



FLORIDA SCHOOL OF  
TRADITIONAL MIDWIFERY

## Preceptor Handbook

Dear preceptors,

It is my pleasure to welcome you to the Florida School of Traditional Midwifery community of preceptors as you join our faculty in educating the next generation of midwives!

Preceptors oversee student experiences in the clinical setting, forming a bridge between what students learn in courses on campus and the practice of midwifery in their own communities. Preceptors bring current insights into practice-related issues and demonstrate the development of midwife-client relationship and communication. Without excellent preceptors, the mission of FSTM cannot be achieved.

Student clinical experience is concurrent with academic coursework, giving relevance to factual material and evidence-based practice. FSTM feels it is very important that students experience all types of practice settings, so midwifery students are encouraged to precept at a variety of clinical sites during the training program.

Our clinical sites are located throughout Florida and provide students with experience in homebirth practices, birth centers, clinics and hospitals. Preceptors include licensed midwives, certified nurse midwives and physicians who are licensed in Florida.

In addition to technical skills and academic knowledge, FSTM's program cultivates the essential qualities of nurturing, intuition, compassion and strength. FSTM has learned from and modeled its program after the experiences of generations of midwives, like you. We have developed a special environment to nurture students as they join our community as the next generation of midwives.

At FSTM, we are honored to have you join us as partners in educating future midwives and thank you for your time, support, and energy in graciously accepting our students into your practice.

Warm regards,  
FSTM Administrative team

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## OUR MISSION

The mission of the Florida School of Traditional Midwifery (FSTM) is to offer the finest in Direct-Entry Midwifery education in an environment that encourages students to reach their full potential. We believe that it is our responsibility to promote awareness of and access to midwifery services. Our graduates are community-builders who use midwifery as their tool.

## OUR VISION

We believe that everyone should have access to the maternity care provider of their choice and to the resources necessary to make an informed decision.

## OUR PROGRAM

The Florida School of Traditional Midwifery is committed to providing quality educational programs for those who share our desire to provide the best care for childbearing women and their families. Graduates of our midwifery program are eligible to become Florida Licensed Midwives (LM) and Certified Professional Midwives (CPM). FSTM is a not-for-profit 501(c)3 corporation organized under Florida law and licensed by the Florida Commission for Independent Education (CIE). We are also accredited by the Midwifery Education and Accreditation Council (MEAC). We offer direct-entry midwifery educational programs, which are based on combining the art of traditional midwifery with current knowledge of medical science and evidence-based practice. Our students' clinical experiences take place in a variety of settings: home birth practices, community-based birth centers, clinics, and hospitals, located throughout Florida. Our goal is to educate and prepare students to become skilled, caring midwives who will be available to serve women and families in their communities. Upon graduation, midwifery students will receive a diploma in direct-entry midwifery from FSTM and are eligible to sit for the state licensed midwifery examination. The State of Florida utilizes the North American Registry of Midwives (NARM) national examination for this purpose. Upon passing this exam and obtaining licensure, graduates are eligible to practice as Licensed Midwives (LM) in Florida. They are also eligible to become nationally certified through NARM as Certified Professional Midwives (CPM).

### Contacts

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## HOW TO BECOME A PRECEPTOR

### Requirements for Preceptorship

- Preceptors must be physicians, licensed midwives, or certified nurse midwives who have a minimum of 3 years' professional experience, and a clear and active license
- Practitioners whose licenses are under suspension are not be eligible for FSTM preceptorship
- Filed disciplinary actions or public complaints with the Department of Health, or complaints/problems on record with FSTM are subject to additional consideration

If you are interested in becoming a preceptor with the Florida School of Traditional Midwifery, please contact the Program Coordinator to discuss expectations and responsibilities. Preceptors are required to submit a completed FSTM Common Faculty Contract, including the Commission for Independent Education Form 402, the Preceptor Addendum, and submit additional documentation as specified in the Common Faculty Contract. License verification will be performed by FSTM administration.

Students are not approved to participate beyond an observational role with a practitioner until all required documentation is received. Experiences with the practitioner are not covered under the school's liability insurance until the preceptor on-boarding process is complete.

### FSTM Non-Discrimination Policy

The Florida School of Traditional Midwifery does not discriminate on the basis of age, race, color, national and ethnic origin, sexual orientation, gender, disability, marital status and/or religion; FSTM grants to all the rights, privileges, programs and activities generally accorded or made available to any members of the organization.

