

**University of Minnesota
Nurse-Midwifery Preceptor Handbook
2017-2019**



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Introduction

On behalf of the nurse-midwifery faculty and students at the University of Minnesota, thank you for agreeing to serve as a preceptor for our nurse-midwifery program. We are excited for you to share your experiences and wisdom with the next generation of midwives. We appreciate your commitment to their education and learning.

When we accept students into our nurse-midwifery program, we are making a commitment to the students that we will prepare them to provide high quality care to women and families. We know that by accepting a student into your clinical practice, you are making the same commitment. We understand that precepting is a time-intensive responsibility. Thank you for your generous service to the profession.

Preceptors are vital to our program and the faculty and School of Nursing extend our sincerest appreciation for your time, effort, and mentorship that you provide the students. Listed below are ways that our school may be able to assist you in your practice. If there is any other way that we can be helpful to you or your colleagues, please let us know. Examples of ways we may be able to help include:

- You can obtain free CEUs for completing our preceptor education module. This online module prepares you for the benefits and challenges of precepting our students.
- If you are interested in being appointed as an affiliate faculty member, please let Melissa Avery (avery003@umn.edu) know and she will help start the application process. An Affiliate appointment recognizes your valuable contribution to the School and University.
- We would be happy to provide you with course syllabi or course reading lists which include current research and practice guidelines for midwifery practice.

The UMN Nurse-Midwifery Program

In 2013, the UMN nurse-midwifery program celebrated its 40 year anniversary. In those 40+ years, we have graduated nurse-midwives who have served the needs of women locally, nationally, and internationally. The DNP in nurse-midwifery began at the University of Minnesota in 2009 and was the first fully accredited DNP program in nurse-midwifery in the country. The curriculum for the DNP program builds on the traditional master's programs by providing students with additional content in evidence-based practice, quality improvement, and systems leadership. The midwifery program has been ranked in the top 10 in the country by US News and World Report.

Our program has three options for entry: a BS-DNP option, a post-graduate certificate option, and direct entry through the UMN Master of Nursing (MN) program. The DNP program is a 3 year full-time or 4 year part-time program and requires the completion of a doctoral project focused on quality improvement in the clinical setting. Our students are expected to use current knowledge and evidenced based practice to guide their clinical DNP projects and their own clinical practice. In addition to their on-line studies, students complete 5 semesters of clinical experience and must demonstrate beginning level competency in midwifery skills as well as completion of all course work in order to graduate. Throughout their educational program, students are taught the value of the midwifery model of care.

Accreditation

1. The midwifery program is accredited through 2020 by the Accreditation Commission for Midwifery Education (ACME) of the American College of Nurse-Midwives (ACNM). As required for ACME accreditation, the midwifery curriculum at UMN is based upon the ACNM Core Competencies for Basic Midwifery Practice.
(<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000050/Core%20Comptencies%20Dec%202012.pdf>).
2. The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency contributing to the improvement of the public's health. CCNE accredits the DNP program and ensures the quality and integrity of baccalaureate and graduate education programs preparing effective nurses. The DNP program was accredited by CCNE in 2010 and reviewed and reaccredited in 2015.

Purpose of the Nurse-Midwifery Program

The purpose of the nurse-midwifery program is to prepare nurse-midwives who will have a solid foundation in theory and practice for providing evidence-based primary health care for essentially healthy women and newborns, including preparation for assuming leadership roles in the broader health care and policy environments.

The program serves a specific purpose for this geographic area. Nurse-midwives are prepared to respond to regional and state primary health care needs in a variety of

interprofessional settings, particularly in provider shortage or other underserved areas, and contribute to the education of nurse-midwifery and other students.

Objectives of the Nurse Midwifery Program

Upon completion of the University of Minnesota, School of Nursing, Nurse-Midwifery Program, the graduate will be able to:

1. Provide independent, competent and professional midwifery care, according to ACNM Core Competencies, Standards for Practice, Code of Ethics;
2. Practice interprofessionally in providing and evaluating health care;
3. Partner with physicians in the care of women with medical and/or obstetrical complications;
4. Assume the role and responsibilities of the nurse-midwife which include the following:
 - a. provide culturally sensitive and holistic care;
 - b. promote a normal and low intervention approach to women's health care
 - c. provide leadership in improving the quality of health care
 - d. promote evidenced-based practice through research and evaluation;
 - e. participate in current health care legislation and policy affecting women and families;
 - f. implement strategies to improve the organization of health care services for women;
5. Identify the historical development of the midwifery profession and its impact on contemporary practice.

Important Phone Numbers and Email Addresses

Faculty members and staff at UMN are happy to answer your questions as they arise.

Melissa Avery, PhD, CNM, FACNM: (612) 624-5933
avery003@umn.edu
Program Director

Missy Saftner, PhD, CNM: (218) 726-8934
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Faculty

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Liz Fine Weinfurter: (612) 624-6492
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SoN Library Liaison

The School of Nursing Website
www.nursing.umn.edu

Philosophy of the Nurse-Midwifery Program

The nurse-midwifery program at the University of Minnesota combines the professions of nursing and midwifery and is grounded in a philosophy of health care that is woman and family-centered, holistic, respectful of individual and cultural variations, and promotes health through shared decision making. We believe in access to quality and affordable health care for all persons.

