Association of Texas Midwives

The ATM Midwifery Training Program

Preceptor Handbook

A guide to preceptor policies and ATMMTP student requirements

Association of Texas Midwives

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ATMMTP PRECEPTOR HANDBOOK

INTRODUCTION

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

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

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

Below is a description of an ATMMTP Preceptor.

ATMMTP PRECEPTORS:

- Provide clinical instruction and training, oversight, encouragement, accountability and evaluation for midwifery students they train
- Provide a setting in which a student sees clients and gains experience in the clinical practice of midwifery
- Function as role models, providing clinical teaching and supervision for the student in the clinical setting
- Provide a safe work environment for students and clients
- Verify and co-sign clinical documentation written by the student midwife
- Submit required forms and paperwork in a timely manner as required by the Program
- Are expected to notify the ATMMTP Director immediately when unsatisfactory performance by the student midwife is in question.

TDLR Approval of the Midwifery Training Program

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

ATM Mission Statement

To advance the quality and accessibility of midwifery in Texas.

ATMMTP Philosophy

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

ATMMTP Mission

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

The Process

In order to meet our goals, the ATMMTP's educational component of the program meets or exceeds all core competencies of Midwives Alliance of North America (MANA) and requirements for certification by the North American Registry of Midwives (NARM). Multiple methods of instruction are used to appeal to a wide variety of learning styles and can be completed within 3-5 years. Methods used include:

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

ATM Contact Information

Association of Texas Midwives Midwifery Training Program	P. O. Box 90403 Austin, TX 78709 Email: office@texasmidwives.com
ATMMTP Director **Jasmin Kanevski**, MBA, LM, CPM **Emails are answered within 2-4 business days and are the preferred method of contact.**	**P. O. Box 90403** **Austin, TX 78709** **Phone: 432.664.8845** **Email:** **ATMMTPDirector@texasmidwives.com**

Change of Address or Other Contact Information

Please notify us of any changes in name, address, phone numbers, or email addresses by updating your Typhon account profile (see "Preceptor's Typhon Account" under "Clinical Requirements").

Join the Preceptor Center in Google Classroom

We have created a Google Classroom for all the preceptors. You may join via this link:

Preceptor Center in Google Classroom

You will find instructions for many things regarding the ATMMTP. It is a place for communication with other preceptors and with ATMMTP Staff.

Qualifications for ATM Approved Preceptors

An ATM Approved Preceptor must be one of the following:

1. A Texas Licensed Midwife who has an additional three years of experience or 50 births, including ten (10) full continuity of care births post licensure.
2. A Certified Nurse-Midwife (American College of Nurse Midwives or American Midwifery Certification Board certified) who has an additional three years of experience or 50 births, including ten (10) continuity of care births beyond the primary birth experience requirements since certification.

3. Physician licensed in the United States and actively engaged in the practice of obstetrics

4. Out-of-state midwives must be either

    a. Certified Nurse Midwives

    b. NARM Certified Professional Midwives (CPM)

    c. Hold a State license from one of the states which has been evaluated by NARM as educationally equivalent

    and

    a. have an additional three years of experience or 50 births, including ten (10) continuity of care births post certification and/or licensure,
    b. be practicing legally within their state.

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

A NARM registered preceptor must still complete an application form.

ATM Preceptors must:

1. Accept ATM students as apprentices.

2. Comply with the ATM Preceptor Handbook.

3. Comply with the ATM Code for Ethical Midwifery Practice and Standards of Care.

4. Be in good standing with her/his licensing or credentialing agency(ies).

5. Maintain active membership status with The Association of Texas Midwives.

6. Be actively engaged in the practice of midwifery or obstetrics.

7. Have a signed and current ATMMTP Preceptor Agreement.

8. Maintain an active Typhon account with ATMMTP.

The ATMMTP Director shall be responsible for approving all preceptors. Preceptor applicants with complaints filed against their practice by regulatory, licensing, or credentialing agencies may be referred to the ATMMTP Education Committee for review before approval. The approval process shall be documented in their Typhon account.

The Preceptor shall be responsible for maintaining their approved status by keeping their Typhon account up-to-date and active. If at any time the preceptor allows their Typhon account to become inactive, a grace period of 30 days will be given in which a student's clinical experiences will continue to be counted. After the initial grace period, clinical experiences will not count for the student. Clinical experiences will start to be counted again once the preceptor account is up-to-date and active.

ATM Preceptor Practice Standards, Integrity, and Complaints

Preceptor Complaints

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

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

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

Incident Review Process

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

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

The preceptor must notify the ATMMTP Director that a complaint has been filed against her/him within 30 days of receipt or notification of the complaint. Notice of the complaint may be emailed. The preceptor is encouraged to forward a copy of the complaint to the Director along with her/his written response to TDLR or relevant agency so that the Director and Education Chair can review the preceptor's side of the story.

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

The ATMMTP Director may decide to forward the complaint to the Education Committee for further review.

ATMMTP will give adequate time for the complaint to be dealt with on the state level. Once it is resolved, the ATMMTP Director and Education Chair or Education Committee will decide how the outcome of the complaint will affect the individual's preceptor status.

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

ATMMTP shall take no longer than 30 days to review a finalized complaint and make its determination.

The determined outcome may be that:

- no action is necessary.
- the preceptor must participate in peer review.
- continuing education is required.
- another preceptor must be present during clinical care when the student is present.

- an individual's preceptor status is suspended or revoked, either temporarily or permanently.

The ATMMTP Director will notify the preceptor within 10 days after a decision is made. A copy of the complaint and determination will be kept in the preceptor's Typhon account.

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

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

- Her/his license is not current, is suspended or revoked.
- A preceptor is under supervision by the TDLR (or other appropriate governing body).
- Is practicing without current CPR and/or NRP.
- Violations of the Texas Occupation Code Chapter 203.
- If it is determined by the Education Committee that the conduct of any preceptor is or has been detrimental to the best interests of the course or the education of students or that a preceptor is consistently practicing outside the Association's Mission Statement or the ATM Code of Ethics and Standards.
- Falsification of any required documents.
- **If a preceptor is determined to be inadequately supervising her/his student.**

Definition of "adequate supervision" - *This means that the preceptor must be physically present and supervising the student's performance of skills and decision making. The preceptor's physical presence is required for every phase of a student's clinical training, unless stated otherwise.* The preceptor holds final responsibility, both ethically and legally, for the safety of the client and/or baby, and should intercede, whenever warranted, in the spirit of positive education and role modeling.

If a preceptor fails to follow ATMMTP policies regarding notification of complaints:

- The preceptor will be notified in writing and asked to provide the required documents, within 21 days.
- If the preceptor does not provide the requested information within the 21-day period:
  - The preceptor will be notified that her/his preceptor status has been suspended until receipt of required documents
  - The preceptor's student(s) will be notified that the preceptor's status is suspended and that no clinical experience obtained during suspension period will count towards graduation requirements
  - Students of the ATMMTP are not allowed to work under the supervision of a preceptor whose preceptor status has been suspended for 30 or more days
  - If 45 days have passed and the preceptor has not provided the required documents, that individual's preceptor status will be revoked. Both the preceptor and any student(s) will be notified of the revocation.

Anti-Bullying and Harassment Policy

Prohibition Against Bullying and Harassment

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

Definition of Bullying

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

Types of bullying include:

- **Physical Bullying:** Occurs when someone uses physical actions to gain power and control over their targets.
- **Verbal Bullying:** The use of words, statements, and name-calling to gain power and control over a target; this includes the use of coercion.
- **Emotional Bullying or Relational Aggression:** A type of social manipulation where individuals try to hurt their peers or sabotage their social standing.
- **Cyber Bullying:** Use of the Internet, a cell phone or other technology to harass, threaten, embarrass or target another person.
- **Sexual Bullying:** Repeated, harmful and humiliating actions that target a person sexually.
- **Prejudicial Bullying:** Preconceived opinions toward people of different races, religions, age, sex, gender identity, or sexual orientation.

Bullying is NOT conflict

Bullying is different from conflict:

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

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

Definition of Harassment

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

Scope

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

Reporting Bullying and Harassment

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

Anonymous Reports

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

False Reports

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

Responsibility of Students

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

Responsibility of Staff

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

Retaliation

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

Investigation of Bullying and Harassment

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

Student Social Media Policy

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

ATM Midwifery Training Program students

- Must abide by social media policies set by the preceptor. If no social media policy is provided by the preceptor, students must follow ATMMTP policy.
- May not "Friend" or accept "Friend Requests" from their preceptor or preceptor's clients without permission from their preceptor.
- May not post photographs of a preceptor's clients or their babies, announce attendance at a birth, announce a birth or appointment has occurred even if no specific information is given, including dates, locations, and preceptor's name.
- May not interact with clients on social media unless they have left care and are not currently seeking midwifery services
- May not present themselves in a way that could be misconstrued as practicing midwifery without a license

- The ATMMTP recognizes that conversations about clinical situations between peers can be educational. With that in mind, discussions about clinical situations may take place *only in private, closed-membership forums for ATMMTP students*. These forums are the ATMMTP student Facebook page and Google Classroom Student Center. No identifying information or any information that would be a violation of HIPAA can be disclosed. Identifying information includes dates, locations, and preceptor's name, in addition to client information. The spirit of the discussions should be educational and not gossip.