### Revocation or Suspension of Preceptorship

The following may be grounds for revocation or suspension of preceptorship with FSTM:

- Failure to agree to the terms and conditions stated within the Preceptor Handbook or the Semester Agreement
- Violation of Florida Statute 467 or Admin. Code 64B24
- Disciplinary actions or public complaints on file with the Department of Health
- Complaints or grievances filed by other preceptors, practitioners, or students

### Reapplication After Preceptorship Denial or Revocation

Practitioners wishing to reapply or be reinstated as FSTM-approved preceptors must submit the following:

- Letter of intent stating corrective action taken by the midwife, including but not limited to remediation related to preceptorship dismissal and/or licensure suspension/revocation
- Documentation of CEUs obtained since last licensure

- If applicable, documentation that licensure probation or suspension requirements have been fulfilled

The FSTM Board of Directors will review the applicant's letter and other supporting documentation to determine whether the preceptor will be reinstated. Decisions will be made within 30 days of complete submission of requested materials.

## **PRECEPTOR RIGHTS & RESPONSIBILITIES**

### **Rights & Responsibilities**

- The preceptor has the right to interview the student prior to acceptance at the site. FSTM and the preceptor will designate the expected length of affiliation between student and preceptor.
- The preceptor shall have the right to direct FSTM to withdraw a student from the preceptor's site and will notify the FSTM Program Director in writing and/or verbally when the clinical performance of the student is disruptive or detrimental to the preceptor's practice or clients.
- The preceptor has the right to be informed of the student's immunization status.
- It is agreed by all that there shall be no discrimination based on race, religion, creed, sex, sexual orientation or national origin.
- The preceptor shall provide clinical experience according to FSTM recommendations. At all times during clinical experiences, Florida Law, F.S. 467 and Ch. 64B24 shall be adhered to.
- The student shall work under the direct supervision of the preceptor, who will be physically present at all clinical experiences and shall be available to the student at all times while the student is performing in a (clinical) midwifery capacity with clients. (F.S 467, 64B24-4.007 Clinical Training)
- Clinical experience will progress through a tiered process of observation, assistance and management in the antepartum, intrapartum and postpartum periods in midwifery care.
- Type of experience available shall be reviewed with the Program Director.
- The preceptor shall be available to review the student's progress and communicate with FSTM the nature of each student's clinical education at the site.
- The preceptor shall be available for clinical check-ins with each student as needed.
- The preceptor shall complete a written evaluation for each student assigned to the preceptor's practice each semester.
- The preceptor may only precept 2 students at a time during clinical experience. (F.S. [64B24-4.006](#))
- It is the preceptor's responsibility to inform the client and secure client consent for student participation in client care.
- The preceptor shall provide, for the student's review, all rules, regulations, protocols, policies & procedures and personnel policies of the preceptor's clinical site/practice.
- Changes in clinical staff acting in the role of preceptor(s) require notification and prior approval of FSTM.
- The preceptor shall be responsible for arranging immediate emergency care of student(s) in the event of accidental injury or illness at the preceptor's site, but the

preceptor shall not be responsible for costs involved, follow up care or hospitalization.

- The preceptor shall notify the Program Director immediately in the event that any disciplinary actions or public complaints should occur on file with the Department of Health.
- The preceptor shall review and either approve or deny all student Clinical Tracking System forms within 30 days of form submission.
- FSTM may conduct audits of student's clinical experience (BirthTree) forms as needed. In the event that there is a dispute regarding the student's participation at an experience, FSTM may request records from the preceptor (with data redacted as necessary) in order to determine the student's presence or participation.

### **Standard Precautions and Biohazardous Waste Precautions**

- Students are instructed in the use of standard precautions per the CDC website. All students, instructors (classroom and clinical) and staff are expected to utilize standard precautions when interacting with materials that are contaminated or potentially contaminated with biohazardous materials such as bodily fluids. All students, instructors, and staff complete a Bloodborne Pathogen training.
- Biohazardous wastes stored at FSTM clinical sites may include wastes that could contain bloodborne pathogens or be considered infectious. These wastes could pose a public health risk to people. Some biohazardous wastes are considered Sharps. Biohazardous waste generated at FSTM clinical sites will be stored in an appropriate 'red bag'. Sharps biohazardous wastes generated at FSTM clinical sites will be stored in an appropriate sharps container.
- Biohazardous materials will be disposed of according to the requirements of the city in which the clinical location resides and will meet all local, state, and federal guidelines. This may include disposal at a drop-off site or on-site hazardous waste pick-up, as contracted by the preceptor.

### **Social Media & Networking Policies**

- Social media activities include but are not limited to creating or contributing to: blogs, message boards, RSS feeds, etc.; social networks such as Facebook, MySpace, Twitter, Instagram, and YouTube; or any other kind of social media site on the internet.
- It is expected that all who participate in social media and associate that interaction with FSTM understand and follow appropriate usage guidelines:
  - FSTM students, staff, faculty & preceptors are prohibited from posting any content that criticizes or ridicules FSTM, its policies, students, faculty and preceptors, staff or curriculum, on any social networking site.
  - Never comment on anything related to legal matters, litigation, or any parties FSTM, its students or preceptors may be in litigation with.

