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Dear Preceptors,

In honor of your vital contribution to the education of future midwives we have developed a preceptor module that we hope you will find to be a useful resource. Effective clinical precepting is essential to midwifery students. Yet, preceptors do not often receive formal guidance in best ways of teaching to a variety of students who have distinct learning styles and needs.

Midwifery is fortunate to have a framework of ACNM Core Competencies and Standards of Care which define our practice goals. We have the flexibility to alter our clinical teaching to meet the needs of individual students. Preceptors integrate the art and science of our noble profession in each clinical encounter, and have the complex role of caring for both the student and the woman/baby being served.

We know it is not easy, and that the daily demands of clinical work challenge the clinician who is also a preceptor. We often precept in environments that do not recognize the additional demands on our time and energy; we want you to know how highly we value your dedication and commitment to the creation of future midwives.

Preceptors are our stars. We thank you.

Please let us know what you think about this module and if there are any changes that would make it better.

Sincerely,

Laura Zeidenstein, CNM, DNP
Program Director
INTRODUCTION TO THE NURSE-MIDWIFERY PROGRAM

Nurse-Midwifery Program Philosophy

The Columbia University Nurse Midwifery Program recognizes that education of nurse-midwives improves the health of women, infants, and their families. The midwifery model of care includes humanistic, family-centered care and the belief in the normalcy of birth within the context of community. Nurse-midwifery promotes the belief that pregnancy and birth are normal physiologic processes that respond well to respect and support. Direct and honest communication with clients is an essential part of quality health care that empowers each woman. Health promotion and disease prevention are emphasized in a woman-focused and family-centered atmosphere. Nurse-midwifery is an interdependent discipline that possesses its own core of knowledge, skills and competencies.

Faculty and preceptors provide educational resources to foster the growth and understanding of midwives’ role in the collaborative management of safe and satisfying women’s health throughout the lifespan. Midwifery education is enhanced through diversity in the student body and faculty. The nurse-midwifery curriculum acknowledges the value of adult learning and promotes professional role and leadership development. The faculty serves as role models in academic and clinical endeavors while instructing and including students in leadership and advocacy positions for the advancement of the profession. The program acknowledges the strengths in students and faculty members, and promotes the development of critical thinking and compassionate care. The program strives to provide an atmosphere of mutual trust, support, and collaboration between students and faculty.

Clinical experiences serve as an opportunity for students to learn from various preceptors and provide students exposure to a range of clinical experiences and diverse patient populations. By integrating skills and knowledge while valuing the uniqueness of each client, students are able to competently practice culturally respectful, full-scope midwifery care. An international perspective on pregnancy, birth and women’s health is fostered and valued. Students and faculty participate in local and global communities to foster high quality health care for mothers and babies. The nurse-midwifery program values an evidence base for nurse-midwifery education and is combined with competency based learning.

The option of nurse-midwifery care should be provided to every woman regardless of socioeconomic, ethnic, cultural, or national background. Integral to the program is the belief that every woman has the right to be included in all aspects of her healthcare decisions and to be provided with the resources to achieve her optimal wellness. Nurse-midwifery recognizes the opportunities for enhancing the individual woman’s self-esteem while strengthening communities through practice of the nurse-midwifery model of care.

Revised September 2013

(The midwifery faculty gratefully acknowledges the Class of 2013-14 who contributed in the revision of the Nurse-Midwifery Philosophy)

The Nurse-Midwifery Program abides by the philosophy of the School of Nursing as well as the philosophy of the ACNM. Please refer to the Appendix section for the philosophy statements of each.
Purpose and Objectives of the Nurse-Midwifery Education Program

The purpose of the Nurse-Midwifery Program is to prepare beginning nurse-midwives by providing an education with a sound foundation in health science theory and clinical preparation in primary health care for women and newborns. Midwifery education is based on a theoretical foundation in the health sciences as well as clinical preparation, focusing on knowledge, judgment and skills and incorporating appropriate medical consultation, collaborative management or referral. The program objectives focus on the following components of midwifery care: professional responsibilities, midwifery management process, primary health care, the childbearing family— including pregnancy, childbirth, the postpartum period— care of the newborn and the family planning and gynecologic needs of women. The Program strives to foster critical thinking in the students and cultural sensitivity and awareness in all aspects of the curriculum.