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

Academic Program Information

The ATM Midwifery Training Program consists of 8 or 9 individual modules (depending on when the student started the program) of study and a project.

The 9 module program is as follows: (beginning January 2024)

- 101 - Intro to Midwifery
- 102 - Anatomy & Physiology
- 201 - Antepartum I
- 202 - Intrapartum I
- 301 - Antepartum II
- 302 - Intrapartum II
- 401 - Postpartum and Business Skills
- 402 - Breastfeeding and Newborn
- 501 - Advanced Midwifery Skills

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

Students must submit each module's completed assignments according to due dates set by their module instructors. A student is not eligible to attend a workshop if all of her/his assignments are not completed. A passing grade for all modules is 80%. Students must attend each module workshop and pass the exam before progressing to the next module of study. *Students are expected to complete each module and attend the corresponding workshop on schedule.* Time spent in clinical training, including attending births, will not be cause for missing a workshop.

Module assignments can take up a significant portion of students' time, especially in the beginning modules. We strongly encourage students to wait to begin their clinical training until after they have successfully completed the first 2 modules. If a student is unable to complete assignments successfully and on time, she will be required to reduce the hours spent in clinical training or withdraw from her clinical training until she is able to meet academic requirements. If you would like a list of students who are ready to begin their clinical training component of the program contact the ATMMTP Director.

Education Documentation Log

Students must keep track of and document all time spent in non-clinical learning in Typhon. This includes time spent reading textbooks, completing assignments, research, formal peer review, and classroom time at workshops. The student's module instructor will sign off on their education hours documented in Typhon. The documented hours must total 500 or more.

Clinical Requirements Information

Before You Begin…..

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

Preceptor's Typhon Account

ATMMTP students track their clinical training requirements through a program called Typhon. Preceptors will be given their own Typhon account to sign-off clinical skills and requirements for their students. Evaluations and preceptor documentation will also be maintained in Typhon.

Preceptors must maintain an active Typhon account.

Here is a list of all the items that must be uploaded and current to maintain your active status as a preceptor with ATMMTP. Please only upload your documents in PDF format.

- LM/CNM/physician license
- CPM (if applicable)
- NARM Preceptor Certificate (if applicable)
- ATM Preceptor Agreement (a blank one ready for you to use is located in program resources)
- Proof of ATM Membership (receipt of payment with date and your name)
- CPR/BLS
- NRP
- Student/Preceptor Agreement (a blank one ready for you to use is located in program resources)
- CV or Resume

All documents must be kept up-to-date. If these documents expire your account will become inactive until new updated documents are uploaded. There will be a 30 day grace period from the time a document expires to the time your account will become inactive. If you become inactive, your student's clinical experience will not count towards their graduation requirements during that time.

Students will be required to document all of their clinical experiences in their Typhon account. This will include making case logs for every individual encounter within 15 days of each experience. Those encounters include prenatal visits, births, newborn exams, and postpartum visits. All of the evaluations and skill sign-offs are also included in the Typhon account as surveys. **As a preceptor you must maintain an active Typhon account for your student's experiences to count towards their graduation requirements.**

Notification Of Clinical Training

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

Student-Preceptor Agreement

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

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

CPR (BLS)

CPR (BLS) certification for the health care provider is required for enrollment in the ATMMTP and must be maintained for the duration of the program. Proof of current CPR (BLS) is maintained in the student's Typhon account. It is the student's responsibility to provide copies of current CPR (BLS) certification to the ATMMTP Director by uploading it to their Typhon account as soon as the current CPR (BLS) has expired. ***Students may not participate in clinical training with expired CPR (BLS).***

Neonatal Resuscitation Certification

Students must complete Neonatal Resuscitation Certification course no later than prior to the end of their 2nd module and maintain current NRP for the duration of the program. Certification must be maintained for the duration of the program. Proof of current certification must be uploaded into their Typhon account. Students who do not have proof of current NRP certification are not eligible for graduation. ***Students must have current NRP prior to the assisting phase.***

Overview of Student Clinical Training Requirements

General Information

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

- All hours spent in clinical training (minimum of 1350 hours)
  - Clinical time logs (documented in Typhon)
- A minimum of 24 months of clinical training, verified by a Typhon survey called the "ATMMTP Student Final Evaluation by Preceptor." Time off lasting 2 or more weeks, such as for maternity leave, does not count towards time requirements.
  - All of the evaluations are surveys in Typhon.
- Mastery of all required skills
  - See NARM Required Skills below.
  - These are broken into 7 surveys in Typhon.
- Completion of the *minimum* number of each clinical requirement
  - See "Clinical Requirements" and "Instructions for Documenting Clinical Requirements."

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

- "Skills" are the requisite and individual skills necessary, as determined by the North American Registry of Midwives, to provide safe and competent midwifery care. The term "skill-set" is used to indicate a group of individual steps or skills combined to form one larger skill, for the purpose of evaluating mastery.
- A "clinical requirement" is a combined set of skills and/or skill sets used to make assessments ***in the clinical setting***. These form the basis of midwifery care. For example, a "prenatal exam" is a clinical requirement that incorporates many necessary skills and is performed under supervision in the clinical setting.

Clinical Hours Log

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

NARM Required Skills

During the course of the student's clinical training, they must learn and demonstrate proficiency in the performance of skills determined as essential for competent midwifery practice by the North American Registry of Midwives. These skills are broken into 7 surveys in Typhon. *The ATMMTP does not use NARM forms.* Note that this list of skills is considered abbreviated because it does not list the individual steps required for each skill. Each skill must be performed according to the specific steps as outlined in the text, ***Practical Skills Guide for Midwifery*** (Pam Weaver and Sharon Evans).

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

Several of the required skill sets, such as the "Basic Physical Exam," require verification by a second preceptor, ***who cannot be one of a student's primary preceptors (who signed off the student's primary skills).*** A second sign-off can be performed on volunteer models or in a clinical setting; they do not have to be performed as "primary under supervision." A step-by-step instruction sheet is provided for skills requiring a second sign-off. **These are also included in Typhon as surveys.**

Teaching and Learning

Teaching Skills in the Clinical Setting

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

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

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

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

Definitions of terms used in Student Clinical Requirements

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

Preceptor Supervision: The preceptor must be physically present in the same room during the provision of **all** care by the student. A preceptor who signs off on requirements that the preceptor did not witness may lose their preceptor status with the ATMMTP and their CPM credential.

Initial Physical Exam and Medical History: Includes performing an intake interview, history (medical, obstetrical, gynecological, and family) and a complete basic physical examination. Assessment of initial risk status and appropriateness for midwifery care is included. These exams do not have to occur all on the first visit to the midwife or physician.

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

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

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

Planned Hospital Birth: These are births where the hospital as the birth site is planned in advance of labor. This may be a client who has been referred out of the midwife/physician's care prenatally, but it is not a transfer of care/transport once labor has begun.

Definitions of Student Midwife Roles

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

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

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

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

Examples:

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

During a prenatal exam....

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

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

At a birth....

The student appropriately and in a timely manner takes vital signs and listens to the FHR. She has "coached" the client through a long labor, ensuring the woman stays hydrated. The client has been pushing for an hour in the birth pool. The student suggests she get out and lie down. The preceptor asks the student why she had the client get out of the pool. She has no idea. Really, she was just tired of leaning over the

pool. That is not PMUS. However, if the student recognized that the client was not making progress in the pool and she was concerned about the decel she heard, that is PMUS.

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

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

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

What Your Student Must Learn: Specific Clinical Requirements

Learning phase:

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

- Attendance at a minimum of 10 births in the role of an observer
- Students must be present for the birth; *intrapartum transports may not count towards this requirement.*
- As with all other requirements, these births must be under the supervision of an ATMMTP preceptor.

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

- 25 prenatal exams, 3 of which must be the initial physical exam and medical history
- 10 postpartum exams
- 20 newborn exams
- 20 births – 18 must occur prior to births as Primary Midwife Under Supervision; no more than 2 intrapartum transports may count towards this requirement.

Primary Midwife Under Supervision (PMUS)

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

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

- 75 Prenatal exams
- 20 Initial physical exams and histories
- 40 Postpartum exams
- 20 Newborn exams
- 25 Births

- Each birth must include one prenatal and one postpartum exam as either an assistant or as PMUS
- The student must be present for all stages of labor, birth, and the immediate postpartum period (up to 6 hours following delivery of the placenta) for which the client is under the direct care of the preceptor.

