

Newlife International
SCHOOL OF MIDWIFERY

CLINICAL HANDBOOK

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WELCOME!

To the Preceptor,

It is truly a privilege and honor that you have chosen to be a preceptor in training the next generation of midwives. As someone who has been in the field of midwifery for over 30 years and in midwifery education for more than 25 years, I deeply appreciate your commitment to this vital work. Your role is crucial, as it is through your mentorship that we can ensure the growth of skilled, compassionate, and knowledgeable midwives.

You have spent years cultivating your expertise, and now you have the opportunity to pass that wisdom on to your students. At times, this process can feel daunting, but please know you are not alone. You will be supported, encouraged, and empowered throughout this journey by Newlife International School of Midwifery.

In this Clinical Handbook, you will find the necessary forms for applying as a preceptor and documenting your student's progress. Each mother and baby in your care will contribute to the education of your student, shaping their skills and understanding of midwifery in real-world settings. We are all part of a collective effort to raise up competent and compassionate midwives, and you play an essential role in this.

Thank you again for your willingness to train the next generation of midwives. We are here to support you every step of the way.

Krystina McNeil
Midwife & Educator, Founder of Newlife International School of Midwifery

To the Student,

Congratulations on embarking on your clinical journey into midwifery! The world needs more midwives, and YOU are part of the solution. While this path will bring challenges—long nights, busy days, moments of joy, and times of difficulty—it is all worth it. After more than 30 years in the field, I can tell you that the miracle of birth is unparalleled, and the impact you will have on the women you serve will last a lifetime. They will remember not only the birth of their child but the midwives who supported them throughout the process.

We are thrilled to welcome you into the companionship of midwives as you begin this important work. In this Clinical Handbook, you will find all the information you need regarding your clinical preceptors and the forms necessary for documenting your experiences. It will require hard work, dedication, and persistence, but know that every challenge you face will shape you into the midwife you are meant to be.

Thank you for committing to this path, and remember, you are supported every step of the way.

Krystina McNeil
Midwife & Educator, Founder of Newlife International School of Midwifery

Key Contacts

Clinical Coordinator: Scarlet Denton, clinical.coordinator@midwifeschool.org

School Director: Krystina McNeil, director@midwifeschool.org

Our Mission

Newlife International School of Midwifery exists to train compassionate and skilled Christian midwives who are prepared to serve women, infants, and families around the world. We equip midwives to provide holistic and culturally responsive care, especially in communities where access to quality maternal and newborn care is limited. NISM supports students in integrating their Christian faith with their professional calling. We encourage them to use their skills and compassion to serve others and make a meaningful difference in their communities.

Our Statement of Faith

Newlife International School of Midwifery is a Christian institution within the evangelical Protestant tradition. We believe the Bible, consisting of the sixty-six books of the Old and New Testaments, is the inspired, trustworthy, and authoritative Word of God and the final authority for faith and practice. We believe in one God, eternally existing as Father, Son, and Holy Spirit. We believe Jesus Christ is fully God and fully human, conceived by the Holy Spirit and born of a virgin; that He lived a sinless life, died on the cross as the atoning sacrifice for sin, rose bodily from the dead, ascended into heaven, and will personally return in glory. We believe the Holy Spirit is God, who convicts, regenerates, indwells, and empowers believers and gives spiritual gifts for service. We believe God created humanity in His image, that humanity fell into sin and is separated from God apart from His grace, and that salvation is provided solely through God's grace because of the atoning death and resurrection of Jesus Christ and is received through personal faith in Him. We believe the Church is the body of Christ and is called to worship God, proclaim the Gospel, make disciples, pursue holiness, serve others, and demonstrate the love of Christ in the world. We believe in the resurrection of the dead, the personal return of Jesus Christ, the final judgment, and the eternal kingdom of God. As a Christian institution serving students and faculty from diverse denominational backgrounds, NISM seeks to remain faithful to the essential truths of Scripture while respecting appropriate differences in denominational traditions and practices.

Biblical Foundations: 2 Timothy 3:16–17; Matthew 28:19; John 1:1–14; Matthew 1:18–25; 1 Corinthians 15:3–8; Acts 1:9–11; Romans 3:21–26; Ephesians 2:8–9; John 3:3–8; Acts 2:42–47; Matthew 28:18–20; Revelation 20–22.





Competency-based Education And Assessment For Midwifery Apprenticeship

At the Newlife International School of Midwifery (NISM), we are committed to providing a Competency-Based Education (CBE) framework for our midwifery apprentices in the clinical setting. This approach ensures that you, as a future midwife, achieve specific, measurable competencies essential to providing safe and effective care in the birthing environment. Rather than focusing solely on time spent in the classroom, our CBE clinical model emphasizes the mastery of skills and knowledge, allowing you to progress at your own pace in mastering clinical competency and move forward according to your individual needs and goals.

Key Components of CBE in Your Apprenticeship:

- **Defined Competencies:** NISM's CBE clinical framework outlines clear, measurable outcomes that align with established professional midwifery standards. These competencies ensure that you gain the necessary skills and knowledge to become a proficient, confident midwife. You will find outlined progression of midwifery competencies in the Clinical Skills Progressions forms Phases 2 through 9.
- **Individualized Learning:** Recognizing that each apprentice comes with unique strengths and areas for growth, our CBE model provides the flexibility to progress based on your current abilities. You will be empowered to focus on areas that require improvement, ensuring a personalized and effective learning experience.
- **Practical Application:** Competency is assessed through real-world practice. Your clinical placements will allow you to demonstrate and refine your skills under the mentorship of an experienced midwife. Competency assessments will be based on hands-on experiences in clinical practice, simulations, and case studies, ensuring that you are prepared for the realities of midwifery.
- **Continuous Feedback:** Throughout your apprenticeship, you will receive regular assessments and constructive feedback. This ongoing dialogue with your preceptor will help you identify areas of strength and areas requiring improvement, supporting you on your journey to mastering midwifery skills.

- **Accountability:** NISM holds students accountable for meeting defined competencies (Clinical Skills Progression forms 2 through 9). This ensures that by the time you graduate, you are ready to provide competent, compassionate care to the families you serve.

Assessment Methods:

- **Skill Checklists and Clinical Evaluations:** These documents will be used by your preceptor to track your clinical progress and evaluate your performance in key skills required for safe and effective midwifery practice. All required forms are available online and at the end of this handbook.
- **Reflective Weekly Updates and Self-Assessment:** You will regularly reflect on your experiences, allowing you to assess your own growth, challenges, and learning needs. There are required weekly updates to be submitted on Populi during each of the clinical phases.
- **Peer and Preceptor Feedback:** In addition to formal assessments, feedback from peers and your preceptor will play a critical role in guiding your development. Constructive feedback will be provided regularly to ensure that you are on track toward meeting your competencies.

By following this competency-based approach, we ensure that NISM midwifery apprentices are well-equipped with the skills, knowledge, and professional attitude needed to provide exceptional care in any midwifery setting. You will be supported in developing your expertise while working with experienced mentors who are dedicated to your success.





Clinical Preceptor Non-discrimination Policy

At NISM, we are committed to cultivating an environment of inclusivity, respect, and equal opportunity for all individuals involved in our midwifery program, including our clinical preceptors, students, faculty, and staff. Aligned with our Christian values, we honor the dignity and intrinsic worth of every person as uniquely created in the image of God.

NISM does not discriminate based on race, color, ethnicity, national origin, age, sex, gender identity or expression, marital status, disability, religion, or any other characteristic protected by applicable law in our selection or treatment of midwifery preceptors, or in any aspect of our educational programs and activities.

We appreciate and value the diverse perspectives, experiences, and contributions of all individuals, regardless of background or identity. This commitment to non-discrimination extends to recruitment, selection, training, evaluation, and every other aspect of preceptorship within our program.

Instances of discrimination, harassment, or unfair treatment will be addressed promptly and fairly, in accordance with our policies and procedures. We encourage open communication to foster a supportive and inclusive learning environment for our students, preceptors, and all members of the NISM community.

By upholding this non-discrimination policy, NISM aims to create a community where all individuals feel respected, valued, and empowered to thrive in their roles as midwifery preceptors, supporting the holistic care of women and families. Any incidents of discrimination, harassment, or retaliation should be reported to the school administration and will be addressed promptly according to NISM's grievance procedures. For more information or to report an incident, please contact the school's director at director@midwifeschool.org

Professional Liability As Related To Working With Students

Professional liability refers to the legal responsibility that midwives hold for their actions while providing care. When working with students, it is crucial to recognize the potential for liability in both clinical and educational settings. Midwives, as educators and preceptors, must ensure they are adhering to legal and ethical standards, particularly in regard to patient care and the actions of students under their supervision.

Students are expected to follow all policies, procedures, and guidelines established by Newlife International School of Midwifery. As a preceptor or clinical supervisor, you are responsible for guiding students in a manner that maintains safety, quality of care, and legal integrity. It is essential to document and maintain clear records of all interactions, training, and patient care provided by students to mitigate potential liability risks.





CHAPTER ONE

Things To Consider Before Starting Your Clinical Apprenticeship

Clinical apprenticeship readiness assessment and considerations

Before beginning your clinical apprenticeship with Newlife International School of Midwifery (NISM), it is essential to ensure that you are fully prepared for the responsibilities and experiences that lie ahead. The following checklist is designed to help guide your preparation and ensure a smooth and successful apprenticeship journey.

Key considerations before starting your clinical apprenticeship:

Clinical Apprenticeship

1. **Definition:**
   - The clinical apprenticeship involves practical, hands-on training under the guidance of a qualified preceptor. It is a critical component of the midwifery education program, allowing students to gain real-world experience and apply theoretical knowledge in a clinical setting.
2. **Responsibilities:**
   - **Active Participation:** Students are expected to actively participate in all aspects of midwifery care, including prenatal visits, labor and delivery, postpartum care, and newborn assessments.
   - **Skill Development:** Focus on developing and demonstrating clinical skills, critical thinking, and decision-making in a variety of birthing and care scenarios.
   - **Documentation:** Accurately document all clinical activities and client interactions as required by the preceptor and NISM.
3. **Evaluation:**
   - **Performance Reviews:** Regular evaluations will be conducted by the preceptor to assess the student's clinical competence, adherence to protocols, and overall performance.
   - **Feedback:** Constructive feedback will be provided to help students improve their skills and address any areas needing development.

Clinical considerations:

1. **Certified Professional Midwives Licensing:**
   - In some areas, Certified Professional Midwives (CPMs) may not be licensed. At NISM, students can only work with preceptors who are licensed or certified in their location of practice. If CPM licensure is unavailable, you may need to collaborate with a Certified Nurse Midwife (CNM) or consider relocating to an area where CPMs are able to practice.
2. **Preceptor and Clinical Site Approval:**
   - Both your preceptor and clinical site must go through the NISM approval process before you begin your apprenticeship. Even if a preceptor or site has been previously approved, it is essential to check with the Clinical Coordinator to ensure the site is still suitable and approved for your clinical training.
3. **Preceptor/Student Agreement:**
   - A preceptor/student agreement must be submitted and approved by NISM before you begin your clinical apprenticeship. This agreement clearly outlines the roles, responsibilities, and expectations for both you and your preceptor during your time together.
4. **Current CPR Certification:**
   - You must have a current CPR certification before starting your apprenticeship. This is a mandatory requirement for clinical placement.
5. **Current NRP (Neonatal Resuscitation Program) Certification:**
   - A valid NRP certification is also required for all students before starting clinical work. Ensure your NRP certification card is up to date before beginning your apprenticeship.
6. **Submission of Certifications:**
   - Copies of your current CPR and NRP certification cards must be submitted to NISM for approval before you can begin your clinical placement.
7. **Communication with Your Preceptor:**
   - Open communication with your preceptor is crucial for a successful apprenticeship. Ensure you have discussed roles, goals, and expectations for the clinical rotation to prevent misunderstandings and ensure you are both aligned.
8. **Local or State Requirements:**
   - Be proactive in researching if there are any local or state regulations or additional requirements for clinical placements beyond NISM's guidelines. Ensure that you meet all regional requirements before beginning your placement.
9. **Apprentice License Requirement:**
   - In some areas, midwifery apprentices are required to obtain an apprentice or student midwife license. If your area mandates this, ensure you obtain the license before starting your clinical placement.
10. **Preparedness for an On-Call Lifestyle:**

- Clinical apprenticeships require an on-call lifestyle. Ensure that you have reliable transportation, keep your phone charged, and make arrangements for childcare, if necessary, to accommodate the demands of being on call.

11. **Satisfactory Academic Progress:**
    - Before starting your clinical apprenticeship, you must maintain Satisfactory Academic Progress (SAP) in the NISM midwifery program. This includes successfully passing courses and adhering to attendance requirements.
12. **Required Application Documents:**
    - All required application documents, including your plans for enrollment in the NISM Clinical Phase courses and your preceptor/student agreement, must be submitted for approval by the Clinical Coordinator before you can begin your apprenticeship.

Readiness assessment for clinical apprenticeship

In addition to the above considerations, it is essential to assess your own readiness for the upcoming clinical rotation. Please review the following questions and reflect on your preparedness:

Clinical Preparation:

- Have you thoroughly reviewed the NISM Student Clinical Handbook?
- Do you understand your responsibilities regarding forms, evaluations, and skill verifications as outlined in the handbook?
- Have you discussed your expectations and goals for the clinical rotation with your preceptor?

Academic Progress:

- Are you maintaining satisfactory academic progress in the NISM midwifery program?
- Have you successfully completed the necessary coursework to prepare for this clinical rotation?
- Do you feel confident in your theoretical knowledge and understanding of key midwifery principles?

Communication and Collaboration:

- Are you comfortable communicating with NISM faculty and preceptors via email or phone?
- Have you actively participated in classes and discussions related to midwifery practice?
- Are you prepared to work collaboratively with your preceptor and the clinical team during this rotation?

Professionalism and Conduct:

- Are you familiar with the professional standards and conduct expectations during clinical experiences?

- Are you committed to maintaining a professional appearance and demeanor throughout the rotation?
- Do you understand the importance of confidentiality and privacy in all interactions with clients and colleagues?

Clinical Skills and Knowledge:

- Have you reviewed your preceptor's practice guidelines, policies, and any relevant local or state regulations?
- Are you confident in your ability to assist with clinical tasks such as charting, record-keeping, and client care?
- Do you feel prepared to apply your theoretical knowledge to practical situations and engage in supervised clinical decision-making?

Self-Assessment and Reflection:

- Have you identified any areas where you may need improvement or further practice in midwifery skills?
- Are you open to receiving constructive feedback from your preceptor and colleagues to enhance your learning experience?
- Have you developed a plan for self-care and managing stress during the clinical rotation?

Logistical Considerations:

- Are you prepared to meet the logistical requirements of this clinical rotation, including reliable transportation and a working cell phone?
- Have you arranged childcare or other personal responsibilities to ensure your availability for on-call duties?
- Please carefully review your responses and consider any areas where additional preparation may be needed before beginning your clinical apprenticeship. If you have any concerns, reach out to NISM faculty or your clinical supervisor to discuss how we can support you in your journey. Your readiness and preparation are critical to ensuring a meaningful and successful clinical experience.





CHAPTER TWO

Preceptor And Practice Selection:

- **Preceptor Requirement:** Each student must secure their own NARM qualified and registered preceptor. It is the student's responsibility to identify and arrange this mentorship. However, NISM will provide support and resources to assist students in finding suitable preceptors.
- **Practice Setting:** Students are also responsible for finding a birth practice, such as a home birth or birth center, where they will gain the required clinical skills. This practice must meet the standards set by NISM and provide a diverse range of experiences in midwifery care.

Support from NISM:

- **Assistance:** While the primary responsibility for securing a preceptor and practice rests with the student, NISM is committed to supporting students in this process. We offer guidance, resources, and connections to help facilitate these arrangements.

