SEATTLE UNIVERSITY
COLLEGE OF NURSING
GRADUATE PROGRAM

Nurse-Midwifery Track

PRECEPTOR MANUAL
2026

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INTRODUCTION

Thank you for your commitment to being a clinical preceptor for the nurse-midwifery program at Seattle University! Your role is critical to the education of student nurse-midwives: we cannot develop students into safe, successful colleagues and practitioners without our valued preceptors.

We hope this manual will provide tools and resources to answer questions about precepting and about our students and our program. You will find the guiding philosophy of Seattle University, the College of Nursing, and the midwifery program. There is an outline of the DNP program and plan of study. We expect our students to perform at the highest level; our expectations are clearly stated. Our hopes for your role as a preceptor are outlined, as well as what you can expect from the faculty at Seattle University. You will find a link to the academic calendar, with quarter-by-quarter expectations for clinical hours.

If you have other questions or concerns, please do not hesitate to contact the faculty.

Faculty will be in contact with you during the quarter to check in, discuss student performance and progress and discuss any questions or concerns. Contact will be via email, phone, virtual visits or in-person visits. We also encourage you to communicate any issues of concern with a student at any time.

Thank you for your commitment and dedication to the growth of the midwifery profession!

SEATTLE UNIVERSITY INFORMATION

Seattle University was founded in 1891 and is a Jesuit Catholic University, enrolling over 7,200 students in undergraduate and graduate programs within its eight schools and colleges.

Seattle University Mission

Seattle University is dedicated to educating the whole person, to professional formation, and to empowering leaders for a just and humane world.

Vision

We will be one of the most innovative and progressive Jesuit and Catholic universities in the world, educating with excellence at the undergraduate, graduate and professional levels.

Values

- Care: We put the good of students first.
- Academic Excellence: We value excellence in learning with great teachers who are active scholars.
- Diversity: We celebrate educational excellence achieved through diversity.
- Faith: We treasure our Jesuit Catholic ethos and the enrichment from many faiths of our university community.
- Justice: We foster a concern for justice and the competence to promote it.
- Leadership: We seek to develop responsible leaders committed to the common good.

SEATTLE UNIVERSITY COLLEGE OF NURSING INFORMATION

The nurse-midwifery program at SU was established in 2009. The first class of 8 students graduated in 2011. Initially a master's program, the program now awards a Doctor of Nursing Practice (DNP).

College of Nursing Accreditation and Memberships

Seattle University College of Nursing is fully accredited by the Commission on Collegiate Nursing Education (CCNE). Distinctive program strengths cited include highly qualified faculty, exemplary implementation of the University and College Mission, and excellent clinical resources.

The Seattle University College of Nursing is a member of the American Association of Colleges of Nursing (AACN) and has local student chapters in the Sigma Theta Tau International Nursing Honorary Society and the National Student Nurses' Association.

Mission

Seattle University College of Nursing is a learning community comprised of students, faculty, staff, and health care professionals who support each other in providing quality educational programs and pursuing scholarly endeavors.

- We actively work to assure the provision of quality nursing care to vulnerable and underserved populations.
- We sustain a dynamic educational process that responds to changes in the health care needs of the community.
- We employ creative teaching strategies for the promotion of critical thinking and ethical individual skills and talents.
- We seek diversity in our students and faculty and value diversity in our community.
- We are committed to the advancement of nursing knowledge through scholarship, research and publication.
- We promote nursing leadership by graduating students who are competent and confident in their abilities and who recognize a responsibility to use their Seattle University education for the health and welfare of their communities.

NURSE-MIDWIFERY PROGRAM VISION

The philosophy of the Seattle University nurse-midwifery program is grounded in the **SU core values** of **social justice, innovation, empowerment, caring and integrity**. Graduates are prepared to practice **independently** as primary health care providers with compassion in solidarity with the **underserved and marginalized**. We value **diversity** among students, staff, and faculty and actively work towards being **inclusive** inside and outside of the classroom. We make every effort to recruit, retain, and support diverse students, staff, and faculty.

Academic excellence is our priority, and we support the University value of putting the good of the students first, by educating the **whole person**. The nurse-midwifery program faculty are committed to **teaching excellence**, incorporating technological innovations, examining scientific evidence, and **promoting life-long learning** and **scholarship**. Midwifery graduates are prepared to honor the **normalcy** of life cycle events and the value of **therapeutic presence**, **communication** and **non-intervention**, providing **ethical**, **equitable**, **accessible, and inclusive** care throughout the **lifespan**. Upon completion of clinical, graduates can competently and confidently utilize interventions as indicated and consult, collaborate and refer when appropriate. We believe that midwifery care is the **best model of care,** and we are committed to **expanding a diverse workforce** to serve our **diverse and vulnerable communities** and populations.