Graduates of the Columbia University Program in Nurse-Midwifery will be able to:

1. Manage the care of essentially uncomplicated women from menarche throughout the life cycle and newborns using the midwifery management process:
   a. Collect systematically all pertinent data for complete assessment of the individual.
   b. Make an accurate decision as to the normalcy of findings and identify existing or potential problems (emergencies) based on correct interpretation of the data.
   c. Identify and assume the appropriate role in the planning and provision of care, including collaboration with other health team members.
   d. Develop a comprehensive plan of action based on the decisions made and supported by valid rationale.
   e. Implement and/or direct implementation of the plan of action safely and efficiently.
   f. Evaluate the effectiveness and completeness of the care given.

2. Recognize and utilize the concepts of research as applied to nurse-midwifery.

3. Develop strategies by which nurse-midwives can affect the delivery of health care services through knowledge of the functioning of health care systems.

4. Utilize knowledge of historical and current professional issues to develop role identity and contribute to the growth of the profession of nurse-midwifery.
Program Details
The full-time program is 4 semesters in length (summer to summer). Because of the sequential learning format of the nurse midwifery portion of the curriculum, a student must satisfactorily complete each module within the specified time. The clinical courses include Well Woman Gynecology and Antepartum Care in the fall term (mid-September to mid-December), Intrapartum, Breastfeeding, Postpartum and Newborn Care in the spring term (late January to late April) and Integration (late May to early August).

For additional program details: http://www.cumc.columbia.edu/nursing/academics/nmp.php

The full program course schedule is as follows:

Summer (1)
- Advanced Clinical Assessment
- Pelvic Assessment
- Maternal-Fetal-Newborn Physiology
- Health & Social Policy
- Advanced Pharmacology

Fall
- Midwifery Clinical Competencies I
- Incorporating Genetics into Advanced Nursing Practice
- Primary Care I
  - Normal Antepartum (class and clinical)
  - Well Woman Gynecology (class and clinical)

Spring
- Midwifery Clinical Competencies II
- Primary Care II
- Interpersonal Violence and Abuse
- Professional Issues in Midwifery
  - Intrapartum (class and clinical)
  - Breastfeeding, Postpartum & Newborn Care

Summer (2)
- Complex Management of Women’s Health Conditions throughout the Lifespan
  - Clinical Practicum in Nurse-Midwifery /Integration (clinical)

Students are prepared for clinical through the Midwifery Clinical Competency courses, which are intensive skills workshops in September, December and January. They learn and practice clinical skills including: comprehensive initial OB history taking, antepartum abdominal exam, IUD insertion and removal, diaphragm fitting, SOAP note documentation, phlebotomy and IV insertion, sterile technique and birth instrument preparation, electronic fetal monitoring, vaginal examination in labor, amniotomy, hand maneuvers for birth, performing episiotomy, epis/laceration repair, estimating postpartum blood loss, newborn examination and initial breastfeeding assessment and assistance.

Course descriptions, syllabi and topical course schedules are available to you upon request.
REQUIREMENTS AND RESPONSIBILITIES OF SNMs AND PRECEPTORS

Responsibilities of SNMs:
- Full-time academic status
- Excellent communication with assigned faculty mentor throughout clinical rotation
- Excellent communication skills with preceptors
- Completion of all credentialing requirements of the clinical site in a timely fashion
- Availability to clinical site scheduling (EXCEPT Mondays and Tuesdays for didactic classes)
- Professional behavior including responsible time management
- Completion of self-evaluations and mid-semester and final-semester evaluations
- Responsive to the needs of the clinical site/preceptor
- Good academic standing throughout
- Successful completion of clinical simulation competencies
- Thorough in record keeping of clinical statistics on Medatrax

Responsibilities of Preceptors:
- Orient the student to the clinical site and the supporting staff
- Participate in identifying the learning needs of your student
- Set goals with the student in collaboration with the faculty and curriculum
- Provide the student with feedback on individual progress based on your observations of clinical performance and achievement of clinical competencies.
- Plan learning experiences and assignments to help the student meet weekly professional and clinical goals
- Consult with the academic faculty early and often when clinical learning issues present
- Participate in ongoing evaluation of the student including formal mid-semester and final written evaluations.