Nurse-midwifery practice is the independent management of care within a defined scope of practice; an interprofessional health care approach is employed in more complex situations. Nurse-midwives provide primary health care for women and newborns, focusing on health promotion, common health concerns, counseling and education, disease prevention, and care to vulnerable populations. Health promotion and teaching are rooted in the woman's own goals and capabilities.

Our broad educational goal is that students develop an understanding of current issues related to the health care of women as individuals, and within the context of the family, community and global society. The faculty provides educational opportunities that are cross-cultural, interprofessional, and employs current evidence-based educational methodologies. A particular emphasis of the program is the development of leadership skills and the promotion of a physiologic approach to pregnancy, birth and normal developmental transitions in women's lives.

The nurse-midwifery program encompasses knowledge and skills acquired through the physical, behavioral, and social sciences; nursing and midwifery education; leadership, policy and evidence-based practice; incorporating both the science and the art of nursing and midwifery into the curriculum. A supportive educational environment provides opportunities for inquiry, practice, and interpersonal dialogue. Students are encouraged to articulate their own philosophy of care and implement this philosophy as they progress through the program. Ongoing personal and professional development is nurtured through faculty interaction with students in the classroom, online, and in clinical settings.

Expectations of Preceptors

Orientation

Please conduct an orientation on a non-clinical day or have time set aside at the beginning of the first clinical day, so that students have a basic orientation to the practice, the facility, the people, the medical record and the overall expectations specific to their time with your practice. We expect our students to utilize the resources that you have available, including patient education materials and interdisciplinary teams. Students are required to become familiar with your midwifery practice guidelines.

Clinical Assignments

If possible, it is best for the student to work with the same preceptor during the first few weeks of the first clinical semester. If this is not possible, consider having 2 alternating preceptors in the first weeks of the clinical semester. More advanced students may not have the same need for consistency, but it is important to assess each student individually. It has been our experience over many years that this kind of consistency results in a much more efficient learning experience for students, a more rewarding teaching experience for preceptors, and a safer and more comfortable experience for patients. Evaluation is also much easier with fewer preceptors observing the student's progress. Once oriented, students are expected to set up their plan for clinical in collaboration with their preceptor. Preceptors must be immediately available onsite to students and present for management of intrapartum patients.

Preparation for Preceptors

The Accreditation Commission for Midwifery Education (ACME), the accrediting body for the UMN Nurse-Midwifery program, requires that clinical preceptors are prepared for their teaching role. Our nurse-midwifery program offers preceptor orientation and preparation via an online module. Upon completion of the online module, preceptors can earn continuing education credits through ACNM. If you have preceptor training from another institution, we still encourage you to access the online module as there is specific information related to the University of Minnesota's nurse-midwifery program within the module as well as current information on precepting students. We will do our best to make the preceptor training process as easy as we can for you.

Strategies for Preceptors

The One Minute Preceptor (OMP) is a tool that has been validated in clinical teaching. The tool was developed by MAHEC Office of Regional Primary Care Education, Asheville, North Carolina. It creates a framework for approaching a student's learning needs, providing opportunity for efficient teaching and keeping pace in a working clinic. It allows the preceptor to be of two minds, both clinician and teacher. There are 6 parts to the OMP

1. Get a Commitment: Get the learner to commit to a diagnosis
2. Probe for Supporting Evidence: Ask the learner to provide information on why they chose the leading diagnosis
3. Reinforce What Was Done Well: Give specific feedback on what the learner did well

4. Give Guidance About Errors and Omissions: Give specific feedback on areas that need improvement
5. Teach a General Principle: Provide a statement or two outlining a relevant and practical teaching points
6. Conclusion: End the teaching interaction and define what the role of the learner will be in the next event

****More information on the OMP with clinical examples is available on the preceptor orientation module****

Clinical Requirements

Students will progress in their independence over the course of the five semesters. Students at the beginning of the program will require more direct supervision with students at the end of the program requiring supervision only during direct hands-on patient contact (as required by CMS). For example, students in their first clinical semester will often work in tandem with the preceptor assuming responsibility for small pieces of the clinic visit while their preceptor is in the room. Conversely, students in their 4th or 5th clinical semester may conduct most outpatient clinic visit more independently with the preceptor in the room for the physical exam only. Preceptors should assess a student's skills in the beginning of each semester and continue to assess their growth allowing for more independence. Students are expected to share their goals for clinical experiences with their preceptor as well.

NOTE: It is required that the midwife working with the student sign off on all patients before clinic and hospital discharge. Additionally, there should always be a preceptor on the premises when a student is on site.

Difficult Conversations

The faculty works very hard to prepare students for the rigors of clinical experiences. Most students are very successful in the clinical setting and occasionally a student does not perform as the preceptor or program expects. If this situation should occur, please notify the faculty in charge of the course immediately. It is our responsibility to help you have that difficult conversation with the student and to develop a plan to help the student. There are examples of difficult conversations on the preceptor online module. We encourage you to listen to those audio recordings and remember that faculty are always available to answer questions and help.

In the event that there are significant clinical issues, faculty may issue the student a Notice of Concern. The purpose of a Notice of Concern is to document the specific problems identified and plan for resolving in order to facilitate student growth towards achieving program outcomes. When potential or actual problems or concerns are identified, the student and faculty member (along with input from the preceptor) will develop a plan to resolve the issue. Copies of the notice are given to the student, the course instructor/coordinator, the faculty advisor, the Office of Student and Advancement Services, and the program director. This document does not become part of students' official University of Minnesota academic record. All notices not resolved in

a timely manner will be brought to the Graduate Admissions and Progressions Committee for review.

