NURSE-MIDWIFERY
CONCENTRATION
MANUAL
A Supplement to the MSN Handbook

2017-2018

Revised 10/18/17
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CHAPTER 1: INTRODUCTION TO NURSE-MIDWIFERY (NM)

The UNM Nurse-Midwifery graduate concentration is fully accredited by the American College of Nurse-Midwives’ Accreditation Commission for Midwifery Education, 8403 Colesville Rd, Suite 1550, Silver Spring, MD 20901; phone: (240) 485-1802 through February 28, 2027.

This manual provides an overview of the Nurse-Midwifery Concentration, its philosophical and organizational context and policies. The manual clarifies what we expect from one another as part of the concentration. The specific policies and procedures within this manual supplement the UNM College of Nursing (CON) Master of Science in Nursing Student Handbook located on the CON Web Site http://nursing.unm.edu/current-students/Student-Handbooks.html and the UNM Catalog https://registrar.unm.edu/UNM%20Catalog/ in effect at the time of your admission. Exceptions to these policies and procedures may be made at the discretion of the faculty and Concentration Coordinator.

REFERENCES: UNM, College of Nursing. Master of Science in Nursing Student Handbook, 2017-2018
Please review general policies and procedures in MSN Student Handbook

Nurse-Midwifery Philosophical and Organizational Context

Nurse-Midwifery is a specialty within the Advanced Nursing Practice concentrations within the Masters in Nursing Program at the University of New Mexico (UNM), Health Sciences Center (HSC), College of Nursing (CON). The mission statement of the College of Nursing and the philosophy of the graduate nursing program provide the philosophical context for the educational concentration. These may be found in the College of Nursing Master of Science in Nursing Student Handbook, 2017-2018. Located: http://nursing.unm.edu > Current Students > Student Handbooks > MSN/PMC Student Handbook.

The mission of the Nurse-Midwifery concentration is to educate nurse-midwives to care for rural and underserved populations. A central tenet of that mission is that in order to fully understand and appreciate the benefits and challenges of working with rural populations, students can expect to be placed out of the Albuquerque metropolitan area for 2/3 of their clinical experiences.

The philosophy of the concentration shares the philosophy of the American College of Nurse-Midwives (retrieved from: http://www.midwife.org/Our-Philosophy-of-Care)

The Philosophy of the American College of Nurse-Midwives and the NM Concentration

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

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

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

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

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

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

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

**MSN General Information**

The CON offers programs to prepare graduates to assume leadership in advanced clinical practice, administration, and education roles. Clinical practice areas offered are Adult Gerontology Acute Care Nurse Practitioner and Primary Care (Nurse-Midwifery, Pediatric Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, and Family Nurse Practitioner). Graduates will have a base for doctoral study in nursing. The CON also offers a PhD and DNP in Nursing.

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

- A sequential, six term, full time, graduate program of studies consisting of 55 credit hours, including more than 1,000 hours of clinical experience.
- Graduates are awarded the Master of Science in Nursing degree
- Graduates are eligible for national certification and licensure in New Mexico and all other US states as nurse-midwives after successful completion of the American Midwifery Certification Board Certification exam.

**Purpose of the Nurse-Midwifery Concentration.**

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

A. Practice nurse-midwifery, meeting the American College of Nurse Midwives’ professional standards in the care and health promotion of women throughout the life span, with a focus on the childbearing years.

B. Focus on primary health care, including an orientation that emphasizes cultural sensitivity, continuity of care and respect for human rights. The community-based focus means that graduates will work to assist and strengthen clients and communities to participate in the planning and development of health promotion and health care.

C. Practice in collaboration with other health care professionals, with understanding of the special needs of rural and underserved populations.

D. Apply health-related theories and research in their practice and enhance their abilities to identify and
pursue an ethical philosophy of practice, as well as generate clinical inquiry.
E. Demonstrate leadership in matters of professional development of midwifery and nursing and in matters of health policy at the community and national level.

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

### General Objectives for the Master’s Program

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

### Terminal Objectives for the Nurse Midwifery Concentration

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

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

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

1. Evaluate and apply expert clinical knowledge into best practice models utilizing relevant data to analyze midwifery outcomes.
2. Identify gaps between evidence and practice and consider potential solutions for bridging gaps.
3. Evaluate and utilize research to provide high quality, evidence-based health care, initiate change, and improve midwifery practice for women and newborns.
4. Analyze the process for health policy development, influential factors, and the impact of policy on clinical practice.
5. Participate as an effective team member to enhance team function and promote positive change in the health care of women and newborns.
6. Identify theories relevant to midwifery practice or scholarship.
7. Utilize information systems and other technologies to improve the quality and safety of health care for women and newborns.
8. Evaluate health care finance and identify appropriate use of resources for management of a health care practice.
9. Explore potential areas of interest in midwifery scholarship.
The Nurse-Midwifery Concentration requires full-time commitment since the specialty courses are offered sequentially and only once per year. Master’s core courses which are offered every term must be taken early in the program as they are foundational to other courses. Students with existing graduate degrees in Nursing (Master or Doctorate) may pursue the nurse-midwifery curriculum as post-Master's certificate students.

A two-part comprehensive examination covering the MSN core courses and specialty content is required in the final term unless the student elects to do a thesis (see MSN Handbook). The curriculum consists of MSN general core courses required of all graduate students and specialty courses as delineated below:

**MSN General Core Courses**
- Nurs 501 Theoretical Foundations of Advanced Nursing Practice
- Nurs 503 Research in Nursing I
- Nurs 505 Health Care Policy, Systems & Financing for Advanced Practice

**Advanced Practice Nursing Core Courses:**
The advanced clinical practice core courses have been developed and organized for nurse practitioner and nurse-midwifery students. Specialty courses are then taken separately.
- Nurs 525 Primary Care Concepts
- Nurs 526 Pathophysiology for Advanced Practice Nursing Practice
- Nurs 540 Advanced Health Assessment and Diagnostic Reasoning
- Nurs 543 Pharmacological Principles of Clinical Therapeutics

**Beginning in Term 4,** students concentrate on specialty content.

Didactic content in **Terms 3-5** is presented in concentrated weeks (classroom block), with clinical blocks arranged between classroom blocks. **Term 6** is almost exclusively clinical practicum time, Master’s comprehensive examinations and seminars are arranged as needed.

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

### 2017 UNM College of Nursing, Nurse-Midwifery Program of Studies

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<tr>
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<th>CREDIT HOURS</th>
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<th>CLINICAL HOURS</th>
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<td>Nurs 501 Theory.</td>
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<td>Nurs 503 Research in Nursing</td>
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<td>Nurs 526 Pathophysiology</td>
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<td>N525 Primary Care Concepts</td>
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<td>N543 Pharmacological Principles of Clinical Therapeutics</td>
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<td>N540 Advanced Health Assessment and Diagnostic Reasoning</td>
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<td>N548 Women’s Health</td>
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<td>N550 Intrapartum</td>
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<td>N551 Newborn</td>
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<td>N553 Nurse-Midwifery Professional Practice</td>
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<td>N595 Advanced Fieldwork in Nursing</td>
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<td>N597 Professional Examination</td>
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| Total Credit Hours: 55 | Total Clinical Hours: 1050 |

**Course Descriptions:** See APPENDIX A

**Online Courses**
Online courses offered at the CON are delivered through a learning management system, Blackboard Learn (see Student Identification below). Because all MSN Core Classes and many specialty classes are only offered online, all CON graduate students must be proficient with Blackboard Learn. **Students in these classes must log on within a week of the start of class or they will be dropped from the class.**

**Faculty Roles**

**Concentration Coordinator**

The **Concentration Coordinator** provides leadership for the planning, implementation and evaluation of the overall Nurse-Midwifery Concentration. She is responsible for maintenance and improvement in the quality and of the concentration standards in accordance with ACME accreditation criteria. The coordinator collaborates with the Practice Team Academic Program Director to assign faculty to roles within the teaching team for each course. She participates in faculty evaluation. The role includes ensuring the procurement, maintenance and evaluation of clinical learning sites.
The Concentration Coordinator also acts as the academic advisor to the midwifery students, and as such, provides guidance in any academic matters. She monitors the evaluation of students in the concentration, collaborates with faculty regarding student progression issues, and receives official notice if academic progress in any course is unsatisfactory. The Concentration Coordinator is ultimately responsible for candidate eligibility to sit for the American Midwifery Certification Board examination.

### Course and Clinical-Related Roles

#### Lead Faculty
Each nurse-midwifery course will have a Course Coordinator. That faculty member prepares the syllabus, including course assignments, resources and evaluation procedures for the course. The Course Coordinator will collaborate with the teaching team and Concentration Coordinator to make clinical placement assignments. The Course Coordinator will be apprised of any student or faculty concerns arising in the clinical area.

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

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

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

1. The Faculty Liaison maintains communication with Preceptors to obtain feedback on the student's clinical progress.
2. Any concern on the part of the Preceptor or student about clinical logistics or teaching and learning needs are initially addressed by the Faculty Liaison. The Faculty Liaison also evaluates the Preceptor at the site visit.
3. It is the responsibility of the Faculty Liaison to periodically review formative evaluation forms, prepare formal summative evaluation forms, and conduct summative evaluation conferences at scheduled intervals during the term.
4. The problem identification process should take place if there is a concern about a student’s performance. It is the responsibility of the student and Faculty Liaison to formalize problem identification. The Course Coordinator and the Concentration Coordinator will be informed of the initiation of the problem identification process.
5. When indicated, a teaching-learning contract process will be facilitated by the Faculty Liaison with involvement of the student, Preceptor and Course Coordinator when indicated. The Concentration Coordinator will remain informed of all teaching-learning contracts and be involved in formulating or conducting student conferences at the request of any member of the teaching team.
6. The Faculty Liaison collects and signs off all student paperwork and assures that all Typhon entries are complete at the end of the term; these are forwarded to the Concentration Coordinator.
Preceptor

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

The Preceptor will:

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

The Preceptor evaluates the student's clinical work on a day-to-day basis in accordance with the nurse-midwifery management process and the UNM Midwifery concentration evaluation process.

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**Faculty Responsibilities**

1. **Academic Faculty**
   
a. Arrange student clinical experiences in cooperation with the Nurse-Midwifery Concentration Coordinator, and ensure adequate communication with clinical sites.
   
b. Coordinate clinical experience dates with the academic schedule.
   
c. Oversee the sending of appropriate forms and information when requested to the clinical sites:
      
i. Clinical experience record
   
ii. Student background data
   
iii. Course syllabus and clinical expectations
   
iv. Any other course-related information requested by the site.
   
d. Schedule conferences with assigned students to discuss objectives, experiences, and management.
      Assist students in formulating learning goals and strategies when needed.
   
e. Schedule site visits at regular intervals as well as conferences with students and Preceptors to observe and validate student progress in relation to the course objectives. Help define teaching-learning strategies that may be helpful to ensure continued student progress.
   
f. Schedule conferences with each clinical site Preceptor to discuss student progress and needs.
   
g. Review and file student and clinical Preceptor evaluations.
   
h. Be available for student progress counseling.
      
i. Prepare problem identification and clinical teaching-learning contracts in collaboration with Preceptor and student when indicated.
   
j. Enforce all clinical contracts initiated by faculty, students, and Preceptors.
   
k. At specified intervals, prepare and communicate summative evaluations of the student and the clinical site using data from conferences and student and Preceptor evaluations.
   
l. Review weekly Typhon numbers.

2. **Nurse-Midwifery Preceptors**
   
a. Accept and commit to the philosophy of education and client care espoused by the Nurse-Midwifery Concentration.
   
b. Communicate regularly with the academic faculty regarding:
      
i. The student's progress, concerns and accomplishments.
      
ii. Progress toward course clinical experience requirements.
      
iii. Understand and support the Nurse-Midwifery curriculum.
c. Understand and support student-defined learning objectives.
d. Define and provide boundaries of "safe clinical practice."
e. Select appropriate clinical learning situations for students in collaboration with the Faculty Liaison.
f. Identify learning needs of students and communicate these to the student and Faculty Liaison in an ongoing manner for formative input, and confer with the Faculty Liaison in the development of regularly scheduled summative evaluation of clinical performance and learning needs.
h. Support theoretical rationale for clinical practice when requested or needed by the student.
i. Supervise the student's clinical practice: validate skills, knowledge base, and clinical reasoning in accordance with the nurse-midwifery management process; sign records as appropriate.
j. Evaluate the student's clinical performance through daily oral conferences, sign and comment on appropriate clinical evaluation forms, and confer with Faculty Liaison for regularly scheduled summative evaluation.
CHAPTER 3: CONCENTRATION PROGRESSION AND COMPLETION

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

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

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

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

**Course Performance, Progression Requirements and Suspension**

- A final examination grade of 83% in N544 Antepartum/Postpartum and N550 Intrapartum and a minimum grade of B in the clinical course sequence is required for automatic progression in the Nurse-Midwifery Concentration. The clinical sequence includes:
  - N540 Advanced Health Assessment,
  - N548 Women’s Health,
  - N544 Antepartum/Postpartum,
  - N550 Intrapartum,
  - N551 Newborn, and
  - N595 Advanced Fieldwork in Nursing.
- Students are required to earn an 83% on exams taken before starting clinical rotations in N544 and N550. If an 83% is not achieved, an oral exam is administered. If an 83% is not achieved on the oral exam, the student does not progress to the clinical setting.
- If the student receives a course grade of less than a B (83%), the student will be counseled concerning options by the Nurse-Midwifery Concentration Coordinator.
- If the student’s overall GPA is 3.0 or better, the options may include retaking the course one time or applying to another graduate concentration compatible with the student's goals or complete withdrawal from the College of Nursing Graduate Programs.
- In all cases, it is Nurse-Midwifery Concentration policy that progression in the Nurse-Midwifery Concentration is stopped upon receipt of a course grade below a B. Slots will not be held for a student longer that one year.

**Graduation**

A student will be eligible for graduation and awarded of the Master of Science in Nursing from the University of New Mexico, College of Nursing after successful completion of all the clinical and academic requirements for the Master’s degree and the nurse-midwifery clinical sequence.
A student will receive endorsement from the Concentration Coordinator to register for the American Midwifery Certification Board’s national certifying examination upon completion of all requirements for the Nurse-Midwifery Concentration. The final steps in that process include endorsement by the supervising Preceptor and clinical faculty for N595 Advanced Fieldwork as a safe beginning practitioner, and successful completion of a final written examination in all areas of practice and professional issues in Nurse-Midwifery (N597 Professional Examination Part II).

**Nurse-Midwifery Concentration’s Leave of Absence Policy**

Under extraordinary circumstances a nurse-midwifery student may be granted a Leave of Absence (LOA) for one academic year. Students desiring a LOA must have approval in writing from the Concentration Coordinator to discontinue studies. **Failure to do so will result in withdrawal from the concentration and necessitate full reapplication to the concentration.**

In consultation with concentration faculty and the Associate Dean for Academic Affairs, the Concentration Coordinator will either grant a LOA with automatic readmission to the clinical sequence for a specified date or require reapplication to the concentration. This decision is based upon the strength of the student’s academic and clinical performance as well as concentration resources. Students returning from a LOA which occurred while a term was in progress must expect to repeat clinical or didactic activities. Specific independent study hours or testing prior to readmission may also be required.

Students on a LOA must comply with deadlines set forth at the time the LOA was granted regarding notification in writing of their intent to return to or drop the concentration. **Students who do not elect to return to the concentration and later wish to be readmitted must reapply to the concentration.**
CHAPTER 4: EVALUATION AND ASSURANCE OF STUDENT PERFORMANCE

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

Formative Evaluation

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

The formative evaluation processes includes both daily and weekly written self-evaluation. Daily written self-evaluation is presented to the Preceptor at the conclusion of each clinical experience using the Daily Record Form, also called the “Petroglyph page”. The process is described below; the Daily Record Form (Form E-1) is found in Appendix E.

1. The Daily Record (also referred to as the Petroglyph Page): This single-page self-evaluation FORM IS TO BE COMPLETED BY THE STUDENT AT THE END OF EVERY CLINICAL DAY:
   a. Prior to leaving the clinical site, and reviewed with the Preceptor at that time.
   b. This provides the student with immediate feedback about performance, allows for Preceptor/student discussion while the clinical day is still fresh in everyone’s minds, and allows for specific recommendations in preparation for the next clinical experience.
   c. In many settings, this may require that the student stop clinical care responsibilities prior to the shift end, in order to complete the form and to have a chance to review the form with the Preceptor without everyone staying additional time.
   d. The completed forms are shared with the Faculty Liaison as part of conferences and site visits. An intermittent self-evaluation is presented to the Preceptor at the conclusion of each clinical week using the Nurse-Midwifery Management Framework forms (also referred to as the “Grids”) appropriate to the current course. The process is described below; the Nurse-Midwifery Framework forms (Forms E-2 – 5) are found in Appendix E.

