

School of Nursing

Nurse-Midwifery Preceptor Manual

2013-2014



A Passion
for Nursing
www.ohsu.edu/son



OHSU is an equal opportunity, affirmative action institution.

Table of Contents

Introduction	3
The OHSU Nurse-Midwifery Program	4
Important Phone Numbers	5
Accepting a student into Your Practice	5
Expectations of Preceptors.....	6
Orientation.....	6
Clinical Assignments.....	6
Preparation for Preceptors.....	6
Strategies for Preceptors	7
Difficult Conversations	7
Expectations of Students.....	7
Expectations of the Clinical Coordinator and OHSU Midwifery Faculty.....	8
Documentation	8
Student Evaluation:	9
Typhon	10

Appendices:

- A: Program Philosophy, Purpose and Objectives
- B: Programs of Study
- C: Midwifery Expectations
- D: SON Policies
- E: OSBN Policies
- F: One-Minute Preceptor Schematic
- G: CEFs, Midterm and Final Evaluation Forms
- H: Term by Term Look at Student Progress
- I: How to Complete Midterm and Final Evaluations

Introduction

On behalf of the OHSU nurse-midwifery students and faculty, thank you so much for agreeing to serve as a preceptor for our program. In admitting students to the OHSU nurse-midwifery program, we have made a commitment to their success. We are very grateful for the shared commitment you have made to the education of our future nurse-midwives. Our clinical preceptors are absolutely vital to the success of our program.

The main reasons our preceptors agree to teach students are their selfless dedication to preparing the next generation of midwives and the desire to provide for others the same opportunities they had as students. We know, however, the responsibility and time commitment that clinical teaching brings. We hope that as a program, there are areas of your professional life to which we can make a contribution, as a gesture of thanks for what you do for our students. Below are some of the opportunities that you have as a regular preceptor for OHSU. If there are other areas with which we might be of help, please don't hesitate to ask. If there is any way in which we can be helpful, we will do our best.

- We would be pleased to offer you an affiliate faculty appointment in the School of Nursing. If you are interested, please contact the Clinical Site Coordinator.
- You have online access to many of the services of the OHSU library.
- Midwifery Grand Rounds occur monthly, October through June. With the exception of December, March and June, Midwifery Grand Rounds are on the **third** Tuesday, from 070300-0830 in Miller Auditorium on the 10th floor of Doernbecher Children's Hospital. In December, March and June, they are held on the **first** Tuesday of the month, same time and same place, due to academic breaks and holidays.
- OB/GYN Grand Rounds occur weekly on Friday morning from 0730-0832 in University Hospital 8B60 (Please let Michelle Cruz [503.494.3378] know if you would like to be informed of topics.) Please note that OB and GYN M&M are closed to the public
- You may have access to our course syllabi and reading lists if you are interested. (Just ask!)
- You may obtain free CEUs and formal preparation for clinical teaching through our online course, Fundamentals of Teaching Nurse-Midwifery Students.

The OHSU Nurse-Midwifery Program

OHSU admitted its first class of students over 30 years ago, in 1981. Since that time, we have graduated over 200 nurse-midwives. The program has been ranked as #1 in the country by US News & World Report since 2004. As a result of our reputation, the program is sought after by the most highly qualified applicants in the country. We remain a small program, admitting 10-12 students per year.

Students may take several routes for their nurse-midwifery education. The traditional master's program requires two years, including the summer term. In 2011, the program admitted its first students who will complete the program with a Doctorate of Nursing Practice (DNP) which requires three years. Students who are not yet nurses, but have a baccalaureate degree or higher in another field, may enter into our Accelerated Baccalaureate program and progress directly through to midwifery, either with the master's degree (3 years) or the DNP (4 years).

Some background materials about our program (Philosophy, Purpose and Objectives) are found in Appendix A. A program of study is found in Appendix B.

A strong emphasis in our program is evidence-based care. Our students are expected to be aware of the latest evidence and capable of critically appraising the research literature to support their practice. That said, we also try to instill the heart and soul of midwifery. This is typically not difficult, as our students enter the program with a passion for the work that we do.

In the Appendices you will find some policies that we have excerpted from our Nurse-Midwifery Program Manual (Appendix C) as well as School of Nursing (SON) policies (Appendix D) that might be useful for you to have. From the NM program manual, we have included student expectations, including, but not limited to things like attire, charting and documentation of clinical experiences. From the SON, we have included policies regarding the student Code of Conduct, Blood Borne Pathogens and Incident Reporting. In addition, relevant policies from the Oregon State Board of Nursing are found in Appendix E. If you have any questions, please let us know.

As program faculty, we strive for excellence in our own practice and in our teaching. We appreciate any feedback that you have for us about the program and our students.

Important Phone Numbers

Here are the phone numbers of OHSU midwifery faculty and staff who are available to you for any questions you have or any help you might need in your capacity as a preceptor and midwifery colleague.

Elizabeth Kavanaugh, CNM, MN Clinical Site Coordinator	503.418.0068
Carol Howe, CNM, DNSc, FACNM, Program Director	503.494.3822
Cathy Emeis, CNM, PhD Faculty	503.494.3873
Maggie Shaw, CNM, PhD Faculty	503.494.5864
Michelle Cruz Administrative Coordinator	503.494.3378
Kathy Rise Clinical Contracts	503-494-6902
Loree Hyde SON library liaison	503.494.6684
OHSU Page Operator	503.494.8311

Accepting a Student into Your Practice

The initial contact is made by our Clinical Site Coordinator (CSC) to request your assistance with clinical teaching at your practice site. You should not be approached by students requesting clinical placement. The CSC will ask questions about type of practice, patient volume and services offered. She will also need to know who in your site has authority to sign contracts. The OHSU staff person in charge of contracts will prepare an agreement between your site and OHSU School of Nursing. For accreditation purposes, the School of Nursing will need a current copy of your resume, as well as copies of your midwifery license and documentation of certification and enrollment in the AMCB Certificate Maintenance Program (CMP). If your state does not require the master's degree for practice, we will need documentation of master's preparation. We will need to update these documents periodically. In addition, again for accreditation purposes, you will need to document some preparation for clinical teaching. If you have had a course in teaching or education as a part of your academic

program or if you have had an opportunity to attend a preceptor workshop or continuing education offering that will meet this requirement. If you haven't had the opportunity to obtain this kind of preparation, we will provide you access to our online course free of charge. We recognize that much of this documentation is onerous. Unfortunately it is required for accreditation and as painful as it is, it makes for stronger midwifery programs.

The Clinical Site Coordinator makes every effort to select a student that is a good match with you and your site. She will provide you with information about the student, the dates and hours of the clinical placement, and this handbook. The student will then contact you ahead of time to arrange an orientation.

Expectations of Preceptors

Orientation

Please conduct an orientation on a non-clinical day or have time set aside at the beginning of the first clinical day, so that students have a basic orientation to the practice, the facility, the people, the medical record and the overall expectations specific to their time with your practice.

Clinical Assignments

Early in the term the student should work with the same preceptor if at all possible. This requires some flexibility and sharing a student between two preceptors may be more realistic. With more advanced students, maintaining this expectation may be less important once the student is adequately oriented to your practice. It has been our experience over many years that this kind of consistency results in a much more efficient learning experience for students, a more rewarding teaching experience for preceptors, and a safer and more comfortable experience for patients. Evaluation and grading are also much easier with only one or two preceptors observing the student's progress.

Preparation for Preceptors

As we noted earlier, the Accreditation Commission for Midwifery Education (ACME), the accrediting body for the OHSU Nurse-Midwifery program, requires some degree of teaching preparation for clinical preceptors. Some nurse-midwifery programs, including ours, offer this preparation within the basic midwifery curriculum. Courses in clinical teaching are also offered as continuing education (CE). The OHSU Nurse-Midwifery program offers an online CE course drawn from a teaching course within our curriculum. Our regular preceptors have access to this course for ACNM CE credit at no charge. (<http://www.midwife.org/Apply-for-CEUs>) Regardless of how the preparation is received, the midwifery program has to document that preparation. So, we will need to have some kind of written document (transcript, CEUs, etc) that you have completed this requirement. If you have questions, please talk to the CSC. We will make the process as easy as we can for you.

Strategies for Preceptors

The One Minute Preceptor (OMP) is a tool that has been validated in clinical teaching. It creates a framework for approaching a student's learning needs, providing opportunity for efficient teaching and keeping pace in a working clinic. It allows the preceptor to be of two minds, both clinician and teacher. There are 5 microskills to the OMP.

1. The student presents the case and makes a commitment to a diagnosis
2. Preceptor probes for supporting reasoning- student's rationale for diagnosis
3. Preceptor chooses single teaching point and/or reinforces a general rule
4. Preceptor provides positive feedback
5. Preceptor corrects errors

A schematic that describes this process is found in Appendix F.

Difficult Conversations

OHSU nurse-midwifery students are among the best in the nation. The faculty works very hard to prepare them to perform well in the clinical area, and in the vast majority of situations they do. Rarely, a student will not perform up to program or preceptor expectations. If this situation should occur, please notify the Clinical Site Coordinator immediately. It is her responsibility to help you have that difficult conversation with the student and to develop a plan to help the student. Although this is the most challenging aspect of clinical teaching, it can be among the most rewarding when your efforts make the difference between success and failure in a student. Remember, we are there to help

Expectations of Students

Students should always arrive on time or early in order to prepare for the start of patient visits. They should be professionally attired and wearing their OHSU name tag at all times. Lab coats are to be worn if that is the standard in your setting. They own stethoscopes and should bring them to the clinical area. They should have reference resources with them to assist them with patient visits. For example, most have templates for conducting and documenting various types of visits. They should have a drug reference book or hand-held application. They may bring additional references as are appropriate.

The number of clinical hours required of the student varies depending on which course the student is taking. Accurate information appears in the course syllabus and will be clarified by the Clinical Site Coordinator. Exceptions may be negotiated only with the input of the CSC. If students are ill or have an emergency resulting in absence from scheduled hours, they should notify the preceptor as soon as possible that they will be absent. Hours missed due to illness or emergency should be made up if possible. If not

possible, the Clinical Coordinator should be informed so other arrangements can be made.

Expectations of the Clinical Site Coordinator and OHSU Midwifery Faculty

The Clinical Coordinator will call to check in with preceptor in the first half of the term and again in the second half. She will be in contact with the student by mid-term. A site visit will be made at least once per term, more often depending on the needs of the preceptor and student.

The Clinical Coordinator will be available to both the student and preceptor in the event any assistance is required. Our goal is to make the experience a positive one for all, so please do not hesitate to call if you have questions or concerns. If you are unable to reach the Clinical Coordinator, you may call our program Administrative Coordinator, Michelle Cruz, and she will locate a midwifery faculty person to respond to your call. If you need to speak to a midwifery faculty person urgently and it is after hours or you cannot reach our Administrative Coordinator, there is an OHSU faculty midwife on-call 24 hours per day, 7 days per week. The on-call midwife can be reached through the page operator at 503-4494-8311.

Documentation

The Center for Medicare and Medicaid Services (CMS) provides guidelines for teaching physicians, interns, and residents. Although the education is very different in nature, these guidelines serve as direction for documentation with nurse-midwifery students. These guidelines are accessible in detail at:

<http://www.cms.gov/MLNProducts/downloads/gdelinesteachgresfctsh.pdf>

These guidelines are in place to ensure safe care and appropriate education, and to prevent fraudulent billing. The following are suggested approaches that satisfy CMS guidelines:

- 1) Student may see the patient first, obtaining CC, HPI, PMH, FH, SocHx, ROS
- 2) Student then presents the patient to the preceptor
- 3) Student and preceptor see the patient together
 - Preceptor reviews HPI with the patient
 - Student performs exam in the presence of the preceptor
 - Preceptor repeats key portions of exam as necessary
- 4) Student proposes an assessment and plan
 - Student presents assessment and plan to preceptor

- Preceptor amends assessment and plan as appropriate and corrects student's critical thinking as needed
- 5) Documentation
- Student may document on EMR if the institution allows
 - Documentation must reflect instructor participation.
- “
- Instructor must sign or co-sign documentation
 - Student may document PMH, FHx, SocHx, ROS
 - If student documents PE, Assessment and Plan- Instructor may consider an addendum reflecting their participation and any additional findings.