Expectations of Students

Students are expected to conduct themselves in a professional manner. They should always arrive on time or early in order to prepare for the start of patient visits. They should be professionally attired and wearing required identification. Students are expected to bring their own stethoscopes and resource guides with them to clinical. Many students invest in pocket handbooks or use apps for their wireless device. If you prefer students use your setting's resources, please advise them of such. Students should become familiar with the midwifery practice guidelines and refer to them when learning scope of practice and parameters for consultation and referral. If students encounter a problem, they are expected to seek solutions by first talking to their preceptor.

The number of clinical hours required of the student varies depending on which course the student is taking. Accurate information appears in the course syllabus and will be clarified by the faculty in charge of the clinical course. Exceptions may be negotiated only with the input of the clinical faculty and program director. If students are ill or have an emergency resulting in absence from scheduled hours, they should notify the preceptor as soon as possible that they will be absent. Hours and experiences missed due to illness or emergency should be made up prior to the end of the term. If not possible, the clinical faculty member should be informed so other arrangements can be made. Preceptors must supervise all clinical work by the student and must be present for key components of clinic visits, procedures and births. Students may have performed some intrapartum procedures as an RN under hospital protocol, but as a midwifery student must have preceptor supervision.

Student Requirements

Students must complete the institutional requirements, training and documents per facility guidelines prior to beginning clinical courses.

Nursing License

All active DNP and post-graduate certificate students must have documentation of a current nursing license on file with the Office of Student & Career Advancement Services. For international students in the Post-Baccalaureate DNP program, a Minnesota license is required before the end of the second term in residence or prior to any patient contact in a clinical course. DNP students are required to have an active and current license in the state they complete any required clinical coursework.

Immunizations

Students who have been admitted to the School of Nursing are required to provide evidence that they are up to date with Academic Health Center required immunizations. All immunization records are maintained by Boynton Health Services. Students are advised to keep copies of all records pertaining to health care certifications and immunization status for their personal/employment needs. If copies are required by any clinical agencies, those are provided by the individual student.

Background Study

Minnesota state law requires a background check on any person who directly works with patients or residents in health care facilities. The state allows educational programs to initiate the background studies on their students as an alternative to each licensed facility requesting the studies. Results of background checks initiated by an educational program may be released to the clinical sites where students are placed. Students sign a Release of Information form that allows the School of Nursing to share results with other facilities. The Background Study results are valid for one year only.

HIPAA and Data Security

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996 and requires us to implement processes with respect to protected health information as well as inform individuals about how we protect their information. DNP students must comply with HIPAA and data security measures outlined by the University of Minnesota. Each student is assigned training modules that includes not only HIPAA but the Federal Education Rights and Privacy Act (FERPA), Gramm-Leach Bliley Act (GLBA), the Minnesota Data Practices Act, and University policies.

School of Nursing Computer Requirements

Students in the School of Nursing are required to have a computer, printer, and certain minimum computer competencies. Minimum competency is defined as basic familiarity with computers (e.g. keyboarding, mouse use, CD-ROM), use of the Internet, email, word processing, media players, and presentation software. Course assignments may require uploading and downloading files and the use of spreadsheet, data management, or presentation software. All students are required to have regular email and Internet access for communication and coursework. Students are expected to check their email at least weekly. This is the primary form of communication within the nurse-midwifery program.

Documentation

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

These guidelines are accessible in detail at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

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

- 1) Student may see the patient first, obtaining CC, HPI, PMH, FH, SocHx, ROS
- 2) Student then presents the patient to the preceptor
- 3) Student and preceptor see the patient together

- Preceptor reviews HPI with the patient
 - Student performs exam in the presence of the preceptor
 - Preceptor repeats key portions of exam as necessary
- 4) Student proposes an assessment and plan
- Student presents assessment and plan to preceptor
 - Preceptor amends assessment and plan as appropriate and corrects student's critical thinking as needed
- 5) Documentation
- Student may document on EMR if the institution allows
 - Documentation must reflect preceptor participation
 - Preceptor must sign or co-sign documentation
 - Student may document PMH, FHx, SocHx, ROS
 - If student documents PE, Assessment and Plan- Preceptor may consider an addendum reflecting their participation and any additional findings.

Student Evaluation

Effective communication between preceptors and students is critical to developing safe, beginning level nurse-midwives. Course objectives should assist both student and preceptor in setting expectations. Individual daily goals should be set by the preceptor and student to focus student skill development. Students are expected to bring a list of goals with them each clinical day and reflect on their strengths and areas for improvement at the end of each day.

It is essential that preceptors give both formal and informal feedback on the students' skills and decision making. Informal evaluation should take place each clinical day. Students should be given feedback on their clinical performance. Students are encouraged to ask preceptors to evaluate their strengths and weaknesses each clinical day. Continual feedback will help students develop their clinical skills and become more confident as they transition to independent practice.

In addition to informal evaluations during the clinical day, students are evaluated formally twice a semester via the Typhon system (electronic record keeping). Preceptors (or the designated person within a clinical practice) will receive a link to the Typhon evaluation system twice during the semester (mid-semester and end of the semester). Students cannot pass the clinical course until Typhon evaluations are completed. Students complete a self-evaluation at midterm and at the end of the semester. They also evaluate the clinical site and preceptors at the end of the semester.