2. The Nurse-Midwifery Management Framework form includes: Ambulatory, In-Patient, Newborn and Integration. THIS FORM IS TO BE COMPLETED BY THE STUDENT AT THE END OF EVERY CLINICAL WEEK
   a. This lengthy and comprehensive self-evaluation form is intended to be completed by the student following a clinical week, PRIOR to the next clinical experience.
   b. It is to be brought to the Preceptor at a designated time or at the next clinical experience for review and comment.
   c. The Preceptor is expected to write comments about areas of disagreement with student self-evaluation, citing specific examples of care done/not done.
   d. The Preceptor is to sign on the last page and list dates reviewed with student.
e. The student reflects on her/his own performance and self-rates a particular management process, principle or skill as having been achieved, as progressing towards achievement, as making beginning progress, or as not done.
f. Do note that not all process/principles or skills may be achievable at all sites – options of “no opportunity” or “not applicable” are available.
g. The completed forms are to be shared with the Faculty Liaison as part of conferences and site visits.

In general, during the first part of the first block, “beginning progress” is expected. By the middle of the first block, the student should be “progressing” in all areas and should have “achieved” the basic skills by the end of the term as identified in Appendix C, Teaching/Learning: A student and Preceptor’s guide to content, mastery and clinical performance expectations. If there are occasions where “not progressing” is assigned by a Preceptor, reflecting that the student’s progress is stuck and not improving in a selected area, the Faculty Liaison should become involved and problem identification and a teaching/learning contract should be initiated.

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

**Summative Evaluation**

Summative evaluation of student progress and learning needs will occur at regular intervals during the clinical courses. Faculty Liaisons initiate the Summative Evaluation Forms found in Appendix F. Using data from Preceptor observation, clinical evaluation forms, site visits and conferences, the Preceptor and Faculty Liaison develop this evaluation collaboratively. The evaluation is presented to the student by the Faculty Liaison, and will identify areas where student performance is currently beyond, at, or below expectation. Areas found to be below expectation will prompt a teaching-learning plan and contract process (Appendix G). Failure will result when the student is performing below expectation at the conclusion of the course in the nurse-midwifery management process.

**Problem Identification and Resolution Process**

When a problem occurs involving jeopardy to student progress toward achieving course and concentration objectives, the Problem Identification and Resolution Process is initiated. The process involves:

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

This process is documented on the specific UNM Nurse-Midwifery Concentration forms found in Appendix G and referred to below.

Request to initiate the problem identification and resolution process may originate from the student, faculty or Preceptor. The Faculty Liaison for the student involved (or other faculty designated by the Concentration Coordinator) will formally initiate the process and assure timely completion of necessary conferences and documentation using the following program forms.
• The **Problem Identification** form (**Appendix G-1**) is initiated *at the earliest indication of a concern with a student’s performance* that may interfere with successful completion of course or concentration objectives. The form is used to guide and document the faculty and Preceptor perspective on the problem identification and is to be completed by the Faculty Liaison for the student in collaboration with the involved Preceptor. The completed form is shared with the student by the Faculty Liaison.

• The **Faculty Liaison requests the Student-defined Teaching and Learning Needs Assessment form (G-2) from the student** at the earliest possible time during the problem identification process. This provides a vehicle for the student to identify his or her perspective of the nature of the problem, learning and performance needs, and most helpful actions and strategies to remedy the problem.

• The **Teaching/learning and Performance Contract form (G-3)** is initiated when the results of the problem identification process (above) indicate a need to institute a documented formal contract aimed at resolving unsatisfactory student progress toward course and concentration objectives.

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

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

## Concentration Evaluation

Students are expected to participate in concentration evaluation activities; student and graduate evaluations are used to review the concentration, and make adjustments on an ongoing basis. The formal points of evaluation are identified below.

• **Evaluation of individual courses and academic faculty** are regularly accomplished at the completion of scheduled class meetings using the online EvalKit. Students are urged to complete these evaluation forms thoughtfully with specific examples.

• **Student evaluations of clinical sites and Preceptors** are required at the conclusion of each clinical course, and submitted in Typhon. If the student is placed in more than one site, or has more than one Preceptor for >1 shift, an evaluation of each site and Preceptor is required.

• Preceptor contact hours are also tallied. The forms to facilitate this evaluation are found in Typhon.

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

• **The final student exit interview** is a two-step process. An online anonymous survey is available to the student at the completion of the program, followed by an in-person group discussion with the Alumni Relations Director. The purpose of this process is to gain insight into student experiences, as well as positive and negative
aspects of the program. Interview results are confidential and considered in the aggregate at the conclusion of each academic year.

- Students are encouraged to make an appointment with another the CON’s Associate Dean for Academic Affairs to discuss issues that cannot be discussed with the Concentration Coordinator.

Program and concentration evaluation surveys are sent to graduates on a regular basis. Information concerning graduates' employment history and evaluation of the concentration as an individual's career matures are essential to both concentration improvement and to the program's ongoing accreditation. Graduates are expected to notify the Concentration Coordinator of e-mail address/or employment changes.
Students have the right to due process in academic matters. There are established procedures to address complaints, disputes, or grievances of an academic nature that can be initiated by a student enrolled in a graduate degree program at The University of New Mexico. These procedures are in place for a variety of issues related to the academic process, including academic progression or alleged improper or unreasonable treatment.

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

Note: The Concentration Coordinator should be consulted (as appropriate) whenever there is an issue of concern to you. Often, the issue can be resolved at the level of the Concentration Coordinator. If not, then the informal communication process should be followed (See Figure 1 on next page). The formal process for resolution of issues not otherwise resolved is described in the UNM Catalog.
Figure 1
Flow Chart for Informal Resolution of Academic Disputes in the Nursing MSN Program

Issue Related to a Course
Contact Course Instructor
If resolved - No Further Action
If not resolved

Non-Course Related Academic Issue
Contact Faculty Advisor
If resolved - No Further Action
If not resolved

Contact MSN Concentration Coordinator
If resolved - No Further Action
If not resolved

Contact MSN Program Director
If resolved - No Further Action
If not resolved

Contact Chair of the CON Practice Team
If resolved - No Further Action
If not resolved

Contact the College of Nursing Associate Dean of Academic Affairs
If resolved - No Further Action
If not resolved

Initiate Formal Graduate Student Academic Grievance Procedures as Appropriate.
Students have a right to representation in the graduate program and are encouraged to channel their views to faculty about programmatic and curricular affairs. Nurse-midwifery students are requested to select a representative to attend regularly scheduled Nurse-Midwifery Concentration faculty meetings; that representative will be responsible for communicating issues to the student group. In addition, Nurse-Midwifery Concentration faculty meetings are open to any student wishing to attend, and students may place items on the agenda at any time. To place an item on the agenda, notify the Concentration Coordinator so that time can be allotted accordingly. Students will be excused from the meetings for discussions of student progress and clinical placement issues.

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

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

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

<table>
<thead>
<tr>
<th>Midwifery Faculty</th>
<th>Office</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Cox</td>
<td></td>
<td><a href="mailto:KJCox@salud.unm.edu">KJCox@salud.unm.edu</a></td>
</tr>
<tr>
<td>Amy Levi</td>
<td></td>
<td><a href="mailto:AmyLevi@salud.unm.edu">AmyLevi@salud.unm.edu</a></td>
</tr>
<tr>
<td>Felina Ortiz</td>
<td>234</td>
<td><a href="mailto:FeOrtiz@salud.unm.edu">FeOrtiz@salud.unm.edu</a></td>
</tr>
<tr>
<td>Kristen Ostrem (Concentration Coordinator)</td>
<td>312</td>
<td><a href="mailto:KOstrem@salud.unm.edu">KOstrem@salud.unm.edu</a></td>
</tr>
<tr>
<td>Barbara Overman</td>
<td>230</td>
<td><a href="mailto:BOverman@salud.unm.edu">BOverman@salud.unm.edu</a></td>
</tr>
<tr>
<td>Laura Migliaccio</td>
<td>221</td>
<td><a href="mailto:LMigliaccio@salud.unm.edu">LMigliaccio@salud.unm.edu</a></td>
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<tr>
<th>Other Faculty and Staff</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Interim Practice Team Chair</td>
<td>Dr. PJ Woods</td>
<td><a href="mailto:pjwoods@salud.unm.edu">pjwoods@salud.unm.edu</a></td>
</tr>
<tr>
<td>Graduate Student Advisor</td>
<td>Ms. Jeri Belsher</td>
<td><a href="mailto:JBelsher@salud.unm.edu">JBelsher@salud.unm.edu</a></td>
</tr>
<tr>
<td>Practice Team’s Clinical Team Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Planning Manager</td>
<td>Ms. Robyn Mintz</td>
<td><a href="mailto:RMintz@salud.unm.edu">RMintz@salud.unm.edu</a></td>
</tr>
<tr>
<td>Program Manager</td>
<td>Ms. Roxanne Roessner</td>
<td><a href="mailto:rroessne@salud.unm.edu">rroessne@salud.unm.edu</a></td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Ms. Anastasia Anderson</td>
<td><a href="mailto:aandersen@salud.unm.edu">aandersen@salud.unm.edu</a></td>
</tr>
<tr>
<td>Interim Associate Dean for Academic</td>
<td>Dr. Judy Liesveld</td>
<td><a href="mailto:jliesveld@salud.unm.edu">jliesveld@salud.unm.edu</a></td>
</tr>
</tbody>
</table>

Group e-mail address for Students
CON-STU-CNM-(last 2 digits of graduation year) i.e. 18, 19, etc
Student Responsibilities

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

Policy on Academic Dishonesty

Each student is expected to maintain the highest standard of honesty and integrity in academic and professional matters. The University reserves the right to take disciplinary action, up to and including dismissal, against any student who is found guilty of academic dishonesty or professional misconduct or otherwise fails to meet course and concentration standards. Any student judged to have engaged in academic dishonesty in course or clinical work may receive a reduced or failing grade for the work in question and/or for the course.

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

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

Social Media Usage

The College of Nursing Social Media Policy, policy number 5.1.8, applies to students, faculty, and staff and is intended to ensure that social media and social networking technologies are used in a professional and responsible manner. This policy, along with other important College of Nursing policies, is located on the College’s website: http://nursing.unm.edu/about/policies/.

POLICY STATEMENT

1. Students, faculty, and staff should conduct themselves in a professional, respectful, and civil manner when using social media of any kind.
2. Any situation involving named or pictured individuals acting in a UNM capacity on social media requires their express written permission.
3. If you identify yourself as a UNM faculty, student, or staff in any online forum and/or use a UNM email address, you must make it clear that you are not speaking for UNM. Any content posted to a website outside of UNM that has something to do with your UNM affiliation, or any other subjects associated with UNM, must be accompanied by a disclaimer such as, "The postings on this site are my own opinions and do not represent the views or opinions of UNM."
4. The use of any UNM Logo or protected images requires written permission.
5. The use of verbally abusive, disrespectful or aggressive language or content communicated via email or used when posting to public forums of any kind by faculty, staff, or students may result in disciplinary action, up to and/or including dismissal.

Please refer to the UNM Social Media Guidelines for additional information http://social.unm.edu/guidelines/

NOTE for nurse-midwifery students:
Social networking pages such as Facebook, My Space, Twitter, etc. are to be used for social communication only. Students or professionals who post comments related to their professions or educational programs not only jeopardize their potential employment, but they leave themselves open to possible HIPPA violations, as well as legal scrutiny.

It is totally inappropriate for students to post anything about Preceptors, clinical sites or clinical experiences; posts related to busy shifts, exhaustion, difficult deliveries etc. may be used in legal deliberations, and should never be posted. Students who do this may face expulsion from the nurse-midwifery program.

### Attendance

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

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

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

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### Nurse-Midwifery Student Communication Requirements

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

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

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

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### Professional Documentation Requirements

Students are responsible for ensuring compliance with the CON's professional documentation requirements. Details can be found on the CON's website at [http://nursing.unm.edu/current-students/msn-students/index.html](http://nursing.unm.edu/current-students/msn-students/index.html) (Appendix J)

Failure to provide and maintain current records may result in interruption of clinical learning, withholding of grades or disenrollment. It is advised that students keep copies of all professional documentation for their own records. At any time during the program, students may be asked to furnish copies of documentation directly to their clinical sites. In the event requirements change or additional documentation is needed, students will be notified.
Blood & Body Fluid Exposure/Needle Stick Exposure

Needle-Stick Policy and Insurance

Any needle-stick or other exposure to blood and body fluids during clinical experiences must be reported immediately. The student then must report to the Student Health Center on main campus or an appropriate health care facility (if it occurs after hours, or for students outside the Albuquerque area). The Student Health website provides access to additional information. A needle-stick insurance policy is mandatory and will be billed to the student’s account at a cost of $30.00 per applicable term. Information for reporting process is located on the UNM Student Health and Counseling (SHAC) web site: https://shac.unm.edu/medical-services/blood-body-fluid-exposure.html

Student UNM ID

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

Professional Organizations

Students are strongly encouraged to join the national professional organization of nurse-midwives, the American College of Nurse Midwives (ACNM) and the local ACNM affiliate. Student attendance at the quarterly affiliate meetings is encouraged along with participation in affiliate committees.

Student Responsibilities Related to Clinical Experiences

- Punctual, professional attendance at all scheduled clinical experiences is expected. In case of emergency or illness, please notify the Preceptor ASAP and notify the Faculty Liaison within 24 hours. The dress code of the site must be observed.
- In the clinical area, students should be prepared for expected types of learning experiences and bring learning resources pertinent to the clinical area, as well as carry a personal “pocket reference brain” or device. A knowledge base appropriate to the current course content and the concentration is expected. The student can expect to be queried regarding this knowledge base for clinical decisions.
- It is very important for students to be fully available to the learning experience physically, mentally and emotionally, and arrange for other life demands to be met by others during the clinical experience.

Clinical Tardiness Policy

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

i. The first incident of tardiness will result in a warning and the possibility of being asked to leave the clinical area for that shift. It will also be noted on the evaluation sheet. The scheduled time must be made up, and the student must report this to the Faculty Liaison within 24 hours.

ii. Students who are late a second time will be removed from the clinical area for the scheduled shift. The student must notify the Faculty Liaison when this occurs, and a meeting to write a learning contract must be set up promptly with the student, Preceptor, and Faculty Liaison, Course Coordinator, and/ or Concentration Coordinator.

iii. The third tardy incident will result in the student’s dismissal from the clinical site, program non-progression and learning contract failure.
Intrapartum Clinical Nursing Proficiency

It is expected that the student will possess clinical proficiency in basic intrapartum nursing skills prior to taking N550 Intrapartum Care. This includes an understanding of:

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

Students without these basic proficiencies are required to complete additional hours on a labor and delivery unit before the intrapartum clinical rotation.

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

a. Promptly contacting the Education Coordinator or staff CNM at the site after receiving the official go-ahead from faculty. The student should clarify site expectations regarding:
   - attire
   - equipment required
   - schedule
   - orientation
   - preclinical expectations (such as chart review)
   - other site-specific logistics: parking, assistance for living arrangements, etc.
   - student data/credentialing forms as required by facility (e.g., Indian Health Service student employment forms, criminal background checks, etc.)

b. Initiating a discussion of how the Preceptor would like to begin to work together in the clinical setting (e.g. a period of observation, timing of student presentation of report)

c. Determining the preferred method of communication (phone numbers, e-mail, etc.) for the student to use with the Preceptor in the case of illness or emergency, necessary questions, etc.

d. Determining how the evaluation process can be accomplished most efficiently (e.g., should the student stop clinical work a short period before the end of the shift to ensure that evaluation can take place, where does the Preceptor want to receive evaluation forms?).

e. Directions to the site as well as lodging costs when the placement includes residence.

During the clinical experience, the student is responsible for:

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

b. Carrying out all activities assigned and supervised by the Preceptor. The student is responsible for identifying to the Preceptor if and when she needs more direct observation, skills validation and direct assistance based upon her knowledge base and skills comfort level.

c. Completing self-evaluations and sharing them with the Preceptor in a timely manner at the end of the clinical experience or within 24 hours (Appendix E).

d. Recording client encounters at the end of each clinical day in Typhon and providing it to the Faculty Liaison when requested and at the conclusion of each term.

e. Typhon evaluation of clinical faculty/Preceptors and learning sites at the end of the experience.
   Students should keep a copy of their clinical numbers for at least 5 years after graduation, as these
may be requested at employment sites. The Faculty Liaison must have all paperwork from the student at the end of the term before grades will be issued.

**Untoward and Reportable Events**

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

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

Occasionally, students may be required to purchase private medical malpractice insurance while obtaining clinical experience at an out-of-state site that requires more coverage than NMRM provides. The Concentration Coordinator will give advance notification of these special circumstances to any student considering one of these sites. In those cases, the student should also notify that private insurance carrier. These reports are confidential and protect the student, the Preceptor/clinical institution and UNM.

**The Clinical Site Placement Process**

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

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

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

The process of student site placement is as follows:

- The faculty or Concentration Coordinator obtains commitments from the wide array of sites that provide Preceptorship for our students in the upcoming term.

Not all sites are available all terms for many reasons. A site providing multiple types of student ambulatory clinical experiences may not have enough birth volume to be a good intrapartum site.
Maternity or illness leaves, new graduates in the service, commitment to other programs, fatigue/burnout, space pressures, and organizational stability of the site also impact whether a site will have a midwifery student.

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

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

- Faculty regularly discuss student progress regarding strengths, learning needs, and qualities as a learner in both clinical and classroom. After the student preferences are reviewed, the faculty reviews and considers the student's background/experiences that are relevant to the skills being developed in that term, along with their professional development needs.

- Faculty will try to complement students’ previous experience, build on known strengths, and when possible, give experiences that will contribute to the type of practice the student anticipates after graduation.