Clinical Training Requirements:

- **Skill Development:** Clinical training will focus on the development and demonstration of essential midwifery skills, including prenatal assessments, labor support, delivery techniques, and postpartum care.
- **Documentation:** Students must maintain accurate and up-to-date documentation of their clinical hours and experiences, as required by both NISM and the NARM certification standards.

Completion and Evaluation:

- **Hours Requirement:** Students must meet the minimum clinical hours and skill requirements set forth by NISM and NARM to successfully complete their training.
- **Assessment:** Clinical performance will be evaluated based on practical assessments, feedback from the preceptor, and the completion of required competencies.

By adhering to these guidelines and working closely with their preceptors and birth practice, students will gain the hands-on experience necessary to excel in their midwifery careers.

Clinical Preceptor Qualifications

NISM clinical preceptors must meet the following qualifications:

- **Licensure:** Must be a licensed midwife (CPM, CM, CNM, LM, DEM) recognized in a US state, legally practicing across the scope of maternity care (prenatal, labor and birth, postpartum, and newborn care to 6 weeks) with a current license or approved certification in all states where clinical care is provided. In some cases a MD or DO may meet the requirements, please reach out to the clinical director or school director to discuss this option.
- **Experience:** Must have a minimum of three years of clinical experience across the scope of practice or be a NARM Registered Preceptor with proof of at least 50 primary or co-primary births beyond CPM qualifying requirements and a minimum of 10 out-of-hospital births

Clinical Apprenticeship And Preceptor Sites

Preceptor Sites

1. **Site Selection and Approval:**
    - **Qualified Sites:** All clinical sites must meet the standards set by NISM and the North American Registry of Midwives (NARM) for student training. This includes having adequate facilities, resources, and a practice model that aligns with midwifery care principles.
    - **Approval Process:** Clinical sites must be approved by NISM before students can commence their apprenticeship. This includes a thorough evaluation of the site's facilities, resources, and preceptor qualifications.
2. **Preceptor Qualifications:**
    - **Certification:** Preceptors must be credentialed as a CPM (Certified Professional Midwife), CNM (Certified Nurse Midwife), or CM (Certified Midwife) or hold a valid certificate to practice in their jurisdiction.
    - **Experience:** Preceptors must have at least 3 years of experience post-certification or 50 primary/co-primary births beyond entry-level CPM requirements, and a minimum of 10 out-of-hospital births.
    - **Licensing:** Must be legally licensed or certified to practice in their state or jurisdiction.
3. **Roles and Responsibilities:**
    - **Supervision:** Preceptors are responsible for providing direct supervision during critical procedures and indirect supervision as students demonstrate competency.
    - **Mentorship:** Offer guidance, support, and feedback to facilitate the student's learning and professional growth.

- **Evaluation:** Conduct regular assessments of the student's performance, skills, and adherence to clinical protocols.

4. **Student and Preceptor Agreement:**
   - **Contracts:** A formal agreement must be in place between the student and preceptor, outlining roles, responsibilities, and expectations.
   - **Communication:** Maintain open lines of communication to ensure clarity on duties, feedback, and any issues that arise during the apprenticeship.
5. **Site Maintenance and Compliance:**
   - **Regular Reviews:** Clinical sites will undergo regular reviews to ensure they continue to meet NISM and NARM standards.
   - **Feedback Mechanism:** Students and preceptors are encouraged to provide feedback about the clinical site to support continuous improvement and address any concerns.

By adhering to these guidelines, NISM ensures that clinical apprenticeships provide a valuable, educational experience that prepares students for successful careers in midwifery.

Preceptor Responsibilities And Rights

Preceptor Responsibilities:

- **Training Courses:** Complete required training courses including:
  - NISM Midwifery Orientation
  - MEAC Required Training for Preceptors
  - Cultural Competency and Awareness
- **Licensure:** Maintain current licensure or certification in the state(s) or location where clinical care is provided and promptly report any changes in licensure status to the Program Director.
- **Handbook Familiarity:** Review the NISM Clinical Handbook with students to understand responsibilities regarding forms, evaluations, and verified skills.
- **Orientation:** Provide students with an orientation to their practice or facility, detailing roles, responsibilities, and evaluation procedures.
- **Supervision:** Guide students in clinical reasoning, charting, record-keeping, and supervise their involvement in client care.
- **Feedback:** Assess student performance and provide regular feedback, communicating any unsatisfactory performance to the Clinical Coordinator.
- **Mentorship:** Act as a role model in professional interactions and support culturally sensitive training.
- **Compliance:** Maintain compliance with regulations and inform NISM of any clinical staff changes at the Clinical Site.

- **Documentation:** Sign or initial student forms in real-time during clinical events using forms provided by NISM.
- **Client Consent:** Obtain client consent for student involvement in health records access and participation in maternity care.

Preceptor Rights:

- **Respect:** Expect to be treated with respect by students.
- **Adherence to Protocols:** Expect students to follow practice protocols, be available for on-call duties, and be punctual.
- **Well-being:** Prioritize your own needs and well-being to ensure client safety, which may involve students stepping back when appropriate.
- **Information Transparency:** Be informed about students' academic and performance status, including any disciplinary actions.
- **Participation:** Engage in curriculum development, student evaluation, admissions criteria, and other program aspects, and provide feedback through evaluations or surveys.

Criteria For Clinical Site Qualification At NISM

Clinical Environment and Compliance

1. **Sufficient Clinical Experience:**
   - Guarantee ample clinical opportunities for NISM students to gain hands-on experience, supervised by a qualified preceptor.

Maintain adherence to the initial preceptor application requirements.

2. **Safe and Respectful Maternity Care:**
   - Uphold the principles of the *12 Steps to Safe and Respectful MotherBaby-Family Maternity Care* (link) from the International Childbirth Initiative.
   - Prioritize compassionate, family-centered, culturally appropriate, and equitable care.
3. **Compliance with Regulations:**
   - Follow all federal, state, and local laws and regulations related to midwifery practice.
   - Facilities, such as birth centers and clinics, must provide proof of applicable state licensure.
   - Adhere to HIPAA, FERPA, and OSHA standards to ensure privacy, safety, and legal compliance.
4. **Universal Precautions:**
   - Maintain universal precaution protocols to minimize infection risks and promote safety for patients, students, and staff.
5. **Scope of Practice:**

- Operate within the community standards of care, ensuring student experiences align with the state and local regulations regarding midwifery practice.

6. **Continuity of Care:**
   - Support continuity of care by enabling students to participate in patient-centered decision-making and follow clients throughout their maternity care journey.

Student Education And Support

1. **Skill Development:**
   - Assist students in learning and demonstrating midwifery competencies through hands-on care appropriate to their level of training.
   - Teach critical thinking, clinical reasoning, and accurate documentation practices relevant to midwifery.
   - Provide students with opportunities to participate across the full spectrum of midwifery practice.
2. **Active Supervision:**
   - Be physically present and actively supervise students during all clinical encounters.
   - Maintain optimal student-to-preceptor ratios to ensure safe and effective learning.
3. **Access to Resources:**
   - Provide access to necessary resources, including perinatal testing, medical consultation, referrals, and hospital transfer options.

Quality Assurance And Professionalism

1. **Feedback and Evaluation:**
   - Regularly assess student performance and knowledge.
   - Provide timely, constructive feedback to support student growth and skill development.
   - Communicate any concerns regarding a student's performance to the NISM Clinical Director immediately.
2. **Mentorship and Role Modeling:**
   - Serve as a mentor and role model for professional midwifery practice, demonstrating culturally appropriate and respectful care.
3. **Commitment to Quality Care:**
   - Ensure quality care standards are upheld, including compliance with safety protocols, maintaining adequate staffing levels, and providing necessary equipment and supplies.
4. **Student Well-Being:**
   - Promote student well-being by offering rest periods and addressing any logistical needs.

Administrative Responsibilities

1. **Documentation:**
    - Review and sign student clinical forms promptly.
    - Maintain accurate records of student progress and performance.

By adhering to these comprehensive requirements, preceptor sites will create a safe, supportive, and effective learning environment for NISM midwifery students, fostering their growth into competent, professional midwives.

Clinical Site Selection Criteria: To ensure that clinical training sites provide a high-quality learning experience, NISM follows strict criteria for site selection:

1. **Facility and Resource Adequacy:**
    - **Physical Facilities:** Clinical sites must have clean and safe examination rooms, delivery rooms, and patient areas. They must also be equipped with necessary medical and emergency equipment, including resuscitation tools.
    - **Resources:** Sites should provide access to essential medical supplies, pharmaceuticals, and educational materials. An up-to-date library or online resources for continuous learning is also required.
2. **Practice Model and Scope:**
    - **Practice Model:** Sites must align with a midwifery model of care that is personalized, woman-centered, and evidence-based. They should support a holistic approach to maternity care, including prenatal, intrapartum, postpartum, and newborn care.
    - **Scope of Practice:** Sites must offer a range of clinical experiences covering the full scope of midwifery practice, including prenatal visits, labor and delivery, postpartum care, and newborn assessments.
3. **Student Supervision:**
    - **Qualified Preceptors:** Clinical sites must have preceptors who are credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Certified Midwife (CM). Preceptors must also be licensed to practice legally in the state or jurisdiction. Additional qualifications include:
        - At least 3 years of experience after certification, or 50 primary/co-primary births beyond entry-level CPM requirements.
    - **Supervision Standards:** Appropriate levels of supervision must be maintained to ensure patient safety. Preceptors should provide direct supervision during critical procedures and indirect supervision as students demonstrate competency.

Assessment Process:

1. **Initial Assessment:**

- **Site Evaluation**: Prospective clinical sites are required to submit a site-student application. Within this application, the site director must ensure that all requirements for a clinical site are met.
- **Documentation Review:** Sites must provide documentation, including licenses, accreditation status, staff qualifications, and patient care protocols. Compliance with local, state, and federal regulations will be reviewed.

2. **Ongoing Assessment:**
   - **Regular Evaluations:** NISM will perform regular evaluations to ensure sites continue to meet selection criteria. This includes site visits, student feedback, and review of clinical outcomes.
   - **Feedback Mechanism:** A feedback mechanism will be established for students and preceptors to report on the quality of the clinical learning experience. This feedback will be used to make necessary adjustments to site selection and improve the learning environment.

Ensuring a Safe and Effective Learning Environment:

1. **Student Preparation:**
   - **Orientation:** An orientation program will be provided to familiarize students with site policies, procedures, and expectations. This includes training on safety protocols, infection control, and professional conduct.
   - **Competency Assessment:** Students must demonstrate competency in essential skills before participating in clinical rotations. This is assessed through simulations, practical exams, and faculty evaluations.
2. **Continuous Improvement:**
   - **Quality Improvement Initiatives:** NISM will implement quality improvement initiatives based on feedback and evaluations. This may include updating training programs, enhancing site resources, and revising policies.
   - **Accreditation Compliance:** Compliance with NARM standards and other relevant accreditation requirements will be monitored through regular audits and reporting.

Preceptor and site application process

Prospective preceptors interested in applying can contact the Clinical Coordinator at clinical.coordinator@midwifeschool.org. All preceptor application documents are processed electronically or on paper and scanned and sent in. Preceptors are required to sign a Student Preceptor Agreement and Clinical Site application with their prospective student. Preceptors must also submit a copy of their midwifery license and/or certification, CPR, NRP, NARM preceptor certificate, and a cultural competency certificate with their application.

Application and Training:

1. **Submission:** Upon submission, a qualified preceptor's application will be reviewed. If approved, the preceptor will be enrolled in mandatory training courses, including:
    - NISM Midwifery Orientation
    - MEAC Required Training for Preceptors
2. **Completion Requirement:** Completion of these training courses is required before final approval of the preceptor is granted.

Clinical Site Application:

3. **Documentation:** Simultaneously, the preceptor will submit an application for the site to be approved for the student(s). The preceptor site application will include:
    - Clinical Site Application and Agreement
    - Proof of legal capacity to operate within the jurisdiction
    - Any applicable licenses or certifications

Approval and Maintenance:

4. **Ongoing Requirements:** Preceptors and clinical sites must adhere to guidelines, maintain credentials on file, and complete all mandatory training courses to keep their approval status active.
5. **Revocation of Status:** Preceptor status may be revoked based on an assessment of student evaluations, faculty interactions, legal/licensure status, and community reputation. Grounds for revocation include:
    - Breach of the student-preceptor contract
    - Probationary status of the preceptor's license
    - Imposition of legal sanctions or disciplinary actions against the preceptor
    - Loss of state license or CPM credential
    - Changes in licensure status, such as failure to renew licensure or practicing without a valid license
    - Clinical site violations of safety standards

NISM reserves the right to withdraw a student from their clinical placement and remove the preceptor from the approved list of clinical preceptors under the circumstances outlined above.



CHAPTER THREE

Roles and Responsibilities of the Student Midwife

A student enrolled in the NISM program must:

- **Demonstrate Readiness for Clinical Placement**
  Ensure they have met the prerequisites for clinical placement, as outlined in the NISM Clinical Handbook and NARM before starting their apprenticeship.
- **Maintain Satisfactory Academic Progress**
  Consistently demonstrate satisfactory academic standing within the NISM program.
- **Review Clinical Handbook with Preceptor**
  Thoroughly review the NISM Clinical Handbook with their preceptor to understand responsibilities, including forms, evaluations, and required skill verifications.
- **Attend Clinical Events Only with Approved Preceptors**
  Participate in clinical events exclusively with preceptors with whom they have a current, approved preceptor/student work agreement.
- **Understand Clinical Responsibilities and Legal Obligations**
  Familiarize themselves fully with the preceptor's practice guidelines, policies, relevant local or state regulations, and the midwifery scope of practice to ensure awareness of their clinical responsibilities and legal obligations.
- **Uphold Professional Standards**
  Adhere to professional standards of appearance and conduct throughout all clinical experiences.
- **Meet Learning Objectives Set by the Preceptor**
  Fulfill the learning objectives provided by the preceptor, whether through clinical experiences or through independent study and research.
- **Maintain Regular Communication with NISM Faculty**

Keep in consistent contact with the NISM Clinical Coordinator, faculty, or relevant staff via email or phone as needed.

- **Complete Clinical Forms with Preceptor Signatures**

  Ensure that each clinical experience is documented, signed by the preceptor, and submitted according to NISM and NARM requirements throughout the semester and at the semester's end. All necessary forms can be found in the NISM Clinical handbook or on the NARM website.

- **Engage in Regular Feedback with the Preceptor**

  Maintain open communication with the preceptor about their performance, actively seeking and responding to feedback.

- **Address Any Concerns Promptly**

  Address any issues or concerns raised by the preceptor or NISM faculty and administration in a timely manner.

- **Support Clinical Preceptor and Team**

  Assist the clinical preceptor and their team in all relevant tasks, including charting, record-keeping, ordering supplies, and maintaining a clean workspace.

- **Take Initiative in Clinical Learning**

  Approach clinical cases with proactivity, studying diagnosis, treatment plans, and patient communication techniques relevant to each case.

- **Expand Learning with Independent Study**

  Explore and develop further learning from clinical cases through supplemental reading and independent research.

- **Provide Feedback and Complete Evaluations**

  Submit end-of-semester evaluations and meet all end-of-semester clinical requirements as outlined by NISM.

- **Promptly Submit Clinical Forms for Preceptor Initials**

  Provide forms for preceptor initials as soon as a clinical event occurs. Allow the preceptor to determine the appropriate form to record each event, whether "Assist Under Supervision" or "Primary Under Supervision."

- **Utilize NISM-Approved Forms**

  Use only NISM-approved forms as provided in the handbook and through online resources for all clinical documentation.

Midwifery supplies

The following items are essential for clinical practice and may need to be purchased. Specific requirements may vary depending on the clinical site:

- **Blood Pressure Cuff:** For measuring blood pressure.

