ***** Oxygen tank, flow meter, cannula, and face mask		
65	15. Scissors (all kinds)		
66	16. Speculum		
67	17. Stethoscope		
68	18. Suturing equipment		
69	19. Thermometer		
70	20. Urinalysis strips		
71	21. Urinary catheter		
72	22. Vacutainer/blood collection tube		
73	K. ***** Proper use of injection equipment:		
74	1. needle and syringe		

75	2. single dose vial		
76	3. multi dose ampule		
77	4. sharps container		
78	L. Draws blood, obtains or refers for blood screening tests		
79	M. Obtains or refers for urine culture		
80	N. Evaluates laboratory and medical records		
81	**III. Maternal Health Assessment**		
82	A. Obtains and maintains records of health, reproductive and family medical history, potential exposure to toxins, personal information, and possible implications to current pregnancy		
83	B. ***** Performs a complete physical examination		
84	1. Performs pelvic exam, including assessing:		
85	2. The condition of the uterus, ovaries and cervix (by speculum)		
86	a) Performs a Papanicolaou (Pap) test		
87	b) Obtains gynecological cultures		
88	3. The size of the uterus and fetal age (by bimanual exam), the condition of the vulva, vagina, cervix, perineum and anus		
89	**IV. Prenatal:**		
90	A. Assess results of routine prenatal physical exams, including on-going assessment:		
91	1. Maternal psycho-social, emotional health and well-being		
92	2. Signs and symptoms of infection		
93	3. ***** Performs routine prenatal physical exams to track variations and changes to maternal health, including vital signs, clonus, respiratory assessment, edema		
94	4. Nutritional patterns		
95	5. Hemoglobin/hematocrit		
96	6. Glucose levels		
97	7. Breast condition/implications for breastfeeding		
98	8. Signs of abuse		
99	9. Assess urine for appearance, protein, glucose, ketones, ph, leukocytes, nitrites, blood		
100	10. Fetal heart rate/tones auscultated with fetoscope or Doppler		
101	11. Vaginal discharge or odor		
102	12. Estimates due date based upon a variety of methods		
103	13. Assessment of fetal growth and well-being:		
104	14. Assesses fetal weight, size, lie, and lightening		
105	B. Records results of the examination in the prenatal records		
106	C. Provides education, counsel, and recommendations for:		
107	1. nutritional, and non-allopathic dietary supplement support, normal body changes, weight gain		
108	2. Provides education, counsel, and recommendations for common complaints of pregnancy, and preparation for labor/birth		
109	D. Recognizes and responds to potential prenatal complications/variations by identifying/assessing:		
110	1. Antepartum bleeding		
111	2. Identifying pregnancy-induced hypertension (PIH)		
112	3. Assessing, educating and counseling for PIH		
113	4. Identifying and consulting, collaborating or referring for:		
114	a) Pre-eclampsia		
115	b) gestational diabetes		
116	c) Urinary tract infection		

117	d) Fetus small for gestational age		
118	e) Intrauterine growth restriction		
119	f) thrombophlebitis		
120	g) oligohydramnios		
121	h) polyhydramnios		
122	5. Identifying, turning, and management strategies for breech presentation		
123	6. Identification and management strategies for multiple gestation		
124	7. Identification, prevention, and techniques to encourage rotation of an occiput posterior position		
125	8. Vaginal Birth After Cesarean (VBAC) including identification, contraindications for out-of-hospital birth, management		
126	a) recognizes signs and symptoms of uterine rupture and knows emergency treatment		
127	9. Identifies, treats, consults or refers for pre-term labor		
128	10. Assess, evaluate, and monitor a post-date pregnancy		
129	a) Consultation or referral for ultrasound, non-stress test, biophysical profile		
130	11. Treating a post-date pregnancy by stimulating the onset of labor		
131	12. Identifying and referring for:		
132	a) tubal pregnancy		
133	b) molar pregnancy		
134	c) ectopic pregnancy		
135	d) placental abruption		
136	e) placenta previa		
137	13. Identifying and managing premature rupture of the membranes in a FULL-TERM pregnancy		
138	14. Consults and refer for premature rupture of membranes in PRE-TERM pregnancy		
139	15. Establishes and follows emergency contingency plans for mother/baby		
140	**V. Labor, Birth and Immediate Postpartum**		
141	A. Facilitates maternal relaxation and provides comfort measures throughout labor		
142	B. Evaluates, responds to, and supports a laboring mother during the first stage of labor by assessing a variety of factors, including		
143	a) Evaluating and responding to maternal and fetal status, including vital signs, intake/output, status of membranes, contractions, fetal heart tones		
144	b) Fetal lie, presentation, position, and descent by observation, palpation, vaginal examination		
145	c) Effacement, dilation of the cervix and station of the presenting part		
146	d) Maternal dehydration and/or vomiting		
147	2. Knows a variety of treatments for anterior/swollen lip		
148	3. Posterior or asynclitic position		
149	4. Pendulous belly inhibiting descent		
150	5. Labor progress with psychological support, position changes, nutrition, rest, physical activity, non-allopathic treatments, nipple stimulation		
151	C. Demonstrates the ability to evaluate and support a laboring mother during the second stage of labor		