We accept the responsibility of educating graduates who are competent, compassionate, progressive and who will have had much experience with the Ignatian practice of **reflection** as a tool of growth. Graduates will be prepared to carry out the SU and CON mission of being **leaders** to transform health care for a **just and humane world.**

The mission of the SU Nurse-Midwifery Program is to educate students who will be nurse-midwifery leaders empowered to generate, explore, and apply nursing and midwifery knowledge for evolving health care environments. Graduates will apply scientific evidence to promote the health of all people served. They will seek opportunities for professional growth, evaluation of practice, and policy development throughout their careers with the goal of transforming healthcare for a just and humane world.

Program objectives:
Upon completion of the Seattle University Nurse-Midwifery Program, the graduate will be able to:

1. Provide competent, safe and culturally sensitive care utilizing the midwifery management process to independently manage the care of women throughout the lifespan as described by the Core Competencies for Basic Midwifery Practice.
2. Utilize the midwifery management process to independently manage the care of the newborn from the time of birth until 28 days of life consulting, collaborating and/or referring as indicated.
3. Use critical thinking and scientific investigation to analyze and interpret research to evaluate and improve health care and health care outcomes.
4. Apply frameworks of ethics, structural competency, health policy and cultural humility in determining equitable care and promotion of health improvement.
5. Utilize information systems and other technologies to improve the quality and safety of health care.

PROGRAM INFORMATION

Doctor of Nursing Practice (DNP) Program

The National Organization of Nurse Practitioner Faculties (NONPF) made a commitment in 2018 that by 2025, all entry-level nurse practitioner education would be at the DNP degree level. Seattle University has followed the recommendations of the NONPF and the American Association of Colleges of Nursing (AACN) DNP Essentials in developing the DNP Program. The goal of the Practice Doctorate is for graduates to be skilled at generating and translating evidence, implementing changes or interventions into practice and evaluating the model within a practice setting or organization structure. Leadership and business skills are integral components for successful model implementation.

DNP Program Description

The Doctor of Nursing Practice (DNP) degree at Seattle University is grounded in the Jesuit ideals of teaching, service, education for values and growth of persons. The curriculum focuses on care of vulnerable populations consistent with the Jesuit commitment to social justice. Values-based education emphasizes ethical, moral and spiritual dimensions of nursing care. Attention to individual student strengths and needs produces graduates who are knowledgeable, skilled and confident in their ability to effect change.

The program has 2 pathways: RN and non-RN entry. The AME Program is an accelerated path to the DNP for non-nurses holding undergraduate degrees in other fields. In the past, we have had students with careers in social work, engineering, law, software development, and even a submarine commander. We find that students' maturity and varied life experiences are rich contributors to their success in midwifery.

The program has been designed so that the first year provides the essential theoretical basis for leadership and advanced practice, with courses in pharmacology, pathophysiology, differential diagnosis, leadership, finance, informatics, and translational research. During this portion of the program, most of our students work as RNs. In the second year, student midwives study midwifery specific content (antepartum, intrapartum, postpartum, gynecology and primary care). They also research and develop the proposals for their DNP projects, while continuing to work as RNs. The program's final year is strictly clinical training and completion of their DNP projects. We hope for immersion in practice, with the student working the equivalent of a 1.0 FTE during the last 2 integration quarters.

Our program is on the quarter system. Please use this link to access a current academic calendar.

An outline of the current midwifery program of study is available for review here.

Seattle University Midwifery Core Courses

NURS 6206: Primary Care of Women
Examine management of common physical and psychological health issues of women focusing on evidence-based practice approaches to primary care management or women to promote health, prevent illness and treat common acute and chronic non-gynecologic conditions of women, conditions across the lifespan. Refinement of diagnostic reasoning strategies and plans of care.

NURS 6204/6104: Management of Gynecologic and Reproductive Health Theory
Health promotion and disease prevention for women through the lifespan. Preconceptional and interconceptional care, management of common episodic and chronic gynecologic conditions, including diverse and vulnerable populations. Health promotion and screening for male and LGBTQ reproductive health. Pregnancy care and common complications included.