- **Stethoscope:** For auscultation of heart and lung sounds.
- **Fetoscope:** For listening to fetal heart tones.
- **Watch with a Second Hand:** For monitoring vital signs and timing contractions.
- **Digital Thermometer:** For measuring body temperature.
- **Fetal Heart Rate Doppler:** For assessing fetal heart rate (if not provided by the clinical site).
- **Cell Phone with Voicemail:** For communication and availability.
- **Computer with Internet Access:** For accessing online resources and completing assignments.
- **2-4 Sets of Scrubs:** For attending births and maintaining hygiene.
- **Professional Medical Work Attire:** Suitable for clinic visits and home visits.

Please ensure that all equipment and supplies meet the standards of your clinical site and are in good working condition. If you have any questions about specific requirements or recommendations, consult with your preceptor or the Program Director.

CPR & NRP Certification

To ensure the highest standards of patient care, students at NISM are required to maintain current certifications in Cardiopulmonary Resuscitation (CPR) and Neonatal Resuscitation Program (NRP). These certifications are not only crucial for clinical practice but are also mandated by the North American Registry of Midwives (NARM) as part of the certification process for Certified Professional Midwives (CPMs). All students must obtain CPR and NRP certification prior to obtaining any clinical skills beyond observation.

Certification Requirements:

1. **CPR Certification:**
   - Students must hold a valid CPR certification, which includes both Adult/Child and Infant CPR. This certification ensures that students are trained to respond effectively in emergency situations involving adults, children, and infants.
2. **NRP Certification:**
   - Students are required to complete the Neonatal Resuscitation Program (NRP) certification, which focuses on the immediate care of newborns, including resuscitation techniques and emergency procedures.

Renewal and Maintenance:

- Both CPR and NRP certifications must be kept current throughout the duration of the program. Certifications typically need to be renewed every two years, and students are responsible for ensuring their credentials remain valid.

Verification:

- Students must provide proof of current CPR and NRP certifications to NISM before participating in clinical rotations. Certification documents should be submitted to the Clinical Coordinator as part of the required clinical documentation.

By adhering to these certification requirements, students will be well-prepared to handle emergency situations and provide high-quality care in their midwifery practice.





CHAPTER FOUR

NISM Clinical Progression

To successfully complete the clinical training and become eligible to sit for the NARM certification exams, students must meet the following requirements:

1. **Birth Attendance:**
   - **Minimum Attendance:** Students must attend a minimum of 55 births. These births must include a range of roles and responsibilities to demonstrate comprehensive clinical experience.
   - **Home Births:** At least 5 of these births must be home births, either as assistant under supervision or primary under supervision.
   - **Primary Role:** Students must complete a minimum of 10 births in the primary under supervision role within their designated clinical site.
2. **Academic Performance:**
   - **Grade Requirement:** Maintain a minimum passing grade of 70% (C or higher) in all core midwifery courses. Failure to meet this requirement may result in temporary removal from clinical placements until satisfactory grades are achieved.
3. **Clinical Site Adherence:**
   - **Practice Guidelines:** Adhere to the practice guidelines, policies, and procedures established by the clinical site.
   - **Informed Choice Documentation:** Ensure all clients are informed, both verbally and in writing, about their status as a student under the preceptor's direct supervision, as required by state regulations.
   - **Confidentiality:** Maintain strict confidentiality regarding all clinical-site clients, staff, and operations.
4. **Operational Responsibilities:**
   - **Communication:** Always carry a pager or cell phone, with associated costs being the student's responsibility.

- **Task Accountability:** Remain accountable to the preceptor for all assigned tasks and activities. Engage only in supervised practice, obtaining prior permission for each task, and document all client contacts and care activities as approved by the preceptor.
- **Documentation:** Keep all required clinical documentation current and readily accessible for review by the preceptor, Clinical Coordinator, or School Director.

5. **Additional Requirements:**
   - **Approval for External Engagement:** Obtain prior approval from the Clinical Coordinator and primary clinical preceptor before attending births or clinics with other midwives. Ensure that a signed student/preceptor contract is in place.
   - **Childcare:** Arrange childcare as necessary, ensuring availability at short notice when on-call.
   - **Clinic Maintenance:** Assist with routine cleanup and maintenance of the clinic environment as directed by the clinical preceptor, excluding personal obligations of the preceptor.
   - **Site Presence:** Remain at the clinical site throughout each prenatal, birth, and postpartum/newborn clinical experience until explicitly released by the clinical preceptor.
6. **Financial Responsibilities:**
   - **Expenses:** Cover all expenses associated with attending the clinical site, including food, housing, transportation, books, pager/cell phone, and childcare.
   - **Medical Expenses:** Assume responsibility for any medical expenses incurred due to a medical emergency or injury sustained while at the clinical site.
7. **Certification:**
   - **Current Certifications:** Maintain current CPR and NRP certifications throughout the clinical training period.

These requirements ensure that students are well-prepared for professional practice and meet the standards necessary for NARM certification.

Clinical roles

6. **Clinical Observer**: As an observer, students are introduced to antepartum, intrapartum, postpartum, and newborn care at a clinical site. This role focuses on learning through observation, allowing students to see how theory is applied in real-world settings. Hands-on participation is not required at this stage.
7. **Clinical Assistant Under Supervision (AUS):** In this role, students begin to engage in hands-on activities while continuing to observe clinical practices. Under the supervision of a preceptor, students assist with basic midwifery skills, helping them familiarize themselves with clinical protocols and routines. Students document their experiences and have them validated by a supervising preceptor.

8. **Birth Observer:** As a birth observer, students witness live births, gaining valuable insight into the birthing process. This experience helps students understand childbirth without direct involvement. Observing births may coincide with other supervised assistant duties.
9. **Birth Assistant Under Supervision (AUS):** In this role, students assist with labor, birth, and immediate postpartum care under the supervision of a preceptor. They perform basic midwifery skills, such as helping with deliveries and learning how to manage labor and postpartum processes. This prepares them for more advanced roles, gradually increasing their responsibility under supervision.
10. **Clinical Primary Under Supervision (PUS):** At this level, students manage the entire clinical care process under the supervision of a preceptor. They perform comprehensive clinical assessments and procedures while adhering to clinical standards. The preceptor oversees their actions, ensuring patient safety and providing educational support.
11. **Birth Primary Under Supervision (PUS):** Students assume full responsibility for managing the birthing process, including labor, delivery, and postpartum care, under close supervision. The student is responsible for every aspect of the birth process, including managing the care of the mother, baby, and any other birth assistants. The student must complete and document their participation in up to 20 births, with the preceptor available to ensure safety and provide guidance.
12. **Continuity of Care (COC):** In this role, students follow a client throughout their pregnancy, birth, and postpartum care, providing consistent care at each stage. This experience is vital in learning to build trust and provide holistic, continuous care, and it is structured according to NARM guidelines.

Each role at NISM allows for increasing responsibility and independence, providing students with the necessary skills and experience to ultimately practice as competent and compassionate Certified Professional Midwives (CPM), fulfilling NISM's mission to serve disadvantaged communities.

Definitions:

Observer: Students in this role are introduced to antepartum, intrapartum, postpartum, and newborn care at clinical sites. They either observe or assist based on their skill level. The observer role is primarily for learning and bridging the gap between theoretical knowledge and its practical application. This stage allows students to gain an understanding of clinical routines and protocols.

Assistant Under Supervision (AUS): In this role, students begin honing their skills in antepartum, intrapartum, postpartum, and newborn care under the guidance of a preceptor. They assist the primary midwife, providing supportive care that encourages the development of critical thinking and basic midwifery skills. At this stage, students may begin to make some clinical decisions but may not yet consistently apply best practices or fully manage care on their own.

Primary Under Supervision (PUS): Students who have reached this stage are proficient in antepartum, intrapartum, postpartum, and newborn care skills at the clinical site. Acting as the primary midwife under the guidance of an NISM-approved preceptor, students apply theoretical knowledge in practice. They are responsible for making consistent and accurate management decisions regarding patient care while ensuring adherence to clinical standards and safety protocols.



Note: Only one student can serve as the Primary Under Supervision during a clinical experience. If two students are present, one may take on the Assistant Under Supervision or Observation role, while the other acts as the Primary Under Supervision. Alternatively, both students can participate as Assistants Under Supervision or Observers.

Clinical Requirements for Graduation (NARM / NISM)

Births as an Observer

- The applicant must attend at least ten (10) births in any setting (observer, doula, family member, friend, beginning student).
- These births may be verified by any witness who was present at the birth.
- At least two required planned hospital births may be included. (These births cannot be for women who are transported during labor but may be for women who were referred during their prenatal care.)

Assistant Under Supervision (AUS)

As an assistant under the supervision of a Registered Preceptor, the applicant must attend a minimum of:

- 20 births
- 25 prenatals (including three initial exams)
- 20 newborn exams
- 10 postpartum visits

Primary Under Supervision (PUS)

As a primary midwife under the supervision of a Registered Preceptor, the applicant must attend a minimum of:

- 75 prenatal exams, including 20 initial exams;
- 20 newborn exams
- 40 postpartum exams
- 20 births *

*Of the 20 births, five require full Continuity of Care (COC)**, and ten more*** require at least one prenatal under supervision.
**The five COC births will include five prenatals spanning at least two trimesters, the birth, newborn exam, and two postpartum exams.
***Students must have attended at least one prenatal (in a primary or assisting role) with the mother prior to her labor and birth for 10 of the 20 births as Primary Under Supervision (in addition to the five with full continuity of care).

Additional Notes:

- A minimum of 10 of the 20 Primary Under Supervision births must be in an out-of-hospital setting
- A minimum of five home births must be attended in any role.

Clinical Credit Hours:

Clinical credit hours are awarded based on direct patient care experience, following a structured framework to ensure adequate training and competency development. Clinical hours are calculated using the following chart, which outlines the estimated hours per visit, minimum required experiences, total minimum hours, and corresponding credit allocation. (30 clinical hours = 1 quarter credit)

Observation Phase:

- **Births as Observer:** Minimum of 10 births (no credit hours assigned).

Assists Under Supervision:

- **Initial Prenatal Assists:** 3 visits (1 hour each) = 3 hours (0.1 credits)
- **Prenatal Assists:** 22 visits (30 minutes each) = 11 hours (0.36 credits)

- **Birth Assists:** 20 births (12 hours each) = 240 hours (8.0 credits)
- **Newborn Exam Assists:** 20 exams (30 minutes each) = 10 hours (0.33 credits)
- **Postpartum Assists:** 10 visits (1 hour each) = 10 hours (0.33 credits)

Primary Under Supervision:

- **Initial Prenatal Visits:** 20 visits (1 hour each) = 20 hours (0.66 credits)
- **Prenatal Visits:** 55 visits (30 minutes each) = 27.5 hours (0.92 credits)
- **Births as Primary Under Supervision:** 25 births (24 hours each) = 600 hours (20 credits)
- **Newborn Exams:** 20 exams (30 minutes each) = 10 hours (0.33 credits)
- **Postpartum Exams:** 40 visits (1 hour each) = 40 hours (1.33 credits)

NARM Continuity of Care:

- Minimum of 5 complete continuity of care experiences (no credit hours assigned).

NARM* Required Clinicals	Estimated** Hours/Visit	Minimum Required	Minimum Hours	Minimum Credits
Observes:				
Birth as observer (CR1)	N/A	10	N/A	N/A
Assists Under Supervision				
Initial Prenatal Assists (CR2)	1 hour	3	3	0.1
Prenatal Assists (CR2)	30 minutes	22	11	0.36
Birth Assists (CR3)	12 hours	20	240	8.0
Newborn Exam Assists (CR4)	30 minutes	20	10	0.33
Postpartum Assists (CR5)	1 hour	10	10	0.33
Primaries Under Supervision				
Initial Prenatal Visits (CR7)	1 hour	20	20	0.66
Prenatal (CR8)	30 minutes	55	27.5	0.92
Birth as Primary (CR9)	24 hours	25	600	20
Newborn Exams (CR10)	30 minutes	20	10	0.33
Postpartum Exams (CR11)	1 hour	40	40	1.33
NARM Continuity of Care (CR6)	N/A	5	N/A	N/A
TOTALS			971.5 hours	32.38 credits Rounded to 33 credits

(30 clinical hours = 1 quarter credit)

*As indicated on the Clinical Phase progression documents, NISM also requires students to observe 15 Prenatal Exams, 2 Initial Prenatal Exams, 5 Newborn Exams and 5 Postpartum Exams. No clinical credit is given for observation.

**This number is based on an estimation from a survey of homebirth and birth center midwives.

Notes:

- All clinical experience must occur within a maximum of a 10-year timeframe
- A minimum of 10 out of hospital births as PUS must occur within 3 years before graduation

- Clinical experience must span at least 2 years in duration under the supervision of 1 or more qualified preceptors

Incomplete Policy For Clinical Competency Courses

Incomplete Policy: Students who are unable to complete 80% of the mandatory clinical skills and numbers by the end of the term will receive an Incomplete («I») grade. This grade will remain on the transcript until the student meets the competency requirements of the course. Poor performance in clinical competency does not qualify for an incomplete grade. The student must demonstrate proficiency in all clinical courses with a passing grade of 80% or higher.

Completion: Students must complete the required clinical competencies before moving to the next clinical phase. Students will need to repeat the Clinical Phase as many times as necessary to achieve 80% mastery of skills and 100% completion of all other requirements.

Impact on Progress: An Incomplete for clinical competencies may delay progression in the program and affect the overall timeline for completing the degree.

Clinic Documentation

Students are required to maintain accurate and up-to-date clinical documentation for all clients encountered during their clinical apprenticeship. This documentation includes prenatal visits, labor and birth notes, postpartum care, and newborn assessments. All records must be submitted to the NISM Clinical Coordinator as per quarterly requirements and kept current for review by the clinical preceptor. Complete and organized clinical documentation is crucial for the student's ability to meet graduation and NARM exam eligibility requirements.

Student Documentation Of Care

Accurate and thorough documentation is essential for the safety and quality of patient care. As students, you are expected to document all aspects of the care you provide, including assessments, interventions, and patient outcomes. Proper documentation is not only a legal requirement but also a tool for effective communication between healthcare providers.

At Newlife International School of Midwifery, we emphasize the importance of maintaining clear, concise, and accurate records. All student documentation should be completed in a timely manner, and it should reflect the care provided to patients in a professional and responsible manner. Incomplete or inaccurate documentation can lead to legal complications, poor patient outcomes, and miscommunication within the healthcare team.

Record Keeping

Students are responsible for maintaining detailed and accurate records of their clinical experiences throughout their academic program. These records are crucial for various aspects of their midwifery education and professional progression.

Graduation Requirement: Accurate documentation of clinical experiences is mandatory for graduation from the program. These records substantiate the practical training and hands-on experience gained, illustrating the student's readiness for professional practice.

NARM Exam Eligibility: Comprehensive record-keeping is essential for seeking permission to take the NARM exam, a critical milestone in achieving Certified Professional Midwife (CPM) status. The NARM exam evaluates the competence and preparedness of aspiring midwives, and detailed documentation of clinical experiences is often required as part of the application process.

NARM Audits: In the event of a NARM audit, which reviews and verifies the certification process, students must provide accurate and detailed records of their clinical training. These records are instrumental in upholding the integrity and credibility of the certification process.

Therefore, students must diligently maintain up-to-date and precise records of their clinical experiences. These records must be readily available for graduation, NARM exam eligibility, and potential audits. Maintaining thorough documentation reflects the student's commitment to their education and is vital for their professional development as competent and qualified midwifery professionals.





CHAPTER FIVE

PERFORMANCE REVIEW

The Performance Review assesses a student's academic and clinical performance as well as their behavior. It is conducted by a preceptor in collaboration with the NISM Clinical Coordinator.