152	D. Accurate and complete recordkeeping and documentation of labor and birth		
153	E. Demonstrates the ability to recognize and respond to labor and birth complications such as:		
154	1. Abnormal fetal heart tones and patterns		
155	2. Cord prolapse		
156	3. Variations in presentation:		
157	a) Breech presentation		
158	b) Nuchal hand, arm presentation		
159	c) Nuchal cord presentation		
160	d) Face and brow presentation		
161	e) Multiple birth presentation and delivery		
162	f) Shoulder dystocia		
163	4. Vaginal birth after cesarean (VBAC)		
164	5. Management of meconium stained fluids		
165	6. Management of maternal exhaustion		
166	F. Recognize/consult/transport for signs of:		
167	1. Uterine rupture		
168	2. Uterine inversion		
169	3. Amniotic fluid embolism		
170	4. Stillbirth		
171	G. Assesses the condition of, and provides care for the newborn immediately after the birth:		
172	1. Keep baby warm		
173	2. Initial newborn assessment		
174	3. Determining APGAR score(s)		
175	4. Keep mother and baby together, supports bonding		
176	5. Monitoring respiratory and cardiac function		
177	6. Responding appropriately to the need for newborn resuscitation		
178	7. Recognizes abnormal newborn conditions such as birth defects, central nervous system disorder, signs and symptoms of Meconium Aspiration Syndrome, and consults or refers as needed		
179	8. Clamping, cutting, and caring for the cord		
180	9. Administers eye prophylaxis		
181	10. Assesses gestational age		
182	H. Assists in placental delivery and responds to blood loss including:		
183	1. Determining signs of placental separation		
184	2. Facilitating the delivery of the placenta		
185	3. After delivery, assessing the condition of the placenta		
186	4. Estimating the amount of blood loss		
187	5. Responding to uterine bleeding with a range of treatments		
188	6. Responds appropriately to a vaginal tear and bleeding		
189	7. Responds to postpartum hemorrhage with a range of treatments		
190	I. Assesses general condition of mother and newborn by a variety of criteria including bladder, lochia, vaginal and perineal area		
191	1. Repairs the perineum by:		
192	a) Administering a local anesthetic		
193	b) Performing basic suturing		
194	2. Provides alternate repair methods (non-suturing)		
195	3. Provides instruction for care and treatment of the perineum		
196	4. Facilitates breastfeeding		

197	J. * Performs a full newborn examination		
198	**VI. The Postpartum Period:**		
199	A. Completes the birth certificate		
200	B. Performs postpartum reevaluation of mother and baby at:		
201	1. * 24 – 72 hours after birth		
202	2. Other appropriate times, including a 4 – 6 week postpartum exam		
203	C. Assess and provides counseling and education as needed		
204	D. Educates regarding adverse factors affecting breastfeeding		
205	E. Provides contraceptive/family planning education and counseling		
206	F. Facilitate psycho-social adjustment		
207	G. Provides opportunity for client feedback:		
208	H. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:		
209	1. Uterine infection		
210	2. UTI		
211	3. Infection of vaginal tear or incision		
212	4. Postpartum depression and psychosis		
213	5. Late postpartum hemorrhage		
214	6. Thrombophlebitis		
215	7. Separation of abdominal muscles		
216	8. Separation of symphysis pubis		
217	B. Assess for, and treats jaundice		
218	C. Provide direction for care of circumcised and uncircumcised penis		
219	D. Knows treatments for sore nipples, including thrush		
220	E. Knows treatments for mastitis		
221	F. Knows breastfeeding referral resources		
222	**VII. Well-Baby Care**		
223	A. Provides well-baby care up to 6 weeks		
224	B. Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, and behavior, and support integration of baby into family		
225	C. Assesses the current health and appearance of baby		
226	D. Provides education and instructs mother in care of common newborn conditions such as cradle cap, diaper rash, thrush and colic		
227	E. Recognizes signs/symptoms and differential diagnosis of:		
228	1. Infections		
229	2. Cardio-respiratory abnormalities		
230	3. Glucose disorders		
231	4. Hyperbilirubinemia		
232	5. Birth defects		
233	6. Failure to thrive		
234	7. Newborn hemorrhagic disease (early and late onset)		
235	8. Polycythemia		
236	F. Provide information for referral for continued well-baby care		
237	G. Support integration of baby into family		
238	H. Perform or refer for newborn metabolic screening		
239	I. Perform or refer for newborn hearing screening		

Note: Any skill marked with "*****" requires a second sign-off by an ATMMTP preceptor who has not signed any skills on this form.