Student Evaluation:

Good communication between preceptor and student is essential. Evaluation should be clear and ongoing. We ask students and preceptors to have a conversation at the beginning of the term to discuss goals and objectives for the rotation. The student and preceptor should be familiar with both the course syllabus and Clinical Evaluation Form (CEF). The student will complete a daily CEF and ask the preceptor to review it, make any additional comments that are appropriate and sign it. The preceptor will complete a mid-term evaluation and a final evaluation using Typhon, (the online system), or the paper form provided. If you have questions or concerns, please contact the Clinical Site Coordinator as soon as they arise. Copies of the CEFs as well as the midterm and final evaluation forms are found in the Appendix G.

The final decision for grading will be made by the clinical site coordinator in consultation with the preceptor and other primary academic faculty. Grading criteria are as follows:

A - Consistently performs at a high level in both basic and complex management situations. Handles emergencies well. Makes no unsafe decisions.

B - Generally performs at a high level in both basic and complex management situations. Occasionally needs help prioritizing, formulating or implementing a management plan. Handles emergencies well. Makes no unsafe decisions.

C - Generally performs at an adequate level in both basic and complex management situations. Frequently needs help prioritizing, formulating or implementing a management plan. Handles emergencies adequately. Makes no unsafe decisions.

NP- Does not always perform at an adequate level in basic and/or complex management situations. Generally needs help prioritizing, formulating or implementing a management plan. Does not handle emergencies adequately. Makes unsafe decisions.

One of the most challenging aspects of evaluation is adjusting expectations based upon where the student is in their educational experience. Beginning students are clearly

different than those who are ready for their final integration experience. In Appendix H, you will find a brief term by term description of what a student generally should be expected to be able to do at that point in their program of study.

Typhon

The OHSU nurse-midwifery program uses a program called Typhon for documentation of student clinical experiences and evaluations. If possible, we would prefer that the midterm and final evaluations be entered on Typhon. Instructions on how to access Typhon are found in Appendix I. If you have difficulty with accessing Typhon, please call Michelle Cruz at 503.494.3378. If you prefer not to use Typhon, you may use the forms found in Appendix G and return them to:

Michelle Cruz
Nurse-Midwifery Program
School of Nursing
Oregon Health & Science University
Mail Code: SN-5S
3455 SW Veteran's Hospital Road
Portland, OR 97239

Appendix A:
Program Philosophy, Purpose and Objectives

PHILOSOPHY

The faculty of the Nurse-Midwifery Program at the Oregon Health & Science University share the following beliefs regarding:

Midwifery Practice

- ❖ "Midwifery practice as conducted by CNMs and CMs, is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women."* Midwifery care is given within the context of the family and with a focus on continuity of care, health promotion and personal growth.

- ❖ Midwifery practice is safe and competent, based upon science and art, both necessary and neither sufficient.

"There are two kinds of truth, the truth that lights the way and the truth that warms the heart. The first of these is science, and the second is art. Neither is independent of the other or more important than the other. Without art, sciences would be as useless as a pair of high forceps in the hands of a plumber. Without science, art would become a crude mess of folklore and emotional quackery. The truth of art keeps science from becoming inhuman, and the truth of science keeps art from becoming ridiculous." (Raymond Chandler, 1938)

- ❖ Midwives strive for excellence in the care they provide and in their relationships with others. Qualities that denote excellence include caring, ethical awareness, moral courage and personal integrity. Midwives name and challenge indifference; understand power, its use and misuse; and act on behalf of women.

Healthcare of Women and Their Families

- ❖ Childbearing is an essentially normal event that the majority of families experience without complications. Even those whose experience deviates from the norm share the fundamental psychosocial experiences involved in birth.

- ❖ Pregnancy and birth involve the entire family. The addition of a new member alters both the structure and the function of the family system. While posing new stresses on family relationships, childbearing provides the family with opportunities for growth and learning. Nurse-midwives have unique opportunities to foster that growth and to strengthen the integrity of the family unit.

- ❖ Women experience unique health care needs. These needs are influenced not only by menstrual and reproductive physiology but also by tradition and by social, cultural, economic, and political forces in contemporary society. These forces have a profound effect on health behavior.

- ❖ Women and their families have a right to culturally sensitive care.

- ❖ Women and families have the right and responsibility to participate actively in decisions regarding their health care.

- ❖ Health care can best be provided by interdisciplinary collaboration. Health care disciplines have unique areas of expertise and the participation of each discipline should be determined by the needs of each woman and her family.

Midwifery Education

- ❖ Midwifery education emphasizes the synthesis of practice, theory and research.

- ❖ Faculty serve as role models and provide a framework for learning experiences.

- ❖ Students are responsible for their own learning in a process of increasing self-reliance and personal growth.

PROGRAM PURPOSE

The nurse-midwifery program educates students to become competent health care practitioners, scholars, and leaders with clinical focus on the reproductive and primary health care needs of women and their neonates.

STUDENT LEARNING OUTCOMES

Upon graduation, students in the nurse-midwifery program will be able to:

1. Demonstrate the independent management of primary health screening and health promotion of women from the perimenarcheal through post-menopausal periods.
2. Demonstrate the independent management of women during pregnancy, childbirth, and the post partum period.
3. Demonstrate the independent management of the care of the well newborn during the first 28 days of life.
4. Evaluate, utilize, interpret, and collaborate in research.
5. Demonstrate professional accountability through collaborative communication in the provision of midwifery care to women and their families.
6. Demonstrate an understanding of the concepts of health care principles and a familiarity with the American College of Nurse-Midwives (ACNM) Standards for the Practice of Midwifery and the ACNM Code of Ethics.
7. Demonstrate critical thinking and clinical judgment in the practice of clinical midwifery.
8. Apply interpersonal and communication skills to care for diverse populations of women and their families.
9. Demonstrate development of leadership skills directed toward representation of the midwifery model of care in clinical practice, health policy, education, and scholarship.

ACCREDITATION

This program is accredited through 2021 by the Accreditation Commission for Midwifery Education (ACME) of the American College of Nurse-Midwives (ACNM). Questions about the accreditation process or the status of this program may be referred to the ACME at 202-728-9860.

As required for ACNM accreditation, the Midwifery curriculum at OHSU is based upon the ACNM Core Competencies for Basic Midwifery Practice. (See Appendix A). A list of required courses, the course descriptions, and proposed course sequence follow on the next pages. Please read all carefully and contact your advisor if you have any questions.

Appendix B:
Programs of Study



Nurse Midwifery/Master of Nursing (MN)/Doctor of Nursing Practice (DNP)
Program of Study for Students Matriculating 2013-2014 Academic Year

Year 1							
Summer 2013		Fall 2013		Winter 2014		Spring 2014	
		NURS 713: Evaluating Evidence for Advanced Nursing Practice	3	NURS 583: Foundations of Midwifery Care during the Reproductive Cycle	2	NURS 519 Principles of Pharmacology & Prescribing for Advanced Practice Registered Nurses	3
		NURS 517: Health Assessment & Physical Diagnosis for Advanced Practice Nursing	4	NURS 515A: Advanced Physiology and Pathophysiology I	3	NURS 515B: Advanced Physiology/ Pathophysiology II	3
		NURS 518: Reproductive Health Care Management	4	NURS 584: Antepartum & Postpartum Management	5	NURS 581: Nurse-Midwifery Management of the Intrapartum Period	4
		NURS 700: Concepts for Comprehensive Care in Advanced Nursing Practice	3	NURS 509L: Practicum in Antepartum & Postpartum Management	2	NURS 509M: Practicum in Nurse-Midwifery Management of the Intrapartum Period	3
Total			14		12		13

Approved Program of Study (POS).
 ✓DL 1/17/2012
 X DL 5/18/12
 XDL FINAL 4/30/13

Nurse Midwifery/Master of Nursing (MN)/Doctor of Nursing Practice (DNP)
 Program of Study for Students Matriculating 2013-2014 Academic Year

Year 2							
Summer 2014		Fall 2014		Winter 2015		Spring 2015	
NURS 701: Policy and Population Based Care	3	NURS 516 Advanced Pharmacology for Primary Care	2	NURS 714: Practice Evaluation	3	NURS 509Q: Advanced Practicum in Nurse Midwifery Management	9
NURS 582: Management of the Newborn	3	NURS 733: Health Systems, Organization, & Change	3	NURS 735: Applied Health Care Economics & Finance	2		
NURS 509X: Practicum in Nurse-Midwifery Management of the Intrapartum Period	2	NURS 588: Advanced Women's Health Care Management	2	NURS 585: Primary Care for Nurse Midwives	4		
NURS 507B: Fundamentals of Teaching Nurse-Midwifery Students	3	NURS 509N: Practicum in Nurse Midwifery I	3	NURS 509Y: Practicum in Primary Care for Nurse Midwives	1		
		NURS 509O: Practicum in Advanced Women's Health Care Management	2	NURS 509P: Practicum in Nurse Midwifery II	3		
Total	11		12		13		9
						Total Credits: MN Awarded	84

Approved Program of Study (POS).
 ✓DL 1/17/2012
 X DL 5/18/12
 XDL FINAL 4/30/13

Nurse Midwifery/Master of Nursing (MN)/Doctor of Nursing Practice (DNP)
 Program of Study for Students Matriculating 2013-2014 Academic Year

Year 3							
Summer 2015		Fall 2015		Winter 2016		Spring 2016	
NURS 702: Concepts for Doctoral Nursing Practice	1	NURS 790: Clinical Residency	6	NURS 790: Clinical Residency	6	NURS 790: Clinical Residency	6
NURS 715: Methods for Clinical Inquiry	3	NURS 703: Clinical Inquiry	2	NURS 703: Clinical Inquiry	2	NURS 703: Clinical Inquiry	2
Elective/Cognate	3						
Elective/Cognate	3						
Total	10		8		8		8
						Total Credits: DNP Awarded	118

Approved Program of Study (POS).
 ✓DL 1/17/2012
 X DL 5/18/12
 XDL FINAL 4/30/13

Appendix C:

Midwifery Student Expectations

EXPECTATIONS OF STUDENTS

A. Responsibility for Learning

Students must take responsibility for their own learning. This involves:

1. A continuous process of identifying learning needs
2. Setting priorities
3. Resourcefulness in utilizing university and program facilities
4. Perseverance in finding practical solutions when the limits of the university and program resources are reached
5. Articulation of changing needs to faculty, preceptors and staff in the various agencies for practice
6. Initial discussion of problems/concerns with the person involved

B. Ethics

Students must:

1. Keep accurate records of their clinical experiences
2. Neither solicit nor receive help on examinations
3. Take credit only for their own work
4. Accept responsibility for their errors
5. Maintain client confidentiality
6. Maintain a high professional standard of ethics in all situations

C. Teaching/Learning Style

Just as all faculty members have a particular teaching style, all students have a learning style. Some students are visual learners, other are auditory learners, some are kinesthetic (touch/do) learners, and many are a combination of two or three styles.

This program uses a variety of teaching modalities; including lecture, seminar, laboratory and online experiences, as well as the critical direct clinical experience students need to acquire professional midwifery skills. Faculty members, as individuals, use a range of personal approaches, most of which we hope fit with the student's learning style. Particularly in clinical situations, we attempt to place students with a preceptor that will be a good match. Occasionally, a particular teaching approach and a particular learning style do not mesh. Students should seek assistance with their faculty/preceptor in a constructive fashion. The responsible faculty member will do everything possible to create a positive learning environment. If a satisfactory resolution is not obtained students should feel that they can discuss this may ask the Clinical Site Coordinator, Assistant Program Director or Program Director to review the situation.