Requirements for Preceptors:

Preceptor Qualifications:
- Certified Midwife (CM) or Certified Nurse-Midwife (CNM)
- Licensed in her/his state of employment
- One year of clinical experience as a CM/CNM
- Computer literacy appreciated

Administrative Requirements:
All preceptors must complete an application for clinical appointment and submit the following documents:
- Current curriculum vitae
- Copy of RN license/registration and certification (if applicable)
- Copy of midwifery license/registration and certification
- Copy of current malpractice insurance cover sheet
- Copy of confirmation of highest degree (copy of degree) or an official transcript

Clinical Site Affiliation:
All clinical preceptor practice site must have approved affiliation agreements with Columbia University School of Nursing (CUSON).

**Benefits for Preceptors:**
As a clinical faculty member, you are entitled to the following CUSON benefits:

- Use of Columbia University libraries
- Listing your Columbia University academic appointment on your *curriculum vitae*
- Invitations to receptions
- Access to the Internet (World Wide Web) through your e-mail account
- Discounts on Continuing Education courses *(sometimes free)*
- Subscription to *The Academic Nurse*, The Journal of Columbia University School of Nursing and its Alumni

As a clinical midwifery preceptor, you are entitled to the following ACNM benefits:

- Annual certificate for preceptor hours *(eligible for CEUs)*
- Candidate for ACNM Faculty Preceptor of the Year *(one award per program, voted by students)*
- Free preceptor workshop at ACNM Annual Meeting
**HOW DO WE LEARN?**

In preparation for clinical experience, students create a “learning inventory” identifying which learning styles and types most closely relate to them. If your student has not already shared this information with you, please inquire. It may help facilitate a good preceptor-student relationship.

You may want to consider which of the below best describes you as an individual, a teacher or a learner. If you are precepting a student with different characteristics, you may need to adjust your style to meet their individual learning needs.

**Learning Styles:**

A person’s learning style is dictated in part by her/his ‘intelligence type’ (Gardner, 2006). In Gardner’s construct there are ‘multiple intelligences’ that go beyond the “book smarts vs. street smarts” dichotomy that we may often use to classify students.

**Existential Intelligence** (“Big-Question Smart”) provides sensitivity and capacity to tackle deep questions about human existence, such as the meaning of life, why do we die, and how did we get here. Those with existential intelligence may be very good at considering challenges and interventions on a community, population or system level.

**Interpersonal Intelligence** (“People Smart”) is the ability to understand and interact effectively with others. It involves effective verbal and nonverbal communication, the ability to note distinctions among others, sensitivity to the moods and temperaments of others, and the ability to entertain multiple perspectives. Those with interpersonal intelligence are often good at communicating, and may be very good at working in a team.

**Intrapersonal Intelligence** (“Self Smart”) is the capacity to understand oneself and one’s thoughts and feelings, and to use such knowledge in planning and directing one’s life. This involves not only an appreciation of the self, but also of the human condition. Those with intrapersonal intelligence may be particularly empathetic and very good at connecting with patients/clients.

**Kinesthetic Intelligence** (“Body Smart”) is the capacity to manipulate objects and use a variety of physical skills. This intelligence also involves a sense of timing and the perfection of skills through mind-body union. Those with kinesthetic intelligence may have very good hand skills.

**Linguistic Intelligence** (“Word Smart”) is the ability to think in words and to use language to express and appreciate complex meanings. Those with linguistic intelligence enjoy reading, writing, telling stories, and may be very good at collecting a history or giving report.

**Mathematical-Logical Intelligence** (“Number/Reasoning Smart”) is the ability to calculate, quantify, consider propositions and hypotheses, and carry out logical operations. Those with mathematical intelligence are able to perceive relationships and connections and to use abstract, symbolic thought. They are interested in patterns, categories, and relationships, and may be very good at formulating assessments and plans.
Musical Intelligence (“Musical Smart”) is the capacity to discern pitch, rhythm, timbre, and tone. There is often an affective connection between music and the emotions. Those with musical intelligence are usually aware of sounds others may miss and tend to be sensitive listeners.

Spatial Intelligence (“Picture Smart”) is the ability to think in three dimensions. Core capacities include mental imagery, spatial reasoning, image manipulation, graphic and artistic skills, and an active imagination. Simulation models may be helpful for this learner.

