UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SCHOOL OF NURSING

N414.15A Ambulatory Sexual and Reproductive Health (SRH) Clinical Practicum
Winter/Spring/Summer 2024

Course Information

Faculty of Record: Vanessa Evers, MS, CNM
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Units: 4.5 units

Course Description

Supervised clinical experience in which students learn skills of assessment, interventions, and/or management applicable to midwifery and reproductive health clinical practice.

Pre-requisites include Enrollment in CNM/WHNP specialty: Concurrent or past enrollment in N281A Management of Antepartum, N282A-Antepartum Complications, N259.01-Sexual and Reproductive Health and N259.04- Contraception in Primary Care.

Course Objectives

By the conclusion of this course, learners will be able to:

1. Apply clinical theory to inform data collection, assessment, management (including pharmacotherapeutics) and evaluation of common antepartum and reproductive health presentations as well as selected complications.
2. Utilize concepts of shared decision making and patient centered care in clinical practice.
3. Communicate effectively in both written and verbal forms with an interdisciplinary health care team, including the patient.
4. Use communication technologies to integrate and coordinate care.
5. Use patient-care technologies to deliver and enhance care.
6. Demonstrate professional accountability.

Teaching Method

Clinical experience/patient contact

Course Requirements

1. **Complete assigned clinical rotations**.
    a. **Hours:** Each quarter has 10 half-day sessions or the equivalent. Required

125-135 hours across 3 quarters (approximately 45 hours of GYN/family planning)

b. **Number of Patients**: During the first quarter (winter) the objectives are to build your skills and theory *not* to see a lot of patients! During the second and third quarters, you will be expected to increase the number of patient visits. If you change sites, you will probably see fewer patients. The objective for antepartum is that before integrationyou have done approximately 7 new patient visits and 30 revisits and that you will have done approximately 135 hours of gynecologic and/or reproductive health care for non-pregnant people. In the winter, it is expected that you will see 1-2 patients/half-day. In the spring, it is expected that you will see 2-3 patients/half-day. By the end of the summer, it is expected that you will see 3-4 patients/half-day.

2. **Attendance and participation during mandatory course meeting** with the FOR. Meeting on Wednesday, January 31st from 3:10-4:10 pm on Zoom.
3. **Timely completion of course assignments:**
    a. **Complete daily goals setting form** for each clinical shift and submit to FOR at the end of weeks 5 (Sunday, February 11th by midnight) and 10 (Sunday, March 17th by midnight) (See section below on "Evaluations")
        i. The goal setting form is like a roadmap for the clinic session. It includes the goals set for the current clinic day ideally to be reviewed before clinic begins and should be completed at the end of each clinic session to include the student's self-identified goals for the following session. The preceptor may add to the student goals. The student and preceptor can also identify actions that the preceptor can take to help the student to reach their goals in future sessions. These preceptor goals are specific to preceptor actions (for example: observe at least one visit or 2 teaching moments with patient in order to give more specific feedback). This works best if the preceptor invites feedback from the student.
    b. **Submit weekly SOAP notes**.
        i. Submit at least ONE problem-oriented SOAP note each week starting January 21st until advised by FOR via CLE based on a clinical situation that you encountered during your rotation.
4. **Satisfactory clinical performance evaluations** (see section below on "Evaluations")
    a. Unsatisfactory clinical performance will be followed up with a Collaborative Academic Success Plan. Details below.
5. **Complete end of quarter electronic evaluations** of preceptor and clinical site via InPlace
    a. FOR reviews preceptor evaluations quarterly and is responsible for timely follow-up. Your evaluations will inform use of the sites and preceptors in the future.
    b. The FOR is not blinded to student identity; this allows for appropriate follow-up.
    c. Preceptor evaluations are shared with the preceptor anonymously and in aggregate when 3 or more evaluations are available annually.

6. **Maintenance of clinical case data and skills tally in InPlace** through case log entry. Tally summaries will be reviewed by the FOR. InPlace data (case logs and time logs) must be up-to-date and complete by the end of the course or the student will receive an "incomplete" for the course. The student is responsible to provide timely, complete, and accurate information. The logbooks are due March 25th, 2024.

Required Texts

Zieman, M., Hatcher, R. A., Allen, A. Z., Lathrop, E., & Haddad, L. (2021). *2021-2022 Managing Contraception : For Your Pocket*. Bridging The Gap Foundation.

Highly recommended (but not required):

Dickey, R. P. (2021). *Managing contraceptive pill patients and other hormonal contraceptives*. Emis, Inc. Medical Publishers.

Grading System

Grading System –Satisfactory / Unsatisfactory
Grading is "in process" during the winter and spring and will be awarded in the summer quarter, or at end of 3 clinical quarters.

Grading and Clinical Evaluation

Grading is based on demonstration increasing competency achievement of the clinical learning objectives (below) and successful completion of above course requirements. The course grade will be designated as satisfactory or unsatisfactory by the FOR at the completion of the course.

By the end of this course, each student will demonstrate proficiency and consistency in the management of common ambulatory SRH (antepartum and reproductive health) clinical conditions at the level of level of "intermediate," but at a minimum between "novice" and "intermediate," contextualized by the student's exposure to various clinical presentations.

Evaluation Rating Scale

0 Critical Deficiency (unsafe practice): the student demonstrates critical deficiencies in knowledge, skill, and attitude to safely perform the role function.
1 Basic (direct guidance): Student performs the task under direct guidance of the preceptor (for >75% of skill/time).
2 Novice (extensive guidance): Student performs the task under extensive guidance of the preceptor (for 50-75% of skill/time).
3 Intermediate (frequent guidance): Student performs the task under frequent guidance of the preceptor (for 25-50% of skill/time).
4 Advanced Beginner (occasional guidance): Student performs the task under occasional guidance of the preceptor (for <25% of skill/time).

5 Competent (safe independent practice): Student performs the task safely and effectively using own judgment without supporting cues.

Preceptors are the primary evaluators of the students' performance. They are responsible for identifying the students' clinical strengths and weaknesses, reinforcing desired behaviors and providing honest feedback regarding progress. The FOR reviews the clinical evaluations and will check-in periodically with preceptors regarding student progress.