D. Syllabi

It is the student's responsibility to keep all syllabi for course work. They may be needed in the future to apply for state licensure. The School of Nursing does not keep syllabi for more than 3 years. . Syllabi are available at the beginning of each quarter. Students are expected to become acquainted with the entire syllabus, to clarify any perceived ambiguities with the course coordinator at the beginning of the term and to meet the objectives by the end of the quarter.

E. Assigned Readings

It is the student's responsibility to find and read the literature necessary to meet the objectives. With each revision of the syllabi an attempt is made to eliminate class readings which are out-of-date, redundant or unavailable. However, with the proliferation of scientific literature, the limits of faculty time and monetary resources, the differing opinions on the value of any particular reading, the total inability to predict when a particular journal may be lost or stolen from the main library, or not available electronically, it is impossible to devise a perfect list and an always-available collection of readings. While this is a frustration to students, it is a fact of life. Copyright regulations preclude faculty making all readings available in hard copy or electronically.

F. Classes/Seminar/Learning Experiences

While it is not mandatory that students attend all classes/seminars, students are expected to attend most classes, unless otherwise noted, to contribute to the learning of their classmates. All students must be in town and available the first full week and the last full week of each term. Because of the small number of students in each class, attendance is REQUIRED when a guest speaker is scheduled. Students are responsible for all content and announcements even if they do not attend the class. Students are expected to be on time to class. Because classes are frequently small, seminar-like classes, disruption occurs when students arrive late. Furthermore, critical information is often imparted at the beginning of class, such as due dates or instructions for papers or exams. If students miss this information, the consequences are their own responsibility. Out of respect for student colleagues, faculty and guest speakers, cell phones are to be turned off or placed on vibrate while in class. In the past, some students have requested permission to bring babies or small children to class. In general, this is not encouraged, especially when a guest speaker is scheduled. If other classmates are supportive, and no guest speaker is scheduled, this is a possibility. Please keep in mind that this flexibility may not be available in core courses.

SNMs will be given many opportunities for learning beyond course and clinical work. These include but are not limited to organizing midwifery grand rounds, interdisciplinary grand rounds, opportunities for students to participate in and provide student representation on OHSU councils and committees.

G. Assignments

Unless otherwise noted, all assignments are due by the last day of class (the week before final examinations). A grade of Incomplete will be given if any assignment is turned in after that date.

H. Clinical Experiences

1. Clinical Assignments

Clinical assignments are made by the Clinical Coordinator based upon the learning needs of the students and the availability of sites and preceptors. Student preferences should be made known to the Clinical Coordinator well in advance of scheduling. No student can assume that s/he will automatically receive her/his first choice assignment. Students must be prepared

to travel to clinical assignments outside the Portland metropolitan area and to take "call" on nights and weekends. Students may expect to take regularly scheduled university vacations. If a student desires more clinical experience, s/he will need to obtain permission and arrange with the Clinical Site Coordinator on an individual basis. Students must not arrange clinical experiences on their own. Experiences not arranged by faculty are not covered by OHSU liability insurance. A Washington state nursing license is recommended. This allows for more flexibility with clinical placements.

Attendance at clinical experience is mandatory. This includes postpartum and newborn rounds as well as clinics and intrapartum experience. If a student cannot attend a scheduled experience, s/he must notify the faculty member and/or the designated staff person at the agency of assignment prior to the beginning of the experience. Absences in the clinical area must be made up unless the faculty member determines that the student has already mastered the clinical objectives and completed a sufficient number of clinical experiences. This includes "on-call" days.

In the rare event of illness or other unavoidable event that students are unable to attend a clinic or a call shift, it is their responsibility to contact the preceptor with this information and also to inform fellow students regarding the availability of this learning opportunity. Any deviation from the assigned clinical schedule must be approved by the faculty. If students sign up for a certain call shift, they are expected to complete this full shift unless they are ill or have a personal emergency. When students are on call, they are expected to have their pager on and functioning at all times.

2. Clinical Schedule

Experience in the clinical area usually begins the second week of the course and ends on the last day of the week before finals. Two exceptions are a) N509L Practicum: Antepartum and Postpartum Management and b) N509M Practicum: Nurse-Midwifery Management of the Intrapartum Period. In lieu of clinical experience, a laboratory experience may be scheduled during the first weeks of the term for N509L and the first 2 weeks of N581. Typically, initial intrapartum experience will be scheduled at OHSU. On occasion, other sites may be used.

3. Attire

Students should come to clinical assignments on time and in attire designated as appropriate by the clinical site where the clinical experience takes place. This does not include jeans. Lab coats should be clean and pressed. Students must always wear OHSU issued ID and identify themselves by name and student status to clients, colleagues, and staff.

4. Plan of Care

All clients must be presented to the faculty and a plan of care agreed upon before the student sends the client home. There are NO exceptions to this rule. Failure to comply will result in an academic warning and may result in a No Pass grade for the course. It is the student's responsibility to see that all charting expectations are completed in a timely fashion. Students are responsible for following up any laboratory test/procedures ordered.

5. "On Call"

Each student will have a pager provided by the program during their "on-call" time. Nurse-midwifery students are expected to be on call for 18-24 hours each week during terms with intrapartum experience. Since it is impossible to guarantee births while on call, some

students will get fewer births than others during a term. These students may need to take additional call. Typically, the number of births per student evens out over several terms. However, if that does not appear to be happening, arrangements for additional call time must be made. Students may be flexible in their division of call time to accommodate personal or learning needs. "Call time" should be covered and shared equally over the term. Students are responsible for preparation of their call schedule. The call schedule is to be given to the scheduler coordinator by the 20th of the preceding month.

I. Employment

Students are encouraged not to be employed during the school year. Certainly, this is not always possible. However, the demands of the program are great, usually much greater than anticipated at the beginning of the program. Talk with other students for a realistic idea of the program's time requirements outside of the classroom and clinical area.

J. Change of Address/Communication

If students change either their address, phone number, or e-mail address, they must notify the Registrar (4-7800) and the midwifery program support staff person. Students are expected to use their University assigned Outlook e-mail address for communication with faculty. Faculty and staff welcome student questions. If we don't know the answer, we will find out.

K. Comprehensive Examination

A comprehensive examination consisting of 150-175 multiple choice questions will be given at the beginning of spring quarter of the second year. The passing grade is 80%. Any student without a grade of 80% must retake the exam at the end of the quarter. A second grade below 80% will require successful completion of an individualized plan of remediation prior to a third attempt. A third failure will result in dismissal from the program.

L. Advanced Practicum in Nurse-Midwifery (N509Q) - 9 credits

The final practicum, commonly known as "integration", involves concentrated clinical practice in all phases of nurse-midwifery care at an off-campus site which is often located in another city or state. This clinical experience lasts 8 weeks. Assignments are made by the Clinical Site Coordinator on the basis of site availability and the learning and personal needs of students. Student preferences should be made known to the Clinical Site Coordinator by the beginning of Fall quarter of the second year. No student can assume that s/he will receive a first-choice assignment. Students must be prepared to travel, to be away from home for the majority of the quarter, and to bear the expense of travel, room and board, and out-of-state licensure. Students should not count on working for pay during integration as they may need to be available at any time for births as they occur.

The final practicum is preceded by successful completion of all previous coursework. In some cases, students may be required to take additional clinical hours before proceeding to integration. Students who are ready to proceed should be able to manage all basic clinical situations (antepartum, intrapartum, postpartum, neonatal, and primary care/gynecology) safely, competently, and in a timely manner. Students should be able to manage more complex situations to which they have been exposed in a similar fashion. For those complex situations to which students have not been exposed, a mechanism for basic assessment, consultation, referral and learning must be demonstrated. Students should be able to work with minimal supervision.

M. Student Charting and the Electronic Medical Record

Most clinical organizations are converting to an Electronic Medical Record (EMR). In addition, federal regulations limit what students are allowed to chart in patient records. The need for training to use the EMR and the changing interpretations of what students can enter into medical records makes charting and learning about charting a challenge for educational programs. Use of the EMR is a dynamic process, characterized by continual change and variation among settings. In every setting in which you see patients, be certain to clarify with your faculty or preceptor what the guidelines are for that organization.

N. Statistics and Experience Records

The Accreditation Commission for Midwifery Education (ACME) requires that students maintain accurate records of their clinical experience. Students who do not have a completed set of statistics in the program files at the end of the program will not be allowed to take the nurse-midwifery certifying examination.

Tracking of clinical experiences is done through a web-based program with the Typhon Group. Students will be oriented to the system prior to beginning clinical experiences. Clinical experiences may be entered through any computer with internet access. All clinical experience data must be entered in Typhon. Data are entered according to the date of the clinical experience. There is a 7 day limit after which data may not be entered for experiences obtained prior to that. Therefore it is critical that data are entered in a timely fashion. Students will not be given a grade in clinical courses until Typhon entries are complete.

The Accreditation Commission for Midwifery Education (ACME) requirements for the number of student nurse-midwifery management experiences are:

- a. 10 Preconception care visits
- b. 15 New antepartum visits
- c. 70 Return antepartum visits
- d. 20 Labor management experiences
- e. 20 Births
- f. 20 Newborn assessments
- g. 10 Breastfeeding support visits
- h. 20 Postpartum visits (0-7 days)
- i. 15 postpartum visits (1-8 weeks)

Primary Care visits:

- 1) 40 Common health problems
- 2) 20 Family planning visits
- 3) 40 gynecologic visits including perimenopausal and postmenopausal visits.

These categories of visits are not mutually exclusive. For instance, if during the course of a Family Planning visit, Preconception advice is given, the visit may count in both categories. If, during a Postpartum visit, Breastfeeding Support is provided, that visit may count in both

categories. If, during a return Antepartum visit, a rash or urinary tract infection is treated, that visit may also count as a Common Health Problem. These numbers are only minimum requirements. Demonstrated mastery of the clinical objectives is required, regardless of the number of clinical experiences.

O. Giving and Receiving Feedback

A critical professional skill in midwifery practice is the ability to give and receive feedback constructively. Peer review will be an ongoing aspect of professional learning and quality documentation. Feedback is also an essential component of the faculty/student relationship. Faculty members work to provide feedback to students that is helpful and supportive to their learning. Conversely, midwifery faculty need feedback to become better educators. The ability to provide critique in a constructive manner is a skill that can be learned like any other. The ability to receive critique requires an open attitude and an understanding that we all can improve performance as midwives and teachers. Appendix E provides some tips on the giving and receiving of feedback. (www.thenursingcenter.com)

P. Health Insurance Portability and Accountability Act (HIPAA)

As a part of the School of Nursing orientation, students receive HIPAA training to insure that they are aware of responsibilities related to the protection of patients' privacy. This information is particularly critical for midwifery students who, as a part of their midwifery education, participate as members of the midwifery faculty practice. As members of that practice, students will have access to information on all patients cared for by the faculty midwives, including a significant number of OHSU employees and students. Discussion of cases involving midwifery patients occurs as a part of both quality review and student learning.

In the clinical setting, students and faculty will discuss patients that they are caring for together. Students must be especially attentive to other patients or practitioners that may be in the area, and be exceptionally careful to insure that their discussion is not overheard by others who should not be privy to the information.

In the classroom setting, students will be asked to present cases in which they have been involved in the patient's care, or patient examples may be cited to illustrate clinical situations. If classroom discussion includes patient care situations from the midwifery faculty practice, the patient's name should not be used and information should be de-identified to the extent possible. Under no circumstances should the content of that discussion leave the classroom and be shared with anyone other than one of the faculty midwives. Further, the content of that discussion should never be shared with the patient.