## **ACCEPTANCE & PLACEMENT OF STUDENTS**

The Program Coordinator facilitates placement of students at clinical sites. Student Clinical Profiles are available to preceptors so that they can see relevant experience, certifications, skills, and academic course loads. Students and preceptors have the opportunity to meet

and interview with one another to determine if they are a good fit for each other. FSTM does its best to place students in sites within their current communities, but assignment is dependent on a number of factors, including how many student openings a particular site has, how many students desire placement at those sites, and whether the student and preceptor believe they are well suited for each other.

In the event that a student cannot be placed at a site within their own community they may be required to commute or relocate in order to attend clinic. Students are responsible for the costs related to travel, room and board related to clinical lab. Students must have reliable transportation while on call and must be accessible by telephone.

Clinical placement is assigned on a per semester basis. A Semester Agreement shall be signed by the student, preceptor, and Program Coordinator at the beginning of each semester. Students and preceptors satisfied with their arrangement may continue to work together for the duration of the program, however, it is encouraged for students to gain experience with more than one preceptor so that they may be exposed to varying practice styles. Students are not permitted to change clinical sites without the Program Director's approval. Unauthorized changes in clinical site will result in denial of clinical experiences received at the unapproved site, placement on a Performance Plan, and/or clinical probation.

The student midwife is not a replacement for a well-trained birth assistant. Beginning students need more guidance and training as they begin their clinical experience and may benefit from observing and working with your trained birth assistant, or with a more senior student.

Before accepting a student into your practice, consider what you are looking for in a midwifery student. Areas to consider include:

- What qualities you desire in a student
- What sort of student will work well with your style of teaching
- How much of a time commitment you expect from your students, including clinical days and on-call time
- How much of a long term commitment you expect from students

### **Interviewing the Student**

When interviewing a student, consider covering the following:

- Discuss your practice, staff, the type of care provided and general expectations you have of students
- Review and clarify mutual expectations with the student
- Discuss expectations for call and clinic time
- Discuss expectations of duties to be performed in clinic and at birth
- Discuss student's academic needs and requirements and how they will balance that with their clinical obligations
- Discuss student rules or guidelines that pertain to professional expectations, social media etiquette, etc.



## **Orienting the Student to the Practice**

An orientation day will help set the student up for success within the midwifery practice. A contract between the preceptor and student is helpful to clarify your goals and guidelines in writing. This meeting should include:

- Information about procedures and protocols of the practice
- Scheduling for clinic days and on-call time
- Clinic day start and end times, as well as expectations for arrival and departure at birth
- Appropriate attire for clinical visits and births
- Duties assigned to the student (e.g. clean up, restocking, lab requisition) and procedures for completing them
- Safety protocols and procedures
- Preferred methods of contact if the student is running late, is ill, or other related scheduling issues
- Meal and rest breaks
- Information from the student regarding academic course load, requirements, and schedule
  - Students require adequate time to study and prepare for academic courses and testing. Students require a balance of didactic and clinical instruction. Specifically, the 1<sup>st</sup> and 2<sup>nd</sup> year students must have adequate time built into their schedules to dedicate to academic material.

## **Student Attendance Policy**

FSTM expects students to attend every class for every course. Students are required to be off call during all academic classes. Because didactic learning underpins the clinical experience, it is vital that students do not miss classes. If missing class becomes inevitable, it is the student's responsibility to make up the coursework missed.

## **CLINICAL INSTRUCTION AND SKILLS DEVELOPMENT**

Preceptors are role models, clinical instructors, evaluators and mentors to midwifery students. Preceptors have the opportunity to imprint students with good clinical work habits, professionalism, and demonstrate the Midwives Model of Care.

Clinical experiences offer students:

- Exposure to midwifery or obstetrical practices that embody patient centered care
- Opportunities to apply newly acquired knowledge
- Opportunities to practice clinical skills
- Evaluation of their progress during semester check-ins

### **The Role of the Preceptor**

- Plan learning experiences and instruct the student in a way that helps them to meet professional and clinical goals
- Participate in identification of learning needs of the midwifery student
- Set goals with the student in collaboration with the curriculum and Program Director

