

# Minnesota Midwifery Community Preceptor/Student Guidelines

## 1. Purpose

- a) This document is intended to provide a framework for preceptors and students to develop specific written guidelines within the context of those independent relationships. It is not intended to be narrowly focused, as we trust each preceptor and student will develop specific guidelines and agreements based upon the needs of those included in those relationships.
- b) The purpose of this document is to facilitate a commitment to the continued development of training in traditional midwifery that is compassionate, accessible, and respectful of midwives, students, and the communities served.
- c) Preceptors and students are encouraged to be guided by the principals of respect, humility, service and wisdom, and encouraged to support and empower all those called to midwifery, encompassing diverse educational paths.
- d) Clear communication (preferably written and signed by all parties) should occur at the *outset* of the relationship, well before any potential problems may arise.
- e) If the CPM credential is being sought by the student, NARM student/preceptor guidelines should ultimately guide the preceptor/student relationship and guidelines in Minnesota. These guidelines are found on the NARM website.
- f) For the purpose of this document, the words Midwife and Preceptor are interchangeable.

## 2. The Preceptor and Student Shall:

- a) Foster healthy, open communication in the student and midwifery communities and support the relationships between them.
- b) Provide guidance and support for student/preceptor relationships.
- c) Increase accessibility to midwifery training by supporting students from marginalized communities to become midwives in Minnesota.
- d) Create more consistent educational and training opportunities for students and midwives.
- e) Provide guidance and understanding to all potential students about educational routes and options.

## 3. Midwives

- a) For the purpose of this document, a midwife practices the art of midwifery within the bounds of the traditional and/or professional midwifery protocols. She is respectful of her colleagues and willing to seek their input into her practice through regular peer review. She also practices within the MMG Standards of Care and if not, is able to document her reasons and her method of informed consent for diverging from them.
- b) For the purpose of this document, a midwife understands that her actions have the potential to impact her and the women she serves and also affect the practice of midwifery in Minnesota and across the country.
- c) Ideally, preceptors and students will determine together when the student is ready to move on to the next step in the training process or to identify the student as a “midwife” within the community, with consideration of the following: some students apprentice with multiple preceptors, some apprentices travel out of the region for a portion or all of their training and the law in the state of Minnesota supports traditional midwifery.

- d) Any individual assuming the responsibilities for a midwife must disclose their level of training and experience explicitly to all potential clients by way of an informed consent document.

#### **4. Responsibilities and Expectations of the Precepting Midwife**

- a) Provides adequate opportunities for the student to observe clinical skills, discuss clinical situations away from the clients, practice clinical skills, and perform the clinical skills in the capacity of a primary midwife when appropriate, all while under the direct supervision of the preceptor.
- b) Provides regular opportunities for debriefing and processing, and offers constructive feedback regarding student performance and progress.
- c) Explicitly communicates to families that a student may be involved in their care, but that full responsibility for their care rests with the supervising midwife. The preceptor holds final responsibility for the safety of the client and baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.
- d) Takes full responsibility for supervising while students are performing clinical skills and/or providing client care. It should be noted that if a student intends to obtain a CPM, per NARM, no skill can be signed off if the midwife is not present.
- e) Is willing to sign documentation for the student at the time the skill is performed competently. Determination of competency of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary.
- f) Provides access to charts of all clients in whose care the student participated to the student and gives timely access to NARM and schools as necessary.
- g) Ensures that students are given the opportunity to participate in any peer reviews and chart reviews where the student was present and/or involved in the client care of the case being reviewed.
- h) Preceptors and students are encouraged to communicate about ways to accommodate a student's need to financially support themselves during the period of midwifery training and to address these agreements in their written agreement.

#### **5. Students**

- a) Students shall use the Minnesota student guidelines and in the case of CPM candidates, the NARM student policies to guide their ethics, etiquette, and behavior.
- b) There is great value in establishing high quality relationships with future colleagues and within the community. As the student moves through their time of learning, they are encouraged to embrace their budding role within the larger midwifery community. Students are encouraged to actively engage in the promotion of midwifery as a profession by being involved in the greater midwifery community wherever they can. Vital relationships for the student's future collaboration needs will be created through this process.

#### **6. Responsibilities and Expectations of the Student**

- a) Commits to the humane, conscientious, respectful and thoughtful service to clients and to the community.
- b) Is empowered to create educational situations in which they thrive, and takes responsibility and ownership for their own journey towards midwifery.
- c) Protects the confidentiality of clients' personal and health information, including on social media.
- d) Communicates questions and concerns discreetly and professionally to the preceptor.

- e) Responsible for having all documentation paperwork organized and working with the preceptor to have skills and experience signed in a timely manner.
- f) Jointly responsible with preceptor for negotiating progression through clinical skills.
- g) Maintains open dialogue about what constitutes appropriate behavior in all situations in client care.
- h) Performs any tasks relevant to client care and maintenance of the clinical space, equipment, or records as defined in the student-preceptor agreement.
- i) Students must follow NARM requirements as to the use of the “CPM” title or “CPM candidate”. They may use the term “student midwife”.
- j) Pursues desired didactic midwifery education. This includes both formal educational programs and access to trainings and study groups to learn and discuss clinical practice.
- k) Safeguards themselves’ and their family’s physical, mental, financial and spiritual health in order to provide the best possible client care.
- l) A student directly solicited to act as a midwife by a client communicates to client that it is the client’s responsibility alone to find a midwife and once a midwife is secured, that the client may then request for the student to be a part of the care team.