We value your honest feedback in the Typhon evaluations of students. In addition we hope that if you have any concerns that cannot wait until mid or end of semester evaluations, that you let the clinical faculty know of the issues.

If you ever experience any issues with the Typhon system, please contact Tracy Utech: (612) 624-9950, utech@umn.edu

Clinical Experience Requirements

Students track their patient encounters via Typhon and we require that they meet a minimum number of clinical experiences and demonstrate safe beginning competence in midwifery practice to graduate from the UMN midwifery program. *Students are expected to exceed the minimum program requirements.* Students graduate when they have met the minimum program requirements **AND** reach basic, entry level competency in all the required areas. The following are the minimum requirements for graduation:

Preconception: 10

New OB: 50

Return OB: 150

Labor Management: 50

Births: 50

Newborn Assessment: 40

Breastfeeding Support: 20

Postpartum Visit 0-7 days: 50

Postpartum Visit 1-8 wks: 30

PC – Common Health Problems: 40

PC – Family Planning: 40

PC – Gynecologic (Excluding Peri and Menopause): 40

PC- Gynecologic (Perimenopause and Menopause): 20

Total Clinical Hours: minimum 1200 hours (face to face, hands-on patient care)

Expectations of the UMN Midwifery Faculty

The midwifery faculty is always available to the preceptor if questions, concerns, or issues arise. At the beginning of the term, the faculty assigned to the clinical course will make contact with your site. They will provide you information on the course, expectations, and their personal contact information. The faculty, at a minimum, will check-in with preceptors (or site representative) at mid-semester and at the end of the semester. Clinical faculty also stay in touch with the students through clinical journal writing and clinical conferences and conduct mid-semester and final student conferences. In addition to the emails or phone calls that you will receive from the clinical faculty, faculty will conduct a clinical site visit one time a semester.¹ Site visits allow preceptors, students, and faculty to meet face to face and evaluate student performance and identify areas for growth as well as assure overall quality clinical experiences and continue strong relationships among clinical sites/preceptors and the faculty. It is the faculties' responsibility to help you and the student have a successful clinical experience.

We welcome phone calls and emails at any point in the semester. If you have additional concerns, you are always welcome to contact Melissa Avery, the nurse-midwifery program director: (612) 624-5933, avery003@umn.edu.

¹ Although site visits generally occur once a semester, there may be cases where the preceptor and faculty determine that a site visit is not needed.

Appendix A

Nurse-Midwifery DNP Program Plan

Doctor of Nursing Practice: Nurse-Midwifery Specialty: Three Year Plan
 Program plan for students admitted fall semester 2016 or later
Consult with your advisor every semester before registering for courses

Year 1	Fall	CR	Spring	CR	Summer	CR
Nurs 5222 Advanced Human Physiology+	2		Nurs 5226 Advanced Human Pathophysiology	2	Nurs 7300 Program Evaluation	3
Nurs 5228 Pharmacology for APN+	2		Nurs 5229 Clinical Pharmacotherapeutics+	3	Nurs 5200 Holistic Health Assessment and Therapeutics for APNs+	3
Nurs 7000 DNP Proseminar	1		Nurs 6110 Epidemiology in Nursing	2	Nurs 7200 Economics of Health Care	3
Nurs 7202 Moral and Ethical Positions and Actions in Nursing	2		Nurs 7600 Nursing Research and Evidence Based Practice	4	Csph 5101 Introduction to Integrative Healing Practices	3
Statistics**	3					
Total	10		Total	11		Total
Year 2	Fall	CR	Spring	CR	Summer	CR
Nurs 6305 Women's Reproductive Healthcare	3		Nurs 6308 Women's Primary Care Practicum	2	Nurs 6210 Midwifery Care of the Childbearing Family	3
Nurs 6306 Women's Reproductive Healthcare Practicum	1		Nurs 6925 Advanced Concepts in Women's Health	2	Nurs 6211 Midwifery Care of the Childbearing Family Practicum	2
Nurs 6501 Assessment and Management of Health for Advanced Practice Nurses I	3		Nurs 7610 System Leadership and Innovation	3	Nurs 7400 Health Policy Leadership	3
Nurs 6200 Science of Nursing Intervention	3		Nurs 7100 Quality Improvement and Implementation Science in Health Care	3	Nurs 7110 DNP Project Direction*	1
Nurs 5505 Assessment/Support of Women in Labor++	2		Nurs 7110 DNP Project Direction*	1		
Total	12		Total	11		Total
Year 3	Fall	CR	Spring	CR	Summary	Total
Nurs 6213 Reproductive Healthcare for Women at Risk	2		Nurs 7213 Midwifery Clinical and Professional Integration	3	Total Credits: 81	
Nurs 6214 Reproductive Healthcare for Women at Risk Practicum	2		Nurs 7900 Scholarly Teaching and Learning in Nursing	3	Clinical Hours Nurs 6306 - 1 cr: 120 hrs Nurs 6308 - 2 cr: 240 hrs Nurs 6211 - 2 cr: 240 hrs Nurs 6214 - 2 cr: 240 hrs Nurs 7213 - 3 cr: 360 hrs (Nurs 5505 - 120 hours as needed)	
Nurs 7102 Scholarly Dissemination and Advanced Professional Engagement	2		Nurs 5115 Interprofessional Healthcare Informatics	3	Total clinical hours: 1200 hrs + 160 hrs scholarly project	
Nurs 7110 DNP Project Direction*	1					
Total	7		Total	9		9

*Students are required to take a minimum of three (3) credits for Nurs 7110. The semesters in which the credits are taken, and the number of credits taken, are determined in consultation with the student's DNP Project Advisor.