- Act as a role model:
  - Provide patient care in accordance with established, evidence-based midwifery practice standards
  - Perform midwifery duties in accordance with F.S. 467, and Admin. Code 64B24
  - Maintain mature and effective working relationships with other health care providers and staff
  - Use resources safely, effectively and appropriately
  - Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable
- Provide the student with feedback on his/her progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies, and patient care documentation
- Recognize that the healthcare setting may be new to the student
- Facilitate the student's professional socialization into the practice and with staff
- Consult with the Program Director or Coordinator

### **The Role of the Midwifery Student**

- Participate in the identification of his/her learning need
- Participate in the planning and implementation of learning experience
- Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience
- Accept and act in accordance with the direction provided by the preceptor
- Participate in ongoing evaluation of progress with the preceptor and Program Director

### **The Role of the FSTM Administrative Team**

- Receive regular feedback from students and preceptors on progress and developments
- Provide regular feedback to students and preceptors on progress and development; keep written records of the students' clinical experience
- Facilitate student placement at preceptor sites
- Develop institutional skills instructions and standards for use in the program
- Assess student clinical progress through check ins, reviews and skills assessments
- Meet regularly with student(s) for clinical check-ins
- Be available for questions, problem identification and resolution

### **Clinical Instruction**

As a preceptor, your primary responsibility to the student is to teach. Students come to a clinical site eager to learn everything you have to offer. Not only do you initiate students into the culture of midwifery and introduce them to midwifery customs, language and procedures, you will be teaching skills and helping them put the knowledge base they gain in the classroom into practical use.

Student skill level in the first term of clinic will vary depending on the experience a student has had prior to enrolling in the midwifery program. Some students may enter the program with healthcare or birth work experience. In this case the student may be ready to move forward quickly. However, most students enter the program with no background in

healthcare and will have only completed a basic introduction to healthcare skills when they begin Clinical Lab.

Keep clinical teaching simple and organized, and build skills and duties as the student masters each task. FSTM Academic and Clinical staff have worked collaboratively to map the curriculum and provide a progressive approach to skill acquisition. Skills are taught in sequence moving from less autonomy and proficiency to more autonomy and proficiency. Students will be given the opportunity for development of skills in Health Care Skills courses and Midwifery Practicum courses as well as in the clinical setting.

Students develop their knowledge and skills in a progressive approach:

**Introduced:** Students observe or assist in a limited role that meets their skill level. The observer role is one of learning and observation, beginning to explore the relationship between theoretical knowledge of skills and practical application.

**Developing:** Students assist the midwife, providing supportive care that helps to develop critical thinking and other clinical skills, but does not yet apply those skills consistently or proficiently. They may be beginning to make management decisions, but are not yet consistently using best practices.

**Mastery:** Students act as a primary decision maker under the supervision of the preceptor. Students apply theoretical knowledge to practice and demonstrate the ability to consistently and correctly make management decisions regarding client/patient care.

Reviewing FSTM curriculum and skills lists, and discussing student progress with the Program Coordinator will help determine appropriate clinical duties for the students. Students may not feel enabled to say 'no' when they feel unprepared for a particular learning opportunity. There can be a fine line between pushing the boundaries of comfort and participating in practice that feels unsafe. Students of the same cohort may acquire skills at different rates and a skill that one student may have mastered may still be in the developing phase for another. It is important to check in with students as new experiences and clinical opportunities begin.

## **Skills Development**

Skills are introduced and practiced in Health Care Skills I and II, and in the Midwifery Practicum classes utilizing simulated models. However, certain skills cannot be adequately practiced in the classroom setting and will need to be practiced during actual scenarios at clinic or in the birth setting. Some advanced skills and high risk situations may not be available for actual practice due to the nature of low risk midwifery care. Skills such as breach birth and manual removal of the placenta, for example, will be conducted in simulated clinical teaching classes. FSTM conducts a thorough Clinical Skills Exam in the 3<sup>rd</sup> year of the program.

## CLINICAL EXPERIENCE

All clinical requirements are in compliance with Chapter 467, Florida Statute 64B24, the Commission for Independent Education, and the Midwifery Education Accreditation Council (MEAC). Students shall abide by the clinical site's personnel policies, protocols, and contracts as deemed by the preceptor.

### Definition of Clinical Experience Roles

**Observer:** Students are introduced to antepartum, intrapartum, postpartum, and newborn skills at the clinical site. Students observe or assist in a limited capacity in a role that meets their skill level. The observer role is one of learning and observation, beginning to explore the relationship between theoretical knowledge of skills and practical application. Five of the ten required 'Observer' experiences do not require an FSTM-approved preceptor and can be obtained in observation-only clinical sites.

**Assistant under Supervision:** Students are developing antepartum, intrapartum, postpartum, and newborn skills at the clinical site. Students assist the primary midwife, providing supportive care that helps to develop critical thinking and other clinical skills, but does not yet apply those skills consistently or proficiently. Students grow their level of involvement and assistance in a progressive approach as they develop increased skill and confidence. They may be beginning to make management decisions, but may not yet be consistently using best practices.