NURS 6202/6102: Midwifery Management of Antepartum, Newborn and Postpartum Care
Care of women during prenatal care (biologic, genetic, psychologic, developmental, sociocultural cultural perspectives). Critical thinking and management skills for a holistic approach to women during the childbearing year, lactation, and the immediate care and management of the newborn.

NURS 6208/6108: Midwifery Management of Intrapartum Postpartum and Newborn
Synthesis and application of theory of management of intrapartum and immediate postpartum care for women and newborns during labor and birth, evaluating need for intervention, consultation, or collaboration and development of a management plan.

NURS 6200: Life Saving Skills for Childbearing Women and Newborns
Before beginning clinical, students will participate in simulations including interprofessional teamwork and leadership skills, management of PPH, shoulder dystocia and neonatal resuscitation. All students will be NRP certified prior to beginning clinical rotations.

NURS 6201: Midwifery Clinical Practicum 1
Management of common and acute health conditions of women through the lifespan. Prevention and screening using patient databases and evidence. Further emphasis on physiological, psychosocial and pharmacological intervention of women and newborns during antepartum, intrapartum, and postpartum. (300 clinical hours)
NURS 6203: Midwifery Clinical Practicum 2
Further refinement of management skills of common and acute health conditions of women through the lifespan. Prevention and screening using patient databases and evidence. Further emphasis on physiological, psychosocial and pharmacological intervention of women and newborns during antepartum, intrapartum, and postpartum. (300 clinical hours)
NURS 6207: Midwifery Integration 1
Safely conducts primary care for women though the lifespan, managing gynecological care, prenatal care, intrapartum care, and postpartum care and care of well newborns. Becoming more independent in providing care and developing plans of care. (400 clinical hours)
NURS 6209: Midwifery Integration 2
Final synthesis and application of the evidence to develop management plans and provide care. Provides full scope care, safely conducts primary care for women though the lifespan, managing gynecological care, prenatal care, intrapartum

care, and postpartum care and care of well newborns. Able to make independent decisions and management plans when providing care throughout the lifespan. (400 clinical hours)

NURS 6212: Midwifery History and Professional Issues
Focus on midwifery history, professional and role issues of nurse-midwifery. Preparation for the nurse-midwifery role.

BENEFITS OF PRECEPTING FOR PRECEPTORS

Washington State Preceptor Compensation Program

Preceptors who are registered nurses (nurse-midwives or nurse practitioners) practicing in Washington State are now eligible for quarterly preceptor compensation through Washington State Board of Nursing. Preceptors who precept CNM or NP students for at least 80 hours in a given academic quarter are eligible to receive compensation. The amount varies from cycle to cycle, but usually ranges from $500 -$1000 one-time reimbursement per student precepted.

To participate, preceptors must register for a Washington state vendor number. Students track their hours with individual preceptors in Typhon, and our graduate clinical placement team takes care of reporting those hours to the state so that you can be compensated.

More information, including instructions for registering for a vendor number, is available at the program's website.

Preceptor Perks from SU

If desired, “preceptor perks” available for precepting Seattle University College of Nursing Midwifery students can include the following:

- Affiliate Faculty appointment (non-salary)
- A Seattle University email address
- Library access including access to journals, Lexicomp and UpToDate
- Discounts at Seattle U Bookstore/Campus Store
- CE Credits for precepting midwifery students
- Participation in CE programs at Seattle U
- Access to SU Fitness Center
- Free preceptor support materials

DOCUMENTS REQUIRED FROM PRECEPTORS

We must collect and maintain a file with the documents below for all preceptors. Please help us remain in compliance by providing these to us. They may be sent by mail, fax or via e-mail.

- Current CV or resume
- AMCB Certificate
- Individual certificate of insurance (for midwives attending birth center and home births)

RN and Advanced Practice Nursing Licenses are verified online.

DOCUMENTS REQUIRED FROM STUDENTS

Per the agreement between Seattle University College of Nursing and your agency, the College agrees to have the following information on file:

- Unencumbered Registered Nurse license
- Background Check
- Professional liability insurance
- Personal Health Insurance
- American Heart Association BLS Provider CPR certification
- HIPAA/OSHA certification
- Health Data and Immunization Requirements:
    - TB Screening
    - Hepatitis B: 3 Vaccinations AND positive antibody titer
    - Varicella: 2 Vaccinations OR positive antibody titer
    - MMR: (Measles / Mumps / Rubella) 2 Vaccinations OR positive antibody titers for all 3 components
    - Tdap within last 10 years
    - Current (yearly) flu immunization

These items are required for all students prior to beginning any clinical rotation. Additional documentation may be required based on individual agency placements.