The bottom line in evaluating clinical performance is the issue of safety. Clinical performance is safe when the individual knows what they know, knows what they don't know, seeks help appropriately, maintains effective communication, demonstrates adequate skills, and can utilize the steps of the management process in providing safe care.

If a student perceives that their self-evaluation during specific clinical sessions are significantly and consistently different than that of the preceptor, they should:

- Discuss the difference with the preceptor directly.
- If no resolution is reached after conversation with the preceptor, the student should request a meeting with the FOR for problem-solving. At this meeting, a follow-up session will be arranged to assure that progress is being evaluated accurately after further clinical shifts, and to discuss further problem-solving strategies as needed.

Clinical Learning Objectives Evaluated:

1. Theory grasp

- Accurately recall and apply clinical theory base to patient care in provided in triage, intrapartum, newborn and postpartum settings inpatient.
- Critically analyze, interpret and apply research findings into evidence-based clinical practice.
- Correctly interpret screening and diagnostic tests.
- Identify deviations from normal physical and psychological processes.

2. Management

- Demonstrate evidence-based management plans based on assessment findings for intrapartum, postpartum and newborn care, including selected complications within scope of practice.
- Management is based on the midwifery model of care and utilize the nurse-midwifery management process, including appropriate physician involvement for consultation, collaborative management, and/or transfer for medical management, when indicated.

Midwifery Management Process (defined by ACNM):

The midwifery management process is used for all areas of clinical care and consists of the following steps:

A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.

D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the condition of the woman, fetus, or newborn.
E. In partnership with the woman, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.
F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.
G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

- Identify problems, anticipate potential problems, formulate differential diagnoses, and diagnoses based on the correct interpretation of the database.
- Develop appropriate and complete therapeutic, diagnostic, and teaching plans for normal and higher risk patients, including health promotion and referral to outside agencies/roles as appropriate.
- Demonstrate competency and safety in the prescribing/furnishing/ordering of pharmaceutical therapies, including scheduled medications appropriate to nurse-midwifery and/or WHNP scope of practice.
- Assume responsibility for timely implementation of plan of care.
- Manage relevant clinical presentations thoroughly and safely.

3. Performance of clinical skills:

- Systematically obtain complete and focused histories and conduct relevant, complete, and focused physical examinations in an organized fashion, appropriate to the clinical presentation.
- Perform appropriate clinical procedures safely and effectively; describe method(s) of actions, indications, contraindications, and patient teaching necessary for shared clinical decision-making and informed consent.
- Establish and maintain the knowledge necessary to provide diagnosis, treatment, and management of antepartum and SRH presentations.
- Uses patient-care technologies to deliver and enhance care.

4. Communication:

- Perform timely and effective communication with preceptors (and other health care team members) in regard to patient status and care delivery plans.
- Builds rapport with patients using skills of engagement, active listening and reflection.
- Articulate patient education and management plans.
- Timely, accurate, relevant, complete and concise charting.
- Provision of clear, organized patient report/sign-out and physician consultation, when indicated.
- Uses communication technologies to integrate and coordinate care

5. Professionalism:

- Ability to reflect on one's own performance to identify strengths and challenges, set individual learning and improvement goals, and engage in appropriate learning activities to meet those goals.
- Dependable, reliable, punctual, trustworthy, professional accountability.

- Maintain honesty and integrity with preceptors and staff; team player.
- Accept limitations and lack of knowledge; ask for help appropriately.
- Demonstrate accountability for own learning. Receive feedback from faculty/preceptors in a professional manner.
- Keep preceptor advised of patients' status. The preceptor has ultimate responsibility for patient care. All plans should be discussed with preceptor in a timely fashion; all patient safety or well-being concerns should be discussed with preceptor *urgently*.
- Adhere to institutional policies, including confidentiality.
- Understands the role of the nurse-midwife and/or WHNP in independent management, collaboration, and referral.
- Work with individuals in other professions to maintain a climate of mutual respect, shared values and accountability.

6. Attitude toward patients:

- Demonstrate the promotion of compassionate client- and family-centered care.
- Empowerment of clients/patients as partners in health care.
- Advocate for informed choice, shared decision-making, and the right to self-determination.
- Integration of cultural humility with responsiveness to the patient's individual needs.
- Applies frameworks of ethics, human rights, structural competency and cultural humility in the equitable care of all people, but especially disenfranchised populations

Evaluations:

- Goal Setting (*Appendix* A)
    1. Preceptor and student will start each shift with review of goals based on competency portfolio and previous clinical sessions.
    2. Preceptor and student will end each shift with a discussion of student clinical goal setting and preceptor goal setting for teaching.
    3. Goals should be written in SMART format.
    4. Student will submit these goal sheets to the FOR via email.
- Formative Clinical Evaluations (*Appendix* B)
    a. At two points in the quarter (mid and end), the FOR will prompt preceptors to submit formative clinical evaluation via InPlace.
    b. Students and the FOR will review all evaluations in InPlace.
- Student Evaluation of Preceptor (*Appendix* C)
    a. Student completes quarterly preceptor evals at the end of each quarter.
    b. FOR reviews preceptor evaluations quarterly and is responsible for timely follow-up
    c. The FOR is not blinded to student identity; this allows for appropriate follow-up
    d. Preceptor evaluations shared with the preceptor anonymously and in aggregate when 3 or more evaluations are available annually.
- Student Evaluation of Site (*Appendix* D)
    a. Student completes site evals at the end of each quarter.

Missed Clinical Policy:

- Students are required to attend all assigned clinical shifts and arrive on time. It is the responsibility of the student to make-up clinical absences.
- Inform the preceptor of your absence **before** your scheduled shift begins.
- Please notify the course FOR of the absence and coverage (if any). The student will email the date for the make-up session to the FOR within one week of the absence.
- All make-up shifts will be completed by the end of the quarter in which the absence occurred. The end of the quarter is defined as the *end of quarter* date noted on the UCSF Academic Calendar. If the absence is not completed by the end of the course, the student will receive an "incomplete" for the course.