As technology evolves, there are more opportunities for the inadvertent breach of patient confidentiality. A recent communication from the OHSU president states:

No patient information that includes patient identifiers –such as names, addresses social security or medical record numbers, etc – can be stored or sent using the web or cloud. This includes many commonly used communications and storage sites, including Google Docs or Google Mail (aka Gmail), Dropbox, PBWorks, iCloud, Yahoo Mail and others.

The importance of patient privacy cannot be overstated. Violation of patient confidentiality will be reported to the Integrity Office and may result in reprimand or dismissal from the program.

EVALUATION OF STUDENTS AND THE NURSE-MIDWIFERY PROGRAM

1. Student Clinical Performance

Clinical evaluation forms (CEFs) are to be filled out at the end of each clinic session, and at the end of each birth, postpartum evaluation, patient evaluation in labor and delivery, and labor experience even if the student does not actually deliver the baby. This includes forceps and cesarean births or births that occur after the student's shift is completed, but involved substantive labor management. Ideally, forms will be filled out by the student, comments will be added by the faculty, and the evaluation form will be discussed and signed by both at the completion of each experience. Realistically, fatigue, hunger and other commitments sometimes dictate delay.

Each student should have a completed evaluation to the faculty member **within 24 hours** of completion of the clinical experience and make arrangements for discussion if deemed necessary by either the student or faculty member. **Grades will not be issued for the course until all completed and signed CEFs for the term are given to the clinical coordinator.**

Approximately midway into each quarter's clinical experience a midterm conference should occur. **It is the student's responsibility** to schedule this conference with the clinical coordinator. If problems are identified, they will be documented in writing and a plan for improvement will be made. Grades will be based upon the student's mastery of the clinical objectives and performance. An in progress grade can be given at the discretion of the faculty if the student has not had adequate clinical experience in the quarter.

The final evaluation will be discussed with the student, and both the student and faculty will be asked to sign a summary. If there is disagreement, the student may write an explanatory note but the faculty member's evaluation stands as written unless s/he revises it. If disagreement persists, the student may meet with his/her advisor. See the OHSU Student Handbook for an explanation of the grievance process.

For evaluation of student performance in the integration experience, preceptors are asked to provide written evaluations. Although feedback and a **recommended** grade will be obtained from the preceptor at the integration site, the faculty of record for the course is the clinical site coordinator. Therefore, the final decision for grading will be made by the clinical site coordinator in consultation with the preceptor and other primary academic faculty

Appendix D:
SON Policies and Procedures

School of Nursing Policies and Procedures:

OHSU School of Nursing Dress Code and Body Piercing

It is expected that students will exercise good taste and maintain a neat and well-groomed appearance congruent with a professional culture. When attending class in a health care setting or working in the clinical area, students are expected to conform to the professional norm of that area. Each campus determines its own student uniform. With faculty approval, students may periodically update their uniform requirements. It is expected that the uniform selected will be professional, identifiable as a nursing uniform, and consistent in appearance. Identification badges must be worn at all times while on campus or in the health care clinical setting. Additional information on OHSU's dress code can be found at: www.ohsu.edu/son/student/orientation_uniforms.html

Each course that includes a clinical component will specify appropriate clothing requirements and those requirements can be found in the syllabus for each course. Requests for exceptions to the dress code should be made to the clinical faculty who will take into account the clinical setting and the reason for the request. For example, earrings are the only jewelry allowed for body piercing. Faculty will consider the piercing site and size of jewelry in determining whether or not to allow an exception.

Blood and Body Fluids Exposure incident Reporting

Procedure: Student Incidents during Clinical/Practicum Experiences

1. If a student is injured while participating in a clinical experience or practicum:
 - a. Students should report the injury immediately to the clinical preceptor and clinical instructor.
 - b. If the injury occurs outside of OHSU, the clinical instructor will follow the protocol at the agency, including verification of completion of the facility's incident report forms.
 - c. If the injury requires medical treatment and occurs between 8 AM and 4:30 PM Monday through Friday, the student should contact or go directly to the Student Health Service (SHS; if available) or their primary care provider. The phone number for the SHS is 503-494-8665 (*substitute contact information for regional campuses*).
 - d. If the injury requires treatment and occurs outside of the hours that the SHS is open, students may:
 - i. Go to the Student Health Service the following day if follow-up care is needed.

- ii. Contact the on-call SHS physician at 494-8311 for triage (*substitute contact information for regional campuses*).
 - iii. Go to the OHSU ED if the injury is an emergency.
 - iv. Contact their primary care provider for treatment.
 - v. ** Please note that students must use their personal health insurance for any treatment, and that injuries sustained at OHSU as a student are not covered by Workers' Compensation.
 - e. **If the injury occurs at OHSU and whether or not medical treatment is necessary**, students are required to report any work related incident, injury, exposure or condition via the Worker & Student Injury Reporting System (WSIRS) <http://www.ohsu.edu/xd/about/services/risk-management/workers-compensation/wsirs.cfm> within 24 hours.
 - f. The clinical instructor is responsible for notifying the clinical coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.
2. If a student experiences a **blood or body fluid exposure** such as a needle stick, scrape, cut, splash, or other exposure while participating in a clinical experience or practicum:
 - a. Students should report the exposure immediately to the preceptor, clinical instructor, and unit manager.
 - b. If the exposure occurs at OHSU:
 - i. The student and clinical instructor should follow the procedure for blood/body fluid exposures and clean the wound thoroughly.
 - ii. The student should contact or go directly to the OHSU Student Health Service.
 - iii. If after hours, the student should go to the OHSU ED within 6 hours of the exposure (regardless of student's insurer). The student should be sure to let the ED staff know that they are a student so that the charges are put on the industrial account.
 - iv. If the student is initially seen in the ED, he/she should report to the Student Health Service on the next business day for follow-up. There is no charge to the student for blood and body fluid exposure follow-up.
 - v. The hospital will provide an assessment of the exposure source at no cost to the source.
 - c. If the exposure occurs outside of OHSU:
 - i. The student and clinical instructor should follow the protocol for blood and body fluids exposure at the agency, including urgent care and completion of incident report forms.
 - ii. Initial evaluation of the student and the source patient are usually done at the site according to their policy. If the facility does not have the ability to provide immediate care, evaluation should be done by an appropriate professional provider outside of the facility.

- iii. If immediate care is available at the student's local campus or primary care provider, the student should seek evaluation as soon as possible, preferably in less than 6 hours.
 - iv. If immediate care is not available at the clinical agency, contact the SHS (494-8665) or the Student Health Service physician after hours (494-8311). *(Substitute contact information for regional campuses.)*
 - v. In Portland, the student should report to the OHSU Student Health Service on the next business day for follow-up with the clinical agency/facility. If evaluated at a local campus facility or a primary care provider, the student should follow-up as directed with the clinical agency/facility.
 - vi. There is no charge to the student for blood and body fluid exposure follow-up with SHS. If treatment requires a referral outside of SHS the student will be responsible to use their personal health insurance and will incur any associated fees according to their insurance policy.
- d. **If the exposure occurs at OHSU and whether or not medical treatment is necessary**, students are required to report any work related incident, injury, exposure or condition via the Worker & Student Injury Reporting System (WSIRS) <http://www.ohsu.edu/xd/about/services/risk-management/workers-compensation/wsirs.cfm> within 24 hours.
- e. The clinical instructor is responsible for notifying the course coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.
3. If a student is involved in a **medication error or patient injury**:
- a. Students should report the incident immediately to the preceptor and clinical instructor.
 - b. The student, preceptor, and clinical instructor should follow the agency procedures to ensure the safety of the patient/client based on the nature of the incident.
 - c. If the incident occurs outside of OHSU, the student and faculty should follow the agency protocol for reporting the incident.
 - d. **If the incident occurs at OHSU**, students are required to submit a report a report on the [Patient Safety Net](#) prior to the end of the clinical shift. The report must be initiated by the preceptor or faculty; the student will not be able to log in independently, but must be present to complete the documentation.
 - e. The clinical instructor is responsible for notifying the course coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.
4. Copies of the SON Student Incident Tracking Form should be sent to the course coordinator, program director or campus associate dean, and the appropriate Senior Associate Dean. A compiled report of incidents will be submitted to Academic Operations annually.

This procedure and related form is located on the SON Webpage at

Invasive Procedures

Students will not practice invasive procedures on each other while learning skills and techniques.

To protect nursing students from unnecessary exposure to communicable diseases that may be transmitted through blood and body fluids; with consideration of the benefit-risk ratio for student-to-student and self administered performance of invasive procedures in learning techniques and skills related to the performance of invasive procedures; and with confidence that the basic principles, techniques, and skills in the performance of invasive procedures can

be learned without involvement of human subjects, students will not be required nor permitted to practice invasive procedures on themselves or others in a practice situation, whether on campus or elsewhere.

OHSU School of Nursing Code of Conduct

OHSU and the School of Nursing seek excellence in instruction, research, clinical, and public services. OHSU and SON recognize and value the diversity of their members and support the right of all people to live and learn in a safe and respectful environment that promotes the free and diverse expression of ideas. These policies and procedures are designed to protect such freedoms and the fundamental rights of others.

These procedures occur under the authority of and may be subject to review and amendment by the SON Dean or the Dean's designee. The provisions of these rules apply to all matriculated students, non-matriculated students taking SON courses, and University-sponsored or recognized student organizations and activities on University owned or controlled property or any other location. In addition to these rules, students must comply with the OHSU Code of Conduct and all other applicable University policies.

All matters pertaining to Code of Conduct violations are kept confidential to the extent appropriate under the circumstances. All records/materials regarding a case will be kept in locked files in the SON in accordance with the OHSU retention schedule. Disciplinary actions will be noted in the student's academic file that is retained in the SON for one year past last date of attendance. Dismissals are recorded on the student's official transcript.

Because after graduation nursing students may be licensed to practice nursing and are required to assume responsibility for the life and welfare of other human beings, every nursing student is expected to demonstrate competence and patterns of behavior that are consistent with professional responsibilities and are deserving of the public's trust. All students are required to sign an agreement to abide by the guidelines contained in the Student Code of Conduct and Responsibility Code (the "Code") at the time of admission. A student, group of students, or

student organization whose conduct is determined to be inconsistent with the standards as described in this Code is subject to disciplinary action.

Students and faculty are expected to report to the School of Nursing Conduct Officer any unethical or proscribed conduct that violates this Code. A Statement of Violation of the Student Code of Conduct & Responsibility for reporting unethical or proscribed conduct is available on the SON website or can be obtained from the Student Conduct Officer. Any charge should be submitted as soon as possible after the event takes place, preferably within 14 calendar days of the event. Pending decision on a complaint, a student is entitled to all of the rights and privileges of a student in good standing. The Associate Dean for Academic Affairs (in consultation with the University Office of Academic and Student Affairs and the OHSU Legal Department) may suspend the student pending decision on a conduct violation when there is clear and convincing evidence that the individual's presence at the University constitutes a substantial threat to health, personal safety, or property, or is otherwise in the best interest of the SON, the University, the student, or other students, faculty or staff.

The Code will be applied without regard to age, ability, ethnicity, sex, race, disability, religion, political affiliation, sexual orientation, or any other basis protected by state, local, or federal law. Each case is considered individually, and informal resolution of student conduct complaints will be sought whenever possible. When Conduct issues are brought to the attention of the Student Conduct Officer, that person will investigate the matter to determine whether there are reasonable grounds to believe that the complaint is well founded. If reasonable grounds are not found, the SON Student Conduct Officer will dismiss the charges. If reasonable grounds are found or if the student accepts responsibility for the conduct, the student is informed of the matter charged, with reference to the specific section of this Code allegedly violated. The student is given the option to have the case heard and a disciplinary decision made by the SON Student Conduct Officer or to have a hearing before the full committee. Once informed of this option, the student has 7 calendar days to submit a written request for a hearing. Failure to file a timely request for a hearing shall result in the loss of this option.