- **Distinct from Academic Standing:** Performance Review outcomes are separate from academic grades. A negative review may lead to dismissal from the Program, placement on dismissal probation, or suspension from preceptor sites until a favorable review is achieved.
- **Review Criteria:** Includes but is not limited to:
  - Respectful behavior in the birth setting
  - Adherence to HIPAA and client confidentiality
  - Timeliness for clinical encounters and births
  - Professional attitudes towards professors, preceptors, clients, and families
  - Mastery of skills on the check-off lists
  - Passing grades in all core midwifery courses
  - Prompt response to calls from the preceptor when on call
  - Professional conduct in all clinical settings
  - Respect for personal skills and limitations
  - Maintaining a positive attitude
  - Adherence to attire and hygiene standards during all clinic duties

Students will receive prior notice of Performance Review meetings and will be informed of the review's nature. To ensure a favorable review, students must fulfill all obligations promptly and maintain a professional demeanor.

NISM aims to graduate skilled professionals who earn respect from healthcare practitioners and the communities they serve.

Competency For Graduation

It is important for students to understand that meeting the academic and minimum clinical requirements of the program at NISM does not automatically guarantee graduation. Successful completion of the program is contingent upon an evaluation process that determines whether students are competent, entry-level midwives. This evaluation is conducted by key individuals, including the individual preceptors and the Clinical Coordinator.

The time required to demonstrate this level of competency may vary between students, depending on factors such as clinical experiences, skill development, and individual progress. NISM is dedicated to providing support to students who may need additional time to achieve the competencies necessary for safe and effective midwifery practice.

NISM is committed to working closely with students to help them reach the required competency level, ensuring they are fully prepared to enter the field of midwifery and succeed in their careers.





CHAPTER SIX

GENERAL INFORMATION

Informed Decision Making

Informed decision-making is a critical aspect of providing quality care. It refers to the process of providing patients with all relevant information about their options and potential outcomes, enabling them to make educated, voluntary decisions about their care. This process ensures that patients understand the risks, benefits, and alternatives associated with their choices.

At Newlife International School of Midwifery, we believe in respecting patient autonomy by fostering an open, honest, and supportive environment where patients can ask questions and receive clear answers. Midwives should ensure that the patient's decisions are well-informed, free from coercion, and fully supported throughout the process.

Patient's Rights

Patients have fundamental rights that must be respected by all healthcare providers. These rights include the right to informed consent, the right to privacy and confidentiality, the right to refuse care, and the right to receive non-discriminatory care. As midwives, it is your duty to ensure that you uphold and advocate for these rights in every aspect of patient care.

Newlife International School of Midwifery emphasizes the importance of understanding and respecting the rights of all patients. Midwives must create an environment in which patients feel comfortable expressing their needs, concerns, and preferences without fear of judgment or discrimination.

Ethics Of Cross-Cultural Or Service-Learning Models

The ethics of cross-cultural and service-learning models in midwifery education emphasize the importance of respect, cultural humility, and ethical responsibility. These models often involve working in communities that may differ significantly from your own, and it is essential to approach these experiences with an open heart and mind, recognizing the diversity and dignity of the people you serve.

Students are encouraged to engage in cross-cultural learning experiences with a deep commitment to understanding the cultural, social, and religious contexts of the communities they serve. It is crucial to avoid imposing personal beliefs or practices on patients and to approach all interactions with humility and sensitivity. Ethical guidelines in these settings prioritize mutual respect, informed consent, and collaboration with local practitioners.

At Newlife International School of Midwifery, we believe that cross-cultural learning enriches the education of our students by offering opportunities to provide compassionate care to individuals from diverse backgrounds. This experience also deepens student understanding of global maternal health disparities and fosters a greater sense of empathy and service.

Health Insurance Portability And Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a U.S. law designed to protect the privacy and security of patient health information. NISM expects students to adhere to HIPAA regulations in all clinical and educational settings to maintain patient confidentiality and trust.

Key Components of HIPAA Compliance:

1. **Privacy Rule:** Protects the confidentiality of patient health information (PHI).
2. **Security Rule:** Ensures PHI is safeguarded against unauthorized access or breaches.
3. **Patient Rights:** Patients have the right to access their records and control how their information is used.

Student Responsibilities:

- Do not share patient information with unauthorized individuals, including family and friends.
- Avoid discussing patient cases in public or unsecured areas.
- Secure physical and electronic records by following clinical site protocols.



CHAPTER SEVEN

CLINICAL RECORD FORMS AND INSTRUCTIONS

Clinical record forms are essential for documenting clinical experiences and tracking competencies. These forms can be accessed in the following ways:

1. **Course Syllabus:** Links to the required clinical record forms are provided in the syllabus, available to students from the start of each quarter.
2. **NARM Website:** Clinical record forms are also available on the North American Registry of Midwives (NARM) website. To access, visit www.narm.org

These forms should be readily accessible during clinical rotations to ensure accurate tracking of progress and compliance with program requirements.

NARM Requirements To Become A CPM

To become a Certified Professional Midwife (CPM) through the North American Registry of Midwives (NARM), students must complete the following key steps, as detailed in the NARM Candidate Information Booklet (CIB).

For full details, download the NARM CIB from their website. https://narm.org/certification-recertification/



CHAPTER EIGHT

PRECEPTOR COMPLAINT PROCEDURE

Grievance Policy

A grievance is any formal complaint or concern regarding unfair treatment, violations of school policies, or other issues related to the student's experience at NISM. This includes concerns about interactions with staff, faculty, or other students, preceptors as well as issues related to academic or administrative procedures.

At NISM, we are committed to providing a supportive and respectful environment for all students. If you have a grievance, please follow the procedure outlined below:

1. Initial Resolution:
   - Step 1: Address the issue directly with the individual involved. Many concerns can be resolved through open and honest communication.
   - Step 2: If the issue is not resolved, or if it involves a complaint about another party, submit a written grievance to the school director. Include a detailed description of the issue, relevant dates, and any supporting documentation.
2. Review and Investigation:
   - The school director will review the grievance and may conduct an investigation if necessary. This may involve interviews and gathering additional information.
3. Resolution:
   - The school director will work to resolve the grievance in a fair and timely manner. A written response will be provided to the student outlining the findings and any actions taken.
4. Appeal Process:
   - If the student is not satisfied with the resolution, they may appeal the decision. The appeal must be submitted in writing within 10 business days of receiving the initial resolution. The school director will review the appeal and make a final decision.
5. Confidentiality:

- All grievances will be handled with the utmost confidentiality. Information will be shared only with those involved in the resolution process.

For more information or to lodge a complaint, contact the school's director at director@midwifeschool.org.





CHAPTER NINE

Forms And Records

Required Documentation And Forms

For students to complete clinical placements at approved sites, both NISM and NARM require specific documentation and forms to ensure compliance, quality, and alignment with standards. Here's an outline of the primary documents and forms required by both:

NISM Required Documentation And Forms

3. **Clinical Site Agreement:** Establishes qualifications and expectations between NISM and clinical sites.
4. **Preceptor Application and Agreement:** Preceptors complete this application to verify licensure, qualifications, and commitment to supervise students per NISM guidelines.
5. **Student Clinical Evaluation Forms:** Used by preceptors to evaluate students' clinical performance and professional development at different stages.
6. **Student Clinical Log**: Tracks all clinical experiences, including skills, procedures, and patient interactions.
7. **Confidentiality Agreement:** Signed by both students and preceptors to ensure adherence to HIPAA and other privacy regulations.
8. **Client Consent Forms:** Permission obtained from clients for students to participate in their care and access medical records.
9. **NISM Clinical Handbook:** Outlines the procedures, expectations, and requirements for students, preceptors, and clinical sites.
10. **Student Preceptor Agreement:** A formal agreement detailing the expectations and responsibilities of both the student and preceptor, including supervision standards, work hours, and clinical skill requirements.

Student Preceptor Agreement

Digital form can be found here Student Preceptor Agreement

Student Preceptor Agreement

This form should be completed by the student and preceptor(s) together at the beginning of a new clinical placement. One form is required for each preceptor the student works with.

The goal is for both parties to have clear expectations for their anticipated roles and responsibilities.

Student Name: _____

Date: _____

Clinical Site/Practice Name: _____

Preceptor Name: _____

Preceptor Legal Authorization

Are you legally authorized (or is no authorization required) to practice midwifery in your jurisdiction and location?

Yes / No

Preceptor Birth Experience

Do you have at least 3 years of experience as a midwife and/or have you attended a minimum of 50 births as a primary midwife?

Yes / No

Preceptor, provide a copy of:

- Your current CPM
- Your current NARM preceptor certification
- Current license to practice (if applicable)
- Current NRP certification
- Current CPR certification

Clinical Preceptor Requirements

1. Training and Compliance

- Complete all required training courses within the specified timeframe.
- Maintain current licensure in the appropriate jurisdiction and practice within the defined scope of practice.
- Notify NISM immediately of any changes in licensure, status, or ability to fulfill preceptor responsibilities.
- Adhere to all relevant compliance standards, including FERPA, HIPAA, and OSHA regulations.

2. Orientation and Expectations

- Review the NISM Clinical Handbook to understand and clarify expectations.
- Ensure familiarity with policies, procedures, and guidelines relevant to preceptor responsibilities.

3. Student Support and Education

- Assist students in learning and demonstrating midwifery skills and competencies.
- Provide opportunities for students to deliver hands-on care at the level for which they are qualified.
- Create opportunities for student involvement across the full spectrum of midwifery practice.
- Teach students critical thinking, clinical reasoning, and proper documentation practices applicable to midwifery.
- Be physically present and actively supervise students during all clinical encounters.

4. Feedback and Evaluation

- Assess student performance and knowledge regularly.
- Provide timely, constructive feedback to support growth and skill development.
- Communicate any concerns regarding a student's performance directly to the clinical director immediately.

5. Mentorship and Role Modeling

- Serve as a mentor and role model for professional midwifery practice.
- Promote and demonstrate culturally appropriate care in all aspects of practice.

6. Administrative Responsibilities

- Ensure student clinical forms are reviewed and signed in a timely manner.
- Maintain accurate records of student progress and performance.

Clinical Preceptor Rights

Clinical preceptors have the right to:

1. **Professional Respect and Communication**
   - Be treated with professionalism, respect, and courtesy by their student(s).
   - Receive timely and open communication from students and NISM regarding expectations, concerns, and updates.
2. **Client Safety and Well-Being**
   - Prioritize client protection and safety as the primary goal of midwifery care.
   - Refuse student participation in client care if the student's level of competency or conduct is inadequate to ensure safe and ethical care.
3. **Access to Academic Information**
   - Be informed of the academic performance and clinical preparation of assigned students.
   - Request clarification on a student's readiness for specific clinical tasks or responsibilities.
4. **Feedback and Collaboration**
   - Participate in curriculum development and provide input on course content to ensure alignment with clinical realities.
   - Offer feedback on student admission policies to support the selection of qualified candidates.
   - Provide suggestions and recommendations for student supervision and evaluation practices in the clinical setting, including adherence to NARM requirements.
5. **Autonomy in Supervision**
   - Define the level and scope of student participation in clinical care based on their qualifications and the specific clinical context.
   - Expect students to adhere to professional boundaries and follow clinical site policies and procedures.
6. **Recognition and Support**
   - Be acknowledged for their role as a mentor and educator in shaping the next generation of midwives.
   - Receive appropriate support and resources from NISM to effectively fulfill their preceptor responsibilities.
7. **Conflict Resolution and Advocacy**
   - Report concerns about student performance or behavior to NISM without fear of retaliation.
   - Be involved in discussions and decisions regarding the resolution of issues related to student conduct, performance, or clinical encounters.

8. Time and Workload Management

- Manage their clinical workload and determine the number of students they supervise to ensure quality education and safe client care.
- Set clear expectations for students regarding attendance, participation, and professional behavior in the clinical setting.

Student Requirements

As a midwifery student enrolled at Newlife International School of Midwifery (NISM), I agree to adhere to the following expectations while participating in clinical experiences:

1. Maintain satisfactory academic progress throughout the NISM program.
2. Review this agreement thoroughly with my preceptor.
3. Only attend clinical events with preceptors for whom I have a current, approved student-preceptor contract on file.
4. Maintain a professional appearance and demeanor at all times during clinical experiences.
5. Communicate regularly with the NISM Clinical Coordinator or faculty as part of my Clinical Phase courses.
6. Attend monthly online Zoom sessions with fellow students and the Clinical Coordinator.
7. Accurately complete all clinical experience documentation on approved NISM forms and obtain preceptor signatures as required, submitting forms promptly during Clinical Phase courses.
8. Actively seek and respond to feedback from my preceptor on a regular basis to enhance my clinical skills and knowledge.
9. Address any concerns raised by my preceptor, NISM faculty, or administration promptly and professionally.
10. Assist my preceptor and their team in all aspects of clinical practice as needed.
11. Be proactive in my clinical learning, seeking appropriate opportunities to enhance my knowledge and skills.
12. Further develop my understanding by exploring additional learning opportunities after clinical encounters.
13. Provide constructive feedback to my preceptor and NISM by submitting updated forms and evaluations regularly throughout Clinical Phase courses.
14. Present clinical documentation promptly to my preceptor for initials and signatures following clinical events.
15. Allow my preceptor to determine the appropriate form (Assist Under Supervision or Primary Under Supervision) to document each clinical event.
16. Be punctual and reliable for all appointments and births.

17. Uphold the confidentiality of all clients at my clinical practice.
18. Respect my preceptors values, even if they differ from my own.
19. Maintain appropriate dress, behavior, and professionalism during all clinical encounters.
20. Address and seek to resolve conflicts with fellow students, preceptors, or staff promptly and respectfully.

Student, provide a copy of:

- Current NRP certificate
- Current CPR certificate

Acknowledgement:

By signing below, we, the undersigned, agree to respect and adhere to the terms outlined in this Agreement.

We understand that either party reserves the right to terminate this contract at any time without prior notice if the conditions of this agreement are breached.

While immediate termination is permissible under such circumstances, it is recommended that two week's written notice be provided whenever possible, during which the contractual obligations outlined above shall remain in effect.

Preceptor Signature _____ Date _____

Student Signature _____ Date _____

Student Clinical Site Application

Student Clinical Site Application

Digital form can be found here: Student Clinical Site Application

This form should be completed by the student and clinical site director together at the beginning of a new clinical placement. One form is required for each clinic location. Individual student/preceptor agreements are separate.

The goal is for both parties to have clear expectations for their anticipated roles and responsibilities.

Student Name: _____

Date: _____

Clinical Site/Practice Name: _____

Address: _____

Site phone number: _____ Site email: _____

Site director, midwife, or preceptor name: _____

Names of other preceptor(s) at this site: _____

_____

Type of practice (choose all that apply): Homebirth Birth Center Hospital Clinic

Conditions Required to Qualify as a Clinical Site

1. Clinical Opportunities and Supervision
   - Ensure adequate and diverse clinical opportunities for students to meet their educational and competency goals.
   - Provide direct supervision to students at all times to ensure safe and effective client care.
   - Maintain an appropriate preceptor-to-student ratio, with no more than two students per preceptor.
2. Safety and Compliance
   - Follow universal precautions and OSHA safety guidelines, including proper hazardous waste disposal.
   - Meet and adhere to local, state, and national safety standards and guidelines.

- Maintain compliance with client confidentiality and privacy regulations, including HIPAA.

3. Preceptor Qualifications and Responsibilities
   - Require preceptors to maintain current, valid, and updated credentials and licensure.
   - Ensure preceptors practice within their legal scope and jurisdiction.
   - Gain informed consent from clients before involving students in their care.
4. Cultural and Ethical Standards
   - Demonstrate and promote culturally responsible, sensitive, and non-discriminatory care for all clients and students.
   - Model and engage in informed decision-making practices with clients.
   - Provide a supportive and inclusive environment for students, ensuring culturally sensitive treatment and respect for their well-being.
5. Resources and Staffing
   - Provide all necessary equipment and supplies required for safe and effective midwifery practice.
   - Maintain adequate staffing levels to ensure the safe and appropriate care of clients.
6. Student Support and Development
   - Ensure students have sufficient opportunities to provide primary care under supervision.
   - Provide adequate opportunities for students to meet continuity of care requirements as defined by their program.
   - Offer students reasonable rest periods and days off to support their physical and mental well-being.