- Catching the baby is a skill that should be taught and performed during the Assistant phase. The Primary Midwife Under Supervision births require that the student be responsible but under supervision for all skills needed for labor support and monitoring of client and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of client and baby. If the client or person of their choosing is "catching" the baby, the Primary student is responsible for all elements of the delivery. If the preceptor "catches" the baby, then that birth qualifies as the role of an assistant for the student.

The 25 births as PMUS must include the following:

- 10 "Full Continuity of Care" births (includes 5 prenatal exams as PMUS spanning 2 trimesters, delivery of the baby, the newborn exam within 12 hours of birth, and 2 postpartum exams between 24 hours and 6 weeks postpartum)* An intrapartum transport cannot count as an FCC birth.
- 3 "Continuous Continuity of Care" births (includes 8 prenatal visits, including the initial physical and history, as PMUS beginning no later than 15 weeks gestation, delivery of the baby, the newborn exam within 12 hours of birth, and 2 postpartum exams between 24 hours and 6 weeks postpartum)*
  - **If the student is unable to obtain continuous continuity of care births which meet these criteria due to the preceptor's practice style or practice area, the **preceptor** may appeal to the ATMMTP Director and Education Chair for an exception to be made on a case-by-case basis as long as the minimum NARM requirements are met.*
- A total of 3 of the births as PMUS may be intrapartum transports; the student must accompany the client to the hospital. Only 1 of the 3 transports may be a Continuous Continuity of Care client.

- At least 10 of the births as PMUS must have occurred within the last 3 years before the date of graduation.

In addition to the above requirements:

- At least 5 of the 55 total births must be home births (any role)
- At least 2 of the 55 total births must be **planned** hospital births (any role). An intrapartum transport will not count, but they may be antepartum referrals. Attendance may be in any role (observer, assistant, or PMUS) and includes attending the birth as a doula, as a friend, or of a family member. The preceptor will be responsible for *verifying* information prior to signing-off on this requirement but does not have to be physically present during the birth as long as the student attends in the role of observer only.
- At least 5 of the 55 births must be under the supervision of a preceptor who is a Licensed Midwife (as opposed to a preceptor who is a CNM or physician.) At least 1 of the 5 births must be as PMUS; the others must be in the role of AUS. These may not be "observer-only" births.
  - A licensed midwife has a very different scope of practice than a CNM. This requirement helps ensure that the student will graduate understanding the scope of practice under which they will be required to practice.

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

preceptor, who must be physically present in the same room in a supervisory capacity during the provision of all care by a student, has the ultimate authority to determine if the student has met the requirements of PMUS, and will verify the provision of care by approving or signing-off the student's case logs in Typhon.. **Preceptors must not "sign-off" on any care as PMUS if the preceptor is not 100% comfortable that the student has adequately and safely performed the role.** If you have questions or concerns about a student's abilities, please contact the ATMMTP Director.

Definition of Clinical Requirements as Primary Midwife Under Supervision

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

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

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

- ***Births:*** The student should manage (under the preceptor's supervision) all aspects of the labor (first, second, third, and fourth stage), including assessments and decision making. The student should perform all tasks (such as vital signs, fetal heart rates) within reason or may delegate some of them, such as when the student needs rest, but must review and base decisions on all findings. 'Catching' the baby is only one aspect of births as PMUS. The student should also supervise and provide all care to mother and baby in the immediate postpartum period. The student must have assisted at or performed a minimum of 1 prenatal and 1 postpartum exam for all births counted as primary. *25 births as Primary Midwife Under Supervision required.*
    - The student may still count a birth as PMUS if the client or their support person catches the baby under the student's guidance; however, if the preceptor catches the baby then it does not count as a PMUS birth.
    - See also the "Missed Birth" policy

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

- ***Postpartum Exams:*** The student must perform complete postpartum exams as previously defined. This should also include counseling on breastfeeding, family planning, and depression, as applies. *40 required as Primary Midwife Under Supervision.*

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

- ***Full Continuity of Care Births:*** Clients for whom the student has provided ***primary care under supervision*** during at least five prenatal visits spanning two trimesters, birth, newborn exam, and two postpartum exams between 24 hours and 6 weeks. *10 required as Primary Midwife Under Supervision*.

- ***Continuous Continuity of Care (CCC) Births:*** These clients are those for whom the student provides *complete* care just as if they were the primary midwife, under the supervision of *one* preceptor (or preceptors within a group practice). Prenatal care must begin no later than 15 weeks gestational age. The student must perform the client's initial physical and history; provide all prenatal care (unless ill), supervision of the labor, birth, immediate postpartum care, newborn exam and care, and at least 2 postpartum visits between 24 hours and 6 weeks. *3 required as Primary Under Supervision.*

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

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

The preceptor still has full responsibility for the safety of the mother and baby and must review all notes made by the student during phone calls or emails with the client. In order to practice informed choice, the preceptor should have a special contract with these clients, explaining the student's role in her care. Samples of client consent to student care (including the suggested TDLR consent form) are included in the Appendix.

Preceptor Authority

Students are required to register with Typhon, where they are required to document each clinical requirement as PMUS *as it occurs*. The preceptor has the ultimate authority to determine if a student has performed each role and requirement to the preceptor's satisfaction.

Students are expected to focus on learning clinical skills during clinical events. Preceptors have the authority to determine whether students are allowed to spend clinical time on non-urgent phone calls, studying, checking emails, texting, or any other activities which are not directly related to their clinical experience.

Reviewing Clinical Situations

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

The preceptor is expected to provide adequate opportunities for the student to observe clinical skills, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, *all while under the direct supervision of the preceptor. This means that the preceptor must be physically present and supervising the student's performance of skills and decision making. The preceptor's physical presence is required for every phase of a student's clinical training, unless stated otherwise.* The preceptor holds final responsibility, both ethically and legally, for the safety of the client and/or baby, and should intercede, whenever warranted, in the spirit of positive education and role modeling.

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

Missed Births

Definition of a missed birth:

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

Missed Birth Policy

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

Student's Instructions for Documenting Clinical Experience

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

Client Charts:

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

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

   Example:

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

   Address: 104 J St., Austin, TX   SS #: 000-00-0000
   Hm. Phone: Cell: Partner: G 1 P 0 1 1 1 1

DATE	Wks Gest	BP	P	FH	FHT/ Location	POS	FA	UA	WT	H A	Vis Dis	GI Dis	Nut/ Sup	Vag Exam	INT
5/5/08	8	110/72	80	—	not heard	n/a	ø	SG 1.015 pH 6 P ø L ø K ø G ø N ø B ø	120	ø	ø	ø	w: V cv41	Dil Eff Sta	mo
6/1/08	12	108/68	82	5cm	152 LML	n/a	ø	SG 1.020 pH 5 P ø L ø K ø G ø N ø B ø	122	ø	ø	ø	good	Dil Eff n/a Sta	CC mo

   Midwives' Signatures: 1. MO [illegible]   2.
   Apprentices' Signatures: 1. CC Claudia Green   2.

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

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

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

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

6. Check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth with any given client there must be a different code assigned for each subsequent birth.
7. If a preceptor has more than one student, each chart must have a code that all students will use. Students may not develop different codes for the same client.

   Examples of code methods for students:

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

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

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

Documenting Individual PMUS Requirements

Each individual instance of clinical care provided as **PMUS** must be documented in Typhon for that requirement **as soon as completed**. It is the student's responsibility to complete the case logs within the 15 day window and present them to the preceptor for review in a timely manner.

The student and the preceptor should review the components listed for each requirement. It is not always necessary for every component to always be done. For example, "Pap" is listed as a component on the Postpartum Exam record, but the student is not expected to perform a Pap test on a woman at a 2-week visit! The Individual Prenatal Exams has a check box for ultrasound and labs, but that does not mean these must be done (or referred) at every visit. However, the student must perform the *majority* of all components, and at minimum those required by NARM unless the component does not apply. Once the preceptor is satisfied that the student has performed the clinical requirement as PMUS, the preceptor should sign off on the student's documentation in Typhon.

Documenting Clinical Requirements For Graduation

It is the student's responsibility to ensure that all forms and documentation required for graduation from the ATMMTP are filled out correctly and submitted in Typhon and in the graduation classroom in Google Classroom. Logs that are filled out incorrectly or are missing required information may result in a delay for NARM exam scheduling. **The preceptor should not sign off on any form, case log, or time log that appears to be incomplete.**

A preceptor may not verify clinical experiences supervised by another provider, unless otherwise stated in these policies.