Learner Types:

A person may best identify learning style based on personality type, which often influence how s/he best communicates and therefore learns. A common personality inventory is the Myers-Briggs Type Indicator (MBTI) which identifies the following domains:

Extrovert vs. Introvert

Extroverted learners are action oriented and may be prone to take more risks. They often think aloud, tend to learn through doing and work well in groups.

Introverted learners are focused more on concepts and ideas and avoid taking chances. They often think things through before responding and need “space” to consider issues. They tend to be more self-motivated and may work better independently.

Sensing vs. Intuition

Sensing learners are interested in immediate experiences. They tend to be structured and detail-oriented learners who move into new areas with caution.

Intuitive learners are interested in meanings and relationships. They tend to be less detail oriented and more inventive.

Thinking vs. Feeling

Thinking learners value objectivity and make relatively impersonal judgments from analyzing fact. They may be more competitive and critical.

Feeling learners make subjective and personal judgments based on perceived values. They tend to take things more personally and see learning as an opportunity for growth.

Judgment vs. Perception

Judgmental learners prefer order. They tend to be systematic and persistent in their learning and function best with outlines, frameworks and deadlines.

Perceptive learners prefer flexibility and spontaneity. They tend to be more curious and open to ambiguity, which may allow for greater adaptability. They function best in low-pressure learning situations.
HOW DO WE TEACH?

Characteristics of Expert Preceptors:

In her article “Clinical teaching and learning in midwifery and women’s health” (JMWH, 2003) Raisler identifies the following characteristics of expert clinical teachers:

- Competence
- A broad base of knowledge in their chosen field
- Enjoyment of teaching and patient care
- Respect for students and patients
- Accessibility and supportiveness
- Being well-organized
- Giving clear direction to students about what is expected
- Limiting the amount of content that they teach in a given encounter
- Teaching in a practical, engaging manner
- Providing frequent, nonthreatening feedback
- Preparing materials and planning teaching experiences ahead of time
- Taking advantage of teachable moments that arise in the clinical setting
- Teaching at the student’s level
- Continuously reflecting on their teaching successes and failures
- Remaining open to change and experimenting with new approaches

Developing Skills as a Preceptor:

Consider each student as you would a patient or client seeking your care. Students come to you with pre-existing conditions and history that will inform their presentation and how they receive your teaching and guidance. If you feel a student has a learning obstacle or problem in the clinical area use the steps in the management process to help you devise a plan.

1. Collect Data: this generally involves asking the student about her/his own clinical experiences (history). You may also reach out to other preceptors at your site, your midwifery service director (if applicable) or the student’s program director or faculty for assistance.

2. Formulate a diagnosis: Thinking beyond the specific clinical problem (symptom), what the ‘big picture’ issue with the student?

3. Make a plan: As with women in healthcare situations, students tend to follow plans more completely when they are involved in the development of the plan. Try to utilize concepts of shared decision-making. If you are creating a learning plan with a student always consult with the program director or faculty. We are here to support you.
When addressing an identified concern with a student:

- Present the issue in a clear, concise statement. It may be helpful to write the statement out first.
- Use specific examples of the behavior.
- Describe how you feel about the issue.
- Describe the real and potential consequences of the behavior.
- Ask for the student’s response and listen quietly and fully to the response.

If the student does not acknowledge the issue and suggest a resolution, ask if s/he thinks the issue can be resolved. When the student has proposed a resolution, provide your feedback. When you have made a plan, decide how you will both monitor and evaluate improvements. This may be as simple as a plan to improve timeliness to clinical, to provide more thorough documentation or to improve time management. To address more significant or chronic issues, a Learning Plan (template below) may be used. Please remember to include the faculty when a learning plan is used.

**Student Focused Learning Plan**

<table>
<thead>
<tr>
<th>Student’s name: _____________________________ Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty: ______________________________________________________</td>
</tr>
<tr>
<td>Preceptor: ____________________________________________________</td>
</tr>
</tbody>
</table>

Briefly state the problem:

What do I need to accomplish?

Steps to resolution - how will I accomplish these objectives?

What resources will I need?

How will I demonstrate that I have reached my objectives?

What constitutes satisfactory performance for me?

What constitutes unsatisfactory performance for me?