Does your clinical site have a written Student Agreement outlining the roles and responsibilities of students, including how expectations change as they move through clinical phases? _____

If yes, do both parties have a signed copy of the Agreement? _____

Is this a paid position? _____

Expected length of stay (in months or in phases): _____

Anticipated termination or renewal date of this contract: _____

Anticipated student schedule (how many on-call days, shifts, etc): _____

_____

Anticipated student time off / vacation: _____

Clinical and non-clinical expectations (if not outlined in the contract agreement): _____

_____

_____

_____

_____

Anticipated number of births student will attend per month: _____

Anticipated number of prenatal appointments student will attend per month: _____

Anticipated number of postpartum appointments student will attend per month: _____

Goals for student during this placement: _____

_____

_____

_____

How will students be given feedback regarding their performance? _____

_____

_____

_____

_____

Will births be debriefed with students? _____

Will one of the preceptors or the clinical director be willing to meet with the student one-on-one monthly to provide feedback and encouragement to the student? _____

Please estimate the number of experiences the student will receive at this clinical site within the timeframe of this contract.

	Estimated Number	Preceptor Initials	Estimated timeframe
OBSERVES			
10 births			
ASSIST UNDER SUPERVISION			
3 Initial prenatals			
25 prenatals			
20 births			
20 newborn exams			
10 postpartum exams			
PRIMARY UNDER SUPERIVISON			
20 initial prenatals			
55 prenatals			
25 births			
20 newborn exams			
40 postpartum exams			
5 full continuity of care			
10 out of hospital births			
10 births with 1 prenatal			

Agreement to Terms

We, the undersigned, agree to respect and adhere to the terms outlined in this Agreement.

We understand that either party reserves the right to terminate this contract at any time without prior notice if the conditions of this agreement are breached.

While immediate termination is permissible under such circumstances, it is recommended that two weeks› written notice be provided whenever possible, during which the contractual obligations outlined above shall remain in effect.

Site Director Signature: _____ Site Director Initials: _____ Date: _____

Student Signature: _____ Student Initials: _____ Date: _____

Preceptor End Of Quarter Evaluation Form

End of Quarter Evaluation Form
Midwifery Preceptor Evaluation

Preceptor Name: _____

Student Name: _____

Quarter: _____

Preceptor, please rate the student's performance in the following areas based on their clinical experience during this semester. Please rate from 1 to 5, with 1 being poor performance and 5 being excellent performance.

Professionalism and Conduct:

- Punctuality and reliability: _____
- Professional demeanor: _____
- Respect for clients, colleagues, and preceptor: _____
- Compliance with confidentiality and privacy standards: _____

Clinical Skills and Knowledge:

- Application of theoretical knowledge to clinical practice: _____
- Competence in performing expected clinical procedures: _____
- Clinical decision-making under supervision for appropriate level of training: _____
- Ability to adapt to various clinical situations: _____
- Overall clinical competency appropriate for level of training: _____

Communication and Collaboration:

- Effectiveness of communication with clients, colleagues, and preceptor: _____
- Collaboration within the clinical team: _____
- Ability to follow instructions and seek clarification when needed: _____
- Willingness to accept feedback and incorporate suggestions: _____

Initiative and Engagement:

- Proactivity in seeking learning opportunities: _____
- Engagement in clinical activities and responsibilities: _____
- Willingness to take on additional tasks or responsibilities: _____

- Contribution to a positive learning environment: _____
- Overall initiative and engagement: _____

Overall Performance:

- Rate the student's overall performance during this semester: _____

Comments and Recommendations:

Please provide any additional comments or feedback on the student's performance, strengths, areas for improvement, or recommendations for future clinical experiences:

_____

_____

Would you like assistance from NISM in resolving any concerns?

_____

Thank you for taking the time to provide feedback. Your input is valuable for the continued improvement of our midwifery program at NISM.

Student End Of Quarter Evaluation Form

Student Evaluation of Preceptor

Student Name: _____

Preceptor Name: _____

Quarter: _____

Please rate the preceptor's performance in the following areas based on your clinical experience during this semester. Rate from 1 to 5, with 1 being poor performance and 5 being excellent performance.

1 = Poor. 5 = Excellent.

Guidance And Instruction

- Clarity of instructions and expectations: _____
- Supportiveness in learning clinical skills: _____
- Availability for questions and assistance: _____

Clinical Knowledge and Expertise

- Ability to demonstrate and explain clinical procedures: _____
- Ability to assist in developing clinical decision-making skills: _____

Communication and Feedback

- Openness to communication and discussion: _____
- Willingness to provide constructive feedback: _____
- Effectiveness in providing guidance and correction: _____

Support and Mentorship

- Availability for mentorship and support: _____
- Encouragement and motivation provided: _____
- Supportiveness in addressing challenges and concerns: _____

Overall Performance

- Rate the preceptor's overall performance during this semester: _____

Comments and Reflections

Please provide any additional comments or reflections on the preceptor's performance, areas of strength, areas for improvement, or recommendations for future preceptorship:

_____

_____

Would you like assistance from NISM in resolving any concerns?

_____

Thank you for taking the time to provide feedback. Your input is valuable for the continued improvement of our midwifery program at NISM.

Clinical Record Forms Instructions For Students And Preceptors

General Instructions:

- Clearly write the student's full legal name on each form, as it will appear on the CPM certificate application.
- List all clinical experiences in chronological order and ensure all entries are legible.
- The preceptor must initial each entry at the time of the clinical event.
- Once a form is complete, photocopy a new page and continue documenting clinical experiences. Do not stop recording experiences simply because a form is full. All clinical experiences must be documented.

Quarterly Reporting:

- Students must submit quarterly evaluations completed and signed by both the student and the preceptor.

Guidelines for Verifying Clinical Experience Documentation:

- Students and preceptors must adhere to the guidelines outlined in NARM's Candidate Information Bulletin (CIB), available on NARM's website.
- Clinical care provided by the student and preceptor must be reflected in the client's chart, identified by name or initials, for potential audit purposes.
- Students must have access to the original client charts for all documented births and procedures.
- Original client charts are to remain in the custody of the preceptor.
- Protect client confidentiality by using a unique client code under "Client # or Code" on the Clinical Record Forms. Use one code per client pregnancy.
- Preceptors must be approved by and have a signed contract with NISM before initialing any forms.

Order of Completion:

- At least 18 of the 20 "Births as Assistant under Supervision" must be completed before beginning "Births as Primary under Supervision."
- Other forms may be completed in any order, although typically all "Assists" are completed before starting "Primary under Supervision" care.
- All required forms must be completed prior to graduation.

Credit Requirements:

- Preceptors will only sign off on clinical experiences when the student demonstrates the minimum required skill competency.

- For "Assists," the student must show active participation.
- For "Primary" experiences, the student must demonstrate mastery to the preceptor's satisfaction.

- Except for the 10 "Birth Observes," all clinical experiences must be initialed by an approved preceptor to count toward requirements.
- Students may document clinical experiences beyond the minimum requirements. These additional clinicals and contact hours will be noted on the student's transcript but will not count for credit toward graduation requirements.

Birth Experience in Specific Settings:

- Among all attended births (as Observer, Assistant, or Primary under Supervision):
  - At least 2 must be planned hospital births (not intrapartum transports but may include antepartum referrals).
  - At least 5 must be home births.

Timeframes:

- Clinical experiences documented on these forms must span a minimum of **2 years.**
- All clinicals must occur within **10 years** prior to passing the NARM exam.
- At least **10 experiences** documented on the NARM Out-of-Hospital Birth Documentation Form 204 must occur no earlier than 3 years before the NARM exam.

NARM Continuity of Care-Practical Experience Form 200 and NARM Out-of-Hospital Birth Documentation Form 204:

- These forms may include clinical experiences already documented on the Primary Midwife under Supervision Forms.
- Use NARM's official versions of these forms and carefully follow the provided instructions, as they will be submitted as part of the student's NARM Exam Application.

Birth Experience Prior to Enrollment in NISM:

- Students may use previously completed and signed NARM forms, provided they are approved by the Clinical Coordinator.
- After enrollment, students must use only the forms included in the NISM Clinical Handbook.



CLINICAL RECORD FORMS 1-12

Student Name:	**Clinical Record Form 1** **Version 1.0 7/2024**

10 BIRTHS AS OBSERVER

Student Role: Observer
Preceptor Supervision Required: None
Student Demonstration Required: Physical presence

See complete instructions and definitions on Instructions for Clinical Record Forms

Planned Hospital Births (2 Required - May NOT be Intrapartum Transports)						
#	Client Code	Date of Birth mm/dd/yyyy	Birth Setting*	Observers Role	Witness Name, Address, Phone #, Email	Initialed by Witness
1						
2						
Births as an Observer in any setting or location:						
3						
4						
5						
6						
7						
8						
9						
10						

*Birth Setting: Home (H), Freestanding Birth Center (FBC), Hospital Birth Center (HBC), Planned Hospital (PH), Hospital IP Transfer (HT), Other (O)

This is the only clinical requirement that can be done prior to enrollment, and without the direct supervision of a NISM/NARM preceptor.

10 Births as an Observer: 10 births in any setting in any capacity (observer, doula, family member, friend, beginning apprentice, etc.). Attendance may be verified by any witness who was present at the birth. These 10 Births may take place prior to OR during enrollment at NISM, but must be no more than 10 years prior to the student sitting the NARM Exam. Although Observes completed prior to enrollment and not under the direct supervision of an approved preceptor will be accepted, they will not count towards the minimum 2 year time span requirement.

Birth Experience in Specific Settings: Of all the births a student attends during training (as Observer, Assistant, or Primary Midwife under Supervision), at least 2 must be planned hospital births (these cannot be intrapartum transports but may be antepartum referrals) and 5 must be home births. At least 10 births as primary must be completed within the US.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Clinical Record Form 2

Version 3.0 9/2025

25 PRENATAL EXAMS AS ASSISTANT UNDER SUPERVISION 3 MUST BE INITIAL PRENATALS

Student Role: Assistant to Primary Midwife
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Active Participation

See complete instructions and definitions on Instructions for Clinical Record Forms

PRENATAL EXAMS AS ASSISTANT UNDER SUPERVISION - 25 REQUIRED (3 MUST BE INITIAL)

#	Client Code	Date of Prenatal mm/dd/yyyy	Initial Prenatal? Y/N	Preceptor Name	Preceptor Signature (*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Student Name:

Page 2: PRENATAL EXAMS AS ASSISTANT UNDER SUPERVISION - 25 REQUIRED					
#	Client Code	Date	Initial Prenatal? Y/N	Preceptor Name	Preceptor Signature*
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

A Prenatal consists of most of the following, but is not limited to: Preparation, chart review, weight, blood pressure, pulse, fetal heart tones, fetal position, evaluation of size for dates, education and counseling for gestational age specific topics, any necessary labwork, education and counseling for any discomforts, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out referral forms and lab slips. Estimated time per visit: 30 minutes.

An Initial Prenatal consists of most of the following but is not limited to: The same items as a regular prenatal, PLUS intake interview, history (medical, gynecological, family) and a complete physical examination. These items may take place over several visits but are counted by the student as one Initial Prenatal. Estimated time per visit: 1 hour.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor›s satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write the student›s name on each form. List sections chronologically. Fill in 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:		**Clinical Record Form 3** **Version 1.0 7/2024**

Student Role: Assistant to Primary Midwife
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Active Participation

See complete instructions and definitions on Instructions for Clinical Record Forms

BIRTH ASSISTANT UNDER SUPERVISION - 20 REQUIRED

#	Client Code	Date of Birth mm/dd/yyyy	Birth Setting*	Preceptor Name	**Preceptor Signature** ***(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)***
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*Birth Setting: Home (H), Freestanding Birth Center (FBC), Hospital Birth Center (HB), Planned Hospital (PH), Hospital IP Transfer (HT), Other (O)

A Birth as Assistant Under Supervision consists of, but is not limited to: Practice and assistance to the midwife with: set-up, assisting the client and family, charting, evaluating pre-labor, admission evaluation and procedures, tracking progress of labor, vital signs, evaluating FHT, providing comfort measures, preparing and coaching the client for actual birth, assisting with the birth and placenta, evaluating the newborn, evaluating the placenta, lactation support, clean-up, sterilizing, restocking, re-ordering equipment, planning follow-up visit. Estimated time per visit: 12 hours

At least 18 of these must be completed prior to beginning births as primary under supervision. A MAXIMUM of 2 of these births may be IP Hospital Transports.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor›s satisfaction.

Client Charts: The Student and Preceptor must follow NARM›s CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 4** **Version 1.0 7/2024**

Student Role: Assistant to Primary Midwife
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Active Participation

See complete instructions and definitions on Instructions for Clinical Record Forms

NEWBORN EXAMS AS ASSISTANT UNDER SUPERVISION - 20 REQUIRED

#	Client Code	Date of Exam mm/dd/yyyy	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

*Birth Setting: Home (H), Freestanding Birth Center (FBC), Hospital Birth Center (HB), Planned Hospital (PH), Hospital IP Transfer (HT), Other (O)

A Newborn Exam consists of, but is not limited to: Assisting the midwife with APGAR, gestational age assessment, reflexes, head to toe physical, application of ophthalmic erythromycin, injection of vitamin K, metabolic screening, hearing screening, referral for pediatric follow-up, weight and measurements, foot-

printing, birth certificate, souvenir certificate for parents, registration for social security and medicaid. Estimated time per visit: 30 minutes.

This exam must be done within 12 hours of the birth.

At least 18 of these must be completed prior to beginning newborn exams as primary under supervision.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor›s satisfaction.

Client Charts: The Student and Preceptor must follow NARM›s CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 5** **Version 1.0 7/2024**

Student Role: Assistant to Primary Midwife
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Active Participation

See complete instructions and definitions on Instructions for Clinical Record Forms

POSTPARTUM EXAMS AS ASSISTANT UNDER SUPERVISION - 10 REQUIRED

#	Client Code	Date of Exam mm/dd/yyyy	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Postpartum Visit to Client and Infant consists of most of the following, but is not limited to: Assisting the midwife with preparation, chart review and follow up, assessing baby weight gain, physical assessment and vitals, assessment of lochia, counseling regarding infant feeding, counseling and education for the client and family regarding nutrition for the client and infant, labwork, education and counseling for any discomforts, evaluation for referral to social and/or medical resources, evaluation of infant for dehydration, answering parents questions, check health of umbilical cord and removal of clip if necessary, check healing of any stitches/ tears, charting by SOAP method, cleanup, arrangement for next visit. Estimated time per visit: 1 hour

This exam must be done between 12 hours after the birth up to 6-weeks postpartum.

At least 8 of these must be completed prior to beginning postpartum exams as primary under supervision.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptors satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 6** **Version 2.0 1/2025**

CONTINUITY OF CARE AS PRIMARY UNDER SUPERVISION - 5 REQUIRED

#	Client Code	Date of Birth mm/dd/yyyy	# of prenatal visits	Date of first Prenatal	Date of last Prenatal	Date of Newborn Exam	# of PP visits	Preceptor Signature	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1									
2									
3									
4									
5									

Continuity of Care Births: For each birth recorded above, the applicant must have provided, as primary or Primary Under Supervision at least: five prenatal visits spanning at least two trimesters, the birth (including the placenta), one newborn exam, and two postpartum exams (within six weeks postpartum). Transports are not accepted for Continuity of Care births. Students must also complete NARM form 200.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor's satisfaction.

*Preceptor Signature: The preceptor who signs this form should be the preceptor who attended the final PP visit. This preceptor should review the client's chart to confirm the student attend as PUS all encounters listed on this form.