PRECEPTOR RESPONSIBILITIES

We ask that preceptors:

- Provide an orientation for students to the clinical site
- Provide the student with an opportunity to review practice guidelines
- Discuss in advance with the student your expectations, teaching style and proposed schedule
- Request that student presents a patient to you in an organized fashion
- Teach using the management process as a guide - expect to hear comprehensive data collection, assessment and plan. Implementation should be conducted by the student as representative of the student's progression and experience.
- Check all student assessments until you are confident of the student's skill level

- Try to find a quiet, private place to complete evaluations and discuss issues regarding patient care
- Please take several minutes at the end of each clinical day to review clinical evaluation form(s) with student. Please make specific comments directed toward clinical performance
- Become familiar with the SUCON Nurse-midwifery curriculum
- Please contact Faculty if you have questions or concerns. Contact information is on page 3.

EXPECTATIONS FOR STUDENTS IN CLINICAL SITES

1. Be prepared by having the following necessary tools, resources and equipment:
    a. Always wear nametag/badge
    b. Professional business attire
    c. Stethoscope and gestational wheel (manual or electronic)
    d. Clinical resources and notebook

2. Establish clear expectations for on-call time (at-home, in-house), including mechanisms and expected time frame for being called in.

3. Establish familiarity with the clinical site by completing any required orientation, understanding charting and forms, billing procedures, and responsibilities of staff members.

4. Arrive in a timely fashion for each clinical session. If a student will be late or absent for any reason, they will notify the preceptor. Allow time for short preconference for goal setting with preceptor at the beginning of the day, charting and short debriefing with preceptor at the end of the day.

5. Be responsible for your own learning by identifying your learning goals for the day and sharing them with your preceptor at your brief preconference at the beginning of the clinical day.

6. Identify yourself as a SUCON nurse-midwifery student working with your preceptor. Ensure that the patient has agreed to receive student services. Follow whatever clinical protocol is in place for student involvement.

7. Present all patients to the preceptor in an organized and complete fashion using the “Order of Report” format. NEVER discharge a patient from the clinical site without the preceptor's approval. In labor and delivery, no procedure, change in management plan, medication or other intervention may occur prior to consultation with the precepting CNM.

8. Take responsibility for maintaining, updating Typhon records, and clinical evaluation forms.

9. Participate in on-going self-evaluation with feedback from faculty member and preceptor at midpoint in the quarter & for summative evaluation. Participate in evaluation of academic faculty, preceptor & clinical site.

10. Refer to resources if questions about clinical situations. Follow up with preceptor, faculty or in clinical conference to clarify clinical questions. If difficult or uncomfortable situations occur in clinical with patients, preceptor or clinical situations, contact faculty to keep faculty informed and/or for support.

11. Be gracious and friendly to <u>all s</u>taff and express regular thanks to those who are helping and teaching**.**

12. **SLEEP POLICY WHEN ON CALL:** Defining the ideal, appropriate length of call is not possible due to the wide variability in practice settings and volumes. Working extended hours are associated with increased risk for cognitive and physical functional errors (such as attention lapses and decreased motor skills), safety

concerns (such as needle sticks and motor vehicle accidents) and decreased quality of life from sleep deprivation. To minimize risks, n**urse-midwifery students are responsible for the following**:

a. Arrive for call shift well rested
b. Optimize restorative rest breaks and naps when shifts are extended
c. When preparing to drive home, do so only if adequately alert and rested

CLINICAL FACULTY ROLE

The clinical faculty provide guidance and supervision of the students and support the clinical preceptors in their teaching role. Student performance is evaluated based on participation and presentations in clinical seminar, weekly clinical reflections, case entries on Typhon (our clinical tracking system), clinical evaluation forms filled out jointly by the student and preceptor, and on quarterly site visits. As a preceptor, you can expect to receive a student bio and resume 6-8 weeks prior to the beginning of the quarter to post in the office, and at least one email or phone contact to check on student clinical progress in addition to the site visit. A final evaluation should be filled out jointly online at the end of the rotation.

Site Visits are a chance for feedback, goal setting, and conversation between the student, faculty, and preceptor, where the student presents their clinical strengths, areas for growth, and learning goals for the remainder of the quarter. Typically, these visits are arranged at the preceptor/clinical faculty convenience (usually on an outpatient clinical day) and last 1-2 hours. If possible, it is ideal for faculty to sit in on 1-2 visits that the student conducts to observe student interactions and skills.