  The goal is to try to provide students with as wide a variety of experiences as possible with different sociocultural populations, in different settings (urban/rural; community/tertiary) and different types of organizations (HMO, IHS, private practice, university, etc). For these reasons, it is rare that a student will be placed twice at the same site. Complementary experiences are valued that can give the student as broad an experience with midwifery as possible.

- To avoid any conflicts of interest, students will not be placed in a practice in which a student’s family member is the owner, director, supervisor of the Preceptor, or Preceptor of the student.

- The faculty strives to identify clinical placements that will optimally meet the needs of each individual student. Learning needs and student development issues will take priority when conflicts arise.

- Students are notified about the next term’s placements as soon as possible, usually a month or more before the start of that term. There may be occasions when a clinical the placement is withdrawn or changed. The student will be notified of this as soon as possible and given another placement. Students are responsible their own transportation, housing, and licensure (if necessary).
## APPENDIX A

### COURSE DESCRIPTIONS

**N501 Theoretical Foundations of Advanced Nursing Practice**  
*MSN Core Course*  
*Three credits (didactic)*: Examines selected theories in nursing and health. Approaches to the analysis, critique and utilization of theories in nursing practice and scholarship are emphasized. Students develop and apply a theory and analysis to an area of interest.

**N503 Research in Nursing I**  
*MSN Core Course*  
*Three credits (didactic)*: Examines methods used to research nursing problems and measure outcomes of therapeutic interventions. Emphasis on problem generation, framing problem theoretically, research designs, and data measurement and analysis. Prerequisite: upper division statistics course.

**N505 Health Care Policy, Systems & Financing For Advanced Practice**  
*MSN Core Course*  
*Three credits (didactic)*: Examines professional, political, and practice issues relevant to nursing and health care.

**N525 Primary Care Concepts**  
*Clinical Core Course*  
*Three credits (didactic)*: This course focuses on the role of the APRN / Nurse Midwife providing primary care across the lifespan. Content includes best practices for health supervision, health promotion, and disease prevention. Students explore determinants of health, strategies for building therapeutic relationships, and approaches to interdisciplinary collaboration. Content supports mastery of AACN Essentials of Master’s Education I, IV, VII, VIII, and IX.

**N526 Pathophysiology for Advanced Practice Nursing**  
*Clinical Core Course*  
*Three credits (didactic)*: Focuses on the pathophysiological bases of advanced nursing assessment. Clinical case studies are used to apply theoretical principles to clinical practice.

**N540 Advanced Health Assessment and Diagnostic Reasoning**  
*Clinical Core Course*  
*Three credits (2 didactic and 50 clinical hours)*: Presents theoretical principles of health assessment throughout the life cycle. Topics include methodologies of data gathering and data analysis essential to comprehensive health assessment. Principles of diagnostic reasoning are presented to enhance critical thinking skills.

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

**N544 Primary Care: Antepartum/Postpartum**  
*SPECIALTY COURSE*  
*Seven credits over Terms 3 and 4 (3 didactic and 200 clinical hours)*: Midwifery students study, analyze and apply concepts of management process to ante/postpartum periods. Within cultural and rural context, health maintenance preventive care and health policy throughout the life span is covered. 9 hrs. lab per week. Prerequisites: N526, N540 or permission of instructor.

**N548 Women's Health**  
*SPECIALTY COURSE*  
*Four credits (2 didactic and 100 clinical hours)*: Theories and concepts applied in the promotion of the health of adolescent and adult women. 6 hrs. lab per week. Prerequisites: N526, N540 or permission of instructor. Clinical component is specialty-specific.
**N550 Intrapartum**  
*SPECIALTY COURSE*  
*Nine credits over Terms 4 and 5 (3 didactic and 300 clinical hours):* Management of labor and birth, triage of complications and cultural dimensions foundational to the nurse- midwifery model of intrapartum care is studied. Prerequisites: N526, N540 or permission of instructor. Clinical component is specialty-specific.

**N551 Newborn**  
*SPECIALTY COURSE*  
*Three credits (2 didactic and 50 clinical hours)* Study of the normal neonate within the cultural structure of the family. Common physiological, pathological problems and their management by nurse-midwife emphasized. Prerequisites: N526, N540 or permission of instructor. Clinical component is specialty-specific.

**N552 Evidence-Based Care in Nurse-Midwifery**  
*SPECIALTY COURSE*  
*One credit (didactic):* Using historical and scientific perspectives, current topics in clinical midwifery and obstetrics research are analyzed with special focus on the assessment of quality and relevance to care.

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

**N595 Advanced Fieldwork in Nursing**  
*SPECIALTY CORE COURSE*  
*Seven credits (350 clinical hours):* In the Nurse-Midwifery Concentration, the focus of this course is clinical refinement of previously explored rural, primary health care skills and knowledge base. Integration of the major content areas in the nurse- midwifery practice is expected. The student will apply and test the theoretical base for primary care practice by assuming responsibility for selected groups of clients and implementing management on an increasingly independent level. The community focus will include discussing the value of community assessment and descriptive epidemiology in providing primary health care.

**N597 Professional Examination**  
*MSN COURSE*  
*One credit:* A two-part examination taken during the final term to meet requirements for the Masters Comprehensive Examination: Part II. Part One covers content from the Masters Core and Part Two is a four-hour comprehensive examination over all specialty content. Offered on a CR/NC basis only.
The student:

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

Antepartum
   1. Current pregnancy
   2. Family medical-surgical
   3. Personal medical-surgical
   4. Obstetrical-gynecological (including menstrual, sexual, contraceptive)
   5. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest, medications, stress management)
   6. Psychosocial/occupational (including significant other family support, economics, religion, housing, recent emotional crisis or changes)
   7. Obtains interval history on a return visit to include:
      a) Minor discomforts/common complaints
      b) Symptoms that suggest a possible complication
      c) Psychological adjustment to pregnancy
      d) Support system/family response to pregnancy/domestic violence issues
   8. Obtains interval nutritional history to include:
      a) Patterns of weight gain/dietary intake
      b) Cultural influences
      c) Daily activities/exercise

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

Women’s Health
   1. Present illness/complaint/reason for visit
   2. Family medical-surgical history
   3. Personal medical-surgical history
   4. Obstetrical-gynecological history (including menstrual, sexual, contraceptive issues)
5. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest)
6. Psychological/occupational history (including significant other family support, economics, religion, housing, recent emotional crisis or changes, domestic violence issues)
E. Explains exam procedure to client
F. Performs systematic review of systems during appropriate physical examination of the client

**Antepartum**
1. S/S of PIH
2. S/S of preterm labor
3. S/S of infection
4. Fetal movement pattern

**Postpartum/Women’s Health**
1. Breast/lactation questions/problems
2. Sexual functioning
3. Menstrual cycle

G. Obtains all routine laboratory data
H. Organizes data for preliminary diagnosis and complete data base
   1. Clusters data appropriately
   2. Identifies tentative diagnoses
   3. Identifies missing information
   4. Obtains additional data necessary (includes history, physical, laboratory and other data)

I. Validates assumptions

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

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

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

**Postpartum**
A. Infection (site/source)
B. Breast problems
C. Thrombophlebitis
D. Anemia/PP hemorrhage
E. Interaction with infant
F. Wound healing
G. Psychosocial problems
H. Health habits (diet, weight, substance use exercise, etc.)
I. Other

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

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

V. Develops a comprehensive plan of care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:
   A. Identifies possible treatment plans and consequences of each, then discusses with client
   B. Finalizes management plan identifying potential limitations
   C. Informs client of options, rationale, risks, sequelae, and limitations of plan including anticipated procedures (prior to institution of procedures)
   D. Identifies and addresses learning needs of clients that limit participation in care planning
   E. Plans for subsequent assessment at appropriate intervals
   F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan
   G. Functions within policies/guidelines of setting

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

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

Ambulatory Care Management Framework: PRINCIPLES

The student:
1. Minimizes physical and emotional discomfort
2. Maintains privacy to extent possible
3. Adapts approach to client as appropriate
4. Provides opportunity for client to receive support from significant others
5. Exchanges information in manner which client understands
6. Demonstrates sensitivity to the biases/constraints of the client, setting, system, and Preceptor
7. Provides opportunity for asking questions
8. Actively includes the client in making decisions concerning personal health care
9. Promotes family-centered care
10. Demonstrates awareness of cost/benefit ration in health care
11. Communicates effectively with health team members, faculty and peers
12. Develops environment of mutual respect in any professional interaction
13. Accepts responsibility for decision-making and consequences thereof
14. Identifies bioethical considerations related to reproductive health
15. Utilizes clear and concise verbal and written communication skills
16. Assesses the client in a timeframe appropriate to the client’s needs and constraints of the setting
17. Assumes appropriate N-M role
18. Demonstrates accountability, responsibility, dependability
19. Demonstrates integrity, self-direction and the ability to evaluate oneself
20. Practices in an ethical manner with respect for all people
21. Maintains composure under stress
22. Accepts and incorporates constructive criticism
23. Presents a professional image to clients

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**Ambulatory Care Management Framework: SKILLS**

The student performs all skills in a manner which:

I. **Demonstrates correct and efficient utilization of hands, instruments and equipment**

II. **Results in obtaining accurate data**

III. **Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions**

IV. **Causes the least possible physical and/or psychological discomfort to the client**

V. **Conducts physical examination using the following skills in accordance with the above manner:**

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

   **Antepartum**

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

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

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

   D. Abdominal exam

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

   **Postpartum**

      1. Musculature and tone, diastasis
      2. Fundus-involution, position, tenderness

   E. Pelvic Exam (maintains asepsis)

      1. Examination of external genitalia

      **Postpartum**

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

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

4. Rectal exam
F. Lower extremities (edema, pain, varicosities, DTRs)

VI. **Obtains/performs/evaluates appropriate lab tests/data**
A. Venipuncture/fingerstick for blood work
B. Urine specimen (clean catch/catheterization)
C. Cervical culture by sterile speculum exam
D. Performs wet mount/microscopic examination
E. Orders ultrasound examination
F. Other lab tests
G. Labels specimens/requisitions

VII. **Identifies learning needs of client**

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

**Postpartum**
C. Instructs mother/family about maternal care (hygiene, activity, danger s/s, rest)
D. Instructs the mother/family about newborn care
E. Follow up care instructions for mother and baby
F. Instructs mother on resumption of sexual activity

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

**Women’s Health**
H. Provides preconception counseling
I. Counsels regarding unwanted pregnancy/emergency contraception
J. Counsels regarding premenopausal needs
K. Counsels regarding postmenopausal needs
L. Dispenses/prescribes
   1. HRT
   2. Alternative therapeutics

IX. **Utilizes anticipatory guidance to meet psychosocial and health maintenance needs**
The student:

I. Investigates by obtaining all necessary data for complete evaluation of the client
   A. Reviews previous data when available
      Intrapartum
      1. History including medical, surgical, OB/GYN
      2. Antepartum course
      3. LMP/EDC/EGA
      4. Lab data
      5. Psychosocial data
      6. Birth Plan
      7. Allergies
   Postpartum
      1. Labor course and outcomes
      2. Pertinent antenatal history and lab data
      3. Postpartum course
      4. Risk for postpartum adaptation
      5. Contraceptive plan
   B. Identifies the purpose of the visit for the client
   C. Identifies the purpose of the visit for the health care provider
   D. Interviews the woman, including:
      Intrapartum
      1. Antepartum course
      2. Medical-surgical history
      3. OB/Gyn history
      4. Health habits and lifestyle (including drugs, alcohol, smoking)
      5. Psychosocial/occupational support issues (including significant other, family support, economies, religion, housing, recent emotional crises or changes)
      6. Intrapartum course
         a. Contractions (onset, timing, perceived intensity)
         b. Membrane integrity (SRM time, color, amount)
         c. Bloody show
         d. Fetal activity
         e. Other problems
         f. Emotional response to labor
         g. Recent rest, hydration and excretory status
   Postpartum
      1. Complete and relevant historical information (pregnancy, labor, delivery)
      2. Presenting complaints/discomforts
      3. Questions from the mother about self and newborn care
      4. Maternal perception of newborn
      5. Infant feeding method and feeding experience
6. Family development and adjustment

E. Performs systematic review of systems during appropriate physical examination
   1. Screens for signs and symptoms of abnormalities

   **Intrapartum**
   a) Maternal
      1) Anemia
      2) Urinary tract infection
      3) Lung disease
      4) Heart disease
      5) Substance abuse
      6) Depression/mental illness/domestic violence
      7) Infection
      8) Hypertensive disorders
      9) Placenta previa
     10) Abruptio placenta
     11) Uterine rupture
     12) Cord prolapse
   b) Fetal
      1) Aberrations of fetal heart pattern
      2) Intrauterine growth retardation
      3) Postmaturity, dysmaturity, prematurity
      4) Fetal death in utero
      5) Meconium
      6) Malpresentation/malposition
   c) Labor progress
      1) Aberrations of “passageway”
      2) Aberrations of “power”
      3) Variations in fetal position/presentation “passenger”
      4) Fear, extreme anxiety or conflict “psyche”

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

F. Obtains all routine laboratory data

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

H. Validates assumptions
II. Makes an accurate identification of problem(s)/diagnosis(es) based upon correct interpretation of the data
   Postpartum
   A. Identifies and addresses maternal learning needs regarding expectations of newborn behavior that may influence parent/infant interaction
   B. Identifies and addresses factors in the immediate labor and delivery/medical/social history may impact parent/infant interaction (drugs, gender preference, etc)

III. Anticipates potential problems/diagnoses based on correct interpretation of data
   Intrapartum
   A. Infection
   B. Shoulder dystocia
   C. PPH
   D. Hypertensive/coagulation disorders
   Postpartum
   A. Infection (site/sources)
   B. Breast feeding problems
   C. Thrombophlebitis
   D. Anemia/PPH
   E. Interaction with infant
   F. Wound healing
   G. Other

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

V. Develops a comprehensive plan of postpartum care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:
   A. Identifies possible treatment plans and consequences of each
   B. Provides description of diagnosis, finalizing the plan of management of present and potential problems and rational for plan
   C. Informs clients of options, rationale, risks, sequelae, and limitations of therapeutic milieu including anticipated procedures (prior to institution of procedures)
   D. Identifies need for appropriate additional lab tests
   E. Plans for subsequent assessment of appropriate intervals
   F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan
   G. Selects most appropriate therapeutic plan based on valid rationale; which includes consideration of research findings and scholarly literature
   H. Offers/orders/performa/obtains supportive comfort measures/pain relief
   I. Functions within policies/guidelines of setting

VI. Directs/implements the plan of care efficiently and safely
   A. Orders appropriate additional lab tests
   B. Orders appropriate treatment(s)
   C. Performs appropriate procedures
   D. Identifies learning needs/implements educational plan
   E. Initiates management of complications, emergencies and deviations from normal
   F. Arranges for subsequent assessments and care visits at appropriate intervals
   G. Obtains appropriate medical consultation or collaboration
   H. Records data legibly, concisely, and logically
I. Facilitates entry into and utilization of health system

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

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<td>15. Utilizes clear and concise verbal and written communication skills</td>
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<td>16. Assess the client in a timeframe appropriate to the client’s needs and constraints of the setting</td>
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<td>17. Assumes nurse-midwifery role</td>
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<td>18. Demonstrates accountability, responsibility, dependability</td>
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<td>21. Maintains composure under stress</td>
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<td>22. Accepts and incorporates constructive criticism</td>
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<td>23. Presents a professional image to clients and staff.</td>
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</table>
IV. Causes the least possible physical and/or psychological discomfort to the client

V. Performs indicated physical assessment of the client

Intrapartum

A. Abdominal examination
   1. Fundal height (+/-1 cm)
   2. Leopold’s maneuvers for lie, attitude, presentation
   3. Contraction intensity, frequency, duration, quality
   4. Fetal weight (within ½ lb)
   5. Uterine tonus and shape
   6. Abdominal muscles
   7. Amniotic fluid abnormalities

B. Vaginal examination (including sterile speculum as needed)
   1. Cervical effacement (+/-20%) and dilation (+/-1 cm) and position
   2. Condition of membranes
   3. Documentation of ROM (color, odor, amount, fern, nitrazine)
   4. Fetal Position, presentation, and station

C. Clinical pelvimetry

D. Physical Exam
   1. Vital signs
   2. Heart, lungs, breast exam
   3. CVA tenderness
   4. Varicosities/Homan’s Sign or other DVT assessment
   5. Edema
   6. DTR’s and clonus

E. Assessment of maternal/fetal well being
   1. Evaluates maternal vital signs
   2. Evaluates fetal heart tones with attention to baseline, variability, acceleration, deceleration
   3. Shows knowledge of satisfactory techniques for intermittent auscultation of FHTs
      a. With fetoscope
      b. With Doppler
   4. Shows knowledge of continuous fetal monitoring application and interpretation
      a. External fetal and uterine electronic monitoring
      b. Internal fetal scalp electrode
      c. Internal uterine pressure catheter

Postpartum

A. Breast examination
   1. Demonstrate/teach self-breast exam
   2. Evaluate integrity of nipples

B. Abdominal examination including musculature, tone, diastasis recti

C. Perineal and rectal exam
   1. Evaluate healing and/or infection of lacerations/episiotomy
   2. Signs of hematoma
   3. Hemorrhoids
   4. Lochia (volume/character/odor)