Expectations of Students in Clinical Settings:

The student functioning in a clinical site will:

a) **Read and adhere to guidelines set forth in the course syllabi for each clinical course**.
b) **Be responsible for their own learning** by:
   i. Defining current learning needs and clinical objectives clearly.
   ii. Discussing learning needs and goals with clinical preceptors at the beginning of each session.
   iii. Preparing for each clinical assignment by reading relevant materials, reviewing prior experiences and identifying goals for learning and practicing clinical skills.
   iv. Maintain up-to-date clinical resources, such as a "peripheral brain," that is readily available at all times in the clinical setting.
   v. Seeking direction from clinical preceptors in choosing appropriate clinical experiences to meet the objectives identified for the clinical course and current session. The clinical experience of the student is best guided when what is chosen reflects the student's ability, the clinical objectives of the course, and the learning needs identified by the student and faculty.
   vi. Evaluating their own progress daily, according to the nurse-midwifery management process and stated course objectives, with validation from clinical preceptors.
c) **Consistently remain in communication with clinical preceptor regarding patient management decisions**. The student is supervised at all times, although this does not always imply physical presence. It is understood that the preceptor has ultimate accountability for student activities and that the preceptor will screen all clinical experiences for the student.
d) **Be responsible for arranging their own transportation to and from clinical sites**. It is a reasonable expectation that the student travel to clinical sites not accessible by public transportation.
e) Per federal regulations, **comply with the Health Insurance Portability and Accountability Act** (HIPAA) to protect the privacy of patients and maintain confidentiality about their health care. Students will receive training about HIPAA standards early in the Program and most clinical sites will ask the student to review this

information and acknowledge understanding before being permitted to begin clinical rotations.

f) In addition to the HIPAA guidelines, **comply with institution-specific regulations and policies regarding patient privacy and confidentiality**. In general, removing data or documents that contain patient's personal identifiers from clinical care settings, using identifiable information when presenting cases to anyone who wasn't directly involved in patient care, and/or posting information or pictures about patients, colleagues or preceptors on the internet is strictly prohibited. Students are required to be vigilant in protecting of the rights of our patients, and the maintenance of the privacy of all communications among all members of the health care team.

g) **Utilize interpreter services when indicated**. Effective clinical care requires bidirectional patient communication. This includes the ability to engage the patient, elicit concerns and questions, explain risks and benefits, obtain informed consent, and negotiate treatment. UCSF and ZSFGH require the use of trained medical interpreters in all clinical encounters with patients with limited English proficiency. Trained medical interpreters are available in all inpatient and ambulatory settings; depending on the setting, interpreters are available in person, via telephone, or via videoconferencing medical interpreting stations. Students wishing to speak a non-English language with patients, are required to be ALTA Certified Bilingual Clinicians, or ALTA (Academic Language Therapy Association) certified. Certified Bilingual Clinicians may use their tested non-English language skills in their direct communication with patients. Certified Bilingual Clinicians are not trained interpreters and may not provide third party medical interpretation. More details about this option is available upon request.

h) **Practice universal infection prevention precautions at all times.** In the event of a needle-stick, notify your clinical preceptor immediately and follow site-specific exposure guidelines. Students are also advised to call UCSF Needlestick Hotline 24-hour pager immediately at 415-353-STIC (7842) and notify the course FOR. See the Student Health website for more detailed information, *https://studenthealth.ucsf.edu/needlestick-injuries*

i) **Maintain up-to-date Castle Branch profile**, including, but not limited to: immunization records, criminal background check, drug screening (as required by clinical site), TB status, current letter of health, proof of health insurance, RN license, CPR and NRP certifications. The School of Nursing issues each student's Castle Branch profile. Any delinquencies in Castle Branch profile may delay or prohibit the student from participating in the clinical experience.

j) **Adhere to the ACNM Position Statement on Fatigue, Sleep Deprivation and Safety** (2017), *Appendix E*. The Program schedules clinical placements with the intention of adhering to the guidelines of this position statement, out of an abundance of concern for student's health and optimizing the learning experience as well as patient care. A student is expected to consider this position statement as it intersects with work outside of the Program, as well.

Expectations of Preceptors in Clinical Settings:

The expectations of preceptors in clinical settings include:

a) Demonstration of current knowledge and clinical competency.
b) Modeling patient-centered, respectful care, free from bias and discrimination
c) Provides supportive learning environment:
    i. Incorporates the student into the health care team and makes the student feel welcome.
    ii. Plans learning experiences (e.g. patient selection) and goals with the student to facilitate achieving individual needs and overall course objectives.
    iii. Facilitates independent student decision making.
d) Approachable and accessible; Is readily available to the student for consultation as needed
e) Provides feedback
    i. Provides formal and informal feedback in a clear and timely manner.
    ii. Identifies and builds on the student's strengths.
    iii. Identifies the student's areas for growth and suggests strategies for improvement.
    iv. Encourages the student to overcome challenges and make progress in growing into the provider role; invested in the student's success.
f) Seeks to improve precepting skills: actively solicits and incorporates student feedback about effective precepting style.
g) Employs self-awareness regarding the ways in which their identities and unconscious biases impact interactions with students and/or patients.
h) Addresses the impact of racism and/or other structural oppression in health care.
i) Treats the student, patients and staff with respect.
j) Reporting progress and problems to the FOR in a timely manner to ensure that a Collaborative Academic Success Plan can be implemented at least 2 weeks prior to the end of the rotation, if necessary.

Collaborative Academic Success Plans:

Collaborative Academic Success Plans (CASP) are the mechanism by which students are supported to meet specific course and/or program objectives if they have not met criteria for satisfactory academic progress or otherwise have not yet demonstrated specialty content mastery. A CASP may be developed related to specific didactic or clinical course content; a CASP may be developed to address progress and trends in content mastery in the specialty program.

If a student is not projected to meet the course or program objectives within the specified timeframe of the course or within the expectations set forth for demonstrating content mastery, the student will be counseled by the FOR or Program Director and a Collaborative Academic Success Plan (CASP) will be developed. The purpose of this written CASP is to assist the student's learning process by clarifying for the student specific areas needing improvement, meaningful ways to support the student, developing with the student strategies for improvement and detailing measurable outcomes denoting successful mastery of objectives.

CASP documentation facilitates clear communication of expectations, agreed upon strategies to meet goals, and timeline. A CASP is developed collaboratively between students, faculty and/or Director. The student is key in the development of the CASP and their input will be actively solicited and contribute significantly to the content. The FOR shares all CASPs with the student's academic advisor and the Program Director. The Program Director will notify the FHCN Department Vice Chair, who monitors departmental student academic progress.