**Recommended graduate inferential statistics courses: EPsy 5261, PubH 6414. Other options include: EPsy 5231, Stat 5101 & 5102, and Stat 5021 (prereq Stat 3011).

+Required before registering for specialty/practicum courses.

++Required of students without labor and delivery experience as a Registered Nurse

For more information visit www.nursing.umn.edu



SCHOOL OF NURSING

UNIVERSITY OF MINNESOTA
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Doctor of Nursing Practice: Nurse-Midwifery Specialty: Four-Year Plan

Program plan for students admitted fall semester 2016 or later

Consult with your advisor every semester before registering for courses

Year 1	Fall	CR	Spring	CR	Summer	CR
Nurs 5222 Advanced Human Physiology+	2	Nurs 5226 Advanced Human Pathophysiology	2	Nurs 7200 Economics of Health Care	3	CR
Nurs 7000 DNP Proseminar	1	Nurs 6110 Epidemiology in Nursing	2	Nurs 7400 Health Policy Leadership	3	CR
Nurs 7202 Moral and Ethical Positions and Actions in Nursing	2	Nurs 7600 Nursing Research & Evidence Based Practice	4	CSPH 5101 Introduction to Integrative Healing Practices	3	CR
Statistics**	3					CR
Total	8	Total	8	Total	9	CR
Year 2	Fall	CR	Spring	CR	Summer	CR
Nurs 5505 Assessment/Support of Women in Labor++	2	Nurs 7610 System Leadership and Innovation	3	Nurs 5200 Holistic Health Assessment and Therapeutics for APNs+	3	CR
Nurs 5115 Interprofessional Healthcare Informatics	3	Nurs 5229 Clinical Pharmacotherapeutics+	3	Nurs 7300 Program Evaluation	3	CR
Nurs 5228 Pharmacology for APN+	2					CR
Nurs 6200 Science of Nursing Intervention	3					CR
Total	10	Total	6	Total	6	CR
Year 3	Fall	CR	Spring	CR	Summer	CR
Nurs 6501 Assessment and Management of Health for Advanced Practice Nurses I	3	Nurs 6925 Advanced Concepts in Women's Health	2	Nurs 6210 Midwifery Care of the Childbearing Family	3	CR
Nurs 7100 Quality Improvement and Implementation Science in Health Care	3	Nurs 6308 Women's Primary Care Practicum	2	Nurs 6211 Midwifery Care of the Childbearing Family Practicum	2	CR
Nurs 6305 Women's Reproductive Healthcare	3	Nurs 7110 DNP Project Direction*	1	Nurs 7110 DNP Project Direction*	1	CR
Nurs 6306 Women's Reproductive Healthcare Practicum	1					CR
Total	10	Total	5	Total	6	CR
Year 4	Fall	CR	Spring	CR	Summary	Total
Nurs 7102 Scholarly Dissemination and Advanced Professional Engagement	2	Nurs 7213 Midwifery Clinical and Professional Integration	3	Clinical Hours	Total Credits: 81	6
Nurs 6213 Reproductive Healthcare for Women at Risk	2	Nurs 7900 Scholarly Teaching and Learning in Nursing	3	Nurs 6306 - 1 cr: 120 hrs	Nurs 6214 - 2 cr: 240 hrs	
Nurs 6214 Reproductive Healthcare for Women at Risk Practicum	2			Nurs 6308 - 2 cr: 240 hrs	Nurs 7213 - 3 cr: 360 hrs	
Nurs 7110 DNP Project Direction*	1			Nurs 6211 - 2 cr: 240 hrs	(Nurs 5505 - 120 hours as needed)	
Total	7	Total	6	Total clinical hours: 1200 hrs + 160 hrs scholarly project		

*Students are required to take a minimum of three (3) credits for Nurs 7110. The semesters in which the credits are taken, and the number of credits taken, are determined in consultation with the student's DNP Project Advisor.

**Recommended graduate inferential statistics courses: EPsy 5261, PubH 6414. Other options include: EPsy 5231, Stat 5101 & 5102, and Stat 5021 (prereq Stat 3011).

+Required before registering for specialty/practicum courses.

++Required of students without labor and delivery experience as a Registered Nurse.

For more information visit www.nursing.umn.edu

Appendix B

Nurse-Midwifery Clinical Course Objectives

NURS 6306 (Fall Semester, 1st clinical semester)

NM 1

Course Description: This course provides clinical experience in a women's reproductive health setting to develop basic skills in providing holistic, safe, and competent care, including history taking, physical examination, and patient education specific to women's reproductive health issues across the lifespan.

Grade Base: Student Option S/N

Course Objectives: Under the supervision of faculty and experienced preceptors, students will:

1. Implement holistic, patient-centered, comprehensive history-taking skills specific to the health care needs of women including the antepartal and postpartal periods.
2. Demonstrate safe and sensitive physical examination skills specific to the needs of women (breast, speculum, bimanual exams, prenatal examinations).
3. Provide comprehensive, accurate, and patient-centered health education specific to the needs of women and the childbearing family.
4. Develop a professional partnership with women in making patient-centered decisions about health promotion, prevention, and treatment strategies, incorporating complementary strategies as appropriate.
5. Analyze principles of appropriate consultation, collaboration, and referral to allopathic and complementary care providers.