If the student chooses to have the SON Student Conduct Officer hear the case, the student will be given an opportunity to explain the behavior and will be informed of the evidence supporting the charge. In addition, the SON Student Conduct Officer may involve additional relevant individuals and review other information that is pertinent to the allegation(s). The SON Student Conduct Officer will determine, based upon a preponderance of the evidence, whether a Code violation exists. Subsequent to that determination, the student will receive written notice confirming the matter charged and the sanction, if any, as well as the right to appeal the decision

Students have the right to request access to evidence collected by the SON regarding a possible Code of Conduct violation. Examples of evidence that may be released include the written statements by witnesses or complainants related to the alleged violation, applicable OHSU & SON policies, and formal or electronic correspondence between the SON and the student. Requests for access to the evidence are directed to the SON Conduct Officer or the SON Senior Associate Dean for Academic Affairs.

Conduct prohibited by OHSU (OHSU policy 02-30-010)

1. Conviction of a felony, a class A misdemeanor or of a crime involving moral turpitude (which shall include, but not be limited to, sex or drug related crimes) while attending the University or prior thereto if the conviction was not disclosed (if the application process required disclosure) in applying to the University for admittance;
2. Obstruction or disruption of teaching, research, patient care, administration, disciplinary procedures, or other institutional activities, including the institution's public service functions or other authorized activities;
3. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally- owned or controlled property;
4. Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities on institutionally-owned or controlled property, unless expressly authorized by law, Board or University policies (absence of criminal penalties is not considered express authorization);
5. Detention or physical abuse of any person or conduct that may threaten harm to or endanger any person on any institutionally-owned or controlled property;
6. Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally-owned or controlled property, or, regardless of location, is in the care, custody, or control of the University;
7. Refusal while on institutionally-owned or controlled property to comply with an order of the President or appropriate authorized official to leave such premises because of conduct proscribed by OHSU policies or procedures or when such conduct constitutes a risk to personal safety, property, or disruption of patient care, educational, research, outreach or other University activities on such premises;
8. Unauthorized entry to or use of institutional facilities, including buildings, offices and grounds;
9. Illegal use, possession, sale or distribution of drugs on institutionally owned or controlled property (absence of criminal penalties is not considered express authorization);
10. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct that calls on the person or persons addressed for imminent action and, coupled with a reasonable apprehension of imminent danger to the functions and purposes of the University, including the safety of persons, and the protection of its property;
11. Conduct prior to enrollment at OHSU which was not disclosed and which could have resulted in a decision not to admit the person; or
12. Misrepresentation or false statements made in an application process

Additional conduct prohibited by the School of Nursing

1. Violating state or federal laws or regulations or SON or OHSU policies, (including the OHSU Code of Conduct),
2. Violating professional standards as described in the OHSU Code of Conduct and the SON Catalog /Student Handbook
3. Engaging in academic dishonesty, cheating, or fraud, including but not limited to: a) plagiarism, from the work of others, including work by other students or from published materials without appropriate citation, b) the buying and selling of course assignment and research papers, c) performing academic assignments (including tests and examinations) for other persons, d) unauthorized disclosure and receipt of academic information, e) allowing students to copy answers from exams or assignments, f) using disallowed materials or methods for exams or assignments, g) working with others when the assignment indicates the work is to be independent, and h) falsification of research data;
4. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to education or professional matters;
5. Falsifying or misusing University, SON, or clinical records, permits, or documents;
6. Exhibiting behavior disruptive to the learning process or to the academic or community environment;
7. Failing to report observed unethical or proscribed behavior;
8. Taking food, medications, patient belongings or materials from clinical settings without approval or authorization;
9. Not questioning a medical order when in doubt.

For the complete policy, please see SON Policy, **20-04.22**,

http://www.ohsu.edu/xd/education/schools/school-of-nursing/faculty-staff/admin_policies.cfm

OHSU Technical Standards

Health sciences programs have a societal responsibility to train competent health care providers and scientists who demonstrate critical judgment, extensive knowledge and well-honed technical skills. All candidates for an OHSU degree or certificate must possess essential skills and abilities necessary to complete the curriculum successfully. These include academic (e.g., examination scores, GPA) as well as technical standards. These technical standards are nonacademic criteria, basic to all of OHSU's educational programs. Each OHSU program may develop more specific technical standards.

OHSU's technical standards include:

- Acquiring information from experiences and demonstrations conveyed through online coursework, lectures, group seminars, small group activities and others.
- The ability to recognize, understand and interpret required instruction materials including written documents, computer information systems and non-book resources.
- The ability to manipulate the equipment, instruments, apparatus or tools required to collect and interpret data appropriate to the domain of study, practice or research.
- The ability to follow universal precautions against contamination and cross-contamination with infectious pathogens, toxins and other hazardous chemicals.
- Solving problems and thinking critically to develop appropriate products and services (e.g., treatment plans, scientific experiments).
- Synthesizing information to develop and defend conclusions regarding observations and outcomes.
- Using intellectual ability, exercising proper judgment and completing all responsibilities within a timeframe that is appropriate to a given setting.
- Maintaining effective, mature and sensitive relationships under all circumstances (e.g., clients, patients, students, faculty, staff and other professionals).
- Communicating effectively and efficiently with faculty, colleagues and all other persons encountered in any OHSU setting.
- Working in a safe manner and responding appropriately to emergencies and urgencies.
- Demonstrating emotional stability to function effectively under stress and adapting to changing environments inherent in clinical practice, health care and biomedical sciences and engineering.

This information is available in the SON Catalog, page 103

INCIDENT REPORTING FOR MIDWIFERY STUDENTS

As a preceptor for the midwifery program, it is not your responsibility to complete the OHSU reporting procedures required if a student or patient is injured or if there is a blood borne pathogen exposure. However, it is the responsibility of the Clinical Coordinator (or midwifery faculty member if the CC is not available) and we have internal procedures for that. In the event that such an incident occurs:

1. Follow the emergency procedures for your own agency or institution
2. Notify the Clinical Coordinator immediately (or as soon as reasonably possible)
3. Document the incident in writing
4. Let us know if there is anything we can do to assist.

THE STUDENT'S RESPONSIBILITY FOR REPORTING INCIDENTS

Should an incident occur, the student is likely to be upset and may need a reminder about what her responsibilities are with regard to reporting and follow up. We have reprinted below what students are told to do in their SON catalog so that you can help to guide her response to the incident.

Incident Reporting for Students

Students must immediately report all body fluid splashes, needle sticks, medical/clinical errors or other incidents that can endanger their health to their clinical faculty and take appropriate follow up action. Students on regional campuses follow up with their primary health care provider. Portland students follow up with their student health center. Portland students using the OHSU Emergency Services without receiving authorization or notifying the Student Health Service may have additional charges. Students' major medical insurance will be billed for emergency and off-campus services. Follow the protocol of the agency and request information from the agency regarding the contamination risk based on the clients health status. Faculty are to report any incidents through the OHSU Health System Event Reporting System located at: ozone.ohsu.edu/healthsystem/dept/risk/UHC-PSN

Appendix E:
OSBN Policies

DIVISION 50

Nurse Practitioners

Stats. Implemented: ORS 678.375, 678.385, 678.380

Standards for Nurse Practitioner Programs

851-050-0001

The Board's standards for all nurse practitioner programs for initial applicants are as follows:

- (1) The nurse practitioner program shall be a minimum of one academic year in length;
however, programs completed before January 1, 1986 and post-Masters programs completed for the purpose of changing category of nurse practitioner certification may be less than one academic year in length if the program otherwise meets all requirements.
- (2) Faculty who teach within the nurse practitioner program shall be educationally and clinically prepared in the same specialty area(s) as the theory and clinical areas they teach
and shall include advanced practice nurses.
- (3) The curriculum content shall contain theory and clinical experience in the nurse
The curriculum content shall contain theory and clinical experience in the nurse

Oregon State Board of Nursing • Nurse Practice Act

practitioner population focus specified in OAR 851-050-0005(6) for which application is being made, preparing the graduate to meet all competencies within the scope including physical assessment, pharmacology, pathophysiology, differential diagnosis and clinical management.

- (4) The number of contact hours of clinical experience shall be equal to or greater than the number of contact hours of nurse practitioner theory. The clinical experience must consist
of full scope preparation in the population focus for which application is being made.
- (5) Post-graduate Nurse Practitioner programs which prepare an individual for dual role or population focus certification must meet all competencies designated for the Nurse Practitioner role, including supervised clinical hours of no less than 500 hours for each role or population focus.
- (6) Programs must provide documentation that students meet the program's curriculum requirements in effect at the time of enrollment.
- (7) Written program materials shall accurately reflect the mission, philosophy, purposes, and
objectives of the
program.
- (8) Programs shall demonstrate appropriate course sequencing and requirements for matriculation into the program, including completion of all pre-licensure nursing curriculum
requirements before advancement into nurse practitioner clinical coursework.

- (9) Preceptors shall meet clinical and licensure qualifications for the state in which they practice.
- (10) Asynchronous learning programs shall meet all standards of OAR 851-050-0001.
- (11) All courses required for completion of the nurse practitioner program must be at the graduate level, if completed after January 1, 1986.
- (12) Nurse practitioner programs outside of the United States must meet all standards of OAR

851-050-0001. Such programs shall be determined by Board approved credentials review to be equivalent to graduate nurse practitioner programs offered in the United States

which prepare the nurse practitioner for practice within the advanced nursing specialty

scope. Nationally recognized accreditation standards may be applied by the Board at the Board's discretion, in accordance with the Oregon Office of Degree Authorization regulations.

(13) The Board's additional requirements for Oregon based Nurse Practitioner programs are as follows:

The Dean or Director of the Nursing School which provides one or more Nurse Practitioner programs/tracks shall ensure that one or more qualified faculty are appointed and have

defined position responsibility to address the administrative functions of the program/track. Administrative functions include budget and resource preparation,

curricular design, oversight of program implementation and evaluation. The appointed faculty and preceptor(s) in the program shall meet the following requirements:

(a) Nurse Practitioner Program Administrator who has overall responsibility for one or

more NP tracks shall meet the following requirements:

(A) A current active unencumbered Oregon Nurse Practitioner state certificate; (B) National certification as a Nurse Practitioner in at least one population focus area;

(C) A doctoral degree in a health-related field;

(D) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration and at least two years of current clinical experience which meets Oregon's practice requirements;

(E) In a multi-track program, where only one Program Administrator is appointed by the Dean or Director of the school, there must be evidence of additional program administrators or lead Nurse Practitioner faculty to provide oversight for student supervision who are nationally certified in that specific program's population focus.

(b) The Nurse Practitioner Program Educator shall meet the following requirements. (A) A current active unencumbered Oregon Nurse Practitioner state certificate; (B) An earned doctoral degree in nursing; or

Oregon State Board of Nursing • Nurse Practice Act

- (C) A masters degree with a major in nursing and an appropriate advanced practice nurse credential; and
- (D) Two years of clinical experience as a Nurse Practitioner;
 - (E) Current knowledge, competence, and certification as a Nurse Practitioner in the population foci consistent with teaching responsibilities; and
 - (F) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty requirements.
- (c) Clinical Preceptors in the Nurse Practitioner program shall meet the following requirements:
 - (A) Student preceptor ratio shall be appropriate to accomplishment of learning objectives, to provide for patient safety, and to the complexity of the clinical situation;
 - (B) Oregon licensure or certification appropriate to the health professional area of practice;
 - (C) Functions and responsibilities for the preceptor shall be clearly documented in a written agreement between the agency, the preceptor, and the clinical program; and
 - (D) Initial experiences in the clinical practicum and a majority of the clinical experiences shall be under the supervision of clinical preceptors who are licensed advanced practice registered nurses.
- (d) Nurse Practitioner Educator responsibilities shall include:
 - (A) Making arrangements with agency personnel in advance of the clinical experience which provides and verifies student supervision, preceptor orientation, and faculty defined objectives;
 - (B) Monitoring student assignments, making periodic site visits to the agency, evaluating students' performance on a regular basis with input from the student and preceptor, and availability for direct supervision during students' scheduled clinical time;
 - (C) Providing direct supervision by a qualified faculty or experienced licensed clinical supervisor as required for patient safety and student skill attainment.
- (e) Nurse Practitioner Program Administrator responsibilities shall include:
 - (A) Ensuring appropriate student faculty ratios to meet program goals and objectives;
 - (B) Provision of leadership and accountability for the administration, planning, implementation and evaluation of the program;
 - (C) Preparation and administration of the program budget;
 - (D) Facilitation of faculty recruitment, development, performance review, promotion and retention; and
 - (E) Assurance that cooperative agreements with clinical practice sites are current.