**Primary under Supervision\*:** This experience is often referred to as "management". Students are proficient in antepartum, intrapartum, postpartum, and newborn skills at the clinical site. Students act as the primary decision maker under the supervision of the preceptor. Students apply theoretical knowledge to practice and demonstrate the ability to consistently and correctly make management decisions regarding client/patient care. Like the Assistant under Supervision category, students develop this autonomy in a progressive approach. A student's first Primary under Supervision birth may require more suggestion and support than their final experience.

\*Note: Only one student can assume the Primary under Supervision role at a clinical experience. If two students are present, they may not "co-manage." However, one student may take the Assistant under Supervision role and one may take the Primary under Supervision role.

### Clinical Experience Minimum Requirements for Graduation

Initial Prenatal Exam: 23

- Assistant Under Supervision: 3
- Primary Under Supervision: 20

Prenatal Exam: 80

- Assistant Under Supervision: 25
- Primary Under Supervision: 55

Labor & Birth: 80

- Observer: 10
- Assistant Under Supervision: 20
- Primary Under Supervision: 50

Newborn Exam: 50

- Assistant Under Supervision: 20
- Primary Under Supervision: 30

Postpartum Exam: 50

- Assistant Under Supervision: 10
- Primary Under Supervision: 40

Partial Continuity of Care: 10

- Student shall provide care in a Primary or Assistant role for at least one prenatal visit AND serve as Primary at the birth (labor, birth and immediate postpartum care)

Full Continuity of Care: 5

- Student shall provide care as the Primary Under Supervision for the following: five complete prenatal exams spanning at least two trimesters, the birth (labor, birth, immediate postpartum exam, newborn exam), and two complete follow-up postpartum exams all as the Primary Under Supervision

Vaginal Suture: 5

- Student shall perform vaginal suture of 1st or 2nd degree laceration

In all categories, the Assistant under Supervision requirements must be completed before the student midwife can begin as Primary under Supervision.

These experiences must also include:

- A minimum of 5 births conducted in the home
- A minimum of 2 planned hospital births (may not be a result of an intrapartum transport, but may be an antepartum transport)

## **FEEDBACK & EVALUATION**

Determining student progress is an on-going process that includes setting clear expectations early on at the clinical site, and providing continual observation and assessment of the student's performance. Feedback and evaluation are complementary means of ensuring constructive growth. They enhance and reinforce clinical education.

- Feedback is frequent, ongoing review of strengths and areas for growth with suggestions for further study and practice. The intention of feedback is to improve performance from one experience to the next.

- Evaluation is a categorical comparison of a student's current performance to the desired requirements or standards. Evaluations have the purpose of documenting achievements or competence and opportunities for growth.

## Feedback

Daily feedback: Debriefing and discussion should happen at the end of every clinic day and birth experience. Allowing 10-15 minutes at the end of the clinic day for the student to ask questions, relate what they learned, and for you to give feedback or suggestions will ensure that opportunities for learning and follow up are not missed. These daily conversations are an important opportunity for you to help the student understand what they have experienced that day and set goals for next time.

Appropriate types of feedback: Feedback should be specific and a combination of positive as well as corrective/constructive. Setting and timing of feedback is an important consideration.

- Specific feedback: When students are developing new skills, it is important to concentrate on providing specific positive feedback for work well done. For example: "I liked the way you asked the client's permission before taking her blood pressure" is more helpful than just saying "Good Job".
- Corrective feedback: Critical feedback should be tailored to help students understand their learning needs. Example: "You may need to review the anatomy of the pelvis to better understand and evaluate what you're palpating during a vaginal exam."
- Correction should be given regularly but not so much as to overwhelm the student with information. It should also not be saved up for weeks or months and delivered all at once.
- Feedback may be appropriate during or after completing a clinical activity. It is important to be mindful of appropriate settings for various types of feedback. For example: guiding a student to feel the difference between a head and a breech during Leopold's Maneuver on a client is appropriate, but calling a student out for misjudging a baby's position in a way that shames the student in front of a client is neither appropriate nor productive.

## Strategies for Evaluation

- Define Expectations: Students' clinical and academic achievements should be evaluated according to which term they are in in the midwifery program.
- Identify Performance: Determine how well the student performs in a given category or skill. Keep in mind that skills are developed in a progressive manner and should be evaluated thusly (see Clinical Instruction section above).
- Identify Differences: Compare performance and expectations to determine where students are succeeding and where growth opportunities exist.
- Documentation: Written documentation of the evaluation is a crucial component of FSTM's assessment of student readiness and mastery of midwifery skills.
- Self-assessment: Students may be asked to evaluate their own progress at the end of the semester. This self-assessment will be compared to the preceptor's overall assessment.