Summary Of Clinical Experience Forms

Learning Phase Requirements:

The student will create case logs in Typhon for each individual requirement. The student and preceptor will complete all of the required surveys in Typhon. All preceptor verification policies apply.

Summary of Clinical Experience:

The student will transfer the information from the individual clinical requirement as PMUS forms to the ATMMTP "Summary of Clinical Experience" forms. All forms are located in Typhon or in Google Classroom.

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

1. Review all PMUS individual clinical requirements forms that were completed and signed throughout clinical training, and are referenced on the Summary of Clinical Experience. Confirm that both the preceptor and student's names appear on each chart/form that is being referenced. Review client charts if necessary or there is a question regarding accuracy.
2. Confirm that the signatures/initials of the student are on every chart/form for: initial physical exam and history, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up postpartum exams listed in each case log.
3. Check dates of all initial physical exams, initial histories, and births for accuracy.
4. Check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.
5. The preceptor must approve every case log and time log in their Typhon account. Each Preceptor must verify the clinical requirements that were supervised. **You cannot verify clinical requirements supervised by another preceptor.**

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

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

Graduation Requirements

Satisfactory completion by students of both didactic and clinical portions of the program and final approval by the ATMMTP Director must be met before a graduation certificate is awarded. All required documentation of program requirements must be met, and submitted in Typhon and the graduation classroom no later than **14 weeks** in advance of the date of the planned Graduation. Students should keep a copy of all documents for their own records.

Students must notify the ATMMTP Director of their ***intent*** to fulfill graduation requirements. There is no penalty if the student fails to meet the graduation requirements by the 14-week deadline.

Students wishing to participate in the ***ATMMTP graduation ceremony*** must have all required documents submitted to the ATMMTP Director a minimum of 4 weeks prior to the scheduled ceremony. The graduation ceremony is normally held in conjunction with the annual conference in the spring of each year. Preceptors are encouraged to attend the ceremony and honor our graduates!

Student Awards

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

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

Evaluation and Clinical Progress Reports

Evaluations

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

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

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

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

Copies of these evaluations will be maintained in both the preceptors' and students' Typhon accounts.

Student Responsibility

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

Grievance Procedures

ATMMTP follows a specific complaint procedure designed to resolve issues. Bypassing the following complaint procedure is strictly prohibited, and any complaints made outside of this procedure may be disregarded.

Complaints should be submitted in writing to the designated person, within 30 days of any incident, with the following information:

1. Name and contact information
2. A clearly stated complaint with supporting documentation
3. Any steps taken to resolve the complaint, if applicable
4. Description of desired resolution

Please email the above information to the responsible party as outlined below. Contact information for the ATMMTP Director and Education Chair may be found on the website directory.

1. Complaints regarding a Module, Workshop, or Student:
    a. Contact your current Module Instructor with the complaint. The Module Instructor is encouraged to contact the ATMMTP Director when applicable. If the student feels the complaint has not been satisfactorily addressed by the Module Instructor, they may reach out to the ATMMTP Director.
    b. Should a complaint be filed against a student, the student will be notified of the complaint and be given a period of not more than 30 days to respond. The Education Chair will be given the complaint which, will in turn, be handled within the Education Committee. The student will be given the opportunity to appear before said Committee, if necessary.
2. Complaints regarding the ATMMTP Program, Module Instructor or Preceptor:
    a. Contact the ATMMTP Director, who will deal with the complaint or refer it to the Education Chair as applicable.
3. Complaints regarding the ATMMTP Director:
    a. If a student has a complaint which involves the ATMMTP Director, the student may contact the Education Chair in writing. The Education Chair may bring the complaint to the Education

Committee for resolution as applicable or the ATM board. The student may be asked to appear before the Education Committee or board.

4. Complaints regarding the Education Chair or Education Committee:

    a. Contact the ATMMTP Director who will present the complaints to the ATM Board for review. Education Committee members or Education Chair will be given the opportunity to appear before the ATM board.

Appendix

List of included items:

- ATM Code for Ethical Midwifery Practice
- ATM Standards for Midwifery Practice
- ATM Midwifery Training Program Outline
- ATM Program Required Textbooks and Reading
- Sample Permission for Student Clinical Training
- TDLR Midwife Client Consent to Services Provided by Student
- Example of Midwife Client Consent to Services by Student for those in other states
- NARM Required Skills List
- ATM Student Pathway

The Association of Texas Midwives
Code for Ethical Midwifery Practice

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

Members of the Association of Texas Midwives agree to and act in accordance with the ethical principles as laid out in the 2012 MANA Statement of Ethics, namely seeking to respond to situations with:

- Beneficence, acting so as to benefit others
- Nonmaleficence, avoiding causing harm
- Confidentiality, honoring others' privacy and keeping personal interactions confidential
- Justice, treating people respectfully and equitably
- Autonomy, respecting an individual's right to self-determination and freedom to make decisions that affect their life

Members aim to define their values, respond to the families, midwives and cultures in which they find themselves, act in accordance with their values to the best of their abilities, and engage in ongoing self-examination, evaluation, peer review and professional growth.

A. CLIENT RIGHTS

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

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

B. MIDWIFE RIGHTS

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

1. The right to refuse care to clients with whom no midwife/client relationship has been established.
2. The right to discharge clients from their care, provided adequate referral to other care is extended.

3. The right to receive honest, relevant information from clients upon which to base care.
4. The right to receive reasonable compensation for services rendered.

C. MIDWIFE RESPONSIBILITIES

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

1. The obligation to serve as the guardian of normal birth, alert to possible complications, but always on guard against arbitrary interference in the birthing process for the sake of convenience.
2. The obligation to honor the confidence of those encountered in the course of midwifery practice and to regard everything seen and heard as inviolable, remembering always that a midwife's highest loyalty is owed to the client and not to their own reputation or to the client's other health care providers.
3. The obligation to provide complete, accurate and relevant information to the client so that they can make informed choices regarding their health care.
4. The obligation, when referring a client to another health care provider, is to remain responsible for the client until they are either discharged or formally transferred.
5. Midwives will avoid gossiping, bullying, misrepresenting or otherwise tarnishing the name of another midwife.
6. The responsibility to develop and utilize a safe and efficient mechanism for medical consultation, collaboration and referral.
7. The obligation to continue professional development through ongoing evaluation of knowledge and skills, and continuing education, including diligent study of all subjects relevant to midwifery practice.
8. The obligation to know and comply with all legal requirements related to midwifery practice within the state of Texas, and to work within the law to provide for the unobstructed practice of midwifery within the state.
9. The responsibility to maintain accountability for all midwifery care delivered under her supervision. Assignment and delegation of duties to other midwives or students should be equal to their educational preparation and demonstrated proficiency.
10. The obligation to accurately document the client's history, condition, physical progress and other vital information obtained during client care.

D. UNPROFESSIONAL CONDUCT

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

1. Knowingly or consistently failing to accurately document a client's condition, responses, progress, or other information obtained during care. This includes failing to make entries, destroying entries, or making false entries in records pertaining to midwifery care.
2. Performing or attempting to perform midwifery techniques or procedures in which the midwife is untrained by experience and education.
3. Failing to give care in a reasonable and professional manner, including maintaining a client load which does not allow for personalized care by the primary attendant.
4. Leaving a client intrapartum without providing adequate care for the client and infant (abandonment).

5. Delegation of midwifery care or responsibilities to a person who lacks the ability or knowledge to perform the function or responsibility in question.
6. Manipulating or affecting a client's decisions by withholding or misrepresenting information, in violation of the client's right to make informed choices in their health care.
7. Failure to report to the applicable state board or the appropriate authority in the Association, within a reasonable time, the occurrence of any violation of any legal or professional code.

E. VIOLATIONS

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

The Association of Texas Midwives Standards for Midwifery Practice

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1. DEFINITION

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

2. STANDARDS OF CARE

Members of the Association of Texas Midwives agree to and act in accordance with the standards of care as laid out in the 2005 MANA Standards and Qualifications for the Art and Practice of Midwifery whenever acting in the role of midwife or student midwife, if applicable, namely:

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

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

- Records - Midwives keep accurate records of care provided for each client and newborn in their practice. Records reflect current standards in midwifery charting and are held confidential (except as legally required) and maintained as deemed necessary by law. Records shall be

provided to the client on request. The midwife maintains confidentiality in all verbal and written communications regarding client care.

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

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

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

- Informed Choice - Each midwife will disclose in oral and written form to prospective clients the midwife's scope of practice. This shall be accomplished through an Informed Choice and Disclosure Statement. The informed choice shall include statistics of the midwives' experience, date and expiration of license date and expiration of midwives' CPR and NNR certifications, and medical back-up arrangements. The disclosure statement shall include legal requirements of the midwife, prohibited acts as stated in the Midwifery Act and the name, address and telephone number of the Department of State Health Services Midwifery Program.