If you have questions about preceptor expectations or interest in further developing your skills, please contact the clinical faculty. **We rely on you to be our eyes, ears, and hands on the ground; it is of vital importance that you communicate any student concerns to clinical faculty as soon as possible so that they can be addressed directly.**

CLINICAL EVALUATION FORMS

Students must evaluate their clinical performance regularly. Preceptors are asked to participate in the evaluation process and provide feedback and comments (may be brief or longer if appropriate or needed). In addition to the daily pre- and post- brief discussions, students will be completing the following forms and submitting them to faculty. At quarter's end, students will complete an online evaluation form with their preceptors on the Typhon platform.

- Clinical evaluation form – student and preceptor (filled out every week in Summer/Fall; every 2 weeks in Winter/Spring) (paper)
- SU Clinical Skills Checklist—preceptor signs off when student is competent in skill (Typhon)
- End of quarter evaluation form - student and preceptor (Typhon)

REMEDIATION POLICY TO SUPPORT STUDENT LEARNING

As midwifery educators, it is our goal to produce professional midwives who practice safely, competently, and with compassion. As practicing midwives, our preceptors want to contribute to growing the profession and helping to form wonderful future colleagues and midwifery change agents. Clinical learning is a complex process involving cognitive, motor and affective domains. Some students will stumble along the way and will require extra support to achieve competence. We see this not as a failure of the student, but as an opportunity to more deeply mentor and engage the student in a highly structured and transparent manner.

Once a concern is expressed, the student, preceptor and clinical faculty will meet for discussion. Problem areas will be identified, and the student will work to develop a Learning Plan which identifies specific learning goals, steps to achieve those goals, a strategy to evaluate success, and a timeline for achievement. This process of reflection serves to increase professional identity development and metacognitive competence. Solutions can include self-study, resource development, return-demo of motor skills, simulations in our clinical performance lab or any other measures brainstormed by the group. If the student is unable to accomplish the stated goals within the timeframe, a Clinical Learning Contract will be put in place. This document identifies specific learning objectives not met, an action plan to meet objectives, a timeline, and will be signed by the student, preceptor, clinical faculty, track lead, and placed in the student's permanent file. If the Contract is not successfully completed, it will result in failure of the course, halting progression in the graduate program.

Appendix A: Final Evaluation 23939393339393

Seattle University
Nurse Midwifery Program
End-of-Quarter Final Clinical Evaluation

Student Name: _____Date: _____
Primary Preceptor: _____Clinical Site: _____

Directions: This evaluation is used by the clinical preceptor for feedback to the student and faculty at the end of the quarter and for the reflection by the student. Please complete this form using the following key:

1 = **Below** the basic expectations for this level of student
2 = **Meets** the basic expectations for this level of student
3 = **Exceeds** the basic expectations for this level of student

Course Objectives/Learning Outcomes	Rating		
1. Obtains all necessary data for complete evaluation • Accurate, pertinent record review • Skillful history taking & interviewing, assessing emotional health • Screens for signs & symptoms of abnormalities • Identification of risk factors and associated potential problems	1	2	3
2. Accurate identification of problems or diagnoses based on correct interpretation of data • Accurately identifies significance of findings • Identifies data & findings as normal or abnormal • Correctly interprets screening & diagnostic tests • Identifies relevant differential diagnoses, reviewing with clinical preceptor	1	2	3
3. Evaluates the need for immediate intervention and/or consultation, collaborative management or referral to other health care team members • Recognizes, in a timely manner, the need for involvement of other health care team members and carries that out efficiently and effectively • Involves patient and family in decision making as appropriate • Respects contributions of all team members	1	2	3
4. Develops a comprehensive evidence-based plan of care in partnership with the client that is supported by a valid rationale and is culturally appropriate • Follows established standards of practice • Includes pharmacologic, complimentary, and alternative therapies, patient education, health promotion, laboratory & diagnostic tests and referrals as needed • Empowers client to share in decision-making	1	2	3
5. Assumes responsibility for safe and efficient implementation of evidence-based plan of care including provision of treatments and interventions as indicated • Prioritizes and allocates time appropriately • Plans with preceptor prior to performing tasks or implementing management plans • Demonstrates knowledge of own boundaries of safe management	1	2	3
6. Evaluates the effectiveness of treatments and/or interventions making modifications as needed • Evaluates client status, history and records, considering all when developing plan of care at visits • During subsequent visits, evaluates appropriateness and completeness of care	1	2	3
7. Appropriately applies knowledge base to clinical situations			