D. Lower extremities – edema, pain, varicosities

E. Other physical assessment as indicated based on history or risk
VI. Times and perform/orders procedures appropriately Intrapartum
   A. AROM
   B. Oral/parenteral therapy
   C. Comfort therapy
      1. Massage
      2. Hydrotherapy
      3. Breathing/visualization/deep relaxation
      4. Ataractic/sedative agents
      5. Antiemetic agents
      6. Analgesics agents
   D. Encourages mother to choose a comfortable birth position if possible.
   E. Performs episiotomy if indicated
      1. Assesses the need for episiotomy appropriately
      2. Selects appropriate time for cutting episiotomy
      3. Cuts episiotomy firmly, smoothly and correctly with minimum number of snips
      4. Obtains homeostasis
   F. Supports birth of infant skillfully
      1. Controls head
      2. Assesses perineum
      3. Suctions with bulb and/or wipes face as indicated
      4. Manages nuchal cord appropriately
      5. Guides birth of shoulders, while observing perineum, by providing steady pressure
downward for anterior shoulder, upward for posterior shoulder while controlling limbs and supporting infant’s body
      6. Clamps and cuts cord appropriately after delayed cord clamping if indicated
      7. Modifies the above as appropriate depending upon client’s position for birth
      8. Institutes active management of the third stage if appropriate
   G. Assists newborn’s transition to extrauterine life:
      1. Establishes airway, and dries infant
      2. Performs bag and mask ventilation as needed
      3. Initiates cardiac compressions as needed
      4. Performs tracheal intubation as needed
      5. **Calls for pediatric help in second stage if problems are anticipated or immediately if problem arises**
      6. Evaluates for hypothermia, hypoglycemia
   H. Facilitates neonatal/parental attachment
   I. Delivers and examines placenta and membranes
      1. Obtains cord blood
      2. Observes for signs of placental separation
      3. Confirms placental separation by modified Brandt-Andrews.
      4. Delivers placenta by:
         a. Guarding uterus
         b. Controlled cord traction
         c. Following curve of Carus
         d. Appropriately manages trailing membranes
      5. Examines placenta, membranes and cord
6. Controls bleeding
   a. Etiology
   b. Institutes correct management
J. Perineal repair
   1. Inspects perineum and correctly identifies structures
   2. Correctly performs repair
K. Manages emergency complications
L. Performs immediate newborn assessment and care
   1. Assigns or confirms Apgar score
   2. Visual screening for congenital abnormalities
   4. Assesses continued transition to extrauterine life
   5. Monitors vital signs: heart rate, temperature, respirations

**Postpartum**
A. Orders/obtains lab specimens
   1. Venipuncture/fingerstick
   2. Urine specimen (clean catch/catheterization)
   3. Others as needed
   4. Labels specimens/requisitions correctly
B. Orders/initiates parental therapy
C. Urinary catheterization

**VII. Counsels/teaches client appropriately**
A. Identifies and addresses mother/family’s learning needs regarding infant feeding
B. Identifies and addresses mother’s learning needs regarding self care
C. Identifies and addresses mother’s learning needs regarding hygiene activity, danger signs
D. Identifies and addresses mother and partner’s learning needs regarding resumption of sexual activity and contraception
E. Identifies and addresses mother/family’s learning needs regarding NB care
F. Addresses follow-up care for mother and baby
G. Provides preventive counseling/anticipatory guidance regarding physical and psychological risks in postpartum period
APPENDIX B (continued)

UNM CON NURSE-MIDWIFERY CONCENTRATION

Nurse-Midwifery Management Framework:
PROCESS Newborn

The student:

I. Investigates by obtaining all necessary data for complete evaluation of the newborn.
   A. Reviews maternal record to establish data base
      1. Previous obstetrical history
      2. Antenatal history
      3. Intrapartum history
      4. Family medical history
      5. Maternal past medical, including gynecological, history
      6. Psychosocial-economic history
   B. Reviews newborn record
   C. Obtains interval history from mother/father
      1. Assesses parental concerns
      2. Infant nutrition/breastfeeding
      3. Infant elimination
      4. Infant safety/environmental concerns
      5. Support systems
   D. Explains exam procedure to parent(s)
   E. Performs a gentle, complete and accurate physical exam of the newborn
      1. General appearance
      2. Weight, length, head circumference
      3. Skin
      4. Head and neck
      5. Ears
      6. Eyes
      7. Nose
      8. Mouth
      9. Cardiac, including pulses
     10. Lungs
     11. Abdomen
     12. Genitourinary
     13. Musculoskeletal (extremities, hips, back)
     14. General neurological
   F. Performs an accurate gestational age assessment
   G. Assesses maternal/paternal-newborn interaction
   H. Obtains appropriate laboratory tests or test data
      1. Knows routine neonatal screening tests and normal values
      2. Understands rationale for screening tests
   I. Organizes data for preliminary diagnosis and completes data base
      1. Clusters data appropriately
      2. Identifies tentative diagnoses
      3. Identifies missing information
      4. Obtains additional data necessary (includes history, physical, laboratory and other data)
II. Makes an accurate identification of problems(s)/diagnosis(es) based upon correct interpretation of the data.

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

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

V. Develops a comprehensive plan of care which is supported by explanation of valid rationale underlying decisions made and is based upon preceding steps.
   A. Identifies possible management plans and consequences of each
   B. Assesses parent/family reaction to diagnosis/problems
   C. Informs parents of options, rationale, risks, sequela, and limitations of management plan, including anticipated procedures (prior to institution of procedures)
   D. Identifies need for appropriate additional lab tests
   E. Plans for subsequent assessment at appropriate intervals
   F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan
   G. Identifies community medical, social/economic resources
   H. Selects most appropriate management plan based on valid rationale, including consideration of research findings/scholarly literature and client preferences/family resources.
   I. Functions within policies/guidelines of setting

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

VII. Evaluates the effectiveness of the care given, recycling appropriately through the management process for any aspects of care which have been ineffective.
   A. Predicts expected outcomes of management plans
   B. Includes the family’s participation in the evaluation/revision of the plan
   C. Identifies methods for follow-up evaluation when possible
   D. Provides for follow-up evaluation when possible
   E. Identifies implications of treatment results for subsequent practice

Nurse Midwifery Management Framework: PRINCIPLES Newborn

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

**Nurse Midwifery Management Framework: SKILLS Newborn**

A. The student performs all skills in a manner which:

1. Demonstrates correct and efficient utilization of hands, instruments and equipment.
2. Results in obtaining accurate data
3. Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions
4. Causes the least possible physical and/or psychological discomfort to the client

B. Demonstrates the following skills:

1. Oral intubation of neonatal intubation mannequin
2. Use of bag and mask for resuscitation
3. Cardiopulmonary resuscitation of resusci-baby
The student:

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

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

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

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

V. Develop a comprehensive plan of care that is supported by explanations of valid rationale underlying the decisions made and is based on the preceding steps.
   A. Identify possible treatment plans and consequences of each.
   B. Provide description of diagnosis, finalizing the plan of management of potential problems and rationale for plan.
   C. Inform consumer of options, rationale, risks, sequelae, and limitations of therapeutic milieu including anticipated procedures (prior to institution of procedures).
D. Identify need for appropriate additional lab tests.
E. Plan for subsequent assessment at appropriate intervals.
F. Utilize appropriate faculty consultation for validation of management plan.
G. Select most appropriate therapeutic plan based on valid rationale.

VI. Direct/implement the plan of care efficiently and safely
A. Order appropriate additional lab tests.
B. Order appropriate treatment(s).
C. Perform appropriate procedures.
D. Initiates management of complications, emergencies and deviations from norm.
E. Arrange for subsequent assessments at appropriate intervals.
F. Obtain appropriate medical consultation or collaboration.
G. Record data legibly, concisely and logically.
H. Facilitate entry into and utilization of health care systems

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

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

Nurse-Midwifery Management Framework: SKILLS Integration
The student performs all skills in a manner which:
1. Demonstrates correct and efficient utilization of hands, instruments and equipment
2. Results in obtaining accurate data
3. Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions
4. Causes the least possible physical and/or psychological discomfort to the consumer
APPENDIX C

UNM CON NURSE-MIDWIFERY CLINICAL PERFORMANCE EXPECTATIONS
A Student and Preceptor’s Guide to Content, Mastery and Clinical Performance
Expectations
AMBULATORY WOMEN’S HEALTH

1. Students are to adjust to the Preceptor’s work schedule.

2. At the beginning of the term, have the student simply follow you for a day or two so he/she can see how the clinic and providers operate and how the paperwork is processed. If you wish, you can have the student orient prior to his/her first clinical day to include clinic operations, work flow, EMR, charting/forms, clinical guidelines, meeting the staff, etc.

3. The focus during this term is more on the quality of the student’s time with the client as opposed to quantity. Initially, the student may need up to an hour to complete the full history and physical exam (maybe more for an initial OB history and exam). As the term progresses, less time should be needed. The student will keep track of the number and type of client he/she is seeing. Each student is responsible for reviewing his/her progress with you each week.

4. Request the client’s permission to be examined by the student and, if possible, introduce the student to each client. Clients are more accepting of student care if they understand the student’s already an R.N. who is going to graduate school to be a midwife.

5. The student should be able to do the history before the physical exam. How much supervision you provide depends on your level of confidence in the student’s skills. Initially, please confirm the student’s clinical findings by either doing the exam first or repeating the exam. Students benefit most when you perform the bimanual exam first so you can give better guidance before the student removes his/her fingers. Again, how long you feel you need to do this is up to your assessment of the student’s accuracy and skill. The student should always discuss the assessment and plan for the client with you.

6. Students all need prescription-writing experience, although paper prescriptions will need to be signed by you. Please review the student’s charting and countersign their entry.

7. Students will have the opportunity to practice IUD insertion and Nexplanon insertion and removal during didactic sessions. If you do these procedures, please allow the student to observe first. You may decide at what point she/he is ready to do this under your supervision.

8. If there are other providers in your clinic with special skills or interests (colposcopy, STDs, pessaries, menopause, etc.), you may arrange for the student to spend some time with them. This depends on their availability and willingness to share their expertise with your student.

9. The Affiliation Agreement between the College of Nursing and an agency covers all employees of the agency, not just the individual Preceptor. Student malpractice is covered by New Mexico Risk Management.

If questions or issues arise about a student’s performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact Kristen Ostrem-Niemiec, DNP, MSN, CNM, CFNP at (505) 400-1024 or via e-mail at kostrem@salud.unm.edu. We are very grateful for the time and effort our Preceptors contribute to our students’ clinical learning experiences.
I. **Content Mastery to be expected**
   A. Preceptors can expect mastery of the basic knowledge base presented during the **FIRST ACADEMIC BLOCK** (see syllabus). This includes:
      - Pregnancy diagnosis, conception, pregnancy dating
      - The new OB visit: hx, PE, labs, risk assessment, patient education
      - Nutrition and weight gain in pregnancy
      - Fetal development and maternal physiology throughout gestation
      - Return OB visit: hx, PE, Leopold’s maneuvers, labs, patient education
      - Screening for AP problems: size/dates discrepancies, hypertension, diabetes, anemia, malpresentation, preterm/post term
      - Common complaints of physiologic origin
      - Assessment of fetal well-being
      - Psychological/sexual/emotional issues of prenatal and postpartum period
      - Normal PP visit: hx, PE, labs
      - Screening for PP problems: depression, ineffective parenting, UTI, mastitis, subinvolution, thrombophlebitis
   B. More complex issues in the prenatal and postpartum areas are covered in the **SECOND ACADEMIC BLOCK** (see syllabus). This includes:
      - Pelvimetry and feto pelvic relationships
      - AP/PP complications including bleeding and hypertensive disorders
      - substance abuse
      - grief and loss
      - childbirth education
      - breastfeeding

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

II. **Clinical Learning Focus**
   A. Clinical Skills
      I. By the end of the first clinical block the student should have achieved competence in the basic, essential AP/PP clinical skills.

      These include, but are not limited to:
      - Leopold’s maneuvers for presentation, position and lie
      - Estimated fetal weight
      - Fundal height
Auscultation of fetal heart with fetoscope and doppler
Speculum exam
Bimanual exam with correct uterine sizing
Postpartum breastfeeding instruction and breast care
Fundal exam for involution
Abdominal assessment of diastasis recti

2. Those skills for which learning opportunities are available less frequently or are more complex will be validated and “progressing” or beginning progress” is to be expected depending on previous learning opportunities or performance. The student should be able to verbalize steps and/or demonstrate the skills “dry run”.

B. Nurse-Midwifery Management Process
1. By the end of the first clinical block the database for diagnosis of pregnancy, initial OB visit, assessment of progress throughout pregnancy and the normal postpartum period should be complete and achieved in a timely manner. The student should be able to identify significant aspects of history and present situation to be considered in management planning, and include the patient in developing the management plan.

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

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

2. Formulation of a complete, safe management plan with solid rationale for normal pregnancy and postpartum situations is expected. These plans are to be developed with the patient/family, and to include preventative and/or precautionary management strategies for presenting risk factors, teaching, and referrals.

3. Means to evaluate the success of the plan should always be included (at least verbally) in a plan. An evaluation of all normal AP/PP situations is expected for all plans by the end of the first block.

4. Initially, students should be able to identify when there is a need for medical consultation or referral. By the second clinical block, students should perform the consultation while being observed by the Preceptor

III. Documentation

A. Progressively skilled documentation in normal situations according to standards set by clinical sites is expected. It is to be achieved in a timely manner by the end of the first clinical block.

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

B. Whenever SOAP charting is possible in the clinical site, this method of charting is preferred
because it is congruent with and reinforces the reasoning of the nurse-midwifery management process. If SOAP charting is not used in the clinical setting, completion of a comprehensive SOAP note for selected patients on separate paper, not to be a part of the patient chart, is encouraged.

C. Students may be requested to copy parts of a client’s chart in conjunction with academic assignments. All identifiers are to be obliterated. Notes will be deleted from student laptops after submitting to a secure learning management system.

D. Evaluation Paperwork:

1. Students are expected to self-evaluate at the end of each clinical day using the “Petroglyph Page.” To facilitate this, students are encouraged not to see the last client of the day but instead fill out this page so that the day’s work may be discussed with the Preceptor when the Preceptor finishes the last visit of the day.

2. The Midwifery Management Framework grids are to be completed weekly and discussed/signed by the Preceptor(s). The “A” for achieved is to be used when a student achieves a category on the grid at a basic, student level, not the level of an experienced practitioner. Does the student perform the task correctly with few errors almost always?

We are very grateful for the time and effort our Preceptors contribute to our students’ clinical learning experiences. If questions or issues arise about a student’s performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact Kristen Ostrem-Niemiecizwicz, DNP, MSN, CNM, CFNP at (505) 400-1024 or via e-mail at kostrem@salud.unm.edu.
APPENDIX C (continued)

UNM CON NURSE-MIDWIFERY CLINICAL PERFORMANCE EXPECTATIONS
A Student and Preceptor’s Guide to Content, Mastery and Clinical Performance Expectations

INTRAPARTUM CARE—FIRST AND SECOND CLINICAL BLOCKS

I. Content Mastery to be expected
   A. Preceptors can expect mastery of the academic content presented during the FIRST ACADEMIC block (see syllabus). This includes:
      □ labor physiology
      □ pelvimetry
      □ Leopold’s maneuvers
      □ diagnosis of labor
      □ labor admission procedures
      □ basic principles for management of NORMAL labor
      □ mechanisms of labor: OA and OP
      □ hand maneuvers for delivery of OA and OP babies
      □ principles of suturing and wound healing
      □ episiotomy and laceration repair
      □ psychosocial issues and support in labor
      □ pain management: pharmacologic and non-pharmacologic
      □ conduct of postpartum “rounds”
      □ common postpartum problems
      □ postpartum hemorrhage (introduction)
      □ shoulder dystocia (introduction)

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

II. Clinical Learning Focus
    A. Clinical Skills
       1. By the end of the first clinical block the student should have achieved mastery of the basic intrapartum clinical skills of the nurse-midwife that are essential to labor and delivery management of all patients.
          These include but are not limited to:
          □ vaginal/pelvic exams: To include dilatation, station, membrane status, fetal position, attitude and asynclitism, clinical pelvimetry. (In the case of fetal
position, attitude and station, the student should be “progressing”, meaning correct most of the time, but not necessarily all of the time).

- Leopold’s maneuvers
- Fetal well-being assessment
- Accurate EFW
- Hand skills for delivery of OA infant in semi-Fowler’s
- Appropriate identification of need for active vs. psychologic third stage management
- Delivery of the placenta, including expectant and active management of the third stage and the Brandt-Andrews maneuver
- Identification of perineal landmarks
- Postpartum physical exam and teaching
- Newborn exam and teaching
- Provide labor support to patient and her labor support system; teaching when appropriate.

2. Those skills for which learning opportunities are available less frequently or are more complex will be validated and “progress” or “beginning progress” is to be expected depending on previous learning opportunities and performance. The student should be able to verbalize steps and/or demonstrate the skills “dry run”. These include such things as but are not limited to:

- placing internal fetal monitors
- episiotomy/laceration repair
- hand maneuvers for OP babies
- hand maneuvers for birth in lateral and dorsal maternal positions
- amnioinfusion/IUPC placement
- Cook’s catheter placement

3. With the exception of postpartum hemorrhage and shoulder dystocia, obstetrical emergencies are not covered in class until the SECOND ACADEMIC block; however, the student should be able to define and identify the emergent situation if it occurs and manage postpartum hemorrhage and shoulder dystocia at a beginning level.