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

- Peer Review - Midwifery practice includes an on-going process of case review with peers.

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

ATM Midwifery Training Program Outline

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

101 Introduction to Midwifery

Introduction to Midwifery – Module I (coursework)

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

Introduction to Midwifery (classroom)

A. Standard (universal) precautions and infection prevention
B. Review of general nutrition and fitness
C. Introduction to Midwifery: Review of Heart and Hands
D. Ethics in midwifery
E. Basic skills – review and practice
F. Review of the Texas Midwifery Basic Information and Instructor Manual, Midwifery Act, and Midwifery Rules
G. Exam

102 Anatomy and Physiology for Midwives

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

A. Introduction to human anatomy and physiology, including basic biological and chemical processes at the cellular level, histology, and an introduction to organ systems
B. Human anatomy and physiology of all organs and body systems, including normal changes due to pregnancy
C. Overview of human genetics
D. Human reproduction: human reproductive cycles, fertilization
E. Embryonic development and fetal growth
F. The placenta and fetal membranes
G. Fetal circulation and the transition to neonatal life
H. Neonatal Resuscitation Certification
I. Final Exam for Anatomy and Physiology

201 The Antepartum Period I

The Antepartum Period I Module (coursework)

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

The Antepartum Period I Workshop (classroom)

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

202 Intrapartum I

Intrapartum I Study Module (coursework)

A. Physiology of labor and birth
B. First stage of labor
C. Normal second stage of labor
D. Intrapartal maternal assessment
E. Intrapartal fetal assessment
F. Comfort measures and techniques for labor
G. Waterbirth and hydrotherapy
H. Third stage of labor
I. Fourth stage of labor and the immediate postpartum
J. Birth equipment and supplies
K. Professional ethics for midwives
L. Cultural Competency Health Practitioner Assessment
M. Introduction to the Newborn at Birth

Intrapartum I Workshop (classroom)

A. Fetal skull & fetal positions
B. Mechanisms of labor
C. Signs of labor
D. Initial labor assessment
E. Stages of labor

F. Labor support & comfort measures
G. Waterbirth
H. Setting up for birth - equipment & supplies
I. Charting
J. Skills (Estimating blood loss, vaginal exams, urinary catheterization, placental inspection)
K. Exam on Intrapartum I

301 Antepartum 2

Antepartum 2 Module (coursework)

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

The Antepartum Period 2 Workshop (classroom)

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

302 Complications of the Intrapartum

Complications of the Intrapartum (coursework)

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

Complications of the Intrapartum (classroom)

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

401 Postpartum Period & The Business of Midwifery

The Postpartum Period & The Business of Midwifery (coursework)

A. Required reading
B. Vocabulary
C. The postpartum period
D. Complications of the postpartum period
E. Family planning,
F. Well-woman care including pre-conception counseling; Pap smears
G. Midwifery Business Skills
H. Application of the Midwifery Model of Care

The Postpartum Period & The Business of Midwifery Workshop (classroom)

A. Immediate postnatal care: monitoring, complications
B. Postpartum period: exams, postpartum depression, unexpected outcomes
C. Family planning
D. Well-woman care
E. Skills
F. Midwifery Business Skills
G. Exam on The Postpartum Period & The Business of Midwifery

402 The Newborn & Breastfeeding

The Postpartum Period & The Newborn (coursework)

A. Required reading
B. Vocabulary
C. The newborn period
D. Newborn complications
E. Breastfeeding & bottle-feeding
F. Application of the Midwifery Model of Care

The Newborn Period & Breastfeeding Workshop (classroom)

A. Newborn period: normal & abnormal, newborn exams & assessments
B. Breastfeeding & bottle-feeding
C. Skills
D. Midwifery Business Skills
E. Exam on The Newborn Period & Breastfeeding

501 Advanced Skills

Advanced Skills (coursework)

A. Introduction to Pharmacology
B. Pharmacology Project
C. Medications for Midwives
D. Medication administration

E. IVs
F. Suturing

Advanced Skills (classroom)

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

Due 14 weeks prior to graduation:

A. Practice guidelines

ACADEMIC PORTION OF COURSE COMPLETED

CLINICAL EXPERIENCE

ABBREVIATED NARM SKILLS LIST/PRACTICAL SKILLS GUIDE FOR MIDWIFERY

1. Preceptor evaluates and verifies skill competency for the student.
2. Skills requiring 2 signoffs completed with a different approved preceptor from the first sign-offs.
3. Abbreviated NARM Skills Verification Surveys, and 2nd sign-off surveys completed in Typhon.

Permission for Student/Student Clinical Training

A. Before any service involving a student is provided to a client, the client must be informed in writing of

1. the requirements of informed consent,
2. the identity and license status of the preceptor and the student, and
3. the services that will be provided under direct supervision to the client.

B. The client must consent in writing to the services being provided under direct supervision.

The following is the suggested form from TDLR for this purpose. Midwife Client Consent to Services Provided by Student (PDF)
https://www.tdlr.texas.gov/midwives/forms/MID200N-Consent-to-Services-by-Student.pdf

TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

MIDWIFE CLIENT CONSENT TO SERVICES PROVIDED BY STUDENT

To become eligible for a midwife license in Texas, a student must obtain clinical experience by acting as an observer, an assistant under direct supervision, and a primary under direct supervision, for a number of births, prenatal exams, newborn exams, and postpartum exams.

Clinical experience activities must be performed in accordance with the following requirements:

1. All clinical experience activities performed by a student must be under the direct supervision of a preceptor who is licensed in Texas as a midwife, nurse-midwife, or physician. Direct supervision is real-time, in-person observation and guidance by a preceptor who is physically present and immediately available to provide any necessary assistance and personally respond to any emergency.
2. The student must always be directly supervised regardless of whether the activities are being counted toward the student's education.
3. The student must perform only the activities authorized by the preceptor.
4. The student must not advertise, or represent to the public in any way, that the student is a midwife.
5. The student must not receive compensation from a client for performing supervised activities.
6. Before any service involving a student is provided to a client, the client must be informed in writing of these requirements, the identity and license status of the preceptor and the student, and the services that will be provided under direct supervision to the client.
7. The client must consent in writing to the services being provided under direct supervision.

The client consents to the services indicated by the client's written initials in the following table:

	Prenatal Exams	Birth	Newborn Exams	Postpartum Exams
Student acting as observer				
Student acting as assistant under direct supervision				
Student acting as primary under direct supervision				

Preceptor's Name: ______________________________

Preceptor's License Status: ☐ Licensed Midwife ☐ Certified Nurse-Midwife ☐ Licensed Physician

Student's Name: ______________________________
(The student does not hold a current Texas midwife license.)

Client Consent:

By signing this form, I consent to the student named above providing the services indicated by my initials in the table above, under the direct supervision of the preceptor named above.

My consent remains in effect:

☐ For the duration of my current pregnancy, birth, and postpartum period.
☐ For a limited time period as indicated: ________________ thru ________________

Client signature: ______________________________ Date: ________________

Client's printed name: ______________________________

TDLR Form MID200N Rev. Aug. 2023

*Example of Student Informed Consent Document for those **outside of Texas:***

Midwife Client Informed Consent for Student Care

To become a midwife, a student must obtain clinical experience by acting as an observer, an assistant under direct supervision, and a primary under direct supervision, for a number of births, prenatal exams, newborn exams, and postpartum exams. Clinical experience activities must be performed in accordance with the following requirements:

1. All clinical experience activities performed by a student must be under the direct supervision of a preceptor who is licensed in Texas as a midwife, nurse-midwife, or physician. Direct supervision is real-time, in-person observation and guidance by a preceptor who is physically present and immediately available to provide any necessary assistance and personally respond to any emergency.
2. The student must always be directly supervised regardless of whether the activities are being counted toward the student's education.
3. The student must perform only the activities authorized by the preceptor.
4. The student must not advertise, or represent to the public in any way, that the student is a midwife.
5. The student must not receive compensation from a client for performing supervised activities.
6. Before any service involving a student is provided to a client, the client must be informed in writing of these requirements, the identity and license status of the preceptor and the student, and the services that will be provided under direct supervision to the client.
7. The client must consent in writing to the services being provided under direct supervision.

The client consents to the services indicated by the client's written signature below. Services provided by the student include prenatal Exams, birth, newborn exams, and postpartum exams in which the student acts as observer, assistant under direct supervision, or primary under direct supervision

Preceptor's Name: ____
Preceptor's License Status:

☐ Licensed Midwife
☐ Certified Nurse-Midwife
☐ Licensed Physician

Student's Name: ____ (The student does not hold a current midwife license.)

Client Consent: By signing this form, I consent to the student named above providing the services indicated by my initials in the table above, under the direct supervision of the preceptor named above.