Preceptor review: Form completed; all skills signed and dated. Preceptor Signature: _____ Date: _____

Student Verification of Completion of Abbreviated NARM Skills Requirements

Form # SSV-2012-1

I, _____, whose name appears on each of page of the **NARM Skills Verification Form # NSV-2012-1**, hereby do swear that all of the information on those pages is true and correct to the best of my ability and by signing before the Notary I am affirming that I can provide information or witnesses to attest the I have acquired and am proficient in the listed skills.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of the month of _____ in the year _____.

Notary Seal

_____
Notary Signature

My Commission Expires on: _____

THE ATM STUDENT PATHWAY

1. Contact ATM office or Course Coordinator. Receive answers to any questions.
2. ATM Midwifery Training Program office receives application for enrollment and notifies student by email of application receipt.
3. Applicant is notified of acceptance and makes tuition payment for first module.
4. Course Coordinator processes new student and enrolls student into the “Orientation to the ATMMTP” mini-course.
5. Student reviews all orientation materials, completes a learning styles assessment assignment, and then completes the open-book orientation quiz with a grade of 100%. A telephone orientation with the Course Coordinator is scheduled if requested. Enrollment is now complete.
6. Student is enrolled into the Introduction to Midwifery module.
7. Student completes the Introduction to Midwifery module assignments and makes plans to attend the Introduction to Midwifery Workshop.
8. Student attends the Introduction to Midwifery Workshop and passes the corresponding exam.
9. Student receives access to on-line Anatomy and Physiology for Midwives module.
10. Student completes on-line Anatomy and Physiology for Midwives module and makes plans to attend the Anatomy and Physiology for Midwives Workshop #2
11. Student attends the Anatomy and Physiology for Midwives Workshop and passes corresponding exam.
12. Student receives access to The Antepartum I Module.
13. Student completes The Antepartum I Module and makes plans to attend Workshop #3.
14. Student completes neonatal resuscitation certification and provides proof to the Course Coordinator prior to Workshop #3.
15. Student attends The Antepartum I Workshop #3 and passes corresponding exam.
16. Student receives The Normal Intrapartum Module.
17. Student completes The Normal Intrapartum Module and makes plans to attend Workshop #4.
18. Student attends The Normal Intrapartum Workshop #4 and passes corresponding exam.
19. Student receives The Antepartum II Module.
20. Student completes The Antepartum II Module and makes plans to attend Workshop #5.

Student must have an ATM Approved Preceptor before moving to step 21.

21. Student attends The Antepartum II Workshop #5 and passes corresponding exam.
22. Student receives Complications of the Intrapartum Module.

23. Student completes Complications of the Intrapartum Module and plans to attend Workshop # 6.
24. Student attends Complications of the Intrapartum Workshop #6 and passes the corresponding exam.
25. Student receives Postpartum and Newborn Module.
26. Student completes Postpartum and Newborn Module and plans to attend Workshop #7.
27. Student attends Postpartum and Newborn Workshop #7 and passes the corresponding exam.
28. Student receives Advanced Skills Module[2].
29. Student completes Advanced Skills assignments, takes on-line exam, and plans to attend Workshop #8.
30. Student attends Advanced Skills Workshop,
31. Student submits pharmacology project, practice guidelines, and the Pregnancy Information Project for review

~ Academic portion of Midwifery Training Program is complete~

32. Preceptor and student will complete clinical training requirements and evaluations as required.
33. Copies of Education Time Log, Clinical Time Log, Clinical Experience Summary forms, Clinical Experience verification letter, Skills Verification form, and proof of current Neonatal Resuscitation and CPR will be mailed to the Course Coordinator.
34. Course Coordinator will award a graduation certificate after a review of the student's entire file.
35. Course Coordinator will send a list of eligible students to Texas Department of Licensing and Regulation (TDLR), Education & Examination Division, along with a copy of each student's graduation certificate.
36. TDLR will notify the North American Registry of Midwives of graduate's eligibility to take the NARM exam. NARM mails application packet to take exam at a testing site as a Texas Agency candidate is mailed to graduate.
37. Student completes the application and sends it with exam fee to NARM.
38. Student will receive a Letter of Admission and instructions to the test site from NARM.
39. Student takes NARM exam.
40. When student passes exam, the license process can be started through TDLR.
41. Midwifery applicant must take Midwifery Jurisprudence Exam (online)
42. License application is sent to appropriate agency with required fee.
43. License Certificate and Number assigned by TDLR Midwifery Program.

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[2] The Advanced Skills module may be paid for and taken any time after the student completes module 3. The student may attend any Advanced Skills workshop following submission of assignments and successfully completing the online Advanced Skills test.

44. No longer student but Licensed Midwife.

45. The Licensed Midwife may apply to NARM for CPM