## Semesterly Clinical Evaluation

Preceptors and students complete the Student Clinical Evaluation Form at least once each semester. The evaluation aims to facilitate dialogue between the student and preceptor regarding the student's clinical progress and informs FSTM of the student's ability and knowledge as it related to the clinical experience. The student will self-evaluate as well as receive evaluation from the preceptor and should be followed by a meeting or conversation between student and preceptor to review and compare findings so that any needed changes or plans can be implemented. This documentation is then submitted to FSTM so progress may be monitored each term.

Students are responsible for scheduling time with the preceptor to review the Student Clinical Evaluation Form and are responsible for submitting the completed form as part of their Clinical Lab course.

## Mid-Term Evaluation

If desired mid-term evaluation may be held by conducting a brief meeting around the middle of the semester. It can be a chance to identify a student's strengths and points of weakness, identify problems, potential or actual, and clarify expectations. Mid-term evaluations allow the student to receive feedback about their general performance with time to improve before the end of the term. Like formal clinical evaluations, mid-term evaluations should include specific information about areas that require improvement as well as positive feedback on areas that have shown growth.

## STUDENT CLINICAL DOCUMENTATION

### Clinical Experience Forms

All preceptors will receive an account on FSTM's electronic clinical tracking system where students submit clinical experience forms. Preceptors are able to login to their accounts at any time to review student experience forms and students may also be responsible for informing their preceptor when they have submitted forms for approval.

When reviewing clinical experience forms verify the following:

- Was the student in attendance for the clinical experience on the date listed?
- Did the student fulfill the role the form states: Observer, Assistant under Supervision, or Primary under Supervision?
- Did the student perform duties they attest to performing on the form?
- Is the information true and correct?

You have the option to approve or deny each form. If you feel the student should make a change to the form (ex.: experience not considered 'Primary under Supervision', HIPAA violation, etc.) or if they were not present for the experience, the form should be denied. You will be directed to a comment page to leave a note for the student. Inform the student of the reason for denial and how they may proceed. **Student forms must be approved or denied by the preceptor within 30 days of form submission.**

## Clinical Hours Log

Each credit of Midwifery Clinical Lab equates to a minimum of 60 clock hours. The FSTM Clinical program encompasses 23 Midwifery Clinical Lab credits and 1,380 clock hours. Clinical hours are obtained via attendance at the clinical site.

FSTM honors that each person's birth experience is unique. Given this, the exact number of hours required to attend the mandated number of birth experiences cannot be predetermined. Intrapartum hours (time spent at birth) are in addition to clinical hours. Most students will exceed the minimum number of clinical hours required. The preceptor and student shall work together to develop a mutually agreeable call and clinic schedule for the student, and the student must be off call for classes.

Students will document clinical hours on the Clinical Hours Log and will submit a final and signed version at the end of each semester. The total number of hours submitted must be equivalent to or exceed the number of clock hours associated with the number of Clinical Lab credits for which the student has registered. As an example, if the student has registered for two credits of Clinical Lab, they must show documentation of at least 120 Clinical Lab clock hours. Students may not include driving time to or from clinic and births on the Clinical Hours Log.

Students at risk for not obtaining the minimum number of clinical hours in a semester may obtain hours in additional settings at the discretion of the Program Director.

## FSTM Clinical Skills Instruction Manual

FSTM has developed a Clinical Skills Instruction Manual to guide hands-on skills acquisition during the program. Students receive instruction for these skills during their Healthcare Skills I and II and Practicum I-IV courses. The skills outlined in the Clinical Skills Instruction Manual require signature from an FSTM-approved preceptor or FSTM faculty/administrator once the student has demonstrated proficiency in the skill. Any current/active preceptors may sign preceptor designated skills in this book.

Proficiency is defined by FSTM as meeting the following minimum criteria:

- Student performs the skill accurately and safely with few cues.
- They apply minimal theoretical knowledge.
- The student may appear anxious at times, but performs skills with confidence.
- The student may show a partial lack of dexterity in part of activity and may have some awkward movements, but otherwise performs the skills efficiently.

Per MEAC guidelines students must obtain verification of proficiency for the following skills from two separate preceptors.

1. Basic physical exam
2. Routine prenatal exam
3. Newborn exam
4. Routine postpartum exam



## CHALLENGES IN THE CLINICAL SITE

Students and preceptors alike have the right to be treated with respect and professionalism. When feasible, issues in the clinical site should be resolved at the most immediate level possible and students and preceptors are encouraged to first attempt to resolve their grievance or complaint by speaking with the individual(s) involved.