B. Nurse-Midwifery Management Process

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

2. By the end of the first clinical block, the correct assessments of diagnosis of labor/false labor, maternal and fetal well-being, phases of first and second stage labor as identified by Friedman, and postpartum involution and adaptation is expected. Students are expected to identify a deviation from normal but not necessarily expected to be able to correctly label or manage, dysfunctional labor patterns. (This doesn’t mean the student can’t learn it in process, but that they should be in the “back seat”.) Assessments related to women’s health skills and knowledge such as UTI, URI, vaginitis, STDs, etc. are also expected as well as
assessment of psychosocial situations.

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

4. Means to evaluate the success of the plan should always be included (at least verbally) in a plan. And evaluation is expected on all plans of all normal postpartum and laboring situations by the end of the first block.

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

Whenever SOAP charting is possible in the clinical site, this method is preferred for students because it is congruent with and reinforces the reasoning of the nurse-midwifery management process.

B. Evaluation Paperwork:
   a. Students are expected to self-evaluate at the end of each clinical day using the “Petroglyph Page.” The student should self-evaluate for the last 30 minutes of the shift unless a birth is imminent.

   b. The Midwifery Management Framework grids are to be filled out weekly and discussed/signed by the Preceptor(s). The “A” for achieved is to be used when a student achieves a category on the grid at a basic, student level, not the level of an experienced practitioner. Does the student perform the task correctly with few errors almost always?

We are very grateful for the time and effort our Preceptors contribute to our students’ clinical learning experiences. If questions or issues arise about a student’s performance, Preceptors are urged to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact Kristen Ostrem-Niemciewicz, DNP, MSN, CNM, CFNP at (505) 400-1024 or via e-mail at kostrem@salud.unm.edu.
APPENDIX C (continued)

UNM CON NURSE-MIDWIFERY CLINICAL PERFORMANCE EXPECTATIONS
A Student and Preceptor’s Guide to Content, Mastery and Clinical Performance Expectations

INTEGRATION

I. Content Mastery to be expected

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

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

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

II. Clinical Learning Focus

A. Clinical Skills

1. Students have demonstrated competence in basic clinical skills in previous terms; although they have been away from all clinical areas for several weeks while completing their graduate examinations, their clinical skills should quickly return.

Note that we seek to place students in a wide variety of settings and hope to give each student a broad level of experience. As a result, although students are familiar with the content of midwifery care, they may well be totally inexperienced with midwifery care in your setting. (i.e., if you are in a small private practice, it is likely that your student has just come from a tertiary care setting. If you are in an urban practice, the student has most likely been in rural practices for her past experiences.) Please take time to orient the student to your service and expect that there will take be a short period of adjustment to your individual practice setting and demands

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

B. Nurse-Midwifery Management Process

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

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

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

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

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

We are very grateful for the time and effort our Preceptors contribute to our students’ clinical
learning experiences. If questions or issues arise about a student’s performance, Preceptors are urged
to contact the Faculty Liaison as soon as possible to discuss the situation. You may also contact
Kristen Ostrem-Niemcewicz, DNP, MSN, CNM, CFNP at (505) 400-1024 or via e-mail at
kostrem@salud.unm.edu.
Student Data Collection

Student patient care data is used for program accreditation to track students’ number and type of patient encounters including diagnoses and procedures, and to allow the faculty to know what types of clinical experiences each student is getting. The Faculty Liaison views the data before each tutorial and the Concentration Coordinator collates all individual and group data at the end of each term and before graduation.

Using Typhon for Ambulatory AP/PP/WW

The student must fill out Typhon after each clinical day. Use of the Ambulatory Patient Log (Form D-5 below) will aid this or a student may develop one’s own data collection system.

Tips for using the instrument by field:

You only need to fill out the field if it has a little red arrow beside it except for the CNM Competencies section. These must be filled in completely if you did any of these procedures.

Student Information

Course: N544/548. If you are assisting with group prenatal care, the course is N544. Preceptor: If your Preceptor is not listed in the drop down box, notify Robyn Mintz rmintz@salud.unm.edu. Please check rural or underserved population as appropriate.

Patient demographics: Self explanatory

Insurance: Choose only one of these:
- Md=Medicaid (many patients will have this. Salud is Medicaid)
- Mr=Medicare (very few patients will be this unless they are ≥ 65 yrs old or have a disability)
- Private=Private insurance (like Blue Cross or PresCare)
- None=No insurance (self pay, immigrant with no Medicaid etc)

Clinical Information

Minutes with patient: Estimate for the encounter
Type of decision-making: Don’t use straightforward but use low, med and high complexity to indicate risk status.
Visit reason: New=New OB, rout f/u=routine follow-up ie: return OB or retesting episodic=comes in special for bronchitis, UTI, vaginitis for example annual=PAP, Rx refill etc scheduled procedure= sch prcdr-ie NST, IUD placement

Diagnosis/ICD codes
Only use one or more of the top 12 diagnostic codes in the Typhon Database. The attached Codes are MANDATORY, even if it differs from what your Preceptor might code on a billing sheet or what Typhon says is correct. See ICD 10 Codes on page 60.

During this term, it is likely you will be using:
- Preconception Visit (N94.89),
- New Antepartum Visit (Z32.01),
- Return Antepartum Visit (Z34.80),
- Breastfeeding Support (Z39.1),
- Postpartum Exam 1-8 weeks (Z39.2),
- Family Planning (Z30.40),
- Menopause (N95.1),
- GYN Care (Z01.41).

Primary Care ICD-10: If the woman also has an associated disease or problem, then you also need to code it under using the common health problems coding. Only use the codes on the Mandatory Code handout even if Typhon tells you they are not correct or incomplete. You may add additional codes if you desire.

CNM Competencies: Use the arrow button to open this. This is called “competencies” but it should be called procedures/skills. (We don’t have any control over section titles.) You only have to check observed or done, not whether you feel competent to perform it.

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

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

Students also do site and Preceptor evaluations at the end of the term.
TYPHON Ambulatory Patient Log:  Fill out as you go and then transfer to Typhon at the end of each office day

<table>
<thead>
<tr>
<th>Date</th>
<th>Rural or under served</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Insur: Md Mr Private None</th>
<th>Mins with pat.</th>
<th>Decision making: Low Med High</th>
<th>Student particip: observe &lt;shared 50/50 &gt;50</th>
<th>Visit Reason: Initial Rout l/u episodic annual sch prcdr</th>
<th>Enc # for you</th>
<th>H&amp;P Foc Ex Co</th>
<th>Soc Prob</th>
<th>DX ICD 10 code (only use UNM ones)</th>
<th>Procedure CPT (only use UNM ones)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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Form D-5 Rev 10-2017
Using Typhon for IP/Newborn Clinicals

The student must fill out Typhon after each clinical day. Use of the IP/Newborn Patient Log (Form D- 6 below) will support this, or a student may develop their own data collection system. Typhon data are used for accreditation to track students’ number and type of patient encounters including diagnoses and procedures, and allow the Faculty to know what clinical experiences each student is getting. The Faculty Liaison will view the data before each tutorial and the Concentration Coordinator will collate all individual and group data at the end of each term and before graduation.

Tips for using the instrument by field:
You only need to fill out the field if it has a little red arrow beside it except for the Birth and Delivery and CNM Competencies sections. These must be filled in completely.

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

Preceptor: If your Preceptor is not listed in the drop down box, notify Robyn Mintz rmintz@salud.unm.edu.

Patient demographics: Self explanatory

Clinical Information
Time with patient: Estimate it for the shift (whole labor and birth including triage, postpartum etc). Type of Decision-Making: Don’t use straightforward but use low, med and high complexity to indicate risk status.

Diagnosis/ICD codes: Only use one or more of the ICD 10 diagnostic codes in the Typhon Database MANDATORY Codes handout, even if it differs from what your Preceptor might code on a billing sheet or what Typhon says is correct.

If the mother or newborn has an associated disease or problem, then you also need to code it under common health problems. Only use the codes on the Mandatory Code handout even if Typhon tells you they are not correct or incomplete. You may add additional codes if you desire.
Procedure/CPT codes: Leave blank. Procedures go under CNM Competencies

Birth and Delivery: This doesn’t expand unless you use the little arrow. Fill it all out completely. Shoulder dystocia goes under other in the maternal complications section.

CNM Competencies:
- Use the arrow button to open this.
- This is called “competencies” but it should be called procedures/skills. (We don’t have any control over section titles.)
- You only have to check observed or done, not whether you feel competent to perform it.

Clinical notes: Optional. Use prn for things like compound hand, nuchal cord, knot in cord, etc.

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

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

Students also do site and Preceptor evaluations at the end of the term.
## TYPHON IP/NB Patient Log:

Fill out as you go and then transfer to Typhon at the end of each clinical day

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Insur Md Mr Pri No</th>
<th>Min w/pat</th>
<th>Decision making S/L M/H</th>
<th>Stud part &lt;share 50/50 &gt;50</th>
<th>Visit reason New Episode Cons F/U</th>
<th>H&amp;P Foc Ex Co</th>
<th>Soc Prob</th>
<th>DX ICD 10 code (only use UNM ones)</th>
<th>CNM Competencies</th>
<th>Gest age</th>
<th>Baby wt</th>
<th>Apgar</th>
<th>Referrals, procedures, and comments</th>
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<tbody>
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</tbody>
</table>

Form D-6 Rev 10-2017
The student must fill out Typhon after each clinical day. Use of the Ambulatory Patient Log (Form D-5) will aid this or a student may develop one’s own data collection system. Typhon data is used for accreditation to track students’ number and type of patient encounters with diagnoses and procedures and to allow the Faculty to know what clinical experiences each student is getting. The Faculty Liaison will view the data before each tutorial and the Concentration Coordinator will collate all individual and group data at the end of each term and before graduation.

**Tips for using the instrument by field:**
You only need to fill out the field if it has a little red arrow beside it **except** for these sections:
- Rural/underserved check box,
- Social problems, and
- CNM Competencies/Birth and Delivery sections upon which you must click to expand that field.

**Student Information**
- Course: N595 midwifery Preceptor: If your Preceptor is not listed in the drop down box, notify Robyn Mintz rmintz@salud.unm.edu.
- Please check rural or underserved pop if it is.

**Patient demographics:** Self explanatory

**Insurance:** Choose only one of these:
- Md=Medicaid (many patients will have this. Salud is Medicaid)
- Mr=Medicare (very few patients will be this unless they are ≥ 65 yrs old or have a disability)
- Private=Private insurance (like Blue Cross or PresCare)
- None=No insurance (self pay, immigrant with no Medicaid, etc.)

**Clinical Information**
- Minutes with patient: Estimate it for the encounter
- Type of decision-making: Don’t use straightforward but use low, med and high complexity to indicate risk status.
- Reason for visit: Initial visit=New OB, rout f/u=routine follow-up i.e.: return OB or retesting episodic=comes in special for bronchitis, UTI, vaginitis for example annual=PAP, Rx refill, etc. scheduled procedure= sch prcdr-ie NST, IUD placement other=triage, labor, birth

**Student Participation and Type of H&P:** choose one.

**Diagnosis/ICD codes**
- Only use one or more of the ICD 10 diagnostic codes in the Typhon Database MANDATORY
- Codes handout, even if it differs from what your Preceptor might code on a billing sheet or what Typhon says is correct. During this term, it is likely you will be using all the codes.
- If you labor a woman whom you also deliver, please use both the Labor Management and the Intrapartum Care codes (063.9, 080). If you caught the baby but did very little labor management, then only use the Intrapartum Care code (080).
Primary Care ICD-10 codes:
If the woman also has an associated disease or problem, then you also need to code it under using the common health problems coding. Do NOT use drop down boxes to code these diseases/problems because then the data is not in a retrievable state for the program. Only use the codes on the Mandatory Code handout even if Typhon tells you they are not correct or incomplete.

Birth and Delivery: Expand it with the little arrow. Fill it all out completely. Shoulder dystocia would go under other in the maternal complications section.

CNM Competencies: Use the arrow button to open this. This is called “competencies” but it should be called procedures/skills. (We don’t have any control over section titles.) You only have to check observed or done, not whether you feel competent to perform it.

Other Typhon Uses (EASI section on the screen after the log-in)
Your Faculty Liaison will write up your site visit evaluation here. You should read it and comment after you get the prompt that it has been completed. Students also do site and Preceptor evaluations at the end of the term.
<table>
<thead>
<tr>
<th>Visi</th>
<th>ICD Label</th>
<th>ICD-10 Code</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconception Visit</td>
<td>Other specified conditions associated with female genital organ</td>
<td>N94.89</td>
<td>Use this for ALL visits that include preconception discussions</td>
</tr>
<tr>
<td>New Antepartum Visit</td>
<td>Encounter for + Preg test</td>
<td>Z32.01</td>
<td>For ALL NEW OB visits</td>
</tr>
<tr>
<td>Return Antepartum Visit</td>
<td>Encounter for supervision of other normal pregnancy</td>
<td>Z34.80</td>
<td>For ALL RETURN OB visits</td>
</tr>
<tr>
<td>Labor Management</td>
<td>Long labor, unspecified</td>
<td>063.9</td>
<td>For ALL labor management triage/support</td>
</tr>
<tr>
<td>Intrapartum Care</td>
<td>Encounter for full-term uncomplicated delivery</td>
<td>O80</td>
<td>Use this if you delivered the baby</td>
</tr>
<tr>
<td>Newborn Care</td>
<td>Encounter for routine child health exam</td>
<td>Z00.12</td>
<td>Use for ALL newborn exams, in-hospital</td>
</tr>
<tr>
<td>Breastfeeding Support</td>
<td>Breastfeeding issues</td>
<td>Z39.1</td>
<td>Prenatal education OR Post-partum support, first latch, etc.</td>
</tr>
<tr>
<td>Post-Partum exam (0-7 days)</td>
<td>Encounter for care and examination of mother immediately after delivery</td>
<td>Z39.0</td>
<td>Use this for all in-hospital PP rounds, home visit thru day 7</td>
</tr>
<tr>
<td>Post-Partum exam (1-8 wks)</td>
<td>Routine post-partum follow up</td>
<td>Z39.2</td>
<td>Use this for all out-patient /office/home</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Contraceptive management</td>
<td>Z30.40</td>
<td>*IUD/ Nexplanon placements, OCs, diaphragm, etc.</td>
</tr>
<tr>
<td>Menopause</td>
<td>Menopause care</td>
<td>N95.1</td>
<td>Use this for ALL peri/post-menopausal pts</td>
</tr>
<tr>
<td>GYN Care</td>
<td>All non-family planning GYN services</td>
<td>Z01.41</td>
<td>Any non-preg.vag exam, DUB, UTI, pelvic pain, vaginitis, breast prob. unrelated to lactation or menopause</td>
</tr>
</tbody>
</table>

**Disorders/Diseases to be tracked**

**Common Health Problems**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>ICD Label</th>
<th>Primary Care Enter code below as</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Disorders</td>
<td>Other specified diseases of blood</td>
<td>D75.89</td>
<td>Ex: Anemia, hyperbilirubinemia</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>Unspecified mood disorder</td>
<td>F39</td>
<td>Ex: Depression, anxiety</td>
</tr>
<tr>
<td>Neuro Disorders</td>
<td>Headache</td>
<td>R51</td>
<td>Ex: Headache</td>
</tr>
<tr>
<td>Endocrine Disorders</td>
<td>Endocrine disorder</td>
<td>E34.9</td>
<td>Ex: Thyroid probs, diabetes</td>
</tr>
<tr>
<td>Ears/Nose/Throat Disorders</td>
<td>Otalgia</td>
<td>H92.09</td>
<td>Ex: Otitis Media, sinusitis</td>
</tr>
<tr>
<td>Circulatory Disorders</td>
<td>Cardiac murmur</td>
<td>R01.1</td>
<td>Ex: Hypertension or MVP, HELLP</td>
</tr>
<tr>
<td>Respiratory Disorders</td>
<td>Cough</td>
<td>R05</td>
<td>Ex: Flu/virus, asthma</td>
</tr>
<tr>
<td>Digestive Disorders</td>
<td>Heartburn</td>
<td>R12</td>
<td>Ex: IBS, gastritis, GERD constipation</td>
</tr>
<tr>
<td>Genitourinary Disorders</td>
<td>Urinary tract infection</td>
<td>N39.0</td>
<td>Ex: UTI, renal calculi, vaginitis, STI</td>
</tr>
<tr>
<td>Musculoskeletal Disorders</td>
<td>Low back pain</td>
<td>M54.5</td>
<td>Ex: Strain, sprain, back pain</td>
</tr>
<tr>
<td>Skin Disorders</td>
<td>Rash and other non-specific skin eruption</td>
<td>R21</td>
<td>Ex: Rash, PUPPP, diaper rash</td>
</tr>
</tbody>
</table>

All patient complaints assessed & managed beyond those mentioned above

Form D-7 Rev 10-2017

61
The following if a clinical experience record that includes all of the general areas of student practice. Numbers of individual experiences are enumerated and the general level of achievement in management of these problems or of skill performance is indicated.