Content:

1. Prenatal care
2. Gynecological care
3. Perimenopause/Menopause care
4. Working with women across the lifespan
5. Understanding the role of the midwife

Clinical Experiences: Students will be assigned to a nurse-midwifery practice and spend approximately 1 day (or 8 hours) per week in the outpatient practice setting.

NURS 6308 (Spring Semester, 2nd clinical semester)

NM 1

Course Description: Practicum in women's reproductive/primary health care settings to continue development of basic skills in providing holistic, safe, and competent care, including history taking, physical examination, and patient education specific to reproductive and primary healthcare issues across the lifespan.

Grade Base: S/N

Course Objectives: In classroom, clinical and simulated situations, the student will:

1. Implement holistic, woman-centered, comprehensive history-taking skills specific to the primary health care needs of women.
2. Demonstrate safe and sensitive physical examination skills specific to the needs of healthy women (basic physical exam, reproductive health exams, prenatal assessments).
3. Provide comprehensive, accurate, and woman-centered health education specific to the needs of healthy women, including the childbearing family.
4. Develop a professional partnership with women in making woman-centered decisions about health promotion, prevention, and treatment strategies, incorporating complementary strategies as appropriate.
5. Provide safe, woman-centered care to women with acute and stable chronic illness and develop a diagnosis and treatment plan.
6. Analyze principles of appropriate consultation, collaboration, referral and interprofessional practice with allopathic and integrative health care providers.

Content:

1. Antepartal and postpartal care
2. Gynecologic Care
3. Primary Care
4. Case Study Discussions

Clinical Experiences: Students are placed in a nurse-midwifery practice and a primary care setting, and will spend approximately 2 days/week (16 hours) in clinic settings working with preceptors. Emphasis will be on continuing to develop history taking and physical exam skills and providing education in women's primary health care including antepartal and postpartal, gynecologic, family planning, and primary women's health care, increasing competence in clinical decision making.

NURS 6211 (Summer Semester, 3rd clinical semester) NM 2

Course Description: In this course students will implement evidence-based models of midwifery practice in the management and support of women and families during labor, birth, the immediate postpartum period, and care of the newborn

Grade Base: S/N

Course Objectives: This is the first semester of intrapartum experience. Students will learn to manage and conduct an uncomplicated labor and birth and problem-solve common problems of labor, birth, the immediate postpartum period, and newborn care. By the end of the semester, students will be able to:

1. Manage uncomplicated labor and birth, with emphasis on the promotion and protection of normal physiological labor and birth, with guidance from preceptor.
2. Develop skills to recognize abnormal labor patterns and initiate management strategies.
3. Initiate appropriate consultation and/or referrals based on assessment of risk status.
4. Recognize need for and initiate newborn resuscitation.
5. Develop skills to demonstrate the ability to think and act with sound rationale and deliberation, clarifying management strategies as needed.

Content:

1. Prenatal care
2. Gynecological care
3. Perimenopause/Menopause care
4. Intrapartum care
5. Postpartum care

Clinical Experiences: 8 hours of clinic each week (or as arranged). Enough hours call per week to have 18-24 hours of “in-house, hands on” time with women in active labor. In-hospital postpartum rounds: Do rounds each day on patients for whom they attended births (ideally both days, at least 1 day required if travel is an issue). Clarify the timing of rounds with your preceptor. Rounds must be completed in time to arrive on time for any clinical lab sessions and clinical conferences.

NURS 6214 (Fall Semester, 4th clinical semester)

NM 3

Course Description: Apply advanced assessment and management skills in the care of women and infants at risk for medical and/or psychosocial problems and to gain experience in the management of selected high-risk perinatal conditions.

Grade Base: S/N

Course Objectives: At the completion of the course, with preceptor and faculty guidance and with evolving competence, the student will be able to:

1. Recognize at risk pregnancy, postpartum and gynecological situations and initiate management strategies following consultation with preceptor.
2. Assume responsibility for the triage of common and complex perinatal health problems, and the management, collaboration, co-management and/or referral to appropriate levels of health care services within the NM's/NP's defined scope of practice.
3. Demonstrate the ability to manage/co-manage care and implement appropriate follow up for women with complex perinatal health problems and/or gynecological conditions.
4. Provide thorough education and counseling about high risk care for women/couples.
5. Demonstrate competency in identification and management of perinatal risk with emphasis on the intrapartum.
6. Manage pregnancies, labor and birth, and the postpartum using strategies that are individualized to the risk status of the patient in collaboration with preceptors and consultants.

Content:

1. Prenatal care
2. Gynecological care
3. Perimenopause/Menopause care
4. High risk care of the woman across the lifespan
5. Understanding the role of the midwife in regards to high risk women's health issues

Clinical Experiences: Nurse Midwife students will be assigned to nurse midwife practices and spend approximately 2-3 days per week in practice settings. This will include approximately eight hours of clinic and 12-36 hours on call doing "hands-on" care of patients (on-call with no patients does not count toward student call hours). Each student will complete 8 hours of high risk observation.