Client Charts: The Student and Preceptor must follow NARMs CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 7** **Version 1.0 7/2024**

Student Role: Primary Midwife Under Supervision
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Mastery with Supervision

See complete instructions and definitions on Instructions for Clinical Record Forms

INITIAL PRENATALS AS PRIMARY UNDER SUPERVISION - 20 REQUIRED

#	Client Code	Date of Exam mm/dd/yyyy	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

An Initial Prenatal consists of, but is not limited to: Preparation, chart review, intake interview, history (medical, gynecological, family), complete physical examination, weight, blood pressure, pulse, Fetal Heart Tones, fetal position, evaluation of size for dates, education and counseling for gestational age specific topics, labwork, education and counseling for any discomforts, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, making necessary referrals. These items may take place over several visits, but are counted by the student as one Initial Prenatal. Estimated time per visit:1 hour

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor›s satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 8** **Version 1.0 7/2024**

Student Role: Primary Midwife Under Supervision
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Mastery Under Supervision

See complete instructions and definitions on Instructions for Clinical Record Forms

PRENATALS AS PRIMARY UNDER SUPERVISION - 55 REQUIRED

#	Client Code	Date of Prenatal mm/dd/yyyy	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1				
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28				
Student Name:				
Page 2: PRENATAL EXAMS AS PRIMARY UNDER SUPERVISION				
#	Client Code	Date	Preceptor Name	Preceptor Signature*
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A Prenatal consists of most of the following, but is not limited to: Preparation, chart review, weight, blood pressure, pulse, fetal heart tones, fetal position, evaluation of size for dates, education and counseling for gestational age specific topics, any necessary labwork, education and counseling for any discomforts, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out referral forms and lab slips. Estimated time per visit: 30 minutes.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptors satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 9** **Version 1.0 7/2024**

Student Role: Primary Midwife Under Supervision
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Mastery Under Supervision

See complete instructions and definitions on Instructions for Clinical Record Forms

BIRTHS AS PRIMARY UNDER SUPERVISION - 25 REQUIRED

#	Client Code	Date of Birth mm/dd/yyyy	Birth Setting*	Student attended Prenatal? Y/N	Birth in the US? Y/N	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1							
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Student Name:							
Page 2: BIRTHS AS PRIMARY UNDER SUPERVISION - 25 REQUIRED							
#	Client Code	Date of Birth mm/dd/yyyy	Birth Setting*	Student attended Prenatal? Y/N	Birth in the US? Y/N	Preceptor Name	Preceptor Signature*
21							
22							
23							
24							
25							
*Birth Setting: Home (H), Freestanding Birth Center (FBC), Hospital Birth Center (HB), Planned Hospital (PH), Hospital IP Transfer (HT), Other (O)							

A Birth as Primary Under Supervision means that the student demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the student's performance of skills and decision making. The student is currently certified in CPR and NRP and is present for all stages of labor and delivery, and immediate postpartum, makes all clinical decisions for all stages of labor and delivery, and immediate postpartum, is able to articulate the rationales for these decisions, and charts or directs the charting of all stages of labor and delivery, and immediate postpartum. Estimated time per birth: 24 hours.

At least 18 births as assistant under supervision must be completed prior to beginning births as primary under supervision. Student is required to maintain valid CPR and NRP certifications.

At least 15 births must include at least 1 prenatal.

A MAXIMUM of 3 of these births may be IP Hospital Transports.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor›s satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 10** **Version 1.0 7/2024**

Student Role: Primary Midwife Under Supervision
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Mastery with Supervision

See complete instructions and definitions on Instructions for Clinical Record Forms

NEWBORN EXAMS AS PRIMARY UNDER SUPERVISION - 20 REQUIRED

#	Client Code	Date of Exam mm/dd/yyyy	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1				
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A Newborn Exam consists of, but is not limited to: Competence in providing and performing skills with an approved preceptor present. **Skills include but this exam must be done within 12 hours of the birth.**

At least 18 assistant under supervision must be completed prior to beginning newborn exams as primary under supervision.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptor›s satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write student name on each form. List sections chronologically. Fill 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Student Name:	**Clinical Record Form 11** **Version 1.0 7/2024**

Student Role: Primary Midwife Under Supervision
Preceptor Supervision Required: Direct Supervision by Preceptor
Student Demonstration Required: Mastery Under Supervision

See complete instructions and definitions on Instructions for Clinical Record Forms

POSTPARTUM EXAMS AS PRIMARY UNDER SUPERVISION - 40 REQUIRED

#	Client Code	Date of Exam mm/dd/yyyy	Preceptor Name	Preceptor Signature *(*verifies that the student has successfully completed the required activity and the student's presence has been appropriately documented in the client's chart)*
1				
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Student Name:				
Page 2: POSTPARTUM EXAMS AS PRIMARY UNDER SUPERVISION				
#	Client Code	Date	Preceptor Name	Preceptor Signature*
28				
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With the preceptor present, the postpartum visit to client and infant may consist of, but is not limited to: Preparation, chart review and follow up, assessing baby weight gain, physical assessment and vitals, assessment of lochia, counseling regarding infant feeding, counseling and education for the client and family regarding nutrition for the client and infant, lab work, education and counseling for any discomforts, evaluation for referral to social and/or medical resources, evaluation of infant for dehydration, answering parents questions, check health of umbilical cord and removal of clip if necessary, check healing of any stitches/ tears, charting by SOAP method, cleanup, arrangement for next visit. Estimated time per visit: 1 hour

This exam must be done between 12 hours after the birth up to 6-weeks postpartum.

At least 8 postpartum as assistant under supervision must be completed prior to beginning exams as primary under supervision.

Credit: The Preceptor will only sign off a clinical when the student demonstrates active participation to the preceptors satisfaction.

Client Charts: The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

Instructions: Write clearly. Write the students name on each form. List sections chronologically. Fill in 1 form before using another.

Monthly Reporting to NISM: Student submits Photocopies of updated forms to NISM monthly.

Clinical Record Form 12

Student Name: Version 1.0 1/2025

Clinical Record Summary

This checklist will help track your clinical progression through the duration of your training.

✓	Clinical Requirement	Date Completed
	Minimum duration of clinical experience is 2 years	
	Date of first clinical encounter beyond observation: _____	
	Date of last clinical encounter: _____	

	Clinical Record form CR 1 *(10 births as observer)*	
	Clinical Record form CR 2 *(25 Prenatals as Assistant Under Supervision)*	
	Clinical Record form CR 3 *(20 births as Assistant Under Supervision)*	
	Clinical Record from CR 4 *(20 newborn exams as Assistant Under Supervision)*	
	Clinical Record form CR 5 *(10 postpartums as Assistant Under Supervision)*	
	Clinical Record from CR 6 *(5 Continuity of Care as Primary Under Supervision)*	
	Clinical Record form CR 7 *(20 Initial prenatals as Primary Under Supervision)*	
	Clinical Record form CR 8 *(55 prenatals as Primary Under Supervision)*	
	Clinical Record form CR 9 *(25 births as Primary Under Supervision)*	
	Clinical Record form CR 10 *(20 newborn exams as Primary Under Supervision)*	
	Clinical Record form CR 11 *(40 postpartums as Primary Under Supervision)*	

	5 home births in any capacity	
	10 births as Primary Under Supervision that include at least 1 prenatal	
	10 births in the US or Canada as Primary Under Supervision	

	NARM Form 200: Continuity of Care: *All of these 5 Births as Primary Under Supervision must include Full Continuity. Each must include 5 prenatals spanning 2 trimesters, the birth, newborn exam, and 2 postpartum exams. Only approved Preceptors may sign this form in the spaces marked "Witness."*	
	MEAC Continuity of Care Documentation Form: *Complete one of these forms for EACH of the 5 births listed on NARM form 200 Continuity of Care.*	
	NARM Form 204: Out of Hospital Birth: *10 of the Births as Primary Under Supervision must be in an out of hospital setting and must occur within 3 years of taking the NARM Exam. Only approved Preceptors may sign this form in the spaces marked "Witness."*	

	MEAC abbreviated NARM skills check list completed	

Newlife International
SCHOOL OF MIDWIFERY

Weekly Clinical Summary

DATE	CLINICAL EXPERIENCE & ACTIVITIES	LEARNING SUMMARY

TOTALS TO DATE					
OBSERVE		AUS		PUS	
INITIAL PRENATAL		INITIAL PRENATAL		INITIAL PRENATAL	
PRENATAL		PRENATAL		PRENATAL	
BIRTH		BIRTH		BIRTH	
NEWBORN EXAM		NEWBORN EXAM		NEWBORN EXAM	
POSTPARTUM		POSTPARTUM		POSTPARTUM	



CLINICAL PROGRESSION PHASES 2-9

Clinic Phase 2: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Clinical Experiences Completed		
During this phase the student has completed:	**Yes**	**No**
5 birth observes		
15 prenatal observes		
2 initial prenatal observes		
5 newborn exam observes		
5 postpartum exam observes		

Skills; With assistance from the preceptor, the student can:				
General Healthcare	**Yes**		**No**	
**0.1 Perform proper handwashing.				
**0.2 Apply and remove gloves correctly.				
**0.3 Use sterile techniques appropriately.				
0.4 Comply with workplace safety regulations (OSHA).				
1.28 Use standard/universal precautions, infection prevention, and clean technique.				
1.29 Interact with clients in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner.				
1.30 Show respect for individuals and their culture and customs regardless of background or identity.				
1.31 Maintain confidentiality of client information; share only with permission or in cases of compelling need.				
1.60 Uses methods of infection prevention and control appropriate to the service being provided.				

Skills; With assistance from the preceptor, the student can:				
Basic Assessments	**Yes**		**No**	
**3.39 Take and assess maternal vital signs (temperature, blood pressure, pulse).				
3.46 Monitor fetal heart rate with Doppler.				

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		

Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures and protocols of the practice		
Maintains confidentiality and complies with HIPAA guidelines		
Takes responsibility for actions		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 3: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		
Follow-Up		
The student:	**Yes**	**No**
Has completed any uncompleted skills from Clinic Phase 2		

The student has completed a TOTAL of:	**Yes**	**No**
15 Prenatal OBSERVE		
10 Prenatal AUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
10 Birth OBSERVE		
5 Newborn Exam OBSERVE		
6 Newborn Exam AUS		
5 Postpartum Exam OBSERVE		
5 Postpartum Exam AUS		

Clinical Skills; With assistance from the preceptor, the student can:		
General Healthcare	**Yes**	**No**
1.36 Engage in health education discussions with women and their families.		
1.37 Use appropriate communication and listening skills across all domains of competency.		
1.38 Assemble, use, and maintain equipment and supplies appropriate to the practice setting.		
1.39 Document and interpret relevant findings for services provided, including what was done and what needs follow-up.		
1.40 Comply with local regulations for birth and death registration, mandatory reporting of physical abuse, and infectious disease reporting.		

Clinical Skills; With assistance from the preceptor, the student can:		
Maternal Health	**Yes**	**No**
**3.38 Perform a complete physical examination and explain findings to the woman.		
3.40 Draw blood and collect urine and vaginal culture specimens for laboratory testing.		
3.41 Assess maternal nutrition and its relationship to fetal growth; provide advice on nutritional requirements of pregnancy and how to achieve them.		
3.49 Calculate the estimated date of birth and assess gestational age through last menstrual period, bimanual exam, and/or urine pregnancy testing.		
3.50 Provide health education to adolescents, women, and families about normal pregnancy progression, danger signs, and when to contact the midwife.		

3.51 Teach or demonstrate measures to decrease common discomforts of pregnancy.		
3.52 Provide guidance and preparation for labor, birth, and parenting.		

Skills; With assistance from the preceptor, the student can:		
Labor, Birth, Immediate PP	**Yes**	**No**
3.58 Provide individualized care based on each woman's needs and desires.		
4.42 Clamp and cut the umbilical cord.		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures, and protocols of the practice		
Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 4: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Follow-Up		
The student has:	**Yes**	**No**
Completed any uncompleted skills from Clinic Phase 3		

Clinical Experience Completed		
The student has completed a TOTAL of:	Yes	No
15 Prenatal OBSERVE		
22 Prenatal AUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
10 Birth OBSERVE		
7 Birth AUS		
5 Newborn Exam OBSERVE		
13 Newborn Exam AUS		
5 Postpartum Exam OBSERVE		
10 Postpartum Exam AUS		

Skills; With assistance from the preceptor, the student can:		
Emergency Preparedness	**Yes**	**No**
1.12 Demonstrate the concept of alarm (preparedness); follow referral protocols and communicate appropriately during transport.		

Skills; With assistance from the preceptor, the student can:		
Maternal Health	**Yes**	**No**
**3.37 Takes an initial history and performs an ongoing history at each antenatal visit.		
3.43 Assess fetal growth using manual measurements.		
3.45 Listen to the fetal heart rate; palpate the uterus for fetal activity and interpret findings.		
3.53 Provide education about avoiding harmful environmental exposures, food-borne illnesses, or risky activities.		

Skills; With assistance from the preceptor, the student can:

Labor, Birth, Immediate PP	Yes	No
4.47 Inspect the placenta and membranes for completeness.		
6.16 Provide immediate newborn care: dry, warm, ensure breathing is established, and clamp/cut cord when pulsing ceases.		
6.17 Assess the immediate condition of the newborn (e.g., APGAR score or other method for breathing and heart rate).		
6.18 Maintain normal newborn temperature using covering (blanket, cap), environmental control, and skin-to-skin contact.		

Skills; With assistance from the preceptor, the student can:		
Newborn Care	**Yes**	**No**
**6.21 Perform a routine full-body newborn exam; refer for medical care if abnormal findings are present.		
6.22 Perform a gestational age assessment.		
6.23a Register a birth certificate.		
6.23b Administer Vitamin K.		
6.23c Perform newborn screening tests		
6.23d Provide eye prophylaxis.		
6.23e Ensure proper newborn identification.		
6.24 Support initiation of breastfeeding within the first hour and encourage exclusive breastfeeding.		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures, and protocols of the practice		
Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 5: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Follow-Up		
The student has:	**Yes**	**No**
Completed any uncompleted skills from Clinic Phase 4		

Clinical Experience Completed		
The student has completed a TOTAL of:	Yes	No
15 Prenatal OBSERVE		
22 Prenatal AUS		
20 Prenatal PUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
5 Initial Prenatal PUS		
10 Birth OBSERVE		
14 Birth AUS		
5 Newborn Exam OBSERVE		
20 Newborn Exam AUS		
5 Postpartum Exam OBSERVE		
10 Postpartum Exam AUS		
5 Postpartum Exam PUS		

Skills; With assistance from the preceptor, the student can:		
Labor, Birth, Immediate PP	**Yes**	**No**
4.24 Take a specific history and maternal vital signs in labor.		
4.25 Perform a focused physical examination in labor.		
4.26 Perform a complete abdominal assessment for fetal position and descent.		
4.27 Time and assess the effectiveness of uterine contractions.		
4.28 Perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for vaginal birth.		
4.29 Monitor and chart progress of labor.		
4.30 Provide physical and psychological support for the woman and family; promote normal birth, encourage adequate rest and sleep.		

4.31 Facilitate the presence of a support person during labor and birth.		
4.35 Stimulate or augment uterine contractility using non-pharmacologic agents.		
4.49 Provide a safe environment for mother and infant to promote bonding.		
4.60 Insert an intravenous line, administer fluids, and draw blood for laboratory testing.		