<table>
<thead>
<tr>
<th>PRIMARY VISIT TYPE OR ENCOUNTER:</th>
<th>Total Numbers</th>
<th>Level</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full Physical Exam Only</td>
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<tr>
<td>2. Common Health Problem</td>
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<td>3. Gyn</td>
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<td>4. Preconception</td>
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<td>5. Perimenopause</td>
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<td>6. Post Menopause</td>
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<tr>
<td>7. Family Planning</td>
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<tr>
<td>8. New Antepartum</td>
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<tr>
<td>9. Return Antepartum</td>
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<tr>
<td>10. Intrapartum</td>
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<tr>
<td>11. Postpartum</td>
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<tr>
<td>12. Newborn Assessment</td>
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<tr>
<td>a. Neonate 0-3 days</td>
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<tr>
<td>b. Neonate 4-28 days</td>
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<tr>
<td>13. Breastfeeding Support</td>
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<tr>
<td><strong>MANAGEMENT OF:</strong></td>
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<tr>
<td>1. MINOR ILLNESSES/PROBLEM</td>
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<tr>
<td>a. Neurology</td>
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<tr>
<td>b. Ear/Nose/Throat</td>
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<tr>
<td>c. Pulmonary</td>
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<tr>
<td>d. Cardiovascular</td>
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<tr>
<td>e. Gastro-intestinal</td>
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<td>f. Urinary Tract</td>
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<td>g. Musculoskeletal</td>
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<td>h. Skin</td>
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<tr>
<td>i. Endocrine</td>
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<td>j. Mental Health</td>
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<tr>
<td>k. Other</td>
<td></td>
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</table>
### Pre-Integration Experience Record

#### 2. GYNECOLOGY DISORDERS

<table>
<thead>
<tr>
<th>Total #s</th>
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</thead>
<tbody>
<tr>
<td>a. Infertility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tumors/cysts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Menstrual disorders/vaginal bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Infections:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. trich./candida/b.v.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. chlam./g.c./syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. p.i.d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Breast mass/nipple d.c.</td>
<td></td>
<td></td>
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<tr>
<td>f. Other</td>
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</tbody>
</table>

#### 3. FAMILY PLANNING

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<tr>
<td>a. Diaphragm</td>
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<td>b. Hormonal contraceptives:</td>
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<td></td>
</tr>
<tr>
<td>i. oral</td>
<td></td>
<td></td>
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<tr>
<td>ii. DMPA</td>
<td></td>
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<tr>
<td>iii. Nexplanon</td>
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<tr>
<td>iv. ring</td>
<td></td>
<td></td>
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<tr>
<td>c. IUCD (including counseling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Natural family planning</td>
<td></td>
<td></td>
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<tr>
<td>e. Sterilization counseling</td>
<td></td>
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#### 4. ANTEPARTUM

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<tbody>
<tr>
<td>a. Special problems:</td>
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<td></td>
</tr>
<tr>
<td>i. fetal well-being</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. bleeding</td>
<td></td>
<td></td>
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<tr>
<td>iii. malpresentation</td>
<td></td>
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<tr>
<td>iv. hypertensive disorders</td>
<td></td>
<td></td>
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<tr>
<td>v. size/date discrepancy</td>
<td></td>
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<tr>
<td>vi. postdates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vii. endocrine disorders</td>
<td></td>
<td></td>
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<tr>
<td>viii. infection</td>
<td></td>
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<tr>
<td>ix. other</td>
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</table>

Page 2 of 4
### 5. INTRAPARTUM

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<th>Total Numbers</th>
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<td>a. Labor</td>
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<tr>
<td>b. Birth</td>
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<tr>
<td>c. Fetal well-being:</td>
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<tr>
<td>d. Labor augmentation/induction:</td>
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</tr>
<tr>
<td>i. Pitocin</td>
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<tr>
<td>ii. Misoprostol</td>
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<td>iii. Cervadil or other Prostaglandin</td>
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<tr>
<td>e. Pain</td>
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<td></td>
</tr>
<tr>
<td>i. psychoprophylaxis</td>
<td></td>
<td></td>
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<tr>
<td>ii. regional anesthetic</td>
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<td></td>
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<tr>
<td>iii. analgesics</td>
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<tr>
<td>iv. local anesthetic</td>
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<tr>
<td>v. pudendal anesthetic</td>
<td></td>
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<tr>
<td>vi. water therapy</td>
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<td>f. breastfeeding initiation</td>
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### 6. POSTPARTUM

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<tr>
<td>i. subinvolution</td>
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<tr>
<td>ii. infection</td>
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<td>iii. sexual adjustment</td>
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<tr>
<td>iv. blues vs. depression</td>
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<tr>
<td>v. bonding</td>
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<tr>
<td>vi. parenting/sibling adjustment</td>
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<tr>
<td>vii. lactation</td>
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<tr>
<td>viii. Other</td>
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### 7. NEWBORN

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<th>Total Numbers</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>a. Feeding/weight gain</td>
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<td></td>
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<tr>
<td>b. Activity/sleep</td>
<td></td>
<td></td>
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<tr>
<td>c. Jaundice</td>
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<tr>
<td>d. Other</td>
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</table>

Page 3 of 4

D-3 Rev 10-2017
<table>
<thead>
<tr>
<th>SKILLS:</th>
<th>Total Numbers</th>
<th>Level</th>
<th>Comments</th>
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</thead>
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<tr>
<td>1. Full Pelvic Exam</td>
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<td>2. Pelvic for early pregnancy sizing</td>
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<td>3. Wet Prep</td>
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<td>4. TCA/HPV Treatment</td>
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<tr>
<td>5. Diaphragm Fitting</td>
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<tr>
<td>6. IUCD Implant Insert/Removal</td>
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<tr>
<td>7. Non-Stress Test</td>
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<tr>
<td>8. Patient Evaluation for:</td>
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<tr>
<td>a. ROM (sterile spec exam/fern)</td>
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<tr>
<td>b. Labor</td>
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<tr>
<td>9. Fetal well-being</td>
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<tr>
<td>a. intermittent auscultation</td>
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<tr>
<td>b. internal uterine monitor placement</td>
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<td>c. internal fetal monitor placement</td>
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<td>10. AROM</td>
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<td>11. Local anesthetic</td>
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<td>12. Episiotomy cut</td>
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<td>13. Suturing</td>
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<td>a. 1°</td>
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<tr>
<td>b. 2°</td>
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<tr>
<td>c. other</td>
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<tr>
<td>14. Active 3rd stage management</td>
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<td>15. Manual removal of placenta</td>
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<td>16. Bimanual compression</td>
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<tr>
<td>17. Uterine exploration</td>
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<tr>
<td>18. Breastfeeding/lactation support</td>
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<tr>
<td>19. Other</td>
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</tbody>
</table>

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APPENDIX E: Form E-1

Daily Record
aka “The Petroglyph Page

Client type or reason seen:

What did I learn today? What were my strengths?

What helped me learn? What inhibited my learning?

What do I need to do better? What topics do I need to look up asap?

Specific objectives for the next clinical day.

Please Initial
Student_________ Preceptor _______ Faculty Liaison _____ Hours spent with student _____

Form E-1 Rev 10-2017
### Appendix E-2

**UNM CON NURSING NURSE-MIDWIFERY CONCENTRATION STUDENT SELF-EVALUATION & PRECEPTOR REVIEW**  
**AMBULATORY CARE MANAGEMENT FRAMEWORK—ANTEPARTUM, POSTPARTUM AND WOMAN’S HEALTH**

**Performance Code**  
A = Achieved  
P = Progressing  
BP = Beginning Progress  
NP = Not Progressing  
NO = No opportunity  
NA = Not Applicable  
ND = Not done, should have been done

<table>
<thead>
<tr>
<th>Management Framework: PROCESS</th>
<th>Date &amp; Performance</th>
<th>Comments &amp; Signature</th>
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</thead>
<tbody>
<tr>
<td><strong>I. Investigates by obtaining all necessary data for complete evaluation of the client.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Reviews previous data when available</td>
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</tr>
<tr>
<td>1. Gestational dating parameters <em>(Antepartum)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Problem list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Lab results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Identifies the purpose of the visit for the client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Identifies the purpose of the visit for the health care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Interviews client appropriately, obtaining complete and relevant historical information</td>
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</tr>
</tbody>
</table>

**Antepartum**

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

Support system/family response to pregnancy/domestic violence issues

8. Obtains interval nutritional history to include:
   a) Patterns of weight gain/dietary intake
   b) Cultural influences
   c) Daily activities/exercise

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

**Well Woman**
1. Present illness/complaint/reason for visit
2. Family medical-surgical history
3. Personal medical-surgical history
4. Obstetrical-gynecological history (including menstrual, sexual)
5. Health habits and lifestyle (including drugs, alcohol, smoking)
6. Psychological/occupational history (including significant other family support, economics, religion, housing, recent emotional crisis or changes, domestic violence issues)
E. Explains exam procedure to client
F. Performs systematic review of systems during appropriate physical examination of the client

**Antepartum**
1. S/S of gestational hypertension/preeclampsia
2. S/S of preterm labor
3. S/S of infection
4. Fetal movement pattern

**Postpartum/Well Woman**
1. Breast/lactation questions/problems
2. Sexual functioning
3. Menstrual cycle

G. Obtains all routine laboratory data
H. Organizes data for preliminary diagnosis and complete data
   1. Clusters data appropriately
   2. Identifies tentative diagnoses
   3. Identifies missing information
   4. Obtains additional data necessary (includes history, physical,

I. Validates assumptions

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

Identifies and addresses maternal learning needs regarding expectations of newborn behavior that my influence parent/infant interaction

Identifies and addresses factors in the immediate labor and

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

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

**Postpartum**
A. Infection (site/source)
B. Breast problems
C. Thrombophlebitis
D. Anemia/PP hemorrhage
E. Interaction with infant
<table>
<thead>
<tr>
<th>IV.</th>
<th>Evaluates client need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and/or physician referral when there is deviation from normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.</td>
<td>Develops a comprehensive plan of care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:</td>
</tr>
<tr>
<td>A.</td>
<td>Identifies possible treatment plans and consequences of each, then discusses with client</td>
</tr>
<tr>
<td>B.</td>
<td>Finalizes management plan identifying potential limitations</td>
</tr>
<tr>
<td>C.</td>
<td>Informs client of options, rationale, risks, sequelae, and limitations of plan including anticipated procedures (prior to institution of procedures)</td>
</tr>
<tr>
<td>D.</td>
<td>Identifies and addresses learning needs of clients that limit participation in care planning</td>
</tr>
<tr>
<td>E.</td>
<td>Plans for subsequent assessment at appropriate intervals</td>
</tr>
<tr>
<td>F.</td>
<td>Utilizes appropriate faculty/Preceptor consultation for validation of management plan</td>
</tr>
<tr>
<td>G.</td>
<td>Functions within policies/guidelines of setting</td>
</tr>
<tr>
<td>VI.</td>
<td>Directs/implements the plan of care efficiently and safely</td>
</tr>
<tr>
<td>A.</td>
<td>Orders appropriate additional lab tests</td>
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</tr>
<tr>
<td>B.</td>
<td>Orders appropriate treatment(s)</td>
</tr>
<tr>
<td>C.</td>
<td>Performs appropriate procedures</td>
</tr>
<tr>
<td>D.</td>
<td>Addresses learning needs of clients</td>
</tr>
<tr>
<td>E.</td>
<td>Initiates management of complications, emergencies, and deviations from normal</td>
</tr>
<tr>
<td>F.</td>
<td>Arranges for subsequent assessments at appropriate intervals</td>
</tr>
<tr>
<td>G.</td>
<td>Obtains appropriate medical consultation or collaboration</td>
</tr>
<tr>
<td>H.</td>
<td>Records all data legibly, concisely, and logically</td>
</tr>
<tr>
<td>I.</td>
<td>Facilitates entry into and utilization of health care system</td>
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</tbody>
</table>

**VII. Appropriately evaluates the effectiveness of care**

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<tbody>
<tr>
<td>A.</td>
<td>Includes the client’s participation in the evaluation/revision of the plan</td>
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<tr>
<td>B.</td>
<td>Identifies methods for follow-up evaluation</td>
<td></td>
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<tr>
<td>C.</td>
<td>Provides for follow-up evaluation when possible</td>
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<tr>
<td>D.</td>
<td>Identifies implications of evaluation for the next steps in planning</td>
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<tr>
<td>E.</td>
<td>Identifies deviations from expected outcome, investigates reasons and utilizes this information in further planning</td>
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<tr>
<td>F.</td>
<td>Identifies implications of treatment results for subsequent practice</td>
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**Management Framework: PRINCIPLES**

The student:

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<tbody>
<tr>
<td>1.</td>
<td>Minimizes physical and emotional discomfort</td>
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<td>2.</td>
<td>Maintains privacy to extent possible</td>
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<td>3.</td>
<td>Adapts approach to client as appropriate</td>
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<td>4.</td>
<td>Provides opportunity for client to receive support from significant others</td>
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<td>5.</td>
<td>Exchanges information in manner which client understands</td>
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<td>6.</td>
<td>Demonstrates sensitivity to the biases/constraints/culture of the client, setting, system, and Preceptor</td>
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<td>7.</td>
<td>Provides opportunity for asking questions</td>
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<td>8.</td>
<td>Actively includes the client in making decisions concerning</td>
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<tr>
<td>9.</td>
<td>Promotes family-centered care</td>
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<tr>
<td>10.</td>
<td>Demonstrates awareness of cost/benefit ratio in health care</td>
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<tr>
<td>11.</td>
<td>Communicates effectively with health team members, faculty</td>
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<td>12.</td>
<td>Develops environment of mutual respect in any professional</td>
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<tr>
<td>13.</td>
<td>Accepts responsibility for decision-making and</td>
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<tr>
<td>14.</td>
<td>Identifies bioethical considerations related to reproductive</td>
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<td>15.</td>
<td>Utilizes clear and concise verbal and written</td>
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<tr>
<td>16.</td>
<td>Assesses the client in a timeframe appropriate to the</td>
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<td>17.</td>
<td>Assumes appropriate N-M role</td>
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<td>18.</td>
<td>Demonstrates accountability, responsibility, dependability</td>
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<td>19.</td>
<td>Demonstrates integrity, self-direction and the ability to</td>
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<td>20.</td>
<td>Practices in an ethical manner with respect for all people</td>
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<tr>
<td>21.</td>
<td>Maintains composure under stress</td>
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<tr>
<td>22.</td>
<td>Accepts and incorporates constructive criticism</td>
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<tr>
<td>23.</td>
<td>Presents a professional image to clients and staff.</td>
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</tbody>
</table>

Management Framework: **SKILLS**
The student performs all skills in a manner which:

I.  **Demonstrates correct and efficient utilization of hands, instruments and equipment**

II. **Results in obtaining accurate data**

III. **Results in the safe completion of an appropriate procedure/maneuver, and adheres to principles of universal precautions**
<table>
<thead>
<tr>
<th>IV. Causes the least possible physical and/or psychological discomfort to the client</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. Conducts physical examination using the following skills in accordance with the above manner:</td>
</tr>
</tbody>
</table>

Appropriate initial physical exam, including weight and vital signs

**Antepartum**

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

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

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

D. Abdominal exam

**Antepartum**

1. Perform Leopold's maneuvers (with accurate findings and minimal discomfort) for EFW, presentation, position, and lie

2. Fundal height

3. Auscultates fetal heart accurately with fetoscope and doptone

4. Uterine contractions

5. Abdominal muscle tone, tenderness

**Postpartum**

1. Musculature and tone, diastasis

2. Fundus – involution, position, tenderness

E. Pelvic Exam (maintains asepsis)

1. Examination of external genitalia

**Postpartum**
<table>
<thead>
<tr>
<th><strong>VI. Obtains/performs/evaluates appropriate lab tests/data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Venipuncture/fingerstick for blood work</td>
</tr>
<tr>
<td>B. Urine specimen (clean catch/catheterization)</td>
</tr>
<tr>
<td>C. Cervical culture by sterile speculum exam</td>
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<tr>
<td>D. Performs wet mount/microscopic examination</td>
</tr>
<tr>
<td>E. Orders ultrasound examination</td>
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<tr>
<td>F. Other lab tests</td>
</tr>
<tr>
<td>G. Labels specimens/requisitions</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>VII. Identifies learning needs of client</strong></th>
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<table>
<thead>
<tr>
<th><strong>VIII. Initiates therapy/counseling plan</strong></th>
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<tbody>
<tr>
<td>A. Counsels regarding pregnancy planning/prevention</td>
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<td>1.</td>
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<td>4.</td>
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<td>5.</td>
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<tr>
<td>B.</td>
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<tr>
<td><strong>Postpartum</strong></td>
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<tr>
<td>C.</td>
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<tr>
<td>D.</td>
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<tr>
<td>E.</td>
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<tr>
<td>F.</td>
</tr>
<tr>
<td><strong>Postpartum/Well Woman</strong></td>
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<td>1.</td>
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<td>5.</td>
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<tr>
<td><strong>Well-Woman</strong></td>
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<tr>
<td>H.</td>
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<tr>
<td>I.</td>
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<tr>
<td>J.</td>
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<tr>
<td>K.</td>
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<tr>
<td>L.</td>
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<td>1.</td>
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<td>2.</td>
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</tbody>
</table>

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

Form E-2 Rev 10-2017
Final Faculty Liaison Signature ___________________________ Date __________