☐ My consent remains in effect: For the duration of my current pregnancy, birth, and postpartum period.
☐ For a limited time period as indicated: ______________ thru ________________

Client signature: _________________________________ Date: _____________

Client's printed name: ____

ATM Midwifery Training Program Abbreviated NARM Required Skills Verification

Sample only – This is completed as a survey in Typhon. It is included here for your reference.

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
1	**I. Midwifery Counseling, Education and Communication**		
2	A. Provides interactive support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes		
3	B. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment		
4	C. Facilitates the mother's decision of where to give birth		
5	D. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome		
6	E. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum		
7	F. Applies the principles of informed consent		
8	G. Communicates practice parameters and limits of practice		
9	H. Applies the principles of client confidentiality		
10	I. Provides individualized care		
11	J. Advocates for the mother during pregnancy, birth and postpartum		
12	K. Provides culturally appropriate education, counseling and/or referral, where appropriate, to other health care professionals, services, agencies for:		
13	1. Genetic counseling for at-risk mothers		
14	2. Abuse issues: emotional, physical and sexual		
15	3. Prenatal testing and lab work		
16	4. Diet, nutrition and supplements		
17	5. Effects of smoking, drugs and alcohol use		
18	6. Social risk factors		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
19	7. Situations requiring an immediate call to the midwife		
20	8. Sexually transmitted diseases/infections and safer sex practices		
21	9. blood borne pathogens: HIV, Hepatitis B, Hepatitis C		
22	10. Complications of pregnancy		
23	11. Environmental risk factors, hazards, teratogenic substances, including TORCH viruses		
24	12. Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc		
25	13. Postpartum care concerning complications and self-care, Kegel exercises, self-breast examination		
26	14. Contraception		
27	15. Female reproductive anatomy and physiology		
28	**II. General Healthcare Skills**		
29	A. Demonstrates the application of Universal Precautions as they relate to midwifery		
30	1. Demonstrates the application of aseptic/sterile technique		
31	B. Demonstrates optimal documentation and charting skills		
32	C. Uses alternate healthcare practices (non-allopathic treatments) and modalities		
33	D. Refers to alternate healthcare practitioners for non-allopathic treatments		
34	E. Manages and treats for shock by:		
35	1. Recognizing the signs and symptoms of shock, or impending shock		
36	2. Assessing the cause of shock and providing treatment for shock		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
37	F. Understands the benefits and risks and appropriately recommends the use of vitamin and mineral supplements		
38	G. Demonstrates knowledge of benefits and risks and appropriate administration the following pharmacological (prescriptive) agents:		
39	1. Lidocaine/xylocaine for suturing		
40	2. Medical oxygen		
41	3. Methergine		
42	4. Prescriptive ophthalmic ointment		
43	5. Pitocin ® for postpartum hemorrhage		
44	6. RhoGam ®		
45	7. Vitamin K		
46	8. Antibiotics for Group B Strep		
47	9. IV fluids		
48	H. Provides counsel and refers for performance of ultrasounds		
49	I. Provides counsel and refers for performance of biophysical profile		
50	J. Demonstrates the use of instruments and equipment including:		
51	1. Amnihook® /Amnicot®		
52	2. Bag and mask resuscitator		
53	3. Blood pressure cuff		
54	4. Bulb syringe		
55	5. Cord clamp and/or cord tape		
56	6. DeLee ® (or other tube/mouth suction device)		
57	7. Doppler		
58	8. Fetoscope		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
59	9. Gestation calculation wheel/calendar		
60	10. Hemostats		
61	11. Lancets		
62	12. Newborn and adult scale		
63	13. Nitrazine paper		
64	14. * Oxygen tank, flow meter, cannula, and face mask		
65	15. Scissors (all kinds)		
66	16. Speculum		
67	17. Stethoscope		
68	18. Suturing equipment		
69	19. Thermometer		
70	20. Urinalysis strips		
71	21. Urinary catheter		
72	22. Vacutainer/blood collection tube		
73	K. * Proper use of injection equipment:		
74	1. needle and syringe		
75	2. single dose vial		
76	3. multi dose ampule		
77	4. sharps container		
78	L. Draws blood, obtains or refers for blood screening tests		
79	M. Obtains or refers for urine culture		
80	N. Evaluates laboratory and medical records		
81	**III. Maternal Health Assessment**		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
82	A. Obtains and maintains records of health, reproductive and family medical history, potential exposure to toxins, personal information, and possible implications to current pregnancy		
83	B. * Performs a complete physical examination		
84	1. Performs pelvic exam, including assessing:		
85	2. The condition of the uterus, ovaries and cervix (by speculum)		
86	a) Performs a Papanicolaou (Pap) test		
87	b) Obtains gynecological cultures		
88	3. The size of the uterus and fetal age (by bimanual exam), the condition of the vulva, vagina, cervix, perineum and anus		
89	**IV. Prenatal:**		
90	A. Assess results of routine prenatal physical exams, including on-going assessment:		
91	1. Maternal psycho-social, emotional health and well-being		
92	2. Signs and symptoms of infection		
93	3. * Performs routine prenatal physical exams to track variations and changes to maternal health, including vital signs, clonus, respiratory assessment, edema		
94	4. Nutritional patterns		
95	5. Hemoglobin/hematocrit		
96	6. Glucose levels		
97	7. Breast condition/implications for breastfeeding		
98	8. Signs of abuse		
99	9. Assess urine for appearance, protein, glucose, ketones, ph, leukocytes, nitrites, blood		
100	10. Fetal heart rate/tones auscultated with fetoscope or Doppler		
101	11. Vaginal discharge or odor		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
102	12. Estimates due date based upon a variety of methods		
103	13. Assessment of fetal growth and well-being:		
104	14. Assesses fetal weight, size, lie, and lightening		
105	B. Records results of the examination in the prenatal records		
106	C. Provides education, counsel, and recommendations for:		
107	1. nutritional, and non-allopathic dietary supplement support, normal body changes, weight gain		
108	2. Provides education, counsel, and recommendations for common complaints of pregnancy, and preparation for labor/birth		
109	D. Recognizes and responds to potential prenatal complications/variations by identifying/assessing:		
110	1. Antepartum bleeding		
111	2. Identifying pregnancy-induced hypertension (PIH)		
112	3. Assessing, educating and counseling for PIH		
113	4. Identifying and consulting, collaborating or referring for:		
114	a) Pre-eclampsia		
115	b) gestational diabetes		
116	c) Urinary tract infection		
117	d) Fetus small for gestational age		
118	e) Intrauterine growth restriction		
119	f) thrombophlebitis		
120	g) oligohydramnios		
121	h) polyhydramnios		
122	5. Identifying, turning, and management strategies for breech presentation		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
123	6. Identification and management strategies for multiple gestation		
124	7. Identification, prevention, and techniques to encourage rotation of an occiput posterior position		
125	8. Vaginal Birth After Cesarean (VBAC) including identification, contraindications for out-of-hospital birth, management		
126	a) recognizes signs and symptoms of uterine rupture and knows emergency treatment		
127	9. Identifies, treats, consults or refers for pre-term labor		
128	10. Assess, evaluate, and monitor a post-date pregnancy		
129	a) Consultation or referral for ultrasound, non-stress test, biophysical profile		
130	11. Treating a post-date pregnancy by stimulating the onset of labor		
131	12. Identifying and referring for:		
132	a) tubal pregnancy		
133	b) molar pregnancy		
134	c) ectopic pregnancy		
135	d) placental abruption		
136	e) placenta previa		
137	13. Identifying and managing premature rupture of the membranes in a FULL-TERM pregnancy		
138	14. Consults and refer for premature rupture of membranes in PRE-TERM pregnancy		
139	15. Establishes and follows emergency contingency plans for mother/baby		
140	**V. Labor, Birth and Immediate Postpartum**		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
141	A. Facilitates maternal relaxation and provides comfort measures throughout labor		
142	B. Evaluates, responds to, and supports a laboring mother during the first stage of labor by assessing a variety of factors, including		
143	a) Evaluating and responding to maternal and fetal status, including vital signs, intake/output, status of membranes, contractions, fetal heart tones		
144	b) Fetal lie, presentation, position, and descent by observation, palpation, vaginal examination		
145	c) Effacement, dilation of the cervix and station of the presenting part		
146	d) Maternal dehydration and/or vomiting		
147	2. Knows a variety of treatments for anterior/swollen lip		
148	3. Posterior or asynclitic position		
149	4. Pendulous belly inhibiting descent		
150	5. Labor progress with psychological support, position changes, nutrition, rest, physical activity, non-allopathic treatments, nipple stimulation		
151	C. Demonstrates the ability to evaluate and support a laboring mother during the second stage of labor		
152	D. Accurate and complete recordkeeping and documentation of labor and birth		
153	E. Demonstrates the ability to recognize and respond to labor and birth complications such as:		
154	1. Abnormal fetal heart tones and patterns		
155	2. Cord prolapse		
156	3. Variations in presentation:		
157	a) Breech presentation		
158	b) Nuchal hand, arm presentation		
159	c) Nuchal cord presentation		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
160	d) Face and brow presentation		
161	e) Multiple birth presentation and delivery		
162	f) Shoulder dystocia		
163	4. Vaginal birth after cesarean (VBAC)		
164	5. Management of meconium stained fluids		
165	6. Management of maternal exhaustion		
166	F. Recognize/consult/transport for signs of:		
167	1. Uterine rupture		
168	2. Uterine inversion		
169	3. Amniotic fluid embolism		
170	4. Stillbirth		
171	G. Assesses the condition of, and provides care for the newborn immediately after the birth:		
172	1. Keep baby warm		
173	2. Initial newborn assessment		
174	3. Determining APGAR score(s)		
175	4. Keep mother and baby together, supports bonding		
176	5. Monitoring respiratory and cardiac function		
177	6. Responding appropriately to the need for newborn resuscitation		
178	7. Recognizes abnormal newborn conditions such as birth defects, central nervous system disorder, signs and symptoms of Meconium Aspiration Syndrome, and consults or refers as needed		
179	8. Clamping, cutting, and caring for the cord		
180	9. Administers eye prophylaxis		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
181	10. Assesses gestational age		
182	H. Assists in placental delivery and responds to blood loss including:		
183	1. Determining signs of placental separation		
184	2. Facilitating the delivery of the placenta		
185	3. After delivery, assessing the condition of the placenta		
186	4. Estimating the amount of blood loss		
187	5. Responding to uterine bleeding with a range of treatments		
188	6. Responds appropriately to a vaginal tear and bleeding		
189	7. Responds to postpartum hemorrhage with a range of treatments		
190	I. Assesses general condition of mother and newborn by a variety of criteria including bladder, lochia, vaginal and perineal area		
191	1. Repairs the perineum by:		
192	a) Administering a local anesthetic		
193	b) Performing basic suturing		
194	2. Provides alternate repair methods (non-suturing)		
195	3. Provides instruction for care and treatment of the perineum		
196	4. Facilitates breastfeeding		
197	J. * Performs a full newborn examination		
198	**VI. The Postpartum Period:**		
199	A. Completes the birth certificate		
200	B. Performs postpartum reevaluation of mother and baby at:		
201	1. * 24 – 72 hours after birth		