The Program is dedicated to helping students achieve course and program objectives; we believe success relies on clear communication, as well as providing appropriate support in a high-demand environment.

Specific Guidance for Collaborative Academic Success Plans for Clinical Courses

a) To initiate a CAS, student and faculty of record (FOR) meet to review progress, specific strengths and areas of concern. Clinical preceptors may or may not be directly involved, but their evaluations will be reviewed and discussed. Any notation of a "Critical Deficiency" by the preceptor will be cause to evaluate the need for a CASP.
b) FOR provides student with sample CASP.
c) The student and FOR will collaboratively develop strategies for meeting the clinical course objectives, including setting a timeline for meeting those objectives. This will be done at least 2 weeks before the end of a clinical rotation.
d) The student is provided with resources for the development of SMART goals, and the student is responsible for drafting the inital CASP with specific measurable outcomes.
e) The FOR or director will then review the CASP, may edit and then finalize with the student.
f) FOR or Director and student sign the final version of the CASP, which is shared with academic advisor and Program Director.
g) As part of the CASP, the student and FOR must take into consideration the best clinical site placement and preceptors based on student learning needs. eg., a second preceptor or faculty site visit. **A student shall not be given an "unsatisfactory" grade based on the**

evaluation of a single preceptor, with the exception of serious documented breach of protocol (clinical or ethical guidelines, codes of conduct and/or site regulations) and/or direct endangerment of a person's life.

h) When the clinical course objectives are achieved, the CASP is considered completed and the student earns a "Satisfactory" grade.
i) If the objectives of the CASP are not met in the specified timeline, the student will be given a grade of "Unsatisfactory" and will need to register and repeat the course, which may involve payment of additional tuition and delaying graduation. If this is the second "U" grade in a clinical course, the student can no longer continue in the specialty.
j) The SON Associate Dean for Academic Programs and the SON Academic Success committee will be consulted as needed.

CASP documentation will be maintained in SEDS (Shared Education Data System), where student files are securely stored.

Technical Resources:

The following resources are available to UCSF students for technical support.

CLE Question/Report Problem

1. UCSF Learning Technology Support (https://learningtech.library.ucsf.edu/)
   - Email: LearningTech@ucsf.edu
   - Phone: (415) 476-9426
   - Hours: Monday-Friday 8:30am-5:00pm (PT)
2. CLE Tech Website (

MyAccess, UCSF Email, Zoom, VPN, Duo Authentication

1. Student IT Support (https://www.library.ucsf.edu/technology/contact/)
   - Email: librarytechcommons@ucsf.edu
   - Phone: (415) 476-4309
   - Hours: Monday-Friday 8:00am-6:00pm (PT)
2. UCSF IT Service Desk (https://it.ucsf.edu/about/teams/ucsf-it-service-desk)
   - Email: itservicedesk@ucsf.edu
   - Phone: (415) 514-4100
   - Hours: 24/7

UCSF Library

- Journal articles off-campus access (https://www.library.ucsf.edu/use/access/)
- Citation management tools (https://guides.ucsf.edu/referencemanagers)
- Literature search help (https://guides.ucsf.edu/nursing)

UCSF and School of Nursing Policies

- UCSF SON Policy on Academic Misconduct
- UCSF SON Statement on Diversity, Equity and Inclusion
- UCSF SON Policy on Learning Environment and Curricular Inclusivity
- UCSF Technology Requirements for Students Policy

UCSF SON Disability Services Policy

UCSF is committed to providing equal access to students with documented disabilities and conditions that create functional limitations to daily activities. To ensure your access to this course and to the program, students with disabilities may contact Student Disability Services (SDS). There you can engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively. Students are encouraged to register with SDS as soon as they begin the program. More information can be found online at sds.ucsf.edu or by contacting SDS at 415-502-6595, *StudentDisability@ucsf.edu*.

Course Principles of Mutual Respect and Humility

A key resource to student and faculty scholarship is the respectful exchange of ideas. At times issues or comments may surface that can cause offense or be hurtful to others. They may be made by either students or faculty, or sometimes raised in reading assignments. Such comments need to be discussed. It is important that we all commit to addressing issues as they arise. Please let faculty know if you are concerned about anything said in class or raised in the readings.

One process used in our School community to facilitate discussions is ***HEALS***:

Halt – Halt the discussion. Options include;

- Pause to consider the comment. Ask for clarification.
- Express appreciation for raising the issue.
- Use "I" language to express concern
- Focus on the idea. Deconstruct the comment without placing the individual on the defensive.

Engage with the issue

- Self check, check the room, look for body language.
- Go there. Discuss the issue.
    - Let's talk about the issues embedded in this concept.
    - What are the health care implications?

Allow exchange of opinions, stories, perspectives, and reactions.

- Let others express their thoughts, beliefs, feelings, and opinions.

Learn – Listen to one another through engaged and active listening

- Can we learn from one another's experiences or observations?

Synthesis – Connect the dialogue to health equity/ quality of care

- How did the discussion itself work? Allow for opportunity to talk more later.

Appendix A. Clinical Goal Setting Form

CLINICAL GOAL SETTING FORM: AP GYN IP (circle those applicable)

Student: _____ Quarter_____ Year_____ Bring to each clinical session

Post clinical discussion should include both student and preceptor self-assessment, inviting feedback from each other on strengths and areas for improvement as well as goal setting based on reflection of today's session and previous goals. *(consider knowledge, skills, and professional relationships when developing goals and what both would like to keep, stop, start to reach those goals).*

Session 1	**STUDENT GOALS FOR NEXT SESSION: Date_____** *(e.g. keep, stop, start to reach goals)* *1.* *2.* *3.*	**PRECEPTOR GOALS FOR NEXT SESSION: preceptor initials_____** *e.g. keep, stop, start* *(what preceptor can do to help SNM reach their goals)* *1.* *2.* *3.*
Session 2	**STUDENT GOALS FOR NEXT SESSION: Date_____** *(e.g. keep, stop, start)* *1.* *2.* *3.*	**PRECEPTOR GOALS FOR NEXT SESSION: preceptor initials _____** *(what preceptor can do to help SNM reach their goals)* *1.* *2.* *3.*
Session 3	**STUDENT GOALS FOR NEXT SESSION: Date_____** *(e.g. keep, stop, start)* *1.* *2.* *3.*	**PRECEPTOR GOALS FOR NEXT SESSION: preceptor initials _____** *(what preceptor can do to help SNM reach their goals)* *1.* *2.* *3.*
Session 4	**STUDENT GOALS FOR NEXT SESSION: Date_____** *(e.g. keep, stop, start)* *1.* *2.* *3.*	**PRECEPTOR GOALS FOR NEXT SESSION: preceptor initials _____** *(what preceptor can do to help SNM reach their goals)* *1.* *2.* *3.*