## **7. Midwife/Student Liaison Committee (MSLC)**

- a) The midwife and student committee will elect two representatives each, to serve on the MSLC to the Midwifery community.
- b) These liaisons are encouraged to attend all MNow and MCCPM meetings and bring student issues to the attention of the midwives.
- c) The Student Council or the midwifery organizations may propose a veto of potential committee members by bringing a complaint to the entire committee (including the proposed committee member) for discussion and a vote.
- d) The MSLC is intended to serve as a resource to the midwifery community – a safe space where midwives and students may individually or in relationship come to seek compassionate guidance and to cultivate positive and robust learning and teaching modalities. The MSLC will develop skills and wisdom in nurturing healthy student/preceptor relationships, reviewing contracts, and empowering students and preceptors to create healthy dynamics.
- e) The representatives will also receive any complaints from students and help set up and possibly attend any meetings between a student and her preceptor. The MSLC will be available to meet with and mediate between student and preceptor in an attempt to reach understanding.
- f) The positions will be opened up bi-annually for re-election. (However, for the first year, midwife 2 and student 2 will be on a one year term to allow for rotation of the students and midwives without complete turnover.) Midwife 1 and Student 1 will be elected in the odd years, while Midwife 2 and Student 2 will be elected in the even years.
- g) Positions and elections as well as revision meeting announcements will be posted to all midwifery websites: MCCPM, MNow and MMG.
- h) MSLC will facilitate the annual revision of this document.
- i) If a student becomes a midwife while on the committee that position will be open for election before the term would normally finish.

## **8. Preceptor/Student Relations and Communication:**

- a) All client matters and details must be kept strictly confidential.
- b) Midwifery is a very intimate profession. Sometimes private information may be shared with and/or by the student or preceptor that relates to their personal life. Beyond client confidentiality, communication with others should take into account the wisdom of not sharing private

information that has been shared with the student or preceptor, unless explicit freedom to share has been granted.

- c) The student and preceptor are encouraged speak respectfully of one another in front of peers, colleagues and clients. If the student and/or preceptor need support in resolving a conflict, they should bring the matter to MSLC.
- d) Just as there is the right midwife for every woman, there can be the “right” preceptor(s) for every student. The journey of finding the right fit between student and preceptor can take time. Often preceptor/apprentice relationships within the local community grow out of natural connections or opportunities.
- e) Students are encouraged to ask the preceptor they are considering working with what her guidelines are on working with multiple preceptors at one time, and if that is agreeable to all parties, then the specifics should be written out and agreed to before the relationship becomes official. This is a good way for a student to stay busy, especially in the earlier stages of her training, and to also be exposed to different teaching styles.

## **9. Guiding Principles of High Quality Preceptor/Student Relationships**

- a) Create an educational environment that is free from discrimination including but not limited to: sexual orientation, gender orientation, cultural background, ethnicity, nationality, religion, age, or ability.
- b) Create an environment that promotes equal opportunity and a climate of mutual respect and understanding, free from harassment and discrimination.
- c) Preceptors and students are discouraged from requiring anyone to participate in actions or procedures that are against their convictions and religious beliefs.
- d) Preceptors and students are discouraged from requiring students to perform work outside of the learning arrangements defined in the preceptor-student agreement.
- e) Bullying<sup>1</sup>, and/or the purposeful exclusion of any student or midwife from the wider midwifery community is unacceptable. Any perceived experience of bullying or discrimination should first be attempted to be resolved within the relationship, if possible. If it is not possible, it should be presented to the MSLC for review as soon as possible.
- f) Attempts to deny adequate and equal opportunities to new midwives for employment and practice after completion of their training, in their home communities, and where applicable, the communities in which they apprenticed is strongly discouraged.
- g) Preceptors are encouraged to get to know the skill level of any students that they accept into their practice. Preceptors are encouraged to communicate with any student’s current or previous preceptor(s) when signing off on a single birth.
- h) No student, new midwife, or CPM, may use the name of a previous preceptor in advertising or promotional material (on-line or printed) without the express permission of that preceptor. Preceptors should be aware that they might be listed on a resume, verbal or written, for the experiences they supervised.
- i) Confidentiality must extend to all social networking media. No names, birth pictures or identifying information about a birth (dates, birth or client details) can be posted on social media sites by a student unless specifically authorized in writing by the client and the preceptor. Likewise, permission should be obtained to use photographs of a student, or stated clearly in the

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<sup>1</sup> Bullying is generally defined as an intentional act that causes harm to others, and may involve verbal harassment, verbal or non-verbal threats, physical assault, stalking, or other methods of coercion such as manipulation, blackmail, or extortion. It is aggressive behavior that intends to hurt, threaten or frighten another person. An imbalance of power between the aggressor and the victim is often involved. Bullying occurs in a variety of contexts, such as schools, workplaces, political or military settings, and others.

signed student agreement that photos may be posted. Preceptors and students are encouraged to address this issue with clarity in their written agreement.