Appendix F:
One-Minute Preceptor Schematic

**OREGON HEALTH AND SCIENCE UNIVERSITY
SCHOOL OF NURSING GRADUATE NURSE MIDWIFERY PROGRAM
A Patient-Centered Approach to the One-Minute Preceptor**

Linda Roth, PhD, David L. Gaspar, MD, John Porcerelli, PhD, Department of Family Medicine, Wayne State University

DIAGNOSE AND LEARNER						
PATIENT						
Step	Task	Purpose	Cue	Action	Do	Don't
1	Get a commitment	Gives <u>learner</u> responsibility for patient care Encourage information processing within <u>learner's</u> database	Learner presents case, then stops	Ask what the learner thinks: "What do you think is going on?" "What would you like to do next?"	<u>Do</u> determine how the learner sees the case (Allows learner to create his/her own formulation of the problem)	<u>Don't</u> ask for more data about the patient <u>Don't</u> provide an answer to the problem
2	Probe for supporting evidence	Allow preceptor to diagnose learner	Learner commits to stance; looks to preceptor for confirmation	Probe learner's thinking: "What led you to that conclusion?" "What else may be happening here?" "What would you like to do next?"	<u>Do</u> diagnose learner's understanding of the case - gaps and misconceptions, poor reasoning or attitudes	<u>Don't</u> ask for textbook knowledge
TEACH						
Step	Task	Purpose	Cue	Action	Do	Don't
3	Chose a single, relevant teaching point	Focus on specific competencies relevant to this learner working with this patient	Case decision-making complete or consultation with patient needed	Provide instruction. The learner (under direction or observation) or preceptor (acting as role model) collects additional information as needed	<u>Do</u> check for learner agreement with the teaching point	<u>Don't</u> choose too much to cover
4	Teach (or reinforce) a general rule	Remediate any gaps or mistakes in data, knowledge, or missed connections	Apparent gaps or mistakes in learner thinking	Draw on <u>explicit</u> generalizations. "Let's list the key features of this problem" "A way of dealing with this problem is ..."	<u>Do</u> help the learner generalize from this case to other cases	<u>Don't</u> slip into anecdotes, idiosyncratic preferences
5	Reinforce what was done correctly	Firmly establish and reinforce knowledge Reinforce behaviors beneficial to patient, colleague, or clinic	Teaching point has been delivered	Provide reinforcement "Specifically, you did a good job of ... and here's why it is important..."	<u>Do</u> state specifically what was done well and why that is important	<u>Do not</u> give general praise, "That was good," because the key to effective feedback is <u>specificity</u>
6	Correct errors	Teach learner how to correct the learning problem and avoid making the mistake in the future	Teaching point has been delivered	Ensure correct knowledge has been gained. "What would you do differently to improve your encounter next time?"	<u>Do</u> make recommendations for improving future performance	<u>Do not</u> avoid confrontation - errors uncorrected will be repeated
			ONE MINUTE	REFLECTION		
Ask: "What did I learn about this learner?"				"What did I learn about my teaching?"	"How would I perform differently in the future?"	

References: Neher, JO, Gordon, KC, Meyer, B, and Stevens, N. (1992). A five-step 'microskills' model of clinical teaching. J Am Board Fam Pract; 5: 419-24
DaRosa, et al. (1997) Strategies for making ambulatory teaching lite: less time and more fulfilling. Acad Med; 72(5): 358-61
Education document shared with AAMC CGEA Faculty Development SIG, March, 2001. Contact lroth@med.wayne.edu

Appendix G:
CEFs, Midterm and Evaluation Forms

**COLEGE HEALTH AND SCIENCE UNIVERSITY
SCHOOL OF NURSING: NURSE-MIDWIFERY PROGRAM
PRECONCEPTION, ANTEPARTUM, AND PRIMARY CARE
CLINICAL EVALUATION**

_____ # preconception care visits (10)
 _____ # postpartum visit 1-8weeks (15)
 _____ # family planning (20)
 _____ # peri/postmenopausal visits

_____ # New OB (15) _____ # Return OB (40)
 _____ # common health problems
 _____ # gyn visits (40) _____ # BF support (10)

Student obtains, evaluates, and records pertinent data for complete assessment of the woman	
Area(s) of strength	
Goals) for improvement	
Student interprets data to accurately anticipate, identify, or diagnose problems for appropriate counseling, treatment, referral, or consultation	
Area(s) of strength	
Goal(s) for improvement	
Student develops a comprehensive management plan based on findings and valid rationale	
Area(s) of strength	
Goal(s) for improvement	
Student directs/implements the management plan	
Area(s) of strength	
Goal(s) for improvement	

Student evaluates the effectiveness and completeness of the management plan and adjusts it as indicated	
Area(s) of strength:	
Goal(s) for improvement	
Student displays awareness of record as a tool for facilitating continuity of care and a legal document requiring application of risk management	
Area(s) of strength	
Goal(s) for improvement	
Student interacts as professional with preceptor and other members of the health care team	
Area(s) of strength	
Goal(s) for improvement	

Signatures:
 Student _____ **Key (see back side)**
 Preceptor _____ 0 = No Opportunity
 Date _____ 1 = Dependent
 Clinic # _____ 2 = Provisional
 Hours in clinic _____ 3 = Assisted
 4 = Supervised
 5 = Independent

The five levels of clinical performance are described below. Read the standards for each level of competency in order to determine the performance level of the student you are precepting.

While the student completes the form, doing a self-evaluation, the preceptor should agree and both can give examples or suggest goal(s) necessary to meet the next level of competency.

**OREGON HEALTH AND SCIENCE UNIVERSITY
SCHOOL OF NURSING: NURSE-MIDWIFERY PROGRAM
INTRAPARTUM EVALUATION FORM**

Student obtains, evaluates, and records pertinent data for complete assessment of the woman	
Area(s) of strength	
Goal(s) for improvement	
Student interprets data to accurately anticipate, identify, or diagnose problems for appropriate counseling, treatment, referral, or consultation	
Area(s) of strength	
Goal(s) for improvement	
Student develops a comprehensive management plan based on findings and valid rationale	
Area(s) of strength	
Goal(s) for improvement	
Student directs/implements the management plan	
Area(s) of strength	
Goal(s) for improvement	
Student evaluates the effectiveness and completeness of the	

management plan and adjusts it as indicated	
Area(s) of strength:	
Goal(s) for improvement	
Student displays awareness of record as a tool for facilitating continuity of care and a legal document requiring application of risk management	
Area(s) of strength	
Goal(s) for improvement	
Student interacts as professional with preceptor and other members of the health care team	
Area(s) of strength	
Goal(s) for improvement	

Signatures:
 Student _____
 Preceptor _____
 Date _____
 Clinic # _____
 Hours in clinic _____

Key (see back side)
 0 = No Opportunity
 1 = Dependent
 2 = Provisional
 3 = Assisted
 4 = Supervised
 5 = Independent

____ # OB Triage visits, sent home ____ # Problem Triage (include common health) visits
 ____ # Labor Management (20) ____ # Newborn Assessments (20)
 ____ # Births (20) ____ # partograms (attached)
 ____ # BF Support

Revised 8/1/2010

The five levels of clinical performance are described below. Read the standards for each level of competency in order to determine the

Independent

- Performs behavior safely and accurately each time observed without directive cues from preceptor
- Demonstrates dexterity
- Spends minimal time on task
- Appears relaxed and confident during performance of task
- Applies theoretical knowledge accurately each time
- Focuses on client while giving care

Supervised

- Performs safely and accurately each time observed
- Requires supportive or directive cues occasionally during performance of task
- Demonstrates coordination but uses some unnecessary energy to complete behavior/activity
- Spends reasonable time on task
- Appears generally relaxed and confident, occasional anxiety may be noticeable
- Applies theoretical knowledge accurately with occasional clues
- Focuses on client initially; as complexity increases, focuses on task

Assisted

- Performs safely and accurately each time observed
- Requires frequent verbal clues and occasional physical directive cues
- Demonstrates partial lack of skill and/or dexterity in part of activity; awkward
- Takes longer time to complete task; occasionally late
- Appears to waste energy due to poor planning
- Identifies principles, but needs direction to identify application
- Focuses primarily on task or own behavior, not on client

If the student meets all areas under a category then that is the correct category to assign. If they meet all but one or two of a category, then they are assigned to the previous category, and either the student or the preceptor can identify the areas where they need improvement to succeed at the next level. There is no 2-3 or 3-4, etc. A student remains in a level until they can demonstrate consistently all of the behaviors in that level over time.

Provisional

- Performs safely under supervision, not always accurate
- Requires continuous verbal and frequent physical cues
- Demonstrates lack of skill; uncoordinated in majority of behavior
- Performs tasks with considerable delay; activities are disrupted or omitted
- Wastes energy due to incompetence
- Identifies fragments of principles; applies principles inappropriately
- Focuses entirely on task or own behavior

Dependent

- Performs in an unsafe manner; unable to demonstrate behavior
- Requires continuous verbal and physical directive cues
- Performs in an unskilled manner; lacks organization
- Appears frozen, unable to move, non-productive
- Unable to identify principles or apply them
- Attempts activity or behavior, yet is unable to complete
- Focuses entirely on task or own behavior

Key

- 0 = No opportunity
- 1 = Dependent
- 2 = Provisional
- 3 = Assisted
- 4 = Supervised
- 5 = Independent

performance level of the student you are precepting. While the student completes the form, doing a self-evaluation, the preceptor should agree and both can give examples or suggest goal(s) necessary to meet the next level of competency.

Independent

- Performs behavior safely and accurately each time observed without directive cues from preceptor
- Demonstrates dexterity
- Spends minimal time on task
- Appears relaxed and confident during performance of task
- Applies theoretical knowledge accurately each time
- Focuses on client while giving care

Supervised

- Performs safely and accurately each time observed
- Requires supportive or directive cues occasionally during performance of task
- Demonstrates coordination but uses some unnecessary energy to complete behavior/activity
- Spends reasonable time on task
- Appears generally relaxed and confident, occasional anxiety may be noticeable
- Applies theoretical knowledge accurately with occasional clues
- Focuses on client initially; as complexity increases, focuses on task

Assisted

- Performs safely and accurately each time observed
- Requires frequent verbal clues and occasional physical directive cues
- Demonstrates partial lack of skill and/or dexterity in part of activity; awkward
- Takes longer time to complete task; occasionally late
- Appears to waste energy due to poor planning
- Identifies principles, but needs direction to identify application
- Focuses primarily on task or own behavior, not on client

If the student meets all areas under a category then that is the correct category to assign. If they meet all but one or two of a category, then they are assigned to the previous category, and either the student or

the preceptor can identify the areas where they need improvement to succeed at the next level. There is no 2-3 or 3-4, etc. A student remains in a level until they can demonstrate consistently all of the behaviors in that level over time.