Appendix B. N414.15A Formative Evaluation

UCSF Nurse-Midwifery/WHNP: Formative Clinical Evaluation Tool- Ambulatory

Description of the survey: The formative clinical evaluation is used to provide feedback on student progress in meeting course expectations and specific clinical competencies.
Instructions: Please use this evaluation to communicate with the faculty and the student how they are performing in their clinical rotation. Please provide enough narrative detail to provide a picture of how the student is progressing. For the likert scale, please select the rating in accordance with the level of guidance a student requires to perform the skill/competency.

- **What are the greatest strengths that the student brings to the clinical setting? (INSERT free text box)**
- **How could the student strengthen their clinical performance? (INSERT free text box)**
- **Is the student meeting expectations: yes, not yet, I'm not sure (select one)**
- **Please provide comment on areas where student is exceeding expectation and/or needs additional focus? (INSERT free text box)**

Clinical Objective	Rating in each category (use scale below for Likert)	Elaboration/ Comments
A. Data Base Collection- Gathers necessary information in a safe, accurate, complete manner to form an appropriate assessment in any setting. This also includes the ability to identify changing information as it occurs in a dynamic clinical experience.		
B. Assessment- Comes to an accurate diagnosis or conclusion based on data collected. Able to form reasonable differential diagnosis based on evidence-based practice and understanding of structural determinants of health.		
C. Management Plan- Develops a plan of action which is safe, individualized, comprehensive, and based on evidence-based practice. Can present plan with rationale.		
D. Implementation of Plan- Carries out plan correctly, safely, sensitively, & clearly. This includes specific skill accomplishments as well as coordination, preparation, & organization in carrying out plans. This also includes implementation of psychosocial skills and equitable care such as client support, cultural humility, shared decision making, and individual client requests or desires.		
E. Evaluation of Management- Evaluates plan to determine effectiveness. Able to adjust & and change assessment & management based on accurate evaluation of the response to intervention. Individualizes patient response & demonstrates flexibility regarding outcomes.		
F. Communication- Demonstrates appropriate communication with clients, preceptor, and others. Builds rapport with patients using skills of engagement, active listening and reflection (Relationship Centered Communication). Case presentation organized pertinent and thorough. Documentation is clear & complete. Uses appropriate medical terminology.		
G. Professionalism - Maintains integrity with faculty, patients and staff. Employs self-awareness regarding the ways in which their identities and unconscious biases impact interactions with patients and/or staff. Demonstrates appropriate initiative. Arrives to clinic on time; dressed appropriately. Accepts responsibility for own continued learning. Is able to give and receive feedback.		

N414.15A/D

Rotation-specific competencies	**Rating in each category (use scale below for Likert)**	**Elaboration/Comments**
• Orders and interprets routine laboratory test results.		
• Provides accurate, appropriate counseling using shared decision-making related to family planning methods and supplies		
• Safely performs insertion of IUD and contraceptive implant		
• Manages side effects of family planning methods		
• Evaluates for variations from normal; initiates care or referrals and/or provides relevant education for prevention and for early identification of complications:		
○ Abnormal uterine bleeding		
○ Cervical cancer screening		
○ Pelvic pain		
○ STIs and vaginitis		
○ Vulvovaginal symptoms		
• Accurately determines estimated date of delivery		
• Accurately performs assessment of fetal growth and fetal heart rate		
• Determines rupture of membranes (term/preterm)		
• Requests and accurately interprets routine lab and diagnostic testing		
• Identifies and provides counseling related to common discomforts of pregnancy		
• Identifies needs, provides appropriate counseling and referral for social issues impacting health		
• Identification of variations from normal pregnancy; independent or collaborative management of:		
○ anemia		
○ inadequate or excessive uterine growth		

○ gestational diabetes		
○ vaginal bleeding		
○ Preterm labor		
○ prolonged and post-term pregnancy		
○ abnormal lie		
○ s/sx indicating onset of hypertensive disorders, including pre-eclampsia		
• Safe prescribing of medications		
• Consults and/or transfers care for high-risk patients to physician as appropriate		

Rating Scale

NA	Not observed
0	Critical Deficiency (unsafe practice): the student demonstrates critical deficiencies in knowledge, skill, and attitude to safely perform the role function.
1	Basic (direct guidance): Student performs the task under direct guidance of the preceptor (for >75% of skill/time).
2	Novice (extensive guidance): Student performs the task under extensive guidance of the preceptor (for 50-75% of skill/time).
3	Intermediate (frequent guidance): Student performs the task under frequent guidance of the preceptor (for 25-50% of skill/time).
4	Advanced Beginner (occasional guidance): Student performs the task under occasional guidance of the preceptor (for <25% of skill/time).
5	Independent (level of safe beginning provider): Student performs the task safely and effectively using own judgment without supporting cues.

Expectations should be contextualized by student's clinical exposure.

Expectations:

IP Q1 Novice-Intermediate
IP Q2 Intermediate- Adv Beginner
IP Q3 Adv Beginner-Competent

AMB Q1 Basic-Novice
AMB Q2 Novice-Intermediate
AMB Q3 Intermediate- Adv Beginner
AMB Q4 Intermediate- Adv Beginner
AMB Q5 Adv Beginner-Competent

Appendix C. Evaluation of Preceptor

Midwifery/WHNP: Student Evaluation of Preceptor

Instructions:
Thank you for completing this evaluation of your clinical preceptor. We encourage students to complete one evaluation per quarter for every preceptor that you work with.

The clinical course FOR reviews evaluations quarterly and the student names is visible to them on the evaluation. FORs may follow up with students based on evaluation feedback.