NURS 7213 (Spring Semester, 5th clinical semester)

NM 4

Course Description: Integration of the clinical role of the nurse midwife including understanding of the role of the midwife in leadership, legislation and policy.2

Grade Base: Student Option S/N

Course Objectives: At the completion of the course, the student will be able to:

1. Integrate the role of the nurse-midwife into the provision of evidence-based clinical care.
2. Identify system-wide opportunities for change to improve care to women and their families.
3. Integrate the role of the midwife in the legislative/policy arena.
4. Identify the essentials for maintaining a viable model of midwifery practice including identification of barriers to success.
5. Demonstrate the ability to practice competent full scope nurse-midwifery in accordance with standards established by the American College of Nurse Midwives as identified in the Core Competencies for Basic Midwifery Practice of the ACNM.

Content:

1. The Business of Midwifery
2. Accreditation, Licensure, and Certification
3. Professional ethics and liability
4. Employment
5. Legislation
6. Leadership and the ACNM structure
7. Nurse-Midwife clinical practice

Clinical Experiences: Students will be assigned to a nurse-midwifery practice and spend approximately 3 days per week in practice settings. This will include approximately eight hours of clinic and 18-36 hours on call doing 'hands-on care'. You will be participating in the full midwifery scope of practice as well as a focus on practice leadership, legislation and policy issues in the 2nd half of the term. You will be spending 1-2 days with the practice director, learning about the organizational structure, financial considerations, and the administrative components of nurse-midwifery practice.

Appendix C

School of Nursing Student Behavior Standards

Behavior Standards

In addition to maintaining the School of Nursing academic standards, University of Minnesota School of Nursing students are expected to be thoughtful and professional when interacting with faculty, patients and their families, nurses, physicians, preceptors, affiliated institutional staff, other students, the public and other members of the health care team. This professional behavior is to be maintained in any and all situations where the student is identified as a U of M student, including situations offcampus, as well as in "virtual" sites such as on-line social networking sites.*

Professional conduct and demeanor is required of students in cyberspace in the same manner it is required in all other settings. Students must keep in mind that behavior that is illegal or in violation of U of M policy on campus will be illegal or violate U of M policy if it occurs and/or appears online. If a student identifies as a U of M, SoN student in an online forum, the SoN will hold them to the highest standards of professional conduct. While it is not the policy of the School's staff and faculty to routinely monitor students' postings on web sites or other social media tools, if inappropriate postings are brought to their attention, the school's faculty and academic administration will investigate the report.*

These behavioral expectations are described in the following standards and examples. Allegations received regarding the non-compliance with these behavioral standards will result in an investigation to provide appropriate due process for the student. Violations of this code may result in sanctions including, but not limited to, a written warning, required compliance, probation, a probationary contract for continued coursework, mandatory leave of absence, and/or dismissal from the School of Nursing.

Nursing students will:

1. Comply with the policies and procedures outlined for the current year in this handbook and the University of Minnesota Board of Regents Student Conduct Code (www1.umn.edu/oscai/index.html).
2. Refrain from the intake of any chemical substance that would impair judgment or result in disruptive/disorderly behavior within the University community.*
Example: Come to the classroom and/or clinical area free of alcohol or other judgment-altering substances.
3. Demonstrate integrity and honesty in all actions.
Example: Accurately and objectively record information in the patient's chart; preserve patient records; preserve educational materials.
4. Respect patients' right to confidentiality.
Example: Confine conversation about patients to designated places in the agency; share information about patients only with those immediately concerned with the patient's care or with instructor or with peers in a clinical conference setting; within

statutory and agency guidelines on confidentiality, provide appropriate others with information about the patient and feedback about own experience with patient, follow HIPAA guidelines.

Example: Students may not discuss or provide information about patients, clinical sites, and experiences in the clinical setting via social media (i.e. Facebook, Twitter)

Example: Students may not take photos or make any recordings of patients, even at the patient's request. Students also cannot appear in any patient photos.

5. Accurately represent self as a student of nursing.

Example: Wearing the School of Nursing name badge in the clinical area; accurately and respectfully identify self as a student in nursing in all areas of practice.

6. Demonstrate respect toward patients and with peers, staff, faculty and others.*

Example: Work cooperatively and collaboratively with others regardless of race, color, national origin, gender, religious preference, age, disability, sexual orientation, marital status, public assistance status, veteran status, clinical diagnosis, or political beliefs.

7. Refrain from any unlawful conduct or unethical behavior, within or outside the University of Minnesota community, which impairs the student's capacity to function as a healthcare professional.

Note: Examples for the behavioral standards are illustrative and not intended to encompass all specifically desired behaviors

In addition to the above Behavioral Standards, the University of Minnesota, School of Nursing upholds the American Nurses Association (ANA) Principles for Social Networking (2011). The ANA principles and tips to avoid problems can be found at <http://www.nursingworld.org/socialnetworkingtoolkit.aspx> and are listed below.

1. Nurses must not transmit or place online individually identifiable patient information.

2. Nurses must observe ethically prescribed professional patient—nurse boundaries.

3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.

4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.

5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.

6. Nurses should participate in developing institutional policies governing online conduct.

Appendix D

Student Exposure to Blood Borne Pathogens

Exposure to Blood Borne Pathogens

The School of Nursing follows the exposure procedure guidelines outlined on the Office of Occupational Health & Safety website:

<http://www.ohs.umn.edu/programs/bbpe/exposures/home.html>

1. Clean it.

Wash the exposed area immediately.

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants

2. Get treated.

Seek medical treatment as soon as possible.

Call Boynton's 24-hour Medical Information Nurse Line at (612) 625-7900 for assistance. Go to Boynton Health Service or the nearest medical facility for treatment.