Preceptor Signature ________________________________________________

Comments from Preceptors and Faculty Liaisons with dates:
<table>
<thead>
<tr>
<th>Performance Code</th>
<th>Student</th>
<th>Site</th>
<th>Year</th>
<th>Term 5</th>
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</thead>
<tbody>
<tr>
<td>A = Achieved</td>
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<tr>
<td>P = Progressing</td>
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<tr>
<td>BP = Beginning Progress</td>
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<tr>
<td>NP = Not Progressing</td>
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<tr>
<td>NO = No opportunity</td>
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<tr>
<td>NA = Not Applicable</td>
<td></td>
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<tr>
<td>ND = Not done, should have been done</td>
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</tbody>
</table>

**Management Framework:**

### PROCESS

**I. Investigates by obtaining all necessary data for complete**

A. Reviews previous data when available

**Intrapartum**

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

**Postpartum**

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

B. Identifies the purpose of the visit for the client
C. Identifies the purpose of the visit for the health care provider
D. Interviews the woman, including:

**Intrapartum**

1. Antepartum course
2. Medical-surgical history
3. OB/Gyn history
4. Health habits and lifestyle (including drugs, alcohol, smoking)
5. Psychosocial/occupational support issues (including IPV screening, significant other, family support, economics, religion, housing, recent emotional crisis or changes)
6. Intrapartum course
   a. Contractions (onset, timing, perceived intensity)
   b. Membrane integrity (SROM time, color, amt)
   c. Bloody show
   d. Fetal activity
   e. Other problems (onset, S/S)
   f. Emotional response to labor
      g. Recent rest, hydration and excretory status

**Postpartum**
1. Complete and relevant historical information (pregnancy,
2. Presenting complaints/discomforts
3. Questions from the mother about self and newborn
4. Maternal perception of newborn
5. Infant feeding method and feeding experience
6. Family development and adjustment

E. Performs systematic review of systems during appropriate
   1. Screens for signs and symptoms of abnormalities

**Intrapartum**
a) Maternal
   1) anemia
   2) urinary tract infection
   3) lung disease
   4) heart disease
   5) substance abuse
6) depression/mental illness/domestic violence
7) infection
8) gestational hypertension/preeclampsia
9) placenta previa
10) abruptio placenta
11) uterine rupture
12) cord prolapse

b) Fetal
1) aberrations of fetal heart tone pattern
2) intrauterine growth retardation
3) postmaturity, dysmaturity, prematurity
4) fetal death in utero
5) meconium
6) malpresentation/malposition

c) Labor progress
1) aberrations of “passageway”
2) aberrations of “powers”
3) variations in fetal position/presentation
   (“passenger”)
4) Fear, extreme anxiety or conflict (“psyche”)

**Postpartum**
a) anemia
b) infection
c) breast problems (engorgement, nipple integrity)
d) subinvolution
e) urinary problems
f) perineal pain
g) post anesthesia problems
h) depression/mental health/domestic violence
i) attachment disorders
j) adequacy of support and knowledge

F. Obtains all routine laboratory data
G. Organizes data for preliminary diagnosis and completes data

1. Clusters data appropriately
2. Identifies tentative diagnoses
3. Identifies missing information

Obtains additional data as necessary (history, PE, lab, etc)

H. Validates assumptions

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

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

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

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

**Postpartum**
- A. Infection (site/source)
- B. Breast feeding problems
- C. Thrombophlebitis
- D. Anemia/PPH
- E. Interaction with infant
- F. Wound healing
- G. Other
<table>
<thead>
<tr>
<th>IV. Evaluates client need for immediate nurse-midwifery intervention, and/or physician consultation and collaborative management, and/or physician referral when there is deviation from normal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. Develops a comprehensive plan of postpartum care which is supported by examination of valid rationale underlying the decisions made and is based on the following steps:</td>
</tr>
<tr>
<td>A. Identifies possible treatment plans and consequences of each</td>
</tr>
<tr>
<td>B. Provides description of diagnosis, finalizing the plan of management of present and potential problems and rationale for plan</td>
</tr>
<tr>
<td>C. Informs client of options, rationale, risks, sequelae, and limitations of therapeutic milieu including anticipated procedures (prior to institution of procedures)</td>
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<tr>
<td>D. Identifies need for appropriate additional lab tests</td>
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<tr>
<td>E. Plans for subsequent assessment of appropriate intervals</td>
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<tr>
<td>F. Utilizes appropriate faculty/Preceptor consultation for validation of management plan</td>
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<tr>
<td>G. Selects most appropriate therapeutic plan based on valid rationale; which includes consideration of research findings and scholarly literature</td>
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<tr>
<td>H. Offers/orders/perform/obtains supportive comfort measures/pain relief</td>
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<tr>
<td>I. Functions within policies/guidelines of settings</td>
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<tr>
<td>VI. Directs/implements the plan of care efficiently and safely</td>
</tr>
<tr>
<td>A. Orders appropriate additional lab tests</td>
</tr>
<tr>
<td>B. Orders appropriate treatment(s)</td>
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<tr>
<td>C. Performs appropriate procedures</td>
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<tr>
<td>D. Identifies learning needs/implements educational plan</td>
</tr>
</tbody>
</table>
E. Initiates management of complications, emergencies and deviations from normal

F. Arranges for subsequent assessments and health care visits at appropriate intervals

G. Obtains appropriate medical consultation or

H. Records data legibly, concisely, and logically

I. Facilitates entry into and utilization of health care system

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

A. Predicts expected outcomes of management plan

B. Includes the client’s participation in the evaluation/revision of the plan

C. Identifies methods for follow-up evaluation

D. Provides for follow-up evaluation when possible

E. Identifies deviations from expected outcome, investigates reasons and utilizes this information in further planning

F. Identifies implications of treatment results for subsequent practice

<table>
<thead>
<tr>
<th>Management Framework: PRINCIPLES</th>
<th>Date &amp; Performance</th>
<th>Comments and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student:</td>
<td></td>
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<tr>
<td>1. Minimizes physical and emotional discomfort</td>
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<td>2. Maintains privacy to extent possible</td>
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<td>3. Adapts approach to client as appropriate</td>
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<td>4. Provides opportunity for client to receive support from significant others</td>
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<td>5. Exchanges information in manner which client understands</td>
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<tr>
<td>6. Demonstrates sensitivity to the biases/constraints/culture of the client, setting, system and health care provider</td>
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<tr>
<td>7. Provides opportunity for asking questions</td>
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</table>
8. Actively includes the client in making decisions concerning personal health care
9. Promotes family centered care
10. Demonstrates awareness of cost/benefit ratio in health care
11. Communicates effectively with health team members, faculty and peers
12. Develops environment of mutual respect in any professional
13. Accepts responsibility for decision-making and consequences thereof
14. Identifies bioethical considerations related to reproductive
15. Utilizes clear and concise verbal and written communication
16. Assesses the client in a timeframe appropriate to the client’s needs and constraints of the setting
17. Assumes nurse-midwifery role
18. Demonstrates accountability, responsibility, dependability
19. Demonstrates integrity, self-direction and the ability to evaluate oneself
20. Practices in an ethical manner with respect for all people
21. Maintains composure under stress
22. Accepts and incorporates constructive criticism
23. Presents a professional image to clients and staff.

<table>
<thead>
<tr>
<th>Management Framework: <strong>SKILLS</strong></th>
<th>Date and Performance</th>
<th>Comments and Signature</th>
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</thead>
<tbody>
<tr>
<td>I. Performs all skills in a manner which demonstrate correct and efficient utilization of hands, instruments and equipment</td>
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<tr>
<td>II. Performs all skills in a manner which result in obtaining accurate data</td>
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</table>
III. Performs all skills in a manner which result in the
   safe completion of an appropriate procedure/ maneuver,
   and adhere to principles of universal precaution

IV. Causes the least possible physical and/or
    psychological discomfort to the client

V. Performs indicated physical assessment of the client

### Intrapartum

A. Abdominal examination
   1. Fundal height (+/- 1 cm)
   2. Leopold’s maneuvers for lie, attitude, presentation
   3. Contraction intensity, frequency, duration, quality
   4. Fetal weight (within 1/2 lb)
   5. Uterine tonus and shape
   6. Abdominal muscles
   7. Amniotic fluid abnormalities

B. Vaginal examination (including sterile speculum as
   1. Cervical effacement (+/- 20%) and dilation (+/- 1 cm) and position
   2. Condition of membranes
   3. Documentation of ROM (color, odor, amount, fern, nitrazine)
   4. Fetal position, presentation, and station

C. Clinical pelvimetry

D. Physical exam
   1. Vital signs
   2. Heart, lungs, breast exam
   3. CVA tenderness
   4. Varicosities/Homan’s sign
   5. Edema
   6. DTR’s and clonus

E. Assessment of maternal/fetal well being
   1. Evaluates maternal vital signs
2. Evaluates fetal heart tones with attention to baseline, variability, acceleration, deceleration

3. Shows knowledge of satisfactory techniques for intermittent
   a) with fetoscope
   b) with Doppler

4. Shows knowledge of continuous fetal monitoring application and interpretation
   a) external fetal and uterine electronic monitoring
   b) internal fetal scalp electrode
   c) internal uterine pressure catheter

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

Other physical assessment as indicated based on history or risk

**VI. Times and perform/orders procedures appropriately**

**Intrapartum**
A. AROM
B. Oral/parenteral therapy
C. Comfort therapy
   1. Massage
   2. Hydrotherapy
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<tr>
<td>3.</td>
<td>Breathing/visualization/deep relaxation</td>
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<td>4.</td>
<td>Ataractic/sedative agents</td>
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<td>5.</td>
<td>Antiemetic agents</td>
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<td>6.</td>
<td>Analgesics agents</td>
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<td>7.</td>
<td>Regional anesthesia</td>
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<td>8.</td>
<td>Pudendal block</td>
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<td>9.</td>
<td>Local anesthesia</td>
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<td>D.</td>
<td>Performs episiotomy if indicated</td>
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<tr>
<td>1.</td>
<td>Assesses the need for episiotomy appropriately</td>
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<td>2.</td>
<td>Selects appropriate time for cutting episiotomy</td>
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<td>3.</td>
<td>Cuts episiotomy firmly, smoothly and correctly with minimum number of snips</td>
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<td>4.</td>
<td>Obtains homeostasis</td>
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<td>F.</td>
<td>Supports birth of infant skillfully</td>
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<tr>
<td>1.</td>
<td>Observes the following mechanisms of 2nd stage: descent, internal rotation</td>
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<tr>
<td>2.</td>
<td>Keeps head flexed</td>
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<tr>
<td>3.</td>
<td>Assesses perineum</td>
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<td>4.</td>
<td>Maintains slow controlled extension of head</td>
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<td>5.</td>
<td>Suctions with bulb and/or wipes face as indicated</td>
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<td>6.</td>
<td>Manages nuchal cord appropriately</td>
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<td>7.</td>
<td>Observes the following mechanism of 2nd stage: restitution and external rotation</td>
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<td>8.</td>
<td>Places hands securely on head</td>
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<td>9.</td>
<td>Guides birth of shoulders, while observing perineum, by providing steady pressure downward for anterior shoulder, upward for posterior shoulder while controlling limbs</td>
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<td>10.</td>
<td>Supports birth of body in appropriate manner</td>
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<td>11.</td>
<td>Keeps body close to perineum to avoid strain on cord</td>
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<td>12.</td>
<td>Keeps head lower than body</td>
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<td>13.</td>
<td>Clamps and cuts cord appropriately after delayed cord clamping if indicated</td>
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<td>14.</td>
<td>Modifies the above as appropriate depending upon client’s position for birth</td>
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<tr>
<td><strong>G.</strong></td>
<td>Assists newborn’s transition to extraterine life:</td>
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<tr>
<td>1.</td>
<td>Establishes airway, and dries infant</td>
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<td>2.</td>
<td>Performs bag and mask ventilation as needed</td>
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<tr>
<td>3.</td>
<td>Initiates cardiac compressions as needed</td>
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<tr>
<td>4.</td>
<td>Performs tracheal intubation as needed</td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td>Calls for pediatric help in second stage if problems</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Evaluates for hypothermia, hypoglycemia</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>H.</strong></td>
<td>Facilitates neonatal/parental attachment</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>I.</strong></td>
<td>Delivers and examines placenta and membranes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>Obtains cord blood</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Observes for signs of placental separation</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Checks placental separation by modified Brandt-Andrews,</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td>If not separated, waits appropriately</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Delivers placenta by:</td>
<td></td>
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<tr>
<td></td>
<td>a. Expectant management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Active Management</td>
<td></td>
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<tr>
<td>6.</td>
<td>Examines placenta, membranes and cord</td>
<td></td>
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<tr>
<td>7.</td>
<td>Observes for bleeding</td>
<td></td>
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<tr>
<td></td>
<td>a. Etiology</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>b. Institutes correct management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>K.</strong></td>
<td>Perineal repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Inspects perineum and correctly identifies</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Correctly performs repair</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>L.</strong></td>
<td>Manages emergency complications</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>M.</strong></td>
<td>Performs immediate newborn assessment and care</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>Assigns Apgar score</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Visual screening for congenital abnormalities</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Assessment of dysmaturity</td>
<td></td>
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</tr>
</tbody>
</table>
4. Assesses continued transition to extrauterine life
5. Monitors vital signs: heart rate, temperature, respiration
6. Performs gestational age assessment

**Postpartum**
A. Obtains lab specimens
   1. Venipuncture/fingerstick
   2. Urine specimen (clean catch/catheterization)
   3. Others as needed
   4. Labels specimens/requisitions correctly
B. Orders/initiates parenteral therapy
C. Urinary catheterization

**VII. Counsels/teaches client appropriately**
A. Identifies and addresses mother/family’s learning needs regarding infant feeding
B. Identifies and addresses mother’s learning needs regarding
C. Identifies and addresses mother’s learning needs regarding
D. Identifies and addresses mother and partner’s learning needs
E. Identifies and addresses mother/family’s learning needs regarding NB care
F. Addresses follow-up care for mother and baby
G. Provides preventive counseling/anticipatory guidance regarding physical and psychological risks in postpartum period

Form E-3 Rev 10-2017
Final Faculty Liaison Signature _________________________________ Date _____

Preceptor Signature ___________________________________________

Comments from Preceptors and Faculty Liaisons with dates:
Form E-4: UNM CON NURSE-MIDWIFERY CONCENTRATION STUDENT SELF-EVALUATION & PRECEPTOR REVIEW
PRIMARY CARE MANAGEMENT FRAMEWORK: PROCESS – NEWBORN

<table>
<thead>
<tr>
<th>Performance Code</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A = Achieved</td>
<td>Student____________________</td>
<td>Site______________________</td>
</tr>
<tr>
<td>P = Progressing</td>
<td>Year_______________________</td>
<td>Term 5</td>
</tr>
<tr>
<td>BP = Beginning Progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP = Not Progressing</td>
<td></td>
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<tr>
<td>NO = No opportunity</td>
<td></td>
<td></td>
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<tr>
<td>NA = Not Applicable</td>
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<tr>
<td>ND = Not done, should have been done</td>
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</tbody>
</table>

Management Framework: **PROCESS**

**The Student:**

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

<table>
<thead>
<tr>
<th></th>
<th>Date &amp; Performance</th>
<th>Comments &amp; Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Reviews maternal record to establish data base</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. previous obstetrical history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. antenatal history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. intrapartal history</td>
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<td></td>
<td>4. postpartum history</td>
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</tr>
<tr>
<td></td>
<td>5. family medical history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. maternal past medical, including gynecological, history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. psychosocial-economic history</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Reviews newborn record</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Obtains interval history from mother/father</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. assesses parental concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. infant nutrition/breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. infant elimination</td>
<td></td>
</tr>
</tbody>
</table>
4. infant safety/environmental concerns
5. support systems

D. Explains exam procedure to parent(s)

E. Performs a gentle, complete and accurate physical exam of the newborn
   1. general appearance
   2. weight, length, head circumference
   3. skin
   4. head and neck
   5. ears
   6. eyes
   7. nose
   8. mouth
   9. cardiac, including pulses

10. lungs
11. abdomen
12. genitourinary
13. musculoskeletal (extremities, hips, back)
14. general neurological

F. Performs an accurate gestational age assessment

G. Assesses maternal/paternal-newborn interaction

H. Obtains appropriate laboratory tests or test data
   1. knows routine neonatal screening tests and normal values
   2. understands rationale for screening tests
I. Organizes data for preliminary diagnosis and completes data base

1. clusters data appropriately
2. identifies tentative diagnoses
3. identifies missing information
4. obtains additional data necessary (includes history, physical, laboratory and other data)

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

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

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

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

A. Identifies possible management plans and consequences of each

B. Assesses parent/family reaction to diagnosis/problems

C. Informs parents of options, rationale, risks, sequelae, and limitations of management plan, including anticipated procedures (prior to institution of procedures)