Evaluations will only be shared with the preceptor in an aggregated format, when three or more evaluations are available. Student names are not tied to the aggregated data.

1. Number of clinical sessions with this preceptor (dropdown)
2. When you first began shifts at this site with this clinical preceptor, did this clinical preceptor offer a complete orientation? y/n or n/a
3. What did you appreciate most about working with this preceptor? (free text)

	N/A	1-rarely or never	2-sometimes	3-most of the time	4-consistently
4. Demonstrates current knowledge and clinical competency.					
5. Models patient-centered care.					
6. Provides supportive learning environment: Incorporates the student into the health care team and makes the student feel welcome.					
7. Provides supportive learning environment: Plans learning experiences (e.g. patient selection) and goals with the student to facilitate achieving individual needs and overall course objectives.					
8. Provides supportive learning environment: Facilitates independent student decision making.					
9. Approachability and accessibility: Is readily available to the student for consultation as needed.					
10. Provides feedback: Provides formal and informal feedback in a clear and timely manner.					
11. Provides feedback: Identifies and builds on the student's strengths.					

12. Provides feedback: Identifies the student's areas for growth and suggests strategies for improvement.					
13. Provides feedback: Encourages the student to overcome challenges and make progress in growing into the provider role; invested in the student's success.					
14. Seeks to improve precepting skills: actively solicits and incorporates student feedback about effective precepting style.					
15. Employs self-awareness regarding the ways in which their identities and unconscious biases impact interactions with students and/or patients.					
16. Addresses the impact of racism and/or other structural oppression in health care.					
17. I was treated with respect by this individual.					
18. I observed others being treated with respect by this individual (patients, staff).					

19. Additional comments (required if score #1 or #2 above) [Free text]

Appendix D. Evaluation of Clinical Site

UCSF - Nursing
CNM/WHNP: Nurse-Midwifery/Women's Health NP

Subject:
Evaluator:
Site:
Period:
Dates of Course / Rotation:
Course / Rotation:
Form:

For CNM/WHNP Students ONLY
Site Evaluation

Please indicate the degree to which the clinical site provided the following opportunities or characteristics.

If you choose "1" or "2" for any item, please elaborate in the comments box at the end of the evaluation form.

(Question 1 of 2 - Mandatory)

	Not Adequate	Minimal	Good	Excellent	N/A
Provided ample clinical learning opportunities	1.0	2.0	3.0	4.0	0
Provided a variety of clinical cases	1.0	2.0	3.0	4.0	0
Staff and colleagues provided a welcoming and inclusive learning environment	1.0	2.0	3.0	4.0	0
Patients are generally regarded with respect and treated well, regardless of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services.	1.0	2.0	3.0	4.0	0

Provided parity of care regardless of insurance or ability to pay out of pocket	1.0	2.0	3.0	4.0	0
There is respect for all staff regardless of title.	1.0	2.0	3.0	4.0	0
There is a culture of safety that encourages everyone to speak up and address concerns	1.0	2.0	3.0	4.0	0
There are resources such that the patients are able to access the care that they need or easily referred to receive the care that they need.	1.0	2.0	3.0	4.0	0
Clinical areas were physically equipped for providing safe, comprehensive care	1.0	2.0	3.0	4.0	0
Physician consultation was easily available	1.0	2.0	3.0	4.0	0

Please use this space to comment on:
1. The quality of this site as a placement.
2. The characteristics of this site that we should consider when making student placements.

(Question 2 of 2 - Mandatory)

Your feedback is highly beneficial to future students and should be submitted to the Integration coordinator the final week of the quarter.

If you chose "1" or "2" for any item, please elaborate here. Please be thoughtful, professional, and specific.

Thank you.

Appendix E. Ambulatory Competency Portfolio

UCSF Midwifery Competency Portfolio *adopted from Kate Woeber, CNM, PhD, Emory University*

STUDENT _____

The following are descriptions of student and preceptor behaviors. **For each skill, indicate the date at which that level of performance is achieved.**

- 0 Not applicable – have not performed
- 1 Basic (direct guidance): Student performs the task under direct guidance of the preceptor (for >75% of skill/time).
- 2 Novice (extensive guidance): Student performs the task under extensive guidance of the preceptor (for 50-75% of skill/time).
- 3 Intermediate (frequent guidance): Student performs the task under frequent guidance of the preceptor (for 25-50% of skill/time).
- 4 Advanced Beginner (occasional guidance): Student performs the task under occasional guidance of the preceptor (for <25% of skill/time).
- 5 Competent (safe independent practice): Student performs the task safely and effectively using own judgment without supporting cues.

COMPETENCY IN AMBULATORY MIDWIFERY CARE (N414.15A, N414.15D)					
COMPETENCY # 1: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.					
Basic Skills and Abilities	**1 Basic**	**2 Novice**	**3 Intermediate**	**4 Advanced Beginner**	**5 Competent**
Conducts a reproductive health history					
Provides appropriate preconception counseling using shared decision-making (reproductive planning, general health, medication safety, immunizations)					
Conducts preventative visits using an appropriate testing schedule for women and transgender or gender non-conforming (TGNC) individuals across the lifespan					
Conducts a complete physical examination					
Orders and interprets routine laboratory test results common to reproductive health					
Provides accurate, appropriate health education content related to sexual, reproductive, and gender health.					
Provides accurate, appropriate counseling using shared decision-making related to family planning methods and supplies					
Safely performs insertion of IUD and contraceptive implant					
Manages side effects of family planning methods					
Evaluates for variations from normal; initiates care or referrals and/or provides relevant education for prevention and for early identification of complications:					
• Abnormal uterine bleeding					
• Amenorrhea					
• Bone health					
• Breast disorders					
• Cervical cancer screening					
• Infertility					
• Mood disorders					
• Pelvic masses					
• Pelvic pain: chronic and acute					
• Personal/Family history indicating genetic counseling					
• Polycystic ovarian disease					
• STIs and vaginitis					
• Urinary incontinence					
• Vasomotor symptoms					
• Vulvovaginal symptoms					
Consultation with physician					