• Demonstrates critical thinking & diagnostic reasoning skills in clinical decision making • Provides rationale for management plans & priorities • Uses resources appropriately to increase knowledge base • Incorporates current research into practice	1	2	3
8. Utilizes and performs technical skills and therapeutic interventions appropriately • Physical assessment performed correctly, proficiently, pertinent components, and in organized manner • Identifies risks and benefits of intervention • Advocates for non-intervention in the absence of complications • Correctly and accurately performs skill or procedure and in gentle manner using universal precautions and sterile technique as appropriate	1	2	3
9. Utilizes communication skills effectively to provide care, emotional support & education to the client & their family • Establishes effective rapport • Uses language that is meaningful and culturally sensitive • Listens in a sensitive, manner • Asks appropriate questions • Uses opportunities for relevant teaching	1	2	3
10. Documents appropriately in medical record • Complete in an organized, complete, concise and timely manner using site-appropriate format • Recognizes intervals, indications and components of notes	1	2	3
11. Actively demonstrates initiative in learning opportunities • Conveys motivation and enthusiasm • Incorporates new knowledge into clinical practice • Incorporates preceptor feedback into performance	1	2	3
12. Demonstrates professionalism in the clinical setting • Demonstrates appropriate communication with clients, preceptor and others • Arrives to clinic on time & dressed appropriately • Maintains client confidentiality • Promotes person-centered care which respects and is inclusive of diverse histories, backgrounds, identities	1	2	3

Identified Strengths/Successes:

Student Comments:

Preceptor Comments:

Areas for Improvement/Learning Needs and Goals:

Student Comments:

Preceptor Comments:

I believe this student:

Has met the clinical objectives for this quarter _____ Yes _____No
Is progressing satisfactorily _____Yes _____No

_____ _____

Student signature (date) Preceptor signature (date)

Appendix B:

Seattle University
Nurse Midwifery Program – Clinical Evaluation Tool

Student Name: _____

Course: 6201 6203 6207 6209 **Quarter:** Summer Fall Winter Spring **Year:** _____

Primary Preceptor: _____ **Clinical Site:** _____

Directions: This evaluation tool contains course objectives/learning outcomes which outline what is expected of students in clinical and are congruent with the ACNM Core Competencies. Please refer to them when formulating goals for the day and when student and preceptor evaluate student's clinical experience.

6201 6203: Please complete once weekly **6207 6209: Please complete every two weeks**

Course Objectives/Learning Outcomes	
1. Obtains all necessary data for complete evaluation	
* Accurate, pertinent record review * Skillful history taking & interviewing, assessing emotional health	* Screens for signs & symptoms of abnormalities; * Identification of risk factors & associated potential problems
2. Accurate identification of problems or diagnoses based on correct interpretation of data	
* Accurately identifies significance of findings * Identifies relevant differential diagnoses, reviewing with clinical preceptor	* Identifies data & findings as normal or abnormal * Correctly interprets screening & diagnostic tests
3. Evaluates the need for immediate intervention and/or consultation, collaborative management or referral to other health care team members	
* Recognizes, in a timely manner, the need for involvement of other health care team members & carries that out efficiently & effectively	* Involves patient and family in decision making as appropriate * Respects contributions of all team members
4. Develops a comprehensive evidence-based plan of care in partnership with the client that is supported by a valid rationale and is culturally appropriate	
* Includes pharmacologic, complimentary, alternative therapies, patient education, health promotion, laboratory & diagnostic tests & referrals as needed	* Follows established standards of practice * Empowers client to share in decision-making
5. Assumes responsibility for safe and efficient implementation of evidence-based plan of care including provision of treatments and interventions as indicated	
* Plans with preceptor prior to performing tasks or implementing management plans	* Prioritizes and allocates time appropriately * Demonstrates knowledge of own boundaries of safe management
6. Evaluates the effectiveness of treatments and/or interventions making modifications as needed	
* Evaluates client status, history & records, considering all when developing plan of care at visits	* During subsequent visits, evaluates appropriateness & completeness of care
7. Appropriately applies knowledge base to clinical situations	
* Demonstrates critical thinking & diagnostic reasoning skills in clinical decision making * Provides rationale for management plans & priorities	* Uses resources appropriately to increase knowledge base * Incorporates current research into practice
8. Utilizes and performs technical skills and therapeutic interventions appropriately	
* Physical assessment performed correctly, proficiently, pertinent components, & in organized manner * Identifies risks and benefits of intervention	* Correctly & accurately performs skill or procedure & in gentle manner using universal precautions & sterile technique as appropriate * Advocates for non-intervention in the absence of complications
9. Utilizes communication skills effectively to provide care, emotional support & education to the client & family	
* Establishes effective rapport; Uses language that is meaningful & culturally sensitive	* Listens in a sensitive, manner; Asks appropriate questions * Uses opportunities for relevant teaching
10. Documents appropriately in medical record	
* Complete in an organized, complete, concise & timely manner using site-appropriate format	* Recognizes intervals, indications and components of notes
11. Actively demonstrates initiative in learning opportunities	
* Conveys motivation and enthusiasm * Incorporates new knowledge into clinical practice	* Incorporates preceptor feedback into performance
12. Demonstrates professionalism in the clinical setting	
* Demonstrates appropriate communication with clients, preceptor & others * Arrives to clinic on time, dressed appropriately & prepared	* Promotes person-centered care which respects and inclusive of diverse histories, backgrounds and identities * Maintains client confidentiality