- j) During the preceptorship, the Student and Preceptor should accurately identify the student within the community as a “student” rather than a “midwife.” Advanced students should be accurately identified as such, during the period of providing primary care under supervision.
- k) Preceptors are encouraged to communicate with previous preceptors with whom a relationship has been discontinued and students are encouraged to communicate with previous apprentices with whom a prior relationship has been concluded or discontinued. The Preceptors and Students are encouraged to explore strengths and weaknesses within this communication. In addition, the Preceptor is encouraged to explore with the previous Preceptor what learning objectives and goals have been met and what areas should be explored in the next preceptor/student relationship. This communication should occur in the open and questions regarding what was learned should be directed to the source (student/preceptor). Perception is a large part of recollection and it is important to remember that personalities, circumstances, degree of stress, interpersonal relationships and life experience can amplify perception of a prior relationship. A great deal may have been learned from the previous experience and changes may have been made in the individual’s life.
- l) When a student transfers from one preceptor to another, the two Preceptors are encouraged to coordinate training needs and abilities and the signing of transfer paperwork.
- m) A student must first obtain the permission of the preceptor or any midwife that she has worked with extensively or briefly before identifying the midwife/preceptor on any social media site, website, print or electronic advertising or promotional material (online or printed) as a midwife that has trained her with. An exception exists for students to identify an apprenticeship or working relationship on a resume and/or job application for the sole purpose of securing education, internships, apprenticeships or employment.
- n) The Preceptor and Student are encouraged to include within their written guidelines the expectations for client contact and communication including if it is acceptable for the student to ever have contact with a client without the preceptor present<sup>1</sup> whether or when the student may accept requests for social media networking relationships with clients, and how to deal with solicitations by a client of the student.
- o) The Preceptor and Student are encouraged to establish written guidelines regarding the “primary under supervision” status of students and are encouraged to review the NARM Guidelines upon agreeing that the student has reached this advanced status.
- p) The Preceptor and Student are encouraged to establish written guidelines regarding the financial compensation policies of the Preceptor. Compensation during the apprenticeship is at the sole discretion of the Preceptor.
- q) Preceptors unavailable for call at any point are responsible to find a colleague to take call. It is recommended that written agreements cover the expectations for the student when the preceptor is off-call.
- r) If a student chooses to attend a birth with a backup midwife, the student must abide by the backup midwife’s decisions during all client interactions and regarding any experience or skills that midwife is comfortable signing for.
- s) To the extent possible, the preceptor should communicate the students’ skill level to the backup midwife prior to the clinical experience. Ideally the backup midwife promotes student participation to the level the student is capable.
- t) Leave an unhealthy student or preceptor relationship in a timely manner. Upon entering a student/preceptor relationship, the student and preceptor are encouraged to create an agreement (preferably written) that allows the student or preceptor to formally exit the relationship. Upon

utilization of an exit agreement, both parties are encouraged to proceed professionally, with mutual respect and without engaging in slander within the community at large.

#### **10. Conflict Resolution:**

- a) The best avenue to conflict resolution is prevention. Clear, direct, written guidelines at the outset of the student/preceptor relationship that are revisited regularly and reflected upon as issues arise can prevent most conflicts before they ever occur.
- b) Anyone in a preceptor/student conflict should first seek to resolve it directly with that person through direct, transparent and respectful communication.
- c) If a midwife or student believes they need additional support for resolving a conflict, the midwife or student should contact MSLC to arrange a special meeting with the preceptor and student. The level of confidentiality regarding the preceptor/student conflict will be determined by the participants at the time.
- d) Students and midwives have the right to bring to the MSLC a breach of the written apprenticeship contract/agreement.
- e) If one of the parties involved in the dispute is on the MSLC committee, an alternate will be chosen and agreed upon by both parties.
- f) All parties have the right to be served due process with fair representation in hearings, mediation, and appeals in any complaints process, peer review, or court case that relates to their presence or involvement with client care.
- g) If one or both parties determine that the relationship should be dissolved, both parties will engage in respectful communication with one another and within the community regarding the dissolution of the formal relationship. Both parties will intentionally demonstrate that there is no intent to undermine or malign the other party to clients, students, colleagues and the community at large.

This document serves as a set of guidelines and principles for the training and development of midwives and the cultivation of trust within and throughout the traditional midwifery community in Minnesota. It is recommended that nature of the student/preceptor relationship be one of mutual respect between two adults who are capable and responsible for the relationships into which they enter. Individuals may cultivate the student/preceptor relationship that suits their needs, while holding at the core the intent of respect outlined in this document. This is a living document that is revisited and refined as consideration, information and experience reveal the need.

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<sup>i</sup> Revision 5, Document created on August 16, 2013