If a dispute occurs and informal means of resolution are not productive, please notify the Program Director as soon as possible. FSTM realizes that informal resolutions may not always be practical and the FSTM administration is always available to discuss any situation with the student or preceptor. FSTM strives to create resolution that is satisfactory to all parties involved.

In the event that harassment or irreconcilable disputes occur, the safety of the student is compromised, or flagrant violations of the Semester Agreement arise, students or preceptors may submit a Clinical Grievance Form to the Program Director and begin the Formal Complaint & Grievance process (see Formal Complaint and Grievance Policy in Academic and Administrative Policies of the FSTM Catalog). Students and preceptors are urged to immediately bring any concerns of illegal or unethical patient care forward without fear of retaliation.

Variable clinical sites will inherently expose students to many different practice styles and approaches to care. However, if a student believes that an experience is in direct violation of common sense safety, Florida Statute 467 or Administrative Code 64B24, or presents a dangerous situation for the participants, the student is instructed to immediately contact the Program Director through email or phone.

In the event that disagreements or problems regarding behavior or clinical performance are not resolved, the preceptor has the right to file a Clinical Grievance and/or dismiss a student from the clinical site.

### **Corrective Action**

If a student refuses to perform agreed upon clinical duties, such as attendance in clinic, attendance at birth while on-call, or various assigned tasks/skills within the scope of the law, they may be placed a Performance Plan, clinical probation and/or be dismissed from their current clinical site. This may further result in a failing grade in Clinical Lab or dismissal from FSTM.

## FSTM DIRECT-ENTRY MIDWIFERY PROGRAM CURRICULUM

### Year 1, Term 1

1101	Anatomy & Physiology I	3
1101L	Anatomy & Physiology I Lab	1
1103	Healthcare Skills I	1
1103L	Healthcare Skills I Lab	1
1109	Research and Public Health	2
1306	Interpersonal Communication	1
1110	Midwifery History, Law & Rule	2
<b>Total Credits</b>		<b>11</b>

### Year 1, Term 2

1201	Anatomy & Physiology II	3
1201L	Anatomy & Physiology II Lab	1
1203	Healthcare Skills II	2
1203L	Healthcare Skills II Lab	1
2201	Microbiology for Midwives	1
2201L	Microbiology for Midwives Lab	1
2105	Psychology for Midwives	2
1200CL	Clinical Lab	1
<b>Total Credits</b>		<b>12</b>

### Year 1, Term 3

1301	Reproductive Anatomy & Physiology	3
1301L	Reproductive Anatomy & Physiology Lab	1
1307	Intro to Midwifery Practicum	1
2303	Pharmacology	2
1108	Cultural Competency	1
2101	Nutrition for the Childbearing Year	2
1204	Human Sexuality for Midwives	1
1300CL	Clinical Lab	1
<b>Total Credits</b>		<b>12</b>

**Year 1 Total Credits 35**

### Year 2, Term 1

1303	Antepartum	4
1305	Diagnostic Testing	1
2107	Midwifery Practicum I	2
3101	Gynecology	2
2100CL	Clinical Lab	3
<b>Total Credits</b>		<b>12</b>

### Year 2, Term 2

2103	Intrapartum	4
2104	Fetal Monitoring	1
2207	Midwifery Practicum II	2
2106	Professional Communication	1
2205	Herb Workshop	1
2200CL	Clinical Lab	3
<b>Total Credits</b>		<b>12</b>

### Year 2, Term 3

2203	Postpartum	3
2206	Newborn	2
2305	Midwifery Practicum III	2
1205	Breastfeeding	1
2204	Suturing for Midwives	1
2300CL	Clinical Lab	3
<b>Total Credits</b>		<b>12</b>

**Year 2 Total Credits 36**

### Year 3, Term 1

3106	Obstetric Complications	1
3104	Collaborative Management	1
3105	Midwifery Practicum IV	1
3100CL	Clinical Lab	4
<b>Total Credits</b>		<b>7</b>

### Year 3, Term 2

3204	Issues in Professional Midwifery	1
3201	Establishing & Maintaining a Practice	2
3200CL	Clinical Lab	4
<b>Total Credits</b>		<b>7</b>

### Year 3, Term 3

3103	NARM Review	1
3202L	Clinical Skills Practicum Lab	1
3300CL	Clinical Lab	4
<b>Total Credits</b>		<b>6</b>

**Year 3 Total Credits 20**

Clinical Requirements	
<i>Prenatal Exams</i>	<i>Postpartum Exams</i>
Assist - 25	Assist - 10
Primary - 55	Primary - 40
<i>Initial Prenatal Exams</i>	<i>Newborn Exams</i>
Assist - 3	Assist - 20
Primary - 20	Primary - 30
<i>Birth Observations</i>	<i>Continuity of Care</i>
Silent Observe - 10	Partial - 10
Assist - 20	Full - 5
<i>Birth Managements</i>	<i>Suturing</i>
Primary - 50	5