Skills; With assistance from the preceptor, the student can:		
Parent Education and Support	**Yes**	**No**
6.26 Educate parents on newborn danger signs and when to seek care.		
6.27 Educate parents on normal growth and development of infants and young children, and how to meet daily needs.		
6.28 Assist parents in accessing available community resources.		
*6.29 Support parents grieving pregnancy loss, stillbirth, congenital anomalies, or neonatal death.		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures, and protocols of the practice		
Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		
Documents and interprets relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practice.		
Complies with all local regulations (as indicated for: birth and death registration, mandatory reporting for physical abuse, and infectious diseases)		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 6: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Follow-Up		
The student has:	**Yes**	**No**
Completed any uncompleted skills from Clinic Phase 5		

Clinical Experiences Completed		
The student has completed a TOTAL of:	**Yes**	**No**
15 Prenatal OBSERVE		
22 Prenatal AUS		
40 Prenatal PUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
10 Initial Prenatal PUS		
10 Birth OBSERVE		
20 Birth AUS		
5 Newborn Exam OBSERVE		
20 Newborn Exam AUS		
5 Postpartum Exam OBSERVE		
10 Postpartum Exam AUS		
10 Postpartum Exam PUS		

Skills; Under supervision, as a primary under supervision, the student can:		
Maternal Health	**Yes**	**No**
3.42 Perform a complete abdominal assessment, including fundal height, lie, position, and presentation.		
3.54, 3.55 Identify variations during pregnancy and provide suggestions for first-line management or referral:		
a. low and or inadequate maternal nutrition, including eating disorders and pica		
b. anemia		
*c. ectopic pregnancy		
*d. hyperemesis		
*e. genital herpes		
*f. inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy		

*g. gestational diabetes		
*h. insufficient cervix		
i. elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure		
j. vaginal bleeding (with or without cramping)		
*k. multiple gestation, abnormal lie/malpresentation at term		
*l. intrauterine fetal death		
*m. rupture of membranes prior to term		
n. post term pregnancy		
*o. exposure to or contraction of infectious disease (e.g., HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)		
p. GBS positive vaginal or rectal culture		
*q. Toxoplasmosis		
*r. Depression		
*3.56 Provide information on available services and resources to women considering therapeutic abortion and offer support in alignment with the woman's decision.		

Skills; Under supervision, as a primary under supervision, the student can:		
Postpartum	**Yes**	**No**
4.48 Perform fundal massage to stimulate uterine contraction and tone postpartum.		
4.50 Estimate and record maternal blood loss.		
5.26 Initiate and support uninterrupted, immediate, and exclusive breastfeeding.		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures, and protocols of the practice		
Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		

Documents and interprets relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practice.		
Complies with all local regulations		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 7: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Follow-Up		
The student has:	**Yes**	**No**
Completed any uncompleted skills from Clinic Phase 6		

Clinical Experiences Completed		
The student has completed a TOTAL of:	**Yes**	**No**
15 Prenatal OBSERVE		
22 Prenatal AUS		
55 Prenatal PUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
15 Initial Prenatal PUS		
10 Birth OBSERVE		
20 Birth AUS		
5 Newborn Exam OBSERVE		
20 Newborn Exam AUS		
10 Newborn Exam PUS		
5 Postpartum Exam OBSERVE		
10 Postpartum Exam AUS		
20 Postpartum Exam PUS		

Skills; Under supervision, as a primary under supervision, the student can:		
Labor, Birth, Immediate PP	**Yes**	**No**
4.32 Provide hydration, nutrition, and non-pharmacological comfort measures during labor and birth.		
4.33 Provide bladder care, including urinary catheterization when indicated.		
*4.34a Identify and respond to occiput posterior (OP) position.		
4.34b Identify and respond to asynclitism.		
*4.34c Identify and respond to a pendulous abdomen.		
4.34d Identify and respond to maternal exhaustion.		
*4.34e Identify and respond to maternal dehydration.		
4.38 Perform appropriate hand maneuvers for a vertex birth.		

4.41 Recognize severities of meconium-stained amniotic fluid and perform suctioning of the airway as appropriate.		
*4.43a Recognize and respond to cord prolapse.		
*4.43b Recognize and respond to placental abruption.		
*4.43c Recognize and respond to uterine rupture.		
*4.43d Recognize and respond to malpresentation		
*4.43e Recognize and respond to shoulder dystocia.		
*4.43f Recognize and respond to fetal distress.		
4.44 Manage a nuchal cord or arm at birth.		
4.45 Support physiologic (expectant) management of the third stage of labor.		
4.46 Assess the need for, and conduct, active management of the third stage of labor following current evidence-based protocol.		
4.51 Inspect the vagina and cervix for lacerations.		

Skills; Under supervision, as a primary under supervision, the student can:		
Newborn Care	**Yes**	**No**
6.19a Recognize and respond to newborn respiratory distress (resuscitation, suctioning if obstructed).		
*6.19b Recognize and respond to newborn hypothermia.		
*6.19c Recognize and respond to newborn hypoglycemia.		
6.20 Provide appropriate care to a low-birth-weight baby; arrange referral if complications arise or if very low birth weight.		
6.25 Recognize when a newborn requires higher care; stabilize and transfer the at-risk newborn to an emergency facility.		

Skills; Under supervision, as a primary under supervision, the student can:		
Parent Education and Support	**Yes**	**No**
6.30 Support parents during newborn transfer or separation (e.g., NICU admission).		
6.31 Support and educate parents of multiples (twins, triplets) on special needs and resources. *		
6.32 Provide well-baby care through at least 6 weeks of age. (2 separate preceptors required on MEAC abbreviated skills)		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		

Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures, and protocols of the practice		
Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		
Documents and interprets relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practice.		
Complies with all local regulations		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 8: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Follow-Up		
The student has:	**Yes**	**No**
Completed any uncompleted skills from Clinic Phase 7		

Clinical Experiences Completed		
The student has completed a TOTAL of:	**Yes**	**No**
15 Prenatal OBSERVE		
22 Prenatal AUS		
55 Prenatal PUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
20 Initial Prenatal PUS		
10 Birth OBSERVE		
20 Birth AUS		
16 Birth PUS		
5 Newborn Exam OBSERVE		
20 Newborn Exam AUS		
15 Newborn Exam PUS		
5 Postpartum Exam OBSERVE		
10 Postpartum Exam AUS		
30 Postpartum Exam PUS		

Maternal Health	**Yes**	**No**
3.44 Evaluates fetal growth, placental location, and amniotic fluid volume using manual measurements or techniques, and by referring for ultrasound visualization and measurement.		
*3.47 Perform a pelvic examination, including sizing the uterus when indicated and appropriate.		
*3.48 Perform clinical pelvimetry to evaluate the adequacy of the bony pelvis.		
5.21 Take a selective history, including details of pregnancy, labor, and birth.		
**5.22 Perform a focused physical examination of the mother.		
*5.23 Provide information and support for women and families experiencing bereavement (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities).		

5.24 Assess uterine involution and healing of lacerations or repairs; provide education to promote health.		
5.25 Provide postpartum care for mothers who gave birth by cesarean.		

Skills; Under supervision, as a primary under supervision, the student can:		
Labor, Birth, Immediate PP	**Yes**	**No**
4.36 Administer local anesthetic to the perineum when an episiotomy or perineal repair is required.		
*4.37 Perform an episiotomy if needed.		
*4.39 Perform appropriate hand maneuvers for face and breech deliveries.		
*4.40 Manage the birth of multiples.		

Skills; Under supervision, as a primary under supervision, the student can:		
Postpartum Education	**Yes**	**No**
5.27 Teach mothers how to express breast milk and how to handle and store expressed milk		
5.28 Educate mothers on self-care and infant care after childbirth, including danger signs and available community resources.		
5.29 Educate women and families about sexuality and family planning following childbirth.		
5.32 Provide education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening.		
*5.33 Educate and advise women (and family members, when appropriate) on sexuality and family planning following spontaneous abortion (SAB) or therapeutic abortion (TAB).		
*5.34 Assess uterine involution following a spontaneous abortion (SAB) or therapeutic abortion (TAB); treat or refer as appropriate.		
*5.35 Educate mothers on self-care following a spontaneous abortion (SAB) or therapeutic abortion (TAB), including rest, nutrition, and recognizing complications such as hemorrhage.		
5.36 Provide family planning services as an integral part of postpartum care.		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		
Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures, and protocols of the practice		

Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		
Verbalizes suggested management to the preceptor		
Engages in health education discussions with the client		
Provides opportunity for client feedback		
Listens actively to the client		
Provides informed consent		
Takes a leadership role under supervision		
Demonstrates non-biased culturally appropriate interactions		
Uses shared decision-making enabling and supporting women to make informed choices about their health		
Facilitates based on need or desire for referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider		
Supports their right to refuse testing or intervention		
Works collaboratively with other health care workers to improve the delivery of services to women and families		
Follows appropriate protocol and etiquette for transport/ transfer		
Documents and interprets relevant findings for services provided across all domains of competency		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Clinic Phase 9: Skills Progression

Student Name:

Record Keeping		
The student has:	**Yes**	**No**
Updated NARM skills signature pages signed, dated, and uploaded		
Updated MEAC skills signature pages signed, dated and uploaded.		
Updated NISM Clinical pages signed, dated, and uploaded		
Valid CPR and NRP certifications		

Follow-Up		
The student has:	**Yes**	**No**
Completed any uncompleted skills from Clinic Phase 8		

Clinical Experiences Completed		
The student has completed a TOTAL of:	**Yes**	**No**
15 Prenatal OBSERVE		
22 Prenatal AUS		
55 Prenatal PUS		
2 Initial Prenatal OBSERVE		
3 Initial Prenatal AUS		
20 Initial Prenatal PUS		
10 Birth OBSERVE		
20 Birth AUS		
25 Birth PUS		
25 Birth PUS COC		
10 Birth PUS with 1 Prenatal		
5 Newborn Exam OBSERVE		
20 Newborn Exam AUS		
20 Newborn Exam PUS		
5 Postpartum Exam OBSERVE		
10 Postpartum Exam AUS		
40 Postpartum Exam PUS		

Skills; Under supervision, as a primary under supervision, the student can:		
Postpartum Complications	**Yes**	**No**
4.52 Repair an episiotomy if needed.		
4.53 Repair first- and second-degree perineal or vaginal lacerations.		
4.54 Manage postpartum bleeding and hemorrhage using appropriate techniques and uterotonic agents.		
3.57, 4.55 Dispense, furnish, or administer (if authorized) selected life-saving drugs, including antibiotics and antihemorrhagics, to women in need.		
*4.56 Perform manual removal of placenta.		

*4.57 Perform internal and external bimanual compression of the uterus to control hemorrhage.		
*4.58 Perform aortic compression.		
*4.59 Identify and manage shock.		
4.61 Arrange and undertake timely referral and transfer of women with serious complications, bringing appropriate drugs and equipment, and arranging for a companion caregiver to continue emergency care as needed.		
*4.62 Perform adult cardio-pulmonary resuscitation (CPR).		
5.30 Provide first-line treatment for complications identified during postpartum examination (e.g., anemia, hematoma, maternal infection); refer for further management as needed.		
5.31 Provide emergency treatment for late postpartum hemorrhage; refer if necessary.		

Skills; Under supervision, as a primary under supervision, the student can:		
Professional Conduct and Leadership	**Yes**	**No**
1.24 Demonstrate responsibility and accountability for clinical decisions and actions.		
1.25 Act consistently in accordance with professional ethics, values, and human rights as defined by midwifery organizations.		
1.26 Act consistently in accordance with standards of practice as defined by midwifery organizations.		
1.27 Maintains and updates knowledge and skills to remain current in practice.		
1.32 Use shared decision-making with women and families; support them in making informed choices, including referral or transfer when needed, while respecting their right to refuse.		
1.33 Work collaboratively with other health care workers to improve delivery of services.		
1.34 Follow proper protocol and etiquette for transport/transfer of care of the mother or newborn from home or birth center to hospital during pregnancy, labor, or postpartum.		
1.35 Provide opportunities for client feedback.		
1.41 Take a leadership role in the practice arena, guided by professional beliefs and values.		
1.42 Perform administrative and management tasks, including compliance with HIPAA (Health Insurance Portability and Accountability Act) and OSHA (Occupational Safety and Health Administration) regulations.		
1.70 Uses principles of research, evidence-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings.		

Performance; The student:		
The student:	**Yes**	**No**
Responds in a timely manner to corrections and suggestions from the supervising midwife.		
Demonstrates knowledge of own boundaries for safe practice		
Uses clean/aseptic technique as appropriate		
Demonstrates universal precautions and OSHA standards		
Cares properly for midwifery equipment		
Is timely and punctual to all appointments		
Is appropriately dressed for all clinical encounters		
Uses appropriate communication with clients and with the supervising midwife		
Communicates with the supervising midwife via the agreed upon method of communications		
Is courteous and respectful of all individuals regardless of culture, race or gender		
Demonstrates understanding of client's rights		

Establishes rapport with clients		
Receives feedback from the supervising midwife graciously		
Acts consistently abiding by the policies, procedures and protocols of the practice		
Maintains confidentiality and complies with HIPAA guideline		
Takes responsibility for actions		
Verbalizes suggested management to the preceptor		
Engages in health education discussions with the client		
Provides opportunity for client feedback		
Listens actively to the client		
Provides informed consent		
Takes a leadership role under supervision		
Demonstrates non-biased culturally appropriate interactions		
Maintains and updates knowledge and skills, in order to remain current in practice		
Uses shared decision-making in partnership with women and their families		
Works collaboratively with other health care workers		
Follows appropriate protocol and etiquette for transport/ transfer of care		
Documents and interprets relevant findings for services provided across all domains of competency		

**Competency may be demonstrated through discussion, case review, or scenario-based learning with your preceptor.*
***Note: this skill should be initialed and verified by two separate preceptors*

To successfully complete this Clinic Phase, students must have 80% of the Clinic skills, 100% of the Record Keeping skills, 100% of the Clinical Experiences, 100% of the Follow Up, and 100% of the Performance skills.

Student Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____

Preceptor Name and Signature: _____ Date: _____



NARM ABBREVIATED SKILLS CHECKLIST

Student Name : _____

I. Midwifery Counseling, Education and Communication

This form tracks the completion of required NARM Skills. The preceptor verifies that the student has mastered the skill under direct supervision by initialing and dating this form.