	NARM Skills	Understands purpose for skill and demonstrates how it is performed Initials/Date	Demonstrates application of knowledge, performs skill appropriately and proficiently Initials/Date
202	2. Other appropriate times, including a 4 – 6 week postpartum exam		
203	C. Assess and provides counseling and education as needed		
204	D. Educates regarding adverse factors affecting breastfeeding		
205	E. Provides contraceptive/family planning education and counseling		
206	F. Facilitate psycho-social adjustment		
207	G. Provides opportunity for client feedback:		
208	H. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:		
209	1. Uterine infection		
210	2. UTI		
211	3. Infection of vaginal tear or incision		
212	4. Postpartum depression and psychosis		
213	5. Late postpartum hemorrhage		
214	6. Thrombophlebitis		
215	7. Separation of abdominal muscles		
216	8. Separation of symphysis pubis		
217	B. Assess for, and treats jaundice		
218	C. Provide direction for care of circumcised and uncircumcised penis		
219	D. Knows treatments for sore nipples, including thrush		
220	E. Knows treatments for mastitis		
221	F. Knows breastfeeding referral resources		
222	**VII. Well-Baby Care**		

	NARM Skills	UNDERSTANDS PURPOSE FOR SKILL AND DEMONSTRATES HOW IT IS PERFORMED INITIALS/DATE	DEMONSTRATES APPLICATION OF KNOWLEDGE, PERFORMS SKILL APPROPRIATELY AND PROFICIENTLY INITIALS/DATE
223	A. Provides well-baby care up to 6 weeks		
224	B. Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, and behavior, and support integration of baby into family		
225	C. Assesses the current health and appearance of baby		
226	D. Provides education and instructs mother in care of common newborn conditions such as cradle cap, diaper rash, thrush and colic		
227	E. Recognizes signs/symptoms and differential diagnosis of:		
228	1. Infections		
229	2. Cardio-respiratory abnormalities		
230	3. Glucose disorders		
231	4. Hyperbilirubinemia		
232	5. Birth defects		
233	6. Failure to thrive		
234	7. Newborn hemorrhagic disease (early and late onset)		
235	8. Polycythemia		
236	F. Provide information for referral for continued well-baby care		
237	G. Support integration of baby into family		
238	H. Perform or refer for newborn metabolic screening		
239	I. Perform or refer for newborn hearing screening		

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

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

Preceptor Signature: ______________________________ Date: ________________

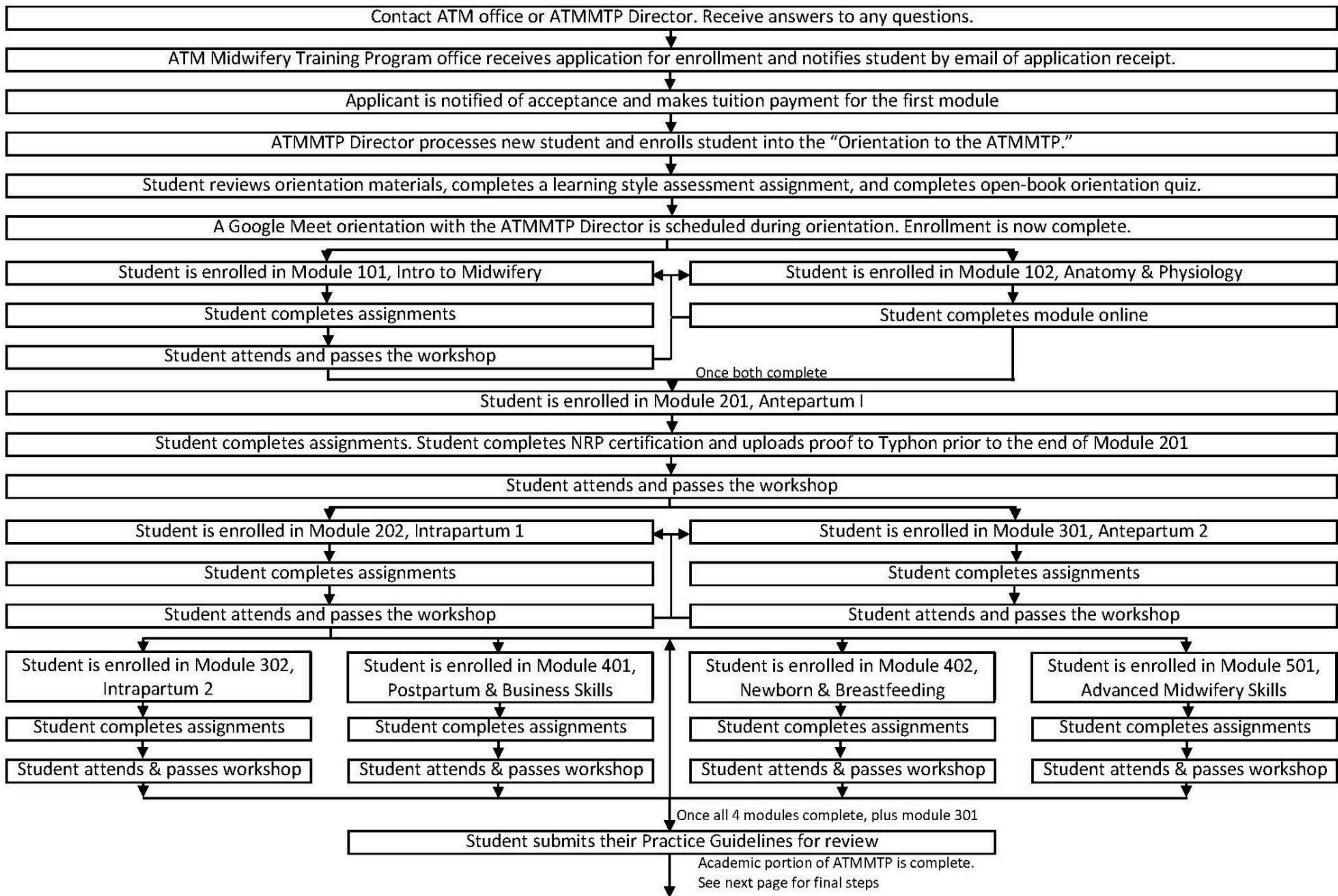
THE ATM STUDENT PATHWAY (NEW VERSION)