Student Self Evaluation of Experience	**Preceptor's Evaluation of Student's Experience**

NURS 6201 & 6203 Weekly: Week 2		OR	NURS 6207 & 6209: Every other week: Week 2	
Goals:			Comments:	
Comments:				
Date:	Signature:		Date:	Signature:

NURS 6201 & 6203 Weekly: Week 3		OR	NURS 6207 & 6209: Every other week: Week 4	
Goals:			Comments:	
Comments:				
Date:	Signature:		Date:	Signature:

NURS 6201 & 6203 Weekly: Week 4		OR	NURS 6207 & 6209: Every other week: Week 6	
Goals:			Comments:	
Comments:				
Date:	Signature:		Date:	Signature:

NURS 6201 & 6203 Weekly: Week 5		OR	NURS 6207 & 6209: Every other week: Week 8	
Goals:			Comments:	
Comments:				
Date:	Signature:		Date:	Signature:

Student Self Evaluation of Experience	**Preceptor's Evaluation of Student's Experience**

NURS 6201 & 6203 Weekly: Week 6	
Goals:	Comments:
Comments:	

Date:	Signature:	Date:	Signature:

NURS 6201 & 6203 Weekly: Week 7			
Goals:		Comments:	
Comments:			
Date:	Signature:	Date:	Signature:

NURS 6201 & 6203 Weekly: Week 8			
Goals:		Comments:	
Comments:			
Date:	Signature:	Date:	Signature:

NURS 6201 & 6203 Weekly: Week 9			
Goals:		Comments:	
Comments:			
Date:	Signature:	Date:	Signature:

Quarter-Specific Competencies for Midwifery Students in Clinical

University of Washington College of Nursing

Seattle University College of Nursing & Health Sciences

Thank you so much for precepting midwifery students from Seattle University and/or the University of Washington! We created this document together to help answer preceptors' questions about what

they should expect from midwifery students as they progress through the clinical year. It is important to note that each student comes to clinical with a unique educational and work background and an individual learning style. Some students may need more time to be ready to practice certain skills than indicated in the sections below, and some may be ready sooner. This guide is not intended to supersede the judgment of preceptors in determining when students are ready to advance their skills and independence. Students should discuss their previous clinical experiences, healthcare work background, clinical skills checklist, and current Typhon numbers for AMCB competencies (see below) with their preceptor at beginning of each quarter and at mid-quarter site visit.

If you precept for both SU and UW, please keep in mind that our students start and end the clinical/DNP 3 year on different time frames. UW students begin clinicals in spring quarter and graduate in March. SU students begin clinicals in summer quarter and graduate in June. UW students are therefore one quarter ahead of SU students in clinical.

General Expectations for Every Quarter

- Student demonstrates responsibility and respect in interactions with preceptor and staff in finalizing clinical schedule, communication, readiness to learn, and timely attendance at clinical
- Student arrives to clinical on time having pre-reviewed charts as previously agreed upon with preceptor
- Student conveys enthusiasm, incorporates preceptor feedback, asks appropriate questions, demonstrates good communication skills with clients, preceptor and staff
- Student uses resources to increase knowledge base incorporating current research into practice.