D. Identifies need for appropriate additional lab tests

E. Plans for subsequent assessment at appropriate intervals
<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>F. Utilized appropriate faculty/Preceptor consultation for validation of management plan.</td>
<td></td>
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<tr>
<td>G. Identifies community medical, social/economic resources.</td>
<td></td>
</tr>
<tr>
<td>H. Selects most appropriate management plan based on valid rationale, including consideration of research findings/scholarly literature and client preferences/family resources.</td>
<td></td>
</tr>
<tr>
<td>I. Functions within policies/guidelines of setting</td>
<td></td>
</tr>
<tr>
<td><strong>VI. Directs/implements the plan of care efficiently and safely</strong></td>
<td></td>
</tr>
<tr>
<td>A. Orders/perform additional lab tests and treatment(s)</td>
<td></td>
</tr>
<tr>
<td>B. Provides teaching/anticipatory guidance to parent(s)/family</td>
<td></td>
</tr>
<tr>
<td>C. Confirms parent(s) understanding of instructions</td>
<td></td>
</tr>
<tr>
<td>D. Confirms arrangements for subsequent assessments at appropriate intervals</td>
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</tr>
<tr>
<td>1. Confirms date for follow-up well child care with parent(s)</td>
<td></td>
</tr>
<tr>
<td>2. Discusses importance of well child visits and immunizations</td>
<td></td>
</tr>
<tr>
<td>E. Obtains appropriate medical consultation or collaboration</td>
<td></td>
</tr>
<tr>
<td>F. Records data legibly, concisely, and logically</td>
<td></td>
</tr>
<tr>
<td>G. Facilitates entry into and utilization of health care systems</td>
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</tr>
</tbody>
</table>
VII. Evaluates the effectiveness of the care given, recycling appropriately through the management process for any aspects of care which have been ineffective.

| A. Predicts expected outcomes of management plans |
| B. Identifies methods for follow-up evaluation |
| C. Provides for follow-up evaluation when possible |
| D. Identifies implications of treatment results for subsequent practice |

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

A. **Performs all skills in a manner which:**

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

2. Results in obtaining accurate data

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

B. Demonstrates the following skills

Form E-4 Rev 10-2017

Final Faculty Liaison Signature __________________________________________ Date __________

Preceptor Signature ______________________________________________________

Comments from Preceptors and Faculty Liaisons with dates:
### Objective

I. Utilize a family-centered approach in accord with the Management Framework: Process, Principles and Skills (MF:PPS) to:

<table>
<thead>
<tr>
<th>Performance Code</th>
<th>Performance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> = Achieved</td>
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<td></td>
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<tr>
<td><strong>P</strong> = Progressing</td>
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<tr>
<td><strong>BP</strong> = Beginning Progress</td>
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<td><strong>NP</strong> = Not Progressing</td>
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<tr>
<td><strong>NO</strong> = No opportunity</td>
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<td><strong>NA</strong> = Not Applicable</td>
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<tr>
<td><strong>ND</strong> = Not done, should have been done</td>
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* An A may be recorded **only if** an A is received for all the objectives in the following MF:PPS

#### I.

A. Manage the reproductive and gynecologic health care of essentially healthy women

B. Collaboratively manage the reproductive and gynecologic health care of women with obstetrical, gynecological or medical complications

C. Manage the care of the healthy term neonate

#### II.

Provide relevant health education and counseling to consumers on an individual and group basis

#### III.

Accept the responsibilities inherent in the profession of nurse-midwifery

### Management Framework: Process - Integration

I. Investigate by obtaining all necessary data for complete evaluation of the patient.

<table>
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<th>Performance</th>
<th>Comments</th>
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</table>

A. Review previous data when available

B. Identify the purpose of the visit for the consumer

C. Interview consumer appropriately, obtaining
D. (cont'd) complete and relevant historical information
   1. Family medical-surgical
   2. Personal medical-surgical
   3. Obstetrical-gynecological (including menstrual, sexual, contraceptive)
   4. Health habits and lifestyle (including drugs, alcohol, smoking, nutrition, activity/rest, medications, stress management, IPV screening
   5. Psychosocial/occupational (including significant other/family support, economics, religion, housing, recent emotional crisis or changes)
E. Perform review of systems and systematic review of systems in
F. Obtain all routine laboratory data
G. Organize data for preliminary diagnosis and complete database
   1. Cluster data appropriately
   2. Identify tentative diagnoses
   3. Identify missing information
   4. Obtain additional data as necessary (includes history, physical, laboratory and other data)
H. Validate Assumptions
II. Make an accurate identification of problem(s)/diagnosis(es) based
III. Anticipate other potential problems/diagnoses based on problem diagnosis identification and/or correct interpretation of the data
IV. Evaluate patient need for immediate nurse-midwifery intervention and/or physician consultation and collaborative management and/or physician referral when there is deviation from normal
V. Develop a comprehensive plan of care that is supported by explanations of valid rationale underlying the decisions made and is based on the preceding steps.
A. Identify possible treatment plans and consequences of each.
B. Provide description of diagnosis, finalizing the plan of management of potential problems and rationale for plan.
C. Inform consumer of options, rationale, risks, sequelae and limitations of therapeutic milieu including anticipated procedures (prior to institution of procedures).
D. Identify need for appropriate additional lab tests.
E. Plan for subsequent assessment at appropriate intervals.

F. Utilize appropriate faculty consultation for validation of management plan.
G. Select most appropriate therapeutic plan based on valid rationale.

VI. Direct/implement the plan of care efficiently and safely.
   A. Order appropriate additional lab tests.
   B. Order appropriate treatment(s).
   C. Perform appropriate procedures.
   D. Initiates management of complications, emergencies and deviations from normal.
   E. Arrange for subsequent assessments at appropriate intervals.
   F. Obtain appropriate medical consultation or collaboration.
   G. Record data legibly, concisely and logically.
   H. Facilitate entry into, and utilization of, health care systems. Demonstrate leadership when appropriate.

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

Management Framework: **Process - Integration**
| A. Predict expected outcomes of management plan |
| B. Identify methods for follow-up evaluation |
| C. Includes parent’s (s’) participation in the evaluation |
| D. Provide for follow-up evaluation when possible |
| E. Identify implications of treatment results for subsequent practice |

**Management Framework: Principles - Integration**

| I. Minimize physical and emotional discomfort |
| II. Maintain privacy to extent possible |
| III. Adapt approach to consumer as appropriate |
| IV. Provide opportunity for consumer to receive support from significant other |
| V. Exchange information in manner that consumer understands |
| VI. Demonstrate sensitivity to the biases/constraints/culture of the consumer, setting, system and health care provider |
| VII. Provide opportunity for asking questions |
| VIII. Promote consumer’s right to make and be responsible for decisions concerning personal health care |
| IX. Promote family centered care |
| X. Demonstrate awareness of cost/benefit ratio in health care |
| XI. Communicate appropriately with health team members, faculty and peers |
| XII. Develop environment of mutual respect in any professional interaction |
| XIII. Accept responsibility for decision making and consequences thereof |
| XIV. Identify bioethical considerations related to reproductive health |

**Management Framework: Skills - Integration**

<p>| I. Demonstrates correct and efficient utilization of hands, instruments and equipment |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.</td>
<td>Results in obtaining accurate data</td>
</tr>
<tr>
<td>III.</td>
<td>Results in the safe completion of an appropriate procedure/maneuver and adheres to principles of universal precautions</td>
</tr>
<tr>
<td>IV.</td>
<td>Causes the least possible physical and/or psychological discomfort</td>
</tr>
</tbody>
</table>

Form E-5 Rev 10-2017

Faculty Liaison Signature ____________________________ Date: _____

Preceptor Signature ____________________________

Comments from Preceptors and Faculty Liaisons with dates:
APPENDIX F

UNM CON NURSE-MIDWIFERY CONCENTRATION
FORMS FOR FACULTY: EVALUATION OF STUDENT PROGRESS

End of Term Clinical Evaluation

Student Name_________________________ Primary Preceptor______________________

Term 3-4 5

Clinical site__________________________

Please provide a brief summary of student progress (note strengths and weaknesses):

Has the student satisfactorily completed all the clinical objectives for the course?

YES_______ NO________

Signature of Student ____________________________ Date:

Signature of Primary Preceptor________________________ Date:

Signature of Faculty Liaison_________________________ Date:

Form F-2 Rev 10-2017
Student Name______________________________

Primary Preceptor________________________ Clinical Site_____________________

**BRIEF SUMMARY OF STUDENT PROGRESS:**

**Strengths:**


**Weaknesses:**


**Is student making satisfactory progress toward Integration and personal objectives?**

YES______________________________NO_____________________

**Is teaching/learning contract indicated at this time? YES ________NO ________**

Signature of Preceptor _______________________________ Date

Signature of Student _______________________________ Date

Signature of Faculty Liaison ___________________________ Date

Form F-3 Rev 10-2017
UNM CON NURSE-MIDWIFERY CONCENTRATION
FORMS FOR FACULTY: EVALUATION OF STUDENT PROGRESS
Final Clinical Integration Evaluation

Student Name____________________________

Primary Preceptor_________________________Clinical Site_________________________

BRIEF SUMMARY OF STUDENT PROGRESS

Strengths:

Weaknesses:

Is the student prepared for safe beginning practice as a nurse-midwife? Yes ______ No______

If no, please explain by specifying the types of additional learning experiences you recommend to the program to assist the student in attaining safe beginning practice

Signature of Student _______________________________Date: ______________

Signature of
Primary Preceptor_______________________________Date: ______________

Signature of Faculty Liaison________________________Date: ______________

Form F-43 Rev 10-2017
APPENDIX G

UNM CON Nurse-Midwifery Concentration

Form G-1: PROBLEM IDENTIFICATION FORM
(to be completed by the preceptor and the faculty)

Student: ____________________________ Course: AP WW PP IP NB  Int  Date________

Preceptor: ____________________________ Clinical Site ____________________________

Faculty Liaison: ____________________________

Briefly identify the problem:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do both student and preceptor agree that this is a problem?  ___________Yes  ____No

<table>
<thead>
<tr>
<th>What sort of progress has the student been making until now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
</tr>
<tr>
<td>Very Rapid</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>Slow</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Regressing</td>
</tr>
<tr>
<td>Variable</td>
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</table>

<table>
<thead>
<tr>
<th>Currently, what is the student’s commitment level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>Low</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Until now the problems have been</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem</td>
</tr>
<tr>
<td>Frequent</td>
</tr>
<tr>
<td>Occasional</td>
</tr>
<tr>
<td>Almost none</td>
</tr>
</tbody>
</table>
What clinical teaching and learning strategies have the student and Preceptor been using that have been helpful? *(for example, goal-setting, modeling, demonstration, reporting)*

*Preceptor:*

*Faculty:*

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

*Preceptor:*

*Faculty:*

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

*Preceptor:*

*Faculty:*

Plan for problem resolution:

Is a teaching-learning contract indicated at this time? Yes_______ No_____

<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor Signature</th>
<th>Faculty Signature</th>
</tr>
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<tbody>
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Concentration Coordinator Signature __________________________ Student Signature __________________________

Form G-1 Page 2
University Of New Mexico College of Nursing  
Nurse-Midwifery Concentration  

Form G-2: Student-Defined Teaching-Learning Needs Assessment  

Student: ____________________________ Date: ____________________  

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Faculty Liaison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature</td>
</tr>
</tbody>
</table>

Form G-2
University of New Mexico College of Nursing  Nurse-Midwifery Concentration

Form G-3: TEACHING/LEARNING AND PERFORMANCE CONTRACT

Student________________________________________________Date_____________________

Preceptor:____________________________Course(s):____________________________

Faculty Liaison:_____________________

Statement of the Problem(s):

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

Specific goals to be achieved during contract period:

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

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

Form G-3
If specified contract activities do not result in accomplishment of goals, what plan/action is recommended?

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

Student Signature_________________________________________ Date__________________

Preceptor Signature_________________________________________ Date__________________

Lead Course Faculty Signature_______________________________ Date__________________

Faculty Liaison Signature____________________________________ Date__________________

Concentration Coordinator Signature_________________________ Date__________________

OUTCOME OF CONTRACT:

Goals attained, no further contract or program action:_____________________________________

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

Goals not attained, satisfactory progress not noted, jeopardy in program progression exists.

Meeting with Concentration Coordinator scheduled for:____________________________________

Preceptor Signature/Date____________________________________ Student Signature/Date__________________

Lead Course Faculty/Date____________________________________ Faculty Liaison Signature/Date__________________

Concentration Coordinator/Date

Form G-3  Page 2
APPENDIX H
University of New Mexico College of Nursing
Nurse-Midwifery Concentration
Tips for the Preceptor and Student

Working Together in a Timely Manner in the Ambulatory Setting

I. Expectations/Communications

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

A. First half of the initial clinical day together

Consider having the student observe patient care for the first half of the day. Prior to seeing the patient, model for the student how to review the chart, and “present” the patient to the student in a verbal report. See the patient together, provide care, and when documenting the care plan, again model for the student your decision-making process and rationale. Realistically, this may only occur with one or two patients due to time constraints, but it will help the student understand your student performance expectations.

B. Second half of the initial day

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

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

D. Second clinical day

Have student assume clinical role. Give the student the patient chart for review, and ask her to “present” the patient to you verbally prior to the visit, along with what her plan is for the visit. Modify or correct her initial plan if needed, so the student is clear as to what is needed during the patient visit. Accompany the student for the complete visit to observe her/his information gathering, both verbal and physical. Validate her/his physical findings (discussed later) and her/his teaching plan for accuracy and thoroughness. Prior to documentation, have the student present to you any modification of the care plan based upon additional information gathered and rationale. Modify or correct her/his plan as needed. Have the student document the visit, and review this documentation.
E. **Because the above plan will take considerably longer than usually allowed,** do consider having the student drop back into an observation role on visits before and following this one to allow schedule catch-up. The Preceptor can begin seeing the next patient while the student is documenting.

A. F. **As you become confident of the student’s abilities, and allow more independence,** following her/his chart review and verbal report to you, the student may see the patient alone. Many Preceptors like to enter the room as the student is finishing either the history or the entire visit and planning the care, to quickly do Leopolds and touch base with the clients themselves. Then have the student present her/his finding/plan prior to the patient’s leaving. By the end of the clinical block, the student should be comprehensive and complete in her assessments and management plans, including all essential elements in the database to be used in making the decision at hand, with appropriate rationale. All patient exams need to be verified by the Preceptor, and no patient should leave the premises without seeing the Preceptor at least once during the visit.

II. **Skills Validation**

Students should have all skills validated by Preceptors and skills/findings should continue to be validated until the Preceptor and student are comfortable. When validating beginning skills, such as fundal measurement, Leopold’s, and uterine position/sizing, we encourage the Preceptor to perform the exam BEFORE the student. In doing so, the Preceptor can give the most meaningful assistance/direction to the learner. For example, in the case of uterine position/sizing, the Preceptor, after having identified the position and size of the uterus, might say, “Now move your fingers posteriorly. You’re feeling stool in the rectum that is causing the uterus to be a bit more anteriorly displaced. Position your fingers like so to feel it completely.” For about the first half of the clinical block we expect that skills validation is continuous.

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

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

University of New Mexico College of Nursing
Nurse-Midwifery Concentration

Patient Photograph and/or Interview
Consent Form

I, ____________________________, hereby consent to be photographed, filmed
(Print Participant’s Name)
and/or interviewed at: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

________________________________________ Date ________________
Participant’s Signature

________________________________________ Date ________________
Parent or Guardian’s Signature

________________________________________ Date ________________
Witness’ Signature
Appendix J

PROFESSIONAL DOCUMENTATION CHECKLIST
Advanced Practice Nursing and
Doctor of Nursing Practice Students

Student Responsibilities:

1. The UNM Health Sciences Center as well as the College of Nursing’s (CON) accrediting agencies and clinical/practice partners require students to fulfill the professional documentation requirements on the documentation checklist below.

2. All College of Nursing professional documentation requirements are due by the stated deadline and must be current and up to date at all times while you are a student in the program. Non-compliance may result in the interruption of clinicals, withholding of grades, or disenrollment from the program.

3. Students may be asked to furnish copies of records directly to a clinical or practice site.

4. In the event any requirements change, students will be notified and expected to respond accordingly.

Instructions:

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

2. MSN - Deadline to upload professional documentation: June 22, 2018
   DNP - Deadline to upload professional documentation: July 6, 2018
   PMHNP- PMC – Deadlines to upload professional documentation:
   (Students starting Spring 2018): February 16, 2018
   (Students starting Fall 2018): September 21, 2018

3. Important Guidelines:
   a) The Student User Guide in MyRecordTracker® provides step-by-step instructions for navigating the system.
   b) Profiles must include university email addresses rather than personal ones. In the event a personal address is used to set up the account, it must be changed by the submission deadline.
   c) MyRecordTracker® provides scanning services if needed. Refer to page 9 of the User Guide for instructions. Allow at least 72 hours for a record to be uploaded.
   d) System generated email notifications will be sent to the student notifying them of requirements that will be expiring.

4. Please direct questions to HSC-CON-Placements@salud.unm.edu
Documentation Checklist:

Below is a listing of the professional documentation required to fulfill the student’s requirements. Detailed instructions for each requirement can be found in the myRecordTracker® system.

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

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

- New Mexico Department of Health (NMDOH) Caregiver Criminal History Screening Clearance Letter
- CON Admission Screening Clearance Form
- Signed and Stamped UNM Student Health and Counseling (SHAC) Immunization Record Form
- 10-Panel Urine Drug Screen Results
- UNM HIPAA Training Certificate(s)
- Bloodborne Pathogens Training Certificate
- Consent to Release Personal Information Form
- Basic Life Support and/or Concentration-Specific Life Support Certifications
- Current Nursing License
- Influenza Vaccination (seasonal)