COMPETENCY IN AMBULATORY MIDWIFERY CARE: PREGNANCY (N414.15A, N414.15D, N414.15B, N414.15F)					
COMPETENCY # 2: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications (may include triage patients not admitted)					
Basic Skills and Abilities	**1 Basic**	**2 Novice**	**3 Intermediate**	**4 Advanced Beginner**	**5 Competent**
Confirms intrauterine pregnancy and accurately determines estimated date of delivery					
Conducts a thorough subjective history (interval)					
Thoroughly reviews health record including lab work and diagnostic tests					
Conducts a complete, general physical examination					
Accurately performs assessment of fetal growth and fetal heart rate					
Determines rupture of membranes (term/preterm)					
Requests and accurately interprets routine lab and diagnostic testing					
Identifies and provides counseling related to common discomforts of pregnancy					
Provides counseling and health education about pregnancy progression and danger signs					
Identifies needs, provides appropriate counseling and referral for social issues impacting health					
Provides guidance about preparation for labor, birth and parenting					
Identification of variations from normal pregnancy; independent or collaborative management of:					
● anemia					
● decreased fetal movement					
● low or inadequate maternal nutrition					
● inadequate or excessive uterine growth					
● gestational diabetes					
● infections impacting pregnancy health					
● health issues related to other body systems: genitourinary, gastrointestinal, neurologic, respiratory, cardiac, endocrine, etc.					
● mental illness					
● vaginal bleeding					
● preterm labor					
● prolonged and post term pregnancy					
● abnormal lie					
● signs and symptoms indicating onset of hypertensive disorders, including pre-eclampsia					
● placental location (eg. previa)					
● intrauterine fetal death					
Safe prescribing of medications					
Consults and/or transfers care for high-risk patients to physician as appropriate					

COMPETENCY IN PROVISION OF CARE DURING THE POSTPARTUM PERIOD (N414.15A, N414.15D, N414.15B, N414.15F)					
COMPETENCY # 4: Midwives provide comprehensive, high quality, culturally sensitive postpartum care.					
Basic Skills and Abilities	**1 Basic**	**2 Novice**	**3 Intermediate**	**4 Advanced Beginner**	**5 Competent**
Reviews delivery record and prenatal record for relevant data					
Reviews relevant labwork and diagnostic testing					
Takes a selective postpartum history, including but not limited to:					
● Processing of birth and psychologic adjustment to parenting					
● Breastfeeding success or other infant feeding					
● Lochia amount					
● Bladder and bowel functioning					
● Adequacy of pain management, overall comfort					
Performs a focused physical examination of mother, including but not limited to:					
● Normalcy of vital signs					
● Assessment of uterine involution and lochia					
● Healing of lacerations and/or repairs					
● Edema and pain in extremities					
● Breast changes and nipple integrity					
● Indicators of bonding and attachment to baby					
Evaluates and manages postpartum complications within midwifery scope of practice, including but not limited to:					
● Postpartum hemorrhage					
● Anemia					
● Endometritis					
● Breastfeeding challenges: inadequate supply, improper latch, nipple pain, mastitis, plugged duct, etc.					
● Poor healing of incision, laceration, or episiotomy					
● Hypertensive disorders of pregnancy					
● Gestational diabetes					
● Postpartum mood disorders: depression, psychosis, PTSD					
● Thrombophlebitis					
● Pre-existing or other medical/surgical complications					
Provides education and support related to breastfeeding, pumping or expression of milk, and milk storage					
Teaches postpartum maternal self-assessment and self-care					
Provides counseling, shared decision-making and access to family planning services/methods					

COMPETENCY IN MIDWIFERY CARE: ABORTION- AND LOSS- RELATED CARE (N414.15A, N414.15D, N414.15B, N414.15F)					
COMPETENCY #6: Midwives provide a range of individualized, culturally sensitive abortion-related care services for individuals requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.					
Basic Skills and Abilities	**1 Basic**	**2 Novice**	**3 Intermediate**	**4 Advanced Beginner**	**5 Competent**
Demonstrates awareness of professional ethics, policies, protocols, laws, and regulations related to abortion-related services					
Assesses gestational age of fetus/pregnancy gestation					
Differentiates between threatened, incomplete and complete spontaneous abortion, based on assessment data					
For early pregnancy loss: Conducts clinical and social history to identify appropriate plan of care, i.e., expectant management, or medication or aspiration abortion					
Identifies contraindications to medication and aspiration abortion					
Provides objective, patient-centered and unassuming counseling about all available services including medication, aspiration, telemedicine and self-sourced medication abortion.					
Supports parents during grieving process for pregnancy loss, stillbirth, congenital birth defects, or neonatal death					
Support patients' choices in a nonjudgmental and non-discriminatory manner					
Provides patient-centered counseling regarding sexuality and family planning post-abortion					
Provide post-abortion follow-up and care.					
Identification of indicators of abortion-related complications; initiates emergency management and referral resources					
Provides education related to self-care and identification of complications					

Identifies needs, provides appropriate counseling and referral for social issues impacting health.					
Provide support for healthy cultural approaches to postpartum recovery and adjustment					

Appendix F. Ambulatory Competency Expectations

UCSF Nurse-Midwifery Education Program: N414.15A/D + N415.15 Competency	Expected Level by end of Quarter				
	Winter Q1 (45h)	Spring Q2 (45h)	Summer – Q3 (45h)	Fall--Q4 (~70h) Winter – Q5 (~70h)	Spring-Q6 (130h)
Data Collection					
• Collecting thorough subjective history					
• Thorough and focused chart review					
Skills					
• Focused PE in non-pregnant patient					
• SSE, wet prep, identifying fern and/or Amsel's criteria					
• Antenatal exam: fundal height/dontones/Leopold's					
• Safe prescribing/ordering of meds					
• Procedures: IUD placement, Nexplanon placement					
Assessments/Management					
• Mgmt of family planning methods (initiation/maintenance)					
• Able to identify normal v. abnormal presentations in prenatal care					
• Requests and accurately interprets labs/diagnostic tests – AP + common GYN					
• Requests and accurately interprets labs/diagnostic tests – complex GYN					
• Promotion of wellness: breast + cervical cancer screening; STI screening + treatment; vaginitis tx; vaccine promotion					
• Complete differentials and management plans for common abnormal presentations in pregnancy (eg. GBS+, GDM, gHTN/pre-e, FGR, cholestasis, prolonged pregnancy, preterm labor, etc.)					
• Mgmt of complex GYN presentations: Abnormal uterine bleeding, pelvic pain, vulvovaginal sxs, infertility					
Communication					
• Comprehensive, accurate, concise notes that demonstrate organized thought process and critical thinking.					
• Clear and accurate patient education, shared decision-making					
• Team communications: perform physician consults and xfer of care					
Caseload Expectations	1-2pt in half-day	2-3pt in half-day	3-4pt in half-day	AP: 5pt in half-day and GYN:annual <40min; POV <30min	Approx. 2/3 to 3/4 of preceptor caseload