Provisional

- Performs safely under supervision, not always accurate
- Requires continuous verbal and frequent physical cues
- Demonstrates lack of skill; uncoordinated in majority of behavior
- Performs tasks with considerable delay; activities are disrupted or omitted
- Wastes energy due to incompetence
- Identifies fragments of principles; applies principles inappropriately
- Focuses entirely on task or own behavior

Dependent

- Performs in an unsafe manner; unable to demonstrate behavior
- Requires continuous verbal and physical directive cues
- Performs in an unskilled manner; lacks organization
- Appears frozen, unable to move, non-productive
- Unable to identify principles or apply them
- Attempts activity or behavior, yet is unable to complete
- Focuses entirely on task or own behavior

Key

0 = No opportunity

1 = Dependent

2 = Provisional

3 = Assisted

4 = Supervised

5 = Independent

OREGON AND HEALTH SCIENCE UNIVERSITY
SCHOOL OF NURSING: GRADUATE NURSE MIDWIFERY PROGRAM
Intrapartum Skills Checklist Typhon Version

Student _____ Preceptor _____ Date _____

Categories defined:

Unsatisfactory: Student attempted the skill, was unable to do it, used incorrect technique or caused the patient unnecessary pain or discomfort.

Needs Improvement: Student attempted the skill, was able to do it, but technique was questionable, incorrect, took longer than necessary, or resulted in some unnecessary patient pain or discomfort

Satisfactory: Student attempted skill, did it correctly, using good technique, in a timely and efficient manner, with minimal pain or discomfort to patient.

	Unsatisfactory	Needs Improvement	Satisfactory
Aseptic technique			
External fetal monitor			
FSE placement			
IUPC placement			
Local anesthetic technique			
Pudendal			
Paracervical			
Management of amniotic membranes (amniotomy & documentation):			
Vaginal Exam I (includes effacement, dilation, station, consistency, position, presenting part)			
Vaginal Exam II (includes all of the above, plus position, asynclitism, caput, and molding)			
Vital Signs			
Delivery procedure (OA): Hands on			
Delivery Procedure (OA): Hands off			
Delivery Procedure (OP)			
Newborn delivery procedure:			
Placenta delivery procedure:			
Hand tie			
Instrument tie			
Interrupted stitch			
Locked (blanket) stitch			
Continuous (running) stitch			
Figure-of-eight stitch			
Midline episiotomy, cut and repaired			
Labial laceration, repaired			
1 st degree perineal laceration repaired			
2 nd degree perineal laceration, repaired			
Vaginal laceration repaired			
Other laceration, repaired			
Reviews patient's birth plan with patient, partner/family, and staff			
Identifies correct stage of labor			

Encourages participation of patient's support system			
Includes patient and partner/family in culturally appropriate planning and decision-making process			
Actively labor sits with patient			
Demonstrates ability to use massage techniques			
Demonstrates ability to use hydrotherapy techniques			
Demonstrates ability to use position changes			
Able to differentiate labor support techniques used in latent, first, second, and third stage			
Advocates respectfully for patient			
Communicates changes in a timely manner to patient, CNM, or staff (RN's or MD's)			
Identifies stages of labor and normal labor progress			
Maintains a partogram for each labor.			
Demonstrates knowledge of criteria defining abnormal labor progress			
Identifies when abnormal labor progress occurs			
Demonstrates knowledge of management options for dysfunctional labor pattern(s)			
Consults (or recommends consultation) appropriately			
Anticipates, correctly identifies, and notifies staff of possible shoulder dystocia			
Manages shoulder dystocia			
Anticipates, correctly identifies, and notifies staff of possible post partum hemorrhage			
Manages post partum hemorrhage			
Provides patient with timely, cultural, and level-appropriate explanation			
Includes recommendation with rationale, benefits, alternatives, risks, and what patient can expect.			
If appropriate, continues to provide support for patients, partner, and family following transfer of care			

Reminder: This information should also be recorded weekly in Typhon. This form is only to keep tally of the skills done and at what level, one form per shift. Please place all comments regarding specific labor or birth management on the Intrapartum Evaluation Form (IEF)

OREGON HEALTH AND SCIENCES UNIVERSITY
SCHOOL OF NURSING
Graduate Nurse Midwifery Program
N509M: Partogram

● Pt. MR# / / / Date / / SNM Preceptor ●

Time													
10 -5													
9 -4													
8 -3													
7 -2													
6 -1													
5 0													
4 +1													
3 +2													
2 +3													
1 +4													
0 +5													
Interventions													

● Dilation
X Station

**OREGON HEALTH AND SCIENCE UNIVERSITY
SCHOOL OF NURSING: NURSE-MIDWIFERY PROGRAM
Definitions of Clinical Evaluation Criteria**

Student obtains, evaluates, and records pertinent data for complete assessment of the woman, including:

- a. Reviews medical record to establish data base
- b. Conducts initial or interim history
- c. Evaluates previous management
- d. Explains exam to woman/family
- e. Assess fetal growth and well-being if pregnant
- f. Obtains appropriate laboratory tests/data
- g. Identifies woman/family information needs
- h. Gives valid rationale for assessment measures
- i. Confirms findings with instructor

Student interprets data to accurately anticipate, identify, or diagnose problems for appropriate counseling, treatment, referral, or consultation, including:

- a. Identifies findings as normal or abnormal
- b. Separates present and anticipated problems
- c. Proposes and confirms her diagnosis with instructor
- d. Explains findings to woman/family in culturally appropriate way

Student develops a comprehensive management plan based on findings and valid rationale, including:

- a. Assess woman/family reaction to findings
- b. Develops care plan from interpretation of data
- c. Integrates clinical data gathered with theoretical knowledge to give rationale for plan of care
- d. Considers woman's preferences/family resources
- e. Consider woman's/family ability to accept plan
- f. Determines need for further tests and treatment
- g. Determines need to consult/refer/collaborate
- h. Determines means for meeting information needs
- i. Determines need for return or follow-up care
- j. Presents plan of care to instructor

Student directs/implements the management plan, including:

- a. Appropriately interprets plan to woman/family
- b. Communicates with members of health care team
- c. Expediates planned tests, consults, treatments
- d. Gives follow-up information/instructions
- e. Checks woman's understanding of instructions
- f. Informs woman of alternate plans as necessary

Student evaluates the effectiveness and completeness of the management plan and adjusts it as indicated, including:

- a. Validates woman's response to care
- b. Identifies implications for future practice
- c. Accepts responsibility for decisions made
- d. Discusses management in post-clinical conference

Student displays awareness of record as a tool for facilitating continuity of care and a legal document requiring application of risk management, including:

- a. Completes record accurately, legibly, concisely, logically
- b. Includes only/all relevant information
- c. Completes in a timely manner
- d. Uses correct medical terminology and accepted abbreviations

Student interacts as professional with preceptor and other members of the health care team, including:

- a. Assumes appropriate advanced practice role
- b. Consults to clarify/confirm doubtful findings
- c. Presents organized, concise, relevant information
- d. Includes valid rationale and anticipated outcomes
- e. Promotes mutual goal-setting for preceptor/self
- f. Demonstrates punctuality, timeliness, and professional demeanor
- g. Communicates/collaborates effectively with team
- h. Accepts responsibility for own actions and learning

**OREGON HEALTH & SCIENCES UNIVERSITY SCHOOL OF NURSING
NURSE-MIDWIFERY PROGRAM**

N509Q: Advanced Practicum in Nurse-Midwifery

Student Evaluation

Objective #1: Apply current theory and research within the full scope of nurse-midwifery practice.

Objective #2: Demonstrate advanced assessment and clinical decision-making skills in nurse-midwifery management.

Thorough chart review including previous office/clinic visits, labs, problems

Complete history (including psychosociocultural)

Thorough and appropriate physical examination
Deliberate, smooth use of hands

Individualized/personalized care, conveying respect

Orders and interprets laboratory tests

Recognize changes in patient status

Recognizes own limitations/seeks help appropriately

Prioritizes actions appropriately

Considers costs

Charting organized, concise, legible

Communication: oral presentations, charting, health ed

Makes correct decisions

Objective #3: Demonstrate increased independence and efficiency in clinical nurse-midwifery management.

Psychomotor skills
Pelvic exams

Births

Placentas

Suturing

Fetal position

Sees patients in a timely manner.

Completes charting in a timely manner

Able to multitask.

Other: Professional Behavior

Accountability

Initiative

Self-direction

Respect for cultural diversity

Commitment to Nurse-Midwifery philosophy (client autonomy, family involvement)

Strengths

Areas for improvement/development

Preceptor _____

Date _____

**OREGON HEALTH & SCIENCES UNIVERSITY SCHOOL OF NURSING
NURSE-MIDWIFERY PROGRAM**

FINAL CLINICAL EVALUATION: N509Q

Name of student _____

1. Collect, organize, and interpret a complete database including material from medical record/past health history, interval history, physical exam, and laboratory data. Yes
 No
Comments

2. Recognize parameters of normal, identify deviations, and detect signs of disease. Yes
 No
Comments

3. Identify a comprehensive plan of management and establish priorities. Yes
 No
Comments

4. Implement management plans based on scientific rationale and institutional practice. Yes
 No
Comments

5. Evaluate and appropriately revise management plans.
Comments

_____ Yes
_____ No

6. Provide professional, ethical, culturally sensitive, family centered,
individualized care with appropriate use of client and consultants in the
management process.
Comments

_____ Yes
_____ No

7. Communicate effectively with clients and colleagues (teaching, counseling,
oral reports, charting).
Comments

_____ Yes
_____ No

Student signature _____

Preceptor signature _____

Date _____

OHSU SCHOOL OF NURSING
NURSE-MIDWIFERY PROGRAM

N 509Q Advanced Practicum in Nurse-Midwifery

DECLARATION OF SAFETY IN CLINICAL PRACTICE

TO: Integration Site Preceptors

FROM: Carol Howe, Director, OHSU Nurse-Midwifery Program

Students must be declared safe in entry level nurse-midwifery practice to successfully complete the integration experience. Declaration of safety in clinical practice does not mean that every possible clinical skill in nurse-midwifery has been achieved or that the student is a polished nurse-midwife. What is critical is the student's ability to safely manage the care of the woman and newborn and to consult appropriately when indicated.

If you believe that this student is a safe beginning practitioner in nurse-midwifery, please sign and date this form.

Thank you for your assistance in teaching this student during the integration experience.

I declare that _____ is a safe entry level practitioner in nurse-midwifery.

Signature _____
(Primary Integration Preceptor)

Date _____

Due in Director's Office on June 2, 2010

Student Clinical Assessment/Evaluation

Completed by the **Students**, regarding the **Students**, answered on a **As needed** basis.

Before beginning an evaluation, the students will be asked to select which student they are evaluating, followed by the date of the evaluation period.

- 1** Please choose the one category of statement(s) under each category that best describes the student's accomplishments to date for this quarter. There is a space at the end to add in any additional comments that will help to explain or identify specific instances that exemplify this student's behavior and achievements this quarter. This section deals with students:
- Clinical Knowledge and Skills**

- 2** Please choose the course you are being evaluated for.

(ANSWER REQUIRED)

- 3** Please choose the time period for which you are being evaluated for.

(ANSWER REQUIRED)

- 4** Please type in the name of the clinical faculty who is evaluating you.

(ANSWER REQUIRED)

5 History Taking and Recording

- Interview Skills Poor - wanders, history incomplete, record disorganized
- Inconcise History Completed - cannot distinguish relevant from irrelevant, somewhat disorganized, needs work on case presentations
- History Completed - pertinent postivies and negatives noted, organized and legible, adequate case presentations
- Concise and Completed History - understands relevance of pertinent postivies and negatives, good case presentations
- Interview Well-Directed - database and organization is outstanding, excellent case presentations.