Quarter 1 - Getting Started

- Student practices obtaining accurate, pertinent data during chart review, identifying risk factors and relevant history
- Student sees 4 patients in the morning and 4 patients in the afternoon in clinic
- Student begins the quarter shadowing/observing, then moves into conducting visits and counseling with preceptor in the room. May begin starting visits on own by end of the quarter
- Student begins to develop the skill of providing routine patient education and anticipatory guidance for:
    - o Normal annual well person visits
    - o Uncomplicated gynecologic care (UTI, vaginitis)
    - o Common discomforts of pregnancy
    - o Required lab and diagnostic studies
    - o Nutritional and exercise recommendations during pregnancy

- Normal labor and birth, including labor support, anticipatory guidance, and explaining anesthesia/analgesia options
- Routine postpartum and newborn discharge instructions

- Student practices routine labor admission process
- Student performs physical exams and technical skills accurately and in an organized manner, with some guidance by preceptor
- Student works on basic hand skills, including:
  - Leopold's maneuvers
  - Fundal height
  - Fetal heart tones
  - Speculum exams with collection of pap smear
  - Cervical exams in labor (beginning competency)
  - Uncomplicated perineal repairs (may start by completing part of repair before preceptor takes over)
  - Initial observation of births followed by 4-handed catches, moving to independent catches per preceptor assessment of student readiness
- Student develops skills to document visits in electronic medical records and interpret laboratory results. Focus is on thoroughness, not speed, this quarter.
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Quarter 2 – Diving In

- Begins routine clinic visits, including ROBs and postpartum visits by themselves, collecting a history and providing preceptor with an organized report before completing physical exam with preceptor in the room and able to begin developing an evidence-based plan of care
- Competently and accurately assesses fetal heart tones and fundal height from early second trimester through term
- Continues to see 4 patients in the morning and 4 in the afternoon in clinic. May increase this volume per preceptor assessment of student readiness, with emphasis on thoroughness and competency rather than volume at this stage.
- Uses critical thinking skills to begin to identify need for collaboration, consultation or referral either in the inpatient or outpatient setting
- Works to become more comfortable and proficient with providing patient education, documenting visits in electronic medical records, interpreting laboratory results
- Independently develops plan for intrapartum management, triage assessments, postpartum rounds, and newborn rounds, to be discussed with preceptor
- Student works on intermediate hand skills, including:
  - IUD insertion
  - Placement of FSE and IUPC, AROM
  - Placement of cervical ripening balloons

    - Placement of vaginal misoprostol
    - Uncomplicated second-degree perineal repair
    - Sterile speculum exam with microscopy for ferning
- Student involved in management of labor dystocia and management of intrapartum/postpartum emergencies, including hemorrhage and shoulder dystocia, as appropriate

Quarter 3 – Moving into Independence

- Continues practicing the competencies noted above for second quarter, gradually increasing independence
- Develops confidence and proficiency in interviewing patients, both inpatient and outpatient, determining priorities, and using critical thinking and diagnostic reasoning in clinical decision making
- Begins seeing patients who have more complex health concerns and co-morbidities, collecting an accurate and thorough history, identifying preliminary diagnoses and management plans
- Develops confidence and proficiency with providing patient education, documenting visits in electronic medical records, interpreting laboratory results, and promoting person-centered care
- Independently performs physical exams and technical skills accurately and in an organized manner (under supervision of preceptor)

Quarter 4 - Integration

- Conducts routine NOB, ROB, PP, GYN, and triage visits independently, including history, physical, plan, and counseling (with preceptor present in room for physical exam)
- Independently provides patient education, documents visits in electronic medical records, interprets laboratory results, and promotes person-centered care with little correction needed by preceptor
- Proficiently sees patients who have more complex health concerns and co-morbidities, collecting an accurate and thorough history, identifying preliminary diagnoses and management plans
- “Runs” clinic day, seeing most patients and doing most procedures on preceptor’s schedule, with preceptor support
- Takes the lead in clinical decision-making during intrapartum and postpartum care
- Communicates with collaborating professionals including physicians, primary nurses and charge nurses

Reviewed November 2025

AMCB Competencies "By the Numbers"

For reference, the expected minimum number of experiences for midwifery students upon graduation, according to the American Midwifery Certification Board (AMCB), are as follows:

Primary care: 40 (Typhon category of common health problems)

Gynecologic/SRH care: 80 (the Typhon categories of GYN, preconception, family planning, and menopause combined)

Antepartum care: 100 (Typhon categories of new and return OB visits)

Intrapartum care: 50 (Typhon categories of intrapartum care and labor management combined)

Births: 35 (the opportunity to attend at least 35 births)

Postpartum care: 50 (Typhon categories pf PP 0-7 days, PP 1-8w, and breastfeeding combined)

Newborn Care: 30 head-to-toe newborn exams