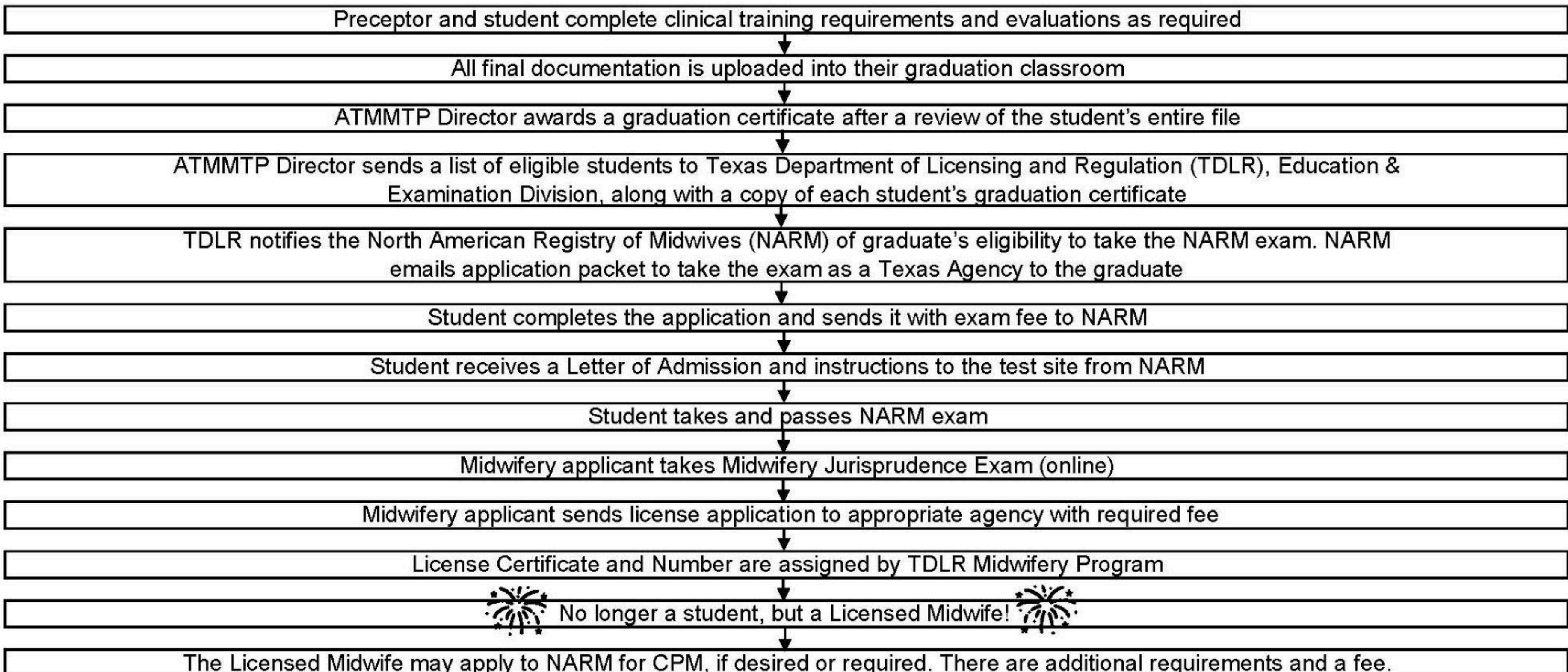
1. Contact ATM office or ATMMTP Director. Receive answers to any questions.
2. ATM Midwifery Training Program office receives application for enrollment and notifies student by email of application receipt.
3. Applicant is notified of acceptance and makes payment for orientation.
4. ATMMTP Director processes new student and enrolls student into the "Orientation to the ATMMTP."
    a. student email is created
    b. student Typhon account is created
5. Student reviews all orientation materials, completes a learning styles assessment assignment, and then completes the open-book orientation quiz.
    a. Google Meet orientation with the ATMMTP Director is scheduled during orientation.
    b. Enrollment is now complete.
6. Student may choose to enroll into modules in the order they choose but must follow the prerequisite requirements:
    a. 101 Introduction to Midwifery (no prerequisites)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and pass the final exam
    b. 102 Anatomy and Physiology for Midwives (no prerequisites)
        i. pays tuition
        ii. completes the online class
        iii. passes the final exam
    c. 201 Antepartum 1 (prerequisites 101 and 102)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and pass the final exam
    d. 202 Intrapartum (prerequisite 201)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and pass the final exam
    e. 301 Antepartum 2 (prerequisite 201)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and passes the final exam
    f. 302 Intrapartum 2 (prerequisite 202)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and passes the final exam
    g. 401 Postpartum and Business Skills (prerequisite 202)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and passes the final exam
    h. 402 Newborn and Breastfeeding (prerequisite 202)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and passes the final exam

    i. 501 Advanced Midwifery Skills (prerequisite 202)
        i. pays tuition
        ii. complete the online class
        iii. attend workshop and passes the final exam
7. Student submits their practice guidelines for review

~ Academic portion of Midwifery Training Program is complete~

8. Preceptor and student will complete clinical training requirements and evaluations as required.
9. All final documentation will be uploaded into their graduation classroom.
10. ATMMTP Director will award a graduation certificate after a review of the student's entire file.
11. ATMMTP Director will send a list of eligible students to Texas Department of Licensing and Regulation (TDLR), Education & Examination Division, along with a copy of each student's graduation certificate.
12. ATMMTP Director will add student to an "After Graduation" Classroom
    a. This classroom includes next steps in the process to complete licensing with TDLR and obtaining the CPM.
13. TDLR will notify the North American Registry of Midwives of graduate's eligibility to take the NARM exam. NARM emails application packet to take exam as a Texas Agency to the graduate.
14. Student completes the application and sends it with exam fee to NARM.
15. Student will receive a Letter of Admission and instructions to the test site from NARM.
16. Student takes NARM exam.
17. When student passes exam, the license process can be started through TDLR.
18. Midwifery applicant must take Midwifery Jurisprudence Exam (online)
19. License application is sent to appropriate agency with required fee.
20. License Certificate and Number assigned by TDLR Midwifery Program.
21. No longer student but Licensed Midwife.
22. The Licensed Midwife may apply to NARM for CPM


Contact ATM office or ATMMTP Director. Receive answers to any questions.
ATM Midwifery Training Program office receives application for enrollment and notifies student by email of application receipt.
Applicant is notified of acceptance and makes tuition payment for the first module
ATMMTP Director processes new student and enrolls student into the "Orientation to the ATMMTP."
Student reviews orientation materials, completes a learning style assessment assignment, and completes open-book orientation quiz.
A Google Meet orientation with the ATMMTP Director is scheduled during orientation. Enrollment is now complete.
Student is enrolled in Module 101, Intro to Midwifery
Student completes assignments
Student attends and passes the workshop
Student is enrolled in Module 102, Anatomy & Physiology
Student completes module online
Once both complete
Student is enrolled in Module 201, Antepartum I
Student completes assignments. Student completes NRP certification and uploads proof to Typhon prior to the end of Module 201
Student attends and passes the workshop
Student is enrolled in Module 202, Intrapartum 1
Student completes assignments
Student attends and passes the workshop
Student is enrolled in Module 301, Antepartum 2
Student completes assignments
Student attends and passes the workshop
Student is enrolled in Module 302, Intrapartum 2
Student completes assignments
Student attends & passes workshop
Student is enrolled in Module 401, Postpartum & Business Skills
Student completes assignments
Student attends & passes workshop
Student is enrolled in Module 402, Newborn & Breastfeeding
Student completes assignments
Student attends & passes workshop
Student is enrolled in Module 501, Advanced Midwifery Skills
Student completes assignments
Student attends & passes workshop
Once all 4 modules complete, plus module 301
Student submits their Practice Guidelines for review
Academic portion of ATMMTP is complete.
See next page for final steps


Preceptor and student complete clinical training requirements and evaluations as required
All final documentation is uploaded into their graduation classroom
ATMMTP Director awards a graduation certificate after a review of the student's entire file
ATMMTP Director sends a list of eligible students to Texas Department of Licensing and Regulation (TDLR), Education & Examination Division, along with a copy of each student's graduation certificate
TDLR notifies the North American Registry of Midwives (NARM) of graduate's eligibility to take the NARM exam. NARM emails application packet to take the exam as a Texas Agency to the graduate
Student completes the application and sends it with exam fee to NARM
Student receives a Letter of Admission and instructions to the test site from NARM
Student takes and passes NARM exam
Midwifery applicant takes Midwifery Jurisprudence Exam (online)
Midwifery applicant sends license application to appropriate agency with required fee
License Certificate and Number are assigned by TDLR Midwifery Program
No longer a student, but a Licensed Midwife!
The Licensed Midwife may apply to NARM for CPM, if desired or required. There are additional requirements and a fee.