Student is to demonstrate mastery of skills as outlined in the book Practical Skills Guide for Midwifery by Evans and Weaver. **Note: 7 of the skills (#'s 53, 72, 76, 137, 147, 159 and 168) require the evaluation and verification of 2 different preceptors.*

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(1) Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers			
(2) Provides education, support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes			
(3) Provides education and counseling based on maternal health/ reproductive/family history and on-going risk assessment			
(4) Facilitates the mother's decision of where to give birth			
(5) Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome			
(6) Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum			
(7) Applies the principles of informed consent			
(8) Provides individualized care			
(9) Advocates for the mother during pregnancy, birth and postpartum			
(10) Genetic counseling for at-risk mothers			
(11) Abuse issues: emotional, physical and sexual			
(12) Prenatal testing			
(13) Diet, nutrition and supplements			
(14) Effects of smoking, drugs and alcohol use			
(15) Situations requiring an immediate call to the midwife			
(16) Sexually transmitted diseases			
(17) Complications			

(18) Environmental risk factors			
(19) Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc			
(20) Postpartum care concerning complications and self-care			
(21) Uses appropriate communication and listening skills across all domains of competency			
(22) Complies with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting			
(23) Takes a leadership role in the practice arena based on professional beliefs and values			
(24) Complies with privacy and protected health information regulations (i.e., HIPAA compliance)			
(25) Counseling on loss of pregnancy			

II. General Healthcare Skills

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(26) Demonstrates Universal Precautions			
(27) Demonstrates the application of OSHA regulations as they relate to midwifery workplace			
(28) Demonstrates the application of aseptic technique			
(29) Is trained in adult/infant CPR/neonatal resuscitation			
(30) Uses alternate healthcare practices (non-allopathic treatments)			
(31) Refers to alternate healthcare practitioners for non-allo pathic treatments			
(32) Recommends the use of vitamin and mineral supplements			
(33) Refers for performance of ultrasounds			
(34) Uses Doppler			
(35) Refers for performance of biophysical profile			
(36) Requests and/or performs and interprets selected screening tests including, but not limited to: screening for HIV, STIs, and PAP tests			

Student Name : _____

(37) Provides collaborative care, support and referral for treatment for the HIV positive woman and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice)			
(38) Uses the microscope to perform simple screening tests including, but not limited to: amniotic fluid ferning, candida, trichomonas, and bacterial vaginosis			
II D. Demonstrates the use of instruments and equipment including:			
(39) Bag and mask resuscitator			
(40) Blood pressure cuff			
(41) Bulb syringe			
(42) Cord clamp and/or cord tape			
(43) DeLee ® (or other tube/mouth suction device)			
(44) Doppler and/or Fetoscope			
(45) Gestation calculation wheel/calendar			
(46) Hemostats			
(47) Infant airway			
(48) Lancets			
(49) Newborn and adult scale			
(50) Nitrazine paper			

II. General Healthcare Skills - Continued

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(51) Needle and syringe			
(52) Scissors (all kinds)			
*(53a) Single or multi-dose ampule			
*(53b) 2nd Evaluation of this skill by 2nd Preceptor			
(54) Speculum			
(55) Stethoscope			
(56) Suturing equipment			
(57) Tape measure			
(58) Thermometer			

Student Name : _____

(59) Urinalysis strips			
(60) Urinary catheter			
(61) Vacutainer/blood collection tube			
(62) Vaginal culture equipment			
II H. Treats for shock by:			
(63) Recognizing the signs and symptoms of shock, or impending shock			
(64) Assessing the cause of shock and providing treatment for shock			
II K. Administers the following pharmacological (prescriptive) agents:			
(65) Lidocaine			
(66) Medical oxygen			
(67) Methergine			
(68) Prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin)			
(69) Pitocin ®			
(70) RhoGam ®			

III. Maternal Health Assessment

(71) Obtains and maintains records of health, reproductive and family medical history			
*(72a.) Performs an initial history and physical examination including vital signs			
*(72b.) 2nd Evaluation of this skill by 2nd Preceptor			
(73) Estimates due date based upon a variety of methods			
(74) Assesses fetal weight, size, lie, or lightening			
(75) Assesses correlation of weeks gestation to fundal height'			
*(76a.) Performs routine prenatal physical exams			
*(76b.) 2nd Evaluation of this skill by 2nd Preceptor			

III. Maternal Health Assessment - continued

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(77) Evaluates laboratory and medical records from other practitioners			

Student Name : _____

(78) Obtains assistance evaluating laboratory and medical records from other practitioners			
(79) Records results of the examination in the prenatal records			
III C. Knows pelvic exam, including assessing:			
(80) The condition of the uterus, ovaries and cervix (by speculum)			
(81) Performs a Papanicolaou (Pap) test			
(82) Obtains gynecological cultures			
(83) The size of the uterus and fetal age (by bimanual exam), the condition of the vulva, vagina, cervix, perineum and anus			
III K. Provides prenatal education, counseling, and referral or management for:			
(84) Nutritional, and non-allopathic dietary supplement support			
(85) Common complaints of pregnancy			
(86) Assessing, educating and counseling for pregnancy-induced hypertension using a variety of methods			
(87) Identifying preeclampsia and collaborating and managing preeclamptic mothers			
(88) Identifying and turning breech presentations			
(89) Identifying multiple gestation pregnancies			
(90) Identifying and dealing with pre-term labor			
(91) Assessing, evaluating and treating a postdate pregnancy			
(92) Identifying and referring tubal (ectopic) pregnancy			
(93) Identifying and referring placenta abruption			
(94) Identifying placenta previa			
(95) Identifying premature rupture of the membranes			
(96) Managing premature rupture of the membranes in a full-term pregnancy and/or consulting and referring appropriately:			
(97) Establishes and follows emergency contingency plans for mother and/or newborn			
(98) Identifying and dealing with hyperemesis			
(99) Identifying and referring for co-management genital herpes			
(100) Counseling on exposure to or contraction of infectious disease (e.g. HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)			

(101) Counseling and managing GBS positive vaginal rectal culture			
(102) Counseling on Toxoplasmosis			
(103) Counseling on Depression			

IV. Labor, Birth and Immediate Postpartum

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(104) Takes a specific history and maternal vital signs in labor			
(105) Performs a focused physical examination in labor			
(106) Performs a complete abdominal assessment for fetal position and descent			
(107) Times and assesses the effectiveness of uterine contractions			
(108) Performs a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally			
(109) Monitors and charts progress of labor			
(110) Facilitates the presence of a support person during labor and birth			
(111) Stimulate or augment uterine contractility, using non pharmacologic agents			
(112) Perform appropriate hand maneuvers for a vertex birth			
(113) Facilitates maternal relaxation and provides comfort measures throughout labor			
(114) Evaluates and supports a laboring mother during the first stage of labor by assessing a variety of factors			
(115) Knows a variety of treatments for anterior/swollen lip			
(116) Demonstrates the ability to evaluate and support a laboring mother during the second stage of labor			
IV Demonstrates the ability to recognize and respond to labor and birth complications such as:			
(117) Abnormal fetal heart tones and patterns			
(118) Cord prolapse			
(119) Uterine rupture			
(120) Shoulder dystocia			
(121) Perform an episiotomy if needed			

Student Name : _____

(122) Newborn resuscitation, respiratory distress, and suctioning in case of obstruction			
IV Variations in presentation such as:			
(123) Breech presentation			
(124) Nuchal hand, arm presentation			
(125) Nuchal cord presentation			
(126) Face and brow presentation			
(127) Multiple birth presentation and delivery			
(128) Shoulder dystocia			
(129) Management of meconium-stained fluids			
(130) Management of maternal exhaustion			

IV. Labor, Birth and Immediate Postpartum - Continued

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
IV Assesses the condition of, and provides care for the newborn immediately after the birth by:			
(131) Making initial newborn assessment			
(132) Determining APGAR score			
(133) Monitoring respiratory and cardiac function			
(134) Responding appropriately to the need for newborn resuscitation			
(135) Clamping, cutting, and caring for the cord			
(136) Administering eye prophylaxis			
*(137a.) Performs a newborn examination			
*(137b.) 2nd Evaluation of this skill by 2nd Preceptor			
(138) Assesses general condition of mother and newborn by a variety of criteria			
IV Assists in placental delivery and responds to blood loss by:			
(139) Determining signs of placental separation			
(140) Facilitating the delivery of the placenta			
(141) After delivery, assessing the condition of the placenta			
(142) Supports expectant (physiologic) management of the 3rd stage of labor			

Student Name : _____

(143) Performs fundal massage to stimulate postpartum uterine contraction and uterine tone			
(144) Estimating the amount of blood loss			
(145) Responding to uterine bleeding with a range of treatments			
IV Responding to postpartum hemorrhage with a range of treatments, including:			
(146) Administration of medication			
*(147a) Setting up and administration of oxygen			
*(147b) 2nd Evaluation of this skill by 2nd Preceptor			
(148) Administration of intravenous fluids or appropriate referral for intravenous fluids			
(149) Treatment for shock			
(150) Manually removing placenta fragments and/or retained membranes with a sterile, gloved hand			
(151) Performs catheterization when needed			
(152) Assesses the need for, and conducts, active management of the third stage of labor, following the most current evidence-based protocol			
(153) Performs internal and external bimanual compression of the uterus to control hemorrhage			
(154) Performs aortic compression			

IV. Labor, Birth and Immediate Postpartum - Continued

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(155) Arranges for and undertakes timely referral and ransfer of women with serious complications to a higher-level health facility, taking appropriate drugs and equipment and arranging for a companion caregiver on the journey, to continue giving emergency care as required			
IV Repairs the perineum by:			
(156) Administering a local anesthetic			
(157) Performing basic suturing			
(158) Provides instruction for care and treatment of the perineum			
*(159a) Using sterile technique including hand washing, gloving and ungloving, and preparing a sterile field			
*(159b) 2nd Evaluation of this skill by 2nd Preceptor			

IV Facilitates breastfeeding by assisting and teaching about a variety of factors impacting breastfeeding, including:			
(159) Adequate maternal nutrition			
(160) Maternal comfort measures for engorgement			
(161) Initiates and supports uninterrupted [immediate and exclusive] breastfeeding			
(162) Positions infant to initiate breastfeeding as soon as possible (within one hour) after birth and supports exclusive breastfeeding			

V. Postpartum

(163) Performs postpartum reevaluation of mother and baby at appropriate intervals			
(164) Completes the birth certificate			
(165) Provides contraceptive education and counseling			
(166) Assesses for and treats jaundice			
(167) Provides direction for care of circumcised and uncircumcised penis			
*(168a.) Performs thorough and appropriate maternal postpartum check-up			
*(168b.) 2nd Evaluation of this skill by 2nd Preceptor			
(169) Knows treatments for sore nipples			
(170) Knows treatments for mastitis			
(171) Knows breastfeeding referral resources			
(172) Takes a selective history, including details of pregnancy, labor and birth			
(173) Performs a focused physical examination of the mother			
(174) Provides information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)			

V. Postpartum - Continued

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(175) Educates mother on care of herself following a loss of pregnancy, including rest and nutrition, normal process of involution, and how to identify complications such as hemorrhage			

Student Name : _____

(176) Assesses for uterine involution and healing of lacerations and/or repairs and educate on ways to promote healing			
(177) Provides postpartum care for the mother who gave birth by cesarean			
(178) Teaches mothers how to express breast milk, and how to handle and store expressed breast milk			
(179) Educates mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community- based resources			
(180) Provides appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anemia, hematoma, maternal infection), and refer for further management as necessary			
(181) Provides emergency treatment of late postpartum hemorrhage, and refer if necessary			
(182) Provides education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening			
(183) Promotes and maintains normal newborn body temperature through covering (blanket, cap), environmental control, and promotion of skin- to-skin contact			
(184) Assesses and manages neonatal hypothermia and / or hypoglycemia			
(185) Gives appropriate care to the low-birth-weight baby, and arranges for referral if potentially serious complications arise, or very low birth weight			
(186) Performs a routine full-body newborn exam and refers for medical care with any abnormal findings			
(187) Perform a gestational age assessment			
(188) Provide routine care of the newborn, in accord with local guidelines and protocols including newborn screening, identification, and administration of vitamin K			
(189) Recognizes indications of need, stabilizes, and transfers the at-risk newborn to emergency care facility			
(190) Supports parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)			
(191) Educates parents about danger signs in the newborn and when to bring infant for care			
(192) Educates parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child			
(193) Assists parents to access community resources available to the family			

(194) Supports and educates parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources			

VI. Well-Baby Care

NARM Skills	Date Evaluated	Preceptor Name	Preceptor Initials
(195) Provides well-baby care 2-6 weeks			
(196) Assesses the general health and appearance of baby			
(197) Provides treatment for common newborn conditions such as cradle cap, diaper rash, thrush and colic			

MEAC-Accredited Programs and Institutions
Continuity of Care Documentation for NARM Requirements

Student Name_____ **Last 4 Digits of SSN#** _____

For the individual client recorded on this form, the MEAC student provided care as the primary under supervision for the following: 5 complete prenatal exams spanning at least 2 trimesters, the birth (labor, birth, immediate postpartum exam, newborn exam), and 2 complete follow-up postpartum exams all as the primary under direct supervision. The preceptor must meet the minimum qualifications established by MEAC and must have been present in the room for all items the preceptor signs. Student and preceptor initials must be entered at or near the time of the clinical experience. The client's chart must contain evidence that the client authorized release of her records, with assurance that the records would not contain personal identity and corroborate all of the information provided below. Client charts must be made available when requested by the school or NARM to verify the student's educational experiences.

Client Code[1]		**Student Initials**	**Preceptor Initials**
Prenatal Exam 1 Date			
Gestational Week			
Prenatal Exam 2 Date			
Gestational Week			
Prenatal Exam 3 Date			
Gestational Week			
Prenatal Exam 4 Date			
Gestational Week			
Prenatal Exam 5 Date			
Gestational Week			
Birth Date and Time			
Birth Site[2]			
Notes regarding outcome, complications, transfers, etc.			
Preceptor Arrival Date and Time			
Preceptor Departure Date and Time			
Student Arrival Date and Time			
Student Departure Date and Time			
Explanatory note if preceptor did not arrive before and/or depart after the student			
Newborn Exam Date and Time			
Postpartum Exam 1 Date (must be 24 hours after the birth)			
Postpartum Exam 2 Date (must be 24 hours after the birth)			

[1] Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.

[2] Birth site: HM = Home; FBC = Freestanding Birth Center; HBC = Hospital Birthing Center; H = Hospital; O = Other (car, outside, etc.).

MEAC-Accredited Programs and Institutions
Continuity of Care Documentation for NARM Requirements

Student Name_____ **Last 4 Digits of SSN#** _____

Each supervising preceptor who initials this form must complete the following:

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

****

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

****

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

****

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

****

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

Continuity of Care—Practical Experience Form 200

Applicant's Name: _____ Last four digits of Social Security #: _____

- Applicants must keep the original client charts, copies, or best written documentation for all births. Two completed charts or MEAC's Continuity of Care Form (for MEAC applicants only) must be submitted with your application. Choose charts where there were different Registered Preceptors if possible. NARM retains the right to request the additional charts. Charts should include ***only*** the prenatal record, labor flow and summary, newborn exam, and postpartums. Labs and other supplemental forms should not be submitted. Charts submitted to NARM must contain only the client code. Names, addresses, Social Security numbers, or phone numbers of the client must be removed before submission.
- For each birth recorded below, the applicant must have provided, as primary or Primary Under Supersion, at least: five prenatal visits spanning at least two trimesters, the birth (including the placenta), one newborn exam, and two postpartum exams (within six weeks postpartum). Transports are not accepted for Continuity of Care births.
- These clinicals may or may not also be listed on Primary Under Supervision Forms 112a-e or Out-of-Hospital Birth Documentation Form 204.

Birth #	Client # or Code	# Prenatal visits	Date of first COC prenatal	Date of last COC prenatal	Birth Site[1]	Date of Birth	Newborn exam y/n?	# PP visits	Preceptor/ Witness initials[2]
1									
2									
3									
4									
5									

[1]Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.)

[2]**Preceptors must initial forms for Entry-Level and MEAC applicants**. Preceptors must be physically present for each clinical listed. Witnesses may initial the information for those applying through other categories.

Fill out the name, address, phone, signature and initials of each Preceptor/Witness*. Attach a copy of this sheet if necessary.

Print Preceptor/Witness[2] Name, Address, Phone	Signature	Initials
1		
2		
3		

All applicants must submit the clinical portion of two charts for the Continuity of Care births listed on this form. NARM reserves the right to request the other three charts.

All applications, regardless of route of entry, are subject to audit.

Out-of-Hospital Birth Documentation Form 204

Applicant's Name: _____ Last four digits of Social Security #: _____

- This form must record ten births the applicant attended in an out-of-hospital setting as primary midwife or Primary Under Supervision in the last three years. All births on this form must be **done in the U.S./ Canada**. Transports may not be listed here.
- These births may or may not also be listed on Continuity of Care—Practical Experience Form 200.
- Applicants must keep the original client charts, copies, or best written documentation for all births.
- **Preceptors must initial** this form for MEAC and UK Registered Midwife applicants.
- **Witnesses may initial** the information for those applying through the CNM/CM or State Licensed category.

Birth #	Client # or Code	Date of Birth	Birth Site[1]	Outcome: including actions, complications, etc.	Preceptor/ Witness[2] Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

[1]Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center;

[2]Fill out the name, address, phone, signature and initials of each Preceptor/Witness. Attach a copy of this sheet if necessary.

Print Preceptor/Witness Name, Address, Phone	E-Mail address	Preceptor/ Witness Initials
1.		
2.		
3.		

All applications, regardless of route of entry, are subject to audit.