**Interview Skills
Poor**

**Inconcise History
Completed**

History Completed

**Concise and
Completed History**

**Interview Well-
Directed**

(ANSWER REQUIRED)

6 Physical Exam and Technical Skills

- General Physical Poor - Incomplete & inaccurate, unable to organize necessary tasks to complete exam
- General PE Superficial - Inaccurate at times, somewhat able to organize tasks to complete exam but needs work
- General PE Complete - accurate, performed smoothly, some inaccuracies appropriate to level of training, tasks organized
- Complete/Accurate Exam - Can vary exam in concordance with patient history
- Exam Above Level of Training - Excellent ability to organize task and perform a smooth appropriate exam

**General Physical
Poor**

**General PE
Superficial**

**General PE
Complete**

**Complete/Accurate
Exam**

**Exam Above Level
of Training**

(ANSWER REQUIRED)

7 Fundamental Components of Midwifery Care

These questions refer to students knowledge of anatomy and physiology, including fetal anatomy and physiology, normal growth and development, clinical genetics, psychosocial, sexual and behavioral development, basic epidemiology, nutrition, pharmacokinetics and pharmacotherapeutics, principles of individual and group health education, and bioethics related to the care of women, newborns, and families.

- Inadequate Knowledge - Unable to utilize knowledge to provide individualized, safe, effective, evidence-based, culturally appropriate patient care.
- Superficial Knowledge - May revert to institutional model of care rather than utilizing knowledge to provide individualized, safe, effective, evidence-based, culturally appropriate patient care
- Adequate Knowledge - Beginning to utilize knowledge to provide individualized, safe, effective, evidence-based, culturally appropriate patient care
- Above Average Knowledge - generally able to utilize knowledge to provide safe, effective, evidence-based, culturally appropriate patient care
- Excellent Knowledge - Consistently able to utilize knowledge to provide individualized, safe, effective, evidence-based, culturally appropriate patient care

**Inadequate
Knowledge**

**Superficial
Knowledge**

**Adequate
Knowledge**

**Above Average
Knowledge**

**Excellent
Knowledge**

(ANSWER REQUIRED)

8 Midwifery Management Process

This refers to the students knowledge of health care principles including pathophysiology, ethical, social, psychological, and cultural concerns; collecting and interpreting subjective and objective data; identifying problems or diagnoses and health care needs, anticipating other potential problems; being aware of immediate midwifery or physician intervention, consultation or collaborative management.

- Inadequate Knowledge - Does not evaluate effectiveness of care, does not assume responsibility for safe and efficient implementation of care.
- Superficial Knowledge - Does not evaluate effectiveness of care, assumes responsibility for safe and efficient implementation of care
- Adequate Knowledge - Investigates basic data and identifies primary problems or diagnoses and health care needs based on correct interpretation of subjective and objective data, occasionally anticipates other potential problems, need for immediate midwifery or physician intervention, consultation or collaborative management, does not include woman in development of a comprehensive plan of care. Occasionally evaluates effectiveness of care and recycles through midwifery management process, assumes responsibility for safe and efficient implementation of care.
- Above Average Knowledge - Investigates all necessary data and identifies problems or diagnoses and health care needs based on correct interpretation of subjective and objective data, generally anticipates other potential problems, need for immediate midwifery or physician intervention, consultation or collaborative management, develops, with the woman, a comprehensive plan of evidence-based, safe and efficient care, evaluates effectiveness of care and recycles appropriately through midwifery management process, assumes responsibility for safe and efficient implementation of care.
- Excellent Knowledge - Investigates all necessary data and identifies problems or diagnoses and health care needs based on correct interpretation of subjective and objective data, consistently anticipates other potential problems, need for immediate midwifery or physician intervention, consultation or collaborative management, develops with the woman a comprehensive plan of evidence-based, safe and efficient care, evaluates effectiveness of care and recycles appropriately through midwifery management process, assumes responsibility for safe and efficient implementation of care.

Inadequate Knowledge



Superficial Knowledge



Adequate Knowledge



Above Average Knowledge



Excellent Knowledge



(ANSWER REQUIRED)

9 This section deals with students:
Character, Interpersonal Skills, and Professional Responsibility

10 **Initiate and Interest**

- Not Well Motivated - Avoids "doing" when possible, appears disinterested, never volunteers
- Accepts Average Work Load - Rarely volunteers or actively participates
- Does All Work Expected - Occasionally volunteers
- Works Exceptionally Hard - Seeks new learning experiences, generally volunteers, active leader
- Extra Learning Experience - Takes advantage of extra learning experience, consistently volunteers

Not Well Motivated

Accepts Average

Does All Work

Works

Extra Learning

Work Load **Expected** **Exceptionally Hard** **Experience**

(ANSWER REQUIRED)

11 Attendance and Dependability

These questions refer to attendance at class, clinic, rounds, and call

- Consistently Absent - Not prepared for didactic or patient care activities
- Occasionally Late/Absent - Sometimes unprepared for class, clinic, rounds, or call
- Attends All - Is prepared and prompt.
- Consistently Prepared/Prompt - Enthusiastically provides appropriate patient care
- Always Reliable - Assumes added patient care responsibilities

Consistently Absent **Occasionally Late/Absent** **Attends All** **Consistently Prepared/Prompt** **Always Reliable**

(ANSWER REQUIRED)

12 Educational and Professional Attitudes

- Often Hostile - Argumentative, resists criticism, overconfident or too self-confident, inappropriate presentation of self professionally including dress and demeanor
- Responsive - Responsive to questions but does not volunteer, rarely contributes to discussions, makes changes when asked, appropriate presentation of self professionally in dress or demeanor
- Good Participation - Accepts criticism well, professional dress and demeanor present, appears self-confident
- Excellent Participation - Accepts criticism well, professional dress and demeanor present, appears self-confident, eager to learn
- Functions Independently - Knows when to seek help and when independence is appropriate, professional dress and demeanor present, appears self-confident

Often Hostile **Responsive** **Good Participation** **Excellent Participation** **Functions Independently**

(ANSWER REQUIRED)

13 Professional Relationships

- Often Discourteous - non-empathetic with patients/co-workers, puts personal convenience above patient's/co-worker's needs
- Fair Rapport - occasionally discourteous if patient/co-worker is hostile, insensitive at times to patient's or others' feelings
- Good Rapport - good rapport with patients/co-workers, aware of others' feelings, answers

questions

- **Very Sensitive** - very sensitive to patient's/co-workers' feelings, makes efforts to work with patients/co-workers, use appropriate language
- **Works Well With All** - Works well with difficult patients/co-workers, tries to function within the patient's cultural framework or the institutional structure.

Often Discourteous

Fair Rapport

Good Rapport

Very Sensitive

Works Well With All

(ANSWER REQUIRED)

14

Safety

As pertaining to: practicing safely, aware of community, environmental, patient, and personal safety

Never

Rarely

Some of the Time

Most of the Time

All of the Time

(ANSWER REQUIRED)

15

Faculty Comments

Text input area for Faculty Comments with a scroll bar on the right side.

(ANSWER REQUIRED)

16

Specific Suggestions for Improvement

Text input area for Specific Suggestions for Improvement with a scroll bar on the right side.

(ANSWER REQUIRED)

Submit Evaluation

Appendix H:
Term by Term Look at Student Progress

A TERM BY TERM LOOK AT STUDENT PROGRESS

Fall, winter and spring terms are typically 10 weeks long in terms of clinical assignments. Summer is 8 weeks. When we talk about 18 hours per week of call, that usually works out as 24 hours one week and 12 the next.

First term (Fall)

Students get classroom content in research, health assessment, basic gyn and foundational issues in midwifery. The foundations course includes things like maternal/child health policy, history of midwifery and ACNM, the midwifery model of care, domestic violence, substance use, epigenetics/fetal programming and childbirth education. **Students have no direct patient care commitment.** They have a health assessment lab where they learn to do physical exams and a reproductive health lab where they learn to do pelvic exams and breast exams and fit diaphragms on model patients. They also have an **observation experience** in clinic watching a midwife see patients.

Second term (Winter)

In addition to physiology and a course in health disparities, students get classroom content and direct patient care experience in outpatient antepartum and postpartum care. They do **one full day per week** in prenatal clinic. Students have 1-2 12-hour observational experiences in L&D. They should be able to do annual exams, family planning and basic gyn, but the focus is prenatal/postpartum. *They benefit from preceptor modeling, progressing to solo hx taking and patient education. All PEs are done jointly based on what is required for patient safety and billing. Documentation seems to need lots of attention. SOAP format thinking is still new. They are often overwhelmed and want to provide all of their knowledge to every woman. This is where we give them scripts for breaking down the whole of prenatal care into digestible pieces.*

Third term (Spring)

In addition to physiology and pharmacology, the students get classroom content and direct patient care experience in intrapartum management. They typically do **½ day per week in outpatient clinic and 18-24 hours of call per week.** The outpatient clinic allows them to have some continuity of care with patients who may go into labor while they are on call. *They should be reasonably independent in AP clinic this quarter. Preceptor and student work closely together. Modeling is helpful this whole quarter. The student should pretty quickly begin taking CC and hx and begin patient presentations in a systematic format. Students should be involved*

in formulating plans from the beginning. Assessments should be done jointly until student's skills are accurate.

Summer term

This practicum experience focuses upon intrapartum. Students have one simulation day and we hope to provide an ongoing cadaver lab during the summer. The expectation for students is **18 hours per week of call**. Historically, the students lost ground over the summer. After introducing this practicum we are seeing continued growth and increased confidence. *Our approach to clinical teaching is similar to spring quarter. We are seeing management and skills growing with experiences. Learning curves vary, some are really taking off and others remain on a plateau. Either is within the norm for this quarter.*

Fourth term (Fall)

In addition to pharmacology content, the students get classroom content in advanced gyn management and their first focused gynecology clinical experience. **They do 1 full day per week in a clinic with a focus on gyn and 18-24 hours per week of intrapartum call.** Those who choose to do a research project typically begin that during this term. *Students should be proficient with w/u, admission and management of normal. They should be able to recite management of complications (pph, shoulder dystocia) even if none are encountered.*

Fifth term (winter)

This term students get classroom content in newborn care and non-reproductive primary care in addition to continuing their L&D call. The newborn care is flexible. They do NB exams on all of the babies they deliver and take NRP if they have not done that yet. They may also get some experience in a lactation clinic or observation in an NICU. They do ½ day per week of primary care, typically with an FNP or primary care physician. They continue to do **18-24 hours per week of call**. *The goal for this quarter is independence. The students should work toward using preceptors as consultants or back up and preceptors have to sit on their hands.*

Sixth term (spring)

This is integration. It is **8 weeks of full-time (as the site defines it) full scope midwifery clinical experience**. We try to set it up to meet the students needs – e.g. more volume, a particular population (such as Native American) or even staying close to home (if they have small children), etc. *Students should be polishing skills and developing their own midwifery style. They should be safe beginning practitioners of midwifery.*

Appendix I:

How to Complete Midterm and Final Evaluations

Midwifery students are evaluated throughout the term. The evaluations include the daily Clinical Evaluation Form (CEF), the Midterm Evaluation and the Final Evaluation. The CEF is in paper format and carried by the student throughout her clinical assignment. It is completed at the end of each clinical day by both the student and the preceptor and reviewed together for clarification and reinforcement. The Midterm and Final Evaluations are electronically completed on our Typhon system by the preceptor at approximately 5-6 weeks into the term and then again at the end of the term. The Typhon system is a data base that allows the program to track student clinical experiences and evaluations throughout their midwifery education.

Approximately 10 to 14 days prior to the date the evaluation is to be completed, the Typhon program generates an email to you with an alert that it is time to complete the evaluation form for the student. A deadline will be provided. You are encouraged to meet with the student to discuss the evaluation and to plan for the remainder of the term. To complete the mid-term and final evaluations on Typhon, you need only to click on the link provided in the email. That link will take you directly to the form to be completed. The Clinical Coordinator or other OHSU faculty can then search Typhon after the deadline, review all entries, follow-up on any missing ones and identify which students and their preceptors would benefit from closer contact.