<b>Total Program Credits: 91</b>
Cost per Credit: \$364.00
Total Cost of Credits: \$33,124.00

## FORMS

The forms on the following pages may be helpful and are available for preceptor use:

### **Student Clinical Evaluation Form**

The Student Clinical Evaluation aims to facilitate dialogue between the student and preceptor regarding the student's clinical progress. The rating should take the student's academic level and experience into account and should be developmentally appropriate. The student will first fill out the form rating their own clinical performance. The student will then give the form to the preceptor to record their assessment of the student's performance. The student and preceptor will then schedule time to review and compare their evaluations so that any needed changes or plans can be implemented.

### **Student Clinical Development Plan**

The Student Clinical Development Plan is a tool used to help students maintain a course of success in the clinical setting. It is created and developed by the student so that they may take ownership of their progress and improvement. It is a means of helping the student to recognize and reflects upon challenges they may be facing, and create a plan for correction.

### **Preceptor Inventory Form**

This form is used to inform FSTM of the preceptors strengths and challenges in skills education and clinical experience opportunities. Preceptors may submit the Inventory Form to aid in appropriate student placement.



## Student Clinical Evaluation Form

Student Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

*Instructions: The Student Clinical Evaluation aims to facilitate dialogue between the student and preceptor regarding the student's clinical progress. The rating should take the student's academic level and clinical experience into account and should be developmentally appropriate. The student will first fill out the form rating their own clinical performance. The student will then give the form to the preceptor to record their assessment of the student's performance. The student and preceptor will then schedule time to review and compare their evaluations so that any needed changes or plans can be implemented.*

*Performance should be rated on a scale of 1 to 5:*

1 ----- 2 ----- 3 ----- 4 ----- 5  
*Strongly disagree disagree undecided/neutral agree strongly agree*

	Student	Preceptor
<b>Punctuality and attendance</b> The student is punctual and appropriately dressed for clinical experiences. They are consistently prepared to work and learn.		
<b>Initiative and willingness to learn</b> The student takes initiative in the clinical setting and takes full advantage of learning opportunities. They respond well to feedback.		
<b>Communication</b> The student appropriately and professionally communicates with preceptor, clients, and other members of the practice.		
<b>Comprehension</b> The student retains didactic information. They demonstrate the ability to recall and utilize information effectively.		
<b>Hands-on skills</b> Given their experience and education level, the student performs hands on skills appropriately.		
<b>Client Interaction</b> The student listens sensitively to clients and contributes appropriate feedback (relative to experience level).		
<b>Client Sensitivity</b> The student is physically gentle with clients and respects client boundaries and autonomy.		
<b>Safety</b> The student performs skills and tasks safely and under preceptor supervision. They act within their scope of knowledge and development.		
<b>Emergency or stress response</b> The student maintains composure and handles difficult or stressful situations in a calm manner.		
<b>Data recording and record keeping</b> The student clearly and accurately records clinical data according to preceptor specifications.		



## Student Clinical Evaluation Form

	Student	Preceptor
The student is making reasonable progress in the development of clinical skills. Relative to their experience, they have performed at an overall acceptable level while working under the preceptor's supervision. (yes or no answer)		
Would you like a follow-up meeting with the clinical director regarding the progress reported on this form? (yes or no answer)		

If there are any difficulties at the clinical site which may require mediation between the student and preceptor, please do not hesitate to reach out to the Program Director or Coordinator.

Comments (student and preceptor):

Student signature \_\_\_\_\_

Preceptor signature \_\_\_\_\_



## Student Clinical Development Plan

Student Name:	Date:
Strengths in the clinical setting:	
Growth opportunities or desired skills to develop in the clinical setting:	
Plan for success in the clinical site (please include specific actionable items):	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Preceptor Instructional Inventory

Please use this form to let us know about your strengths and potential challenges in skills education and clinical experience opportunities. In order to most effectively serve our students, please be as thorough and honest as possible.

Practitioner name and title:

Date:

Type of practice and services offered:

What do you have to offer students? (your strengths as a midwife, uniqueness of clinical experiences, etc.)

What would be challenging for you to teach students? What areas/skills/experiences do you feel you may not be able to provide student guidance?

What level of student are you capable/interested in precepting?

Describe your teaching method and style:

What evidence-based resources are used for your practice guidelines?