Basic (needs support >75% of time) – [not included] (1/5 on eval)
Novice (need support 50-75% of the time) – orange (2/5 on eval)
Intermediate (need support 25-50% of the time) - yellow (3/5 on eval)
Advanced (need support <25% of the time)- light green (4/5 on eval)
Independent- dark green (5/5 on eval)

Created December 2022
Updated Sept 2023

Skills Competencies Objectives

The student must utilize the Midwifery Management Process (defined by ACNM):

The midwifery management process is used for all areas of clinical care and consists of the following steps:

A. Investigate by obtaining all necessary data for the complete evaluation of the patient.
B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the clinical conditions.
E. In partnership with the patient, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.
F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.
G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

COMPETENCY # 1: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

Basic Skills and Abilities
Conducts a reproductive health history
Provides appropriate preconception counseling using shared decision-making (reproductive planning, general health, medication safety, immunizations)
Conducts preventative visits using an appropriate testing schedule for women and transgender or gender non-conforming (TGNC) individuals across the lifespan
Conducts a complete physical examination
Orders and interprets routine laboratory test results common to reproductive health
Provides accurate, appropriate health education content related to sexual and reproductive health.
Provides accurate, appropriate counseling using shared decision-making related to family planning methods and supplies
Safely performs insertion of IUD and contraceptive implant
Manages side effects of family planning methods
Evaluates for variations from normal; initiates care or referrals and/or provides relevant education for prevention and for early identification of complications:
• Abnormal uterine bleeding
• Bone health
• Breast problems
• Cervical cancer screening
• Mood disorders
• Pelvic masses
• Pelvic pain
• Personal/Family history indicating genetic counseling
• Polycystic ovarian disease
• STIs and vaginitis
• Vasomotor symptoms

• Vulvovaginal symptoms
Consultation with physician

COMPETENCY # 2: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications (may include triage patients not admitted)

Basic Skills and Abilities
Confirms intrauterine pregnancy and accurately determines estimated date of delivery
Conducts a thorough subjective history (interval)
Thoroughly reviews health record including labwork and diagnostic tests
Conducts a complete, general physical examination
Accurately performs assessment of fetal growth and fetal heart rate
Determines rupture of membranes (term/preterm)
Requests and accurately interprets routine lab and diagnostic testing
Identifies and provides counseling related to common discomforts of pregnancy
Provides counseling and health education about pregnancy progression and danger signs
Identifies needs, provides appropriate counseling and referral for social issues impacting health
Provides guidance about preparation for labor, birth and parenting
Identification of variations from normal pregnancy; independent or collaborative management of:
• anemia
• decreased fetal movement
• low or inadequate maternal nutrition
• inadequate or excessive uterine growth
• gestational diabetes
• infections impacting pregnancy health
• health issues related to other body systems: genitourinary, gastrointestinal, neurologic, respiratory, cardiac, endocrine, etc.
• mental illness
• vaginal bleeding
• preterm labor
• prolonged and post term pregnancy
• abnormal lie
• signs and symptoms indicating onset of hypertensive disorders, including pre-eclampsia
• placental location (eg., previa)
• intrauterine fetal death
Safe prescribing of medications
Consults and/or transfers care for high risk patients to MD as appropriate

COMPETENCY # 3: Midwives provide comprehensive, high quality, culturally sensitive postpartum care.

Basic Skills and Abilities
Reviews delivery record and prenatal record for relevant data
Reviews relevant labwork and diagnostic testing
Takes a selective postpartum history, including but not limited to:
• Processing of birth and psychologic adjustment to parenting
• Breastfeeding success or other infant feeding
• Lochia amount
• Bladder and bowel functioning
• Adequacy of pain management, overall comfort
Performs a focused physical examination of mother, including but not limited to:
• Normalcy of vital signs
• Assessment of uterine involution and lochia
• Healing of lacerations and/or repairs
• Edema and pain in extremities
• Breast changes and nipple integrity
• Indicators of bonding and attachment to baby
Evaluates and manages postpartum complications within midwifery scope of practice, including but not limited to:
• Postpartum hemorrhage
• Anemia
• Endometritis
• Breastfeeding challenges: inadequate supply, improper latch, nipple pain, mastitis, plugged duct, etc.
• Poor healing of incision, laceration, or episiotomy
• Hypertensive disorders of pregnancy
• Gestational diabetes
• Postpartum mood disorders: depression, psychosis, PTSD
• Thrombophlebitis
• Pre-existing or other medical/surgical complications
Provides education and support related to breastfeeding, pumping or expression of milk, and milk storage
Teaches postpartum maternal self-assessment and self-care
Provides counseling, shared decision-making and access to family planning services/methods
Identifies needs, provides appropriate counseling and referral for social issues impacting health.
Provide support for healthy cultural approaches to postpartum recovery and adjustment

COMPETENCY #4: Midwives provide a range of individualized, culturally sensitive abortion-related care services for individuals requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

Basic Skills and Abilities
Demonstrates awareness of policies, protocols, laws, and regulations related to abortion-related services
Assesses gestational age of fetus/pregnancy gestation
Differentiates between types of unplanned abortion, based on assessment data
Conducts clinical and social history to identify appropriate plan of care, i.e., expectant management, or medication or aspiration abortion
Demonstrates application of medical eligibility criteria for all available abortion methods
Provides counseling about available services related to abortion decision-making
Supports parents during grieving process for pregnancy loss, stillbirth, congenital birth defects, or neonatal death
Provides counseling regarding sexuality and family planning post-abortion
Provides family planning services concurrent with abortion services
Assesses for normal uterine involution and overall recovery
Identification of indicators of abortion-related complications; initiates emergency management and referral resources
Provides education related to self-care and identification of complications