The initial evaluation should include:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Identification and testing of the source patient's blood and evaluation of risk factors.
- Collection and testing of your blood and evaluation of risk factors.
- Post-exposure prophylaxis when medically indicated.
- Evaluation of reported illnesses.
- Counseling.

3. Identify the source patient.

Identify the source patient with the help of your preceptor and/or the designated representative of the facility. The source patient's blood should be tested after consent is obtained according to your treatment site practices. If the source patient has a known history of HBV, HCV, or HIV, it is unnecessary to test for the specific disease. Results of the source patient's testing will be made available to you to the extent possible under the laws and regulations concerning disclosure of the identity and infection status of the source patient.

If it is not possible to identify the source patient or obtain a blood sample, the institution's standard procedures should be used to assess the level of risk to you and then provide treatment accordingly.

4. Report it.

Students are not eligible for Workers Compensation. Students should submit any bills for post-exposure care to their insurance plan, and contact the Office of Occupational Health and Safety at uohs@umn.edu for assistance with costs not covered by insurance.

Students must report exposures to their preceptors and to Boynton Health Service at (612) 625-7900.

5. Get a follow-up exam.

If you are a student, make an appointment for a follow-up assessment at Boynton Health Service within 72 hours of the exposure.

Recordkeeping

All medical records shall be kept confidential and will not be disclosed to any person within or outside the workplace without the exposed person's express written consent except as may be required by law. If a resident, fellow, or medical student is infected with HCV, HBV, or HIV, he/she must report this infection to the Medical School's Bloodborne Infectious Disease Review Panel by contacting the University of Minnesota Office of Occupational Health and Safety at uohs@umn.edu or 612-626-5008. This reporting is required by Minnesota law.

If the exposure occurred as a result of contact with a contaminated sharp, the injury must be reported to the Office of Occupational Health and Safety at uohs@umn.edu or the address below. The log will protect the confidentiality of the injured employee but will contain the following information:

1. the type and brand of device involved in the incident;
2. the department or work area where the exposure incident occurred; and
3. explanation of how the incident occurred.

University of Minnesota Office of Occupational Health and Safety

McNamara Alumni Center
Suite 185
200 Oak St SE
Minneapolis, MN 55455

Phone: 612-626-5008
Confidential Fax: 612-626-9643
uohs@umn.edu

Appendix E

One Minute Preceptor Schematic

A Patient-Centered Approach to the One-minute Preceptor

Linda M. Roth, Ph.D., David L. Gaspar, M.D., John Porcellini, Ph.D., Department of Family Medicine, Wayne State University

DIAGNOSE PATIENT AND LEARNER

Step	Task	Purpose	Cue	Action	Do	Don't
1	Get a commitment	Gives learner responsibility for patient care. Encourages information processing within learner's database.	Learner presents case, then stops.	Ask what the learner thinks: "What do you think is going on?" "What would you like to do next?"	Do determine how the learner sees the case. (Allows learner to create his/her own formulation of the problem.)	Don't ask for more data about the patient. Don't provide an answer to the problem.
2	Probe for supporting evidence	Allows preceptor to diagnose learner.	Learner commits to stance; looks to preceptor for confirmation.	Probe learner's thinking: "What led you to that conclusion?" "What else may be happening here?" "What would you like to do next?"	Do diagnose learner's understanding of the case--gaps and misconceptions, poor reasoning or attitudes.	Don't ask for textbook knowledge.

TEACH

Step	Task	Purpose	Cue	Action	Do	Don't
3	Choose a single, relevant teaching point	Focus on specific competencies relevant to this learner working with this patient.	Case decision-making complete or consultation with patient needed.	Provide instruction. The learner (under direction or observation) or preceptor (acting as role model) collects additional information as needed.	Do check for learner agreement with the teaching point.	Don't choose too much to cover.
4	Teach (or reinforce) a general rule	Remediate any gaps or mistakes in data, knowledge, or missed connections.	Apparent gaps or mistakes in learner thinking.	Draw or elicit generalizations. "Let's list the key features of this problem." "A way of dealing with this problem is . . ."	Do help the learner generalize from this case to other cases.	Don't slip into anecdotes, idiosyncratic preferences.
5	Reinforce what was done right	Firmly establish and reinforce knowledge. Reinforce behaviors beneficial to patient, colleague, or clinic.	Teaching point has been delivered.	Provide reinforcement. "Specifically, you did a good job of . . ., and here's why it is important . . ."	Do state specifically what was done well and why that is important.	Do not give general praise, "That was good!" because the key to effective feedback is specificity.
6	Correct errors	Teach learner how to correct the learning problem and avoid making the mistake in the future.	Teaching point has been delivered.	Ensure correct knowledge has been gained. "What would you do differently to improve your encounter next time?"	Do make recommendations for improving future performance.	Do not avoid confrontation--errors uncorrected will be repeated.

ONE-MINUTE REFLECTION

Ask: "What did I learn about this learner?" "What did I learn about my teaching?" "How would I perform differently in the future?"

References: Nehrer, J.O., Gordon, K.C., Meyer, B., and Stevens, N. A five-step 'microskills' model of clinical teaching. *J Am Board Fam Pract* 1992; 5:419-24; Dakosa, et al. Strategies for making ambulatory teaching life: less time and more fulfilling. *Acad Med* 1997; 72(5): 358-61. Education document shared with AAMC CFEA Faculty Development SIG, March, 2001. Contact froth@med.wayne.edu