Date for review of progress __________________

Date for completion of the Learning Plan __________________

Student Signature________________________________________ Date ____________

Preceptor Signature_______________________________________ Date ____________

Faculty Signature________________________________________ Date ____________

[Columbia University](#)  
*School of Nursing*
‘Microskills’ for Clinical Teaching*

These ‘microskills’ will help guide your day-to-day preceptor-student interactions

1. Rather than rapid fire quizzing in the clinical setting, consider a more comprehensive approach focused on the midwifery management process.
   - **Get a commitment for diagnosis, work-up or plan and probe for supporting evidence:**
     - “What were the main findings that led to your diagnosis?”
     - “I’m interested in understanding how you have come to this conclusion.”
     - “Why did you choose that medication given the availability of others?”

2. Take time to teach general principles (1-3 general rules, not advanced concepts).
   - **Provide guidance:**
     - “Typically there are two main treatment options.”
     - “Important factors to consider are . . .”
   - **Avoid dismissing or taking over:**
     - “I’ve always done it that way.”
     - “This patient needs Lasix.”

3. Reinforce what was done right with specific examples
   - “You did a really good job of prioritizing that patient’s long list of problems at today’s visit.”
   - “You were conscious of the patient’s financial situation and cost in selecting the most appropriate antibiotic. This will help the patient be compliant with medication.”

4. Correct mistakes effectively.
   - **Focus on the midwifery management process identifying gaps or omissions**
     - “You may be right that this child’s symptoms are due to a URI. But without checking the ears, you may be overlooking an otitis media.”
     - “There are more cost-effective approaches to treating __________.”
   - **Avoid comments that don’t focus on improvement or learning**
     - “Why don’t you read about that later?”
     - “That whole case was handled badly.”

5. Identify next learning steps and provide guidance.
   - **You may choose to identify this for the student,**
     - That’s a good topic to research. I tend to use __________ as a first step in looking up this type of information.
     - Let’s agree to discuss this again on Friday after you have had time to do some research.
   - **Or engage the student to identify for her/himself.**
     - What do you think you need to learn more about?

* Adapted from ‘Resources for Preceptors’ at [http://www.midwife.org/?downloadid=1552](http://www.midwife.org/?downloadid=1552)
Working with students without prior labor and delivery experience*

An increasing number of student in midwifery school have little or no experience as labor and delivery nurses. Many preceptors feel that working with these students is too much of a burden on their time. Before deciding to reject these students outright, consider the following:

- Technical skills are usually the easiest skills to accomplish for otherwise competent graduate students. They simply require experience.
- Many labor and delivery nurses have little experience with vaginal exams especially if they worked in teaching hospitals. Labor and delivery nurses sometimes over react to fetal monitor strips and need to be shown how to see the whole picture as a provider.
- Medical providers do not have years of experience working in labor and delivery before they become students. They are able to learn the skills.
- Many students without labor and delivery skills have graduated from midwifery schools and gone on to practice safely and effectively.
- Everyone brings unique skills to the table as a student. We can’t discount other kinds of experiences like working in another department in the hospital, working in the clinic setting, teaching childbirth classes, or even experience in business as an entrepreneur. These other experiences can be as valuable as labor and delivery experience.

Utilize the experience that the student has had: Our students are required to take an electronic fetal monitoring course prior to the intrapartum clinical rotation. They also gain birth experience through a labor support program during their nursing education. They may have worked in a medical or surgical units and bring increased knowledge about medical conditions.

Regarding vaginal exams in labor: Do follow all vaginal exams in basic intrapartum until you determine that the student has a basic understanding of and relative accuracy with the vaginal exam. You may then choose to do every other vaginal exam with the student or trade off doing one exam each every other time to assess their abilities and not tax the laboring woman too much. When a woman has an epidural, ask if you can check behind the student. When women are comfortable, they are more likely to agree.

* Adapted from ‘Resources for Preceptors: special situations’ http://midwife.org/index.asp?bid=1032
Some Tips for Preceptors:

- Take time in the beginning to review explicitly what is expected. This decreases anxiety and helps each party know what to expect of the other.
- Make the student feel welcome by introducing him/her to other staff members.
- Get to know the student’s strengths and weaknesses as soon as possible, and then help find experiences to address the weaknesses and capitalize on the strengths.
- Encourage questions, and make sure the student understands that no question is stupid.
- Remember that every individual is unique and that you must tailor the learning to the individual.
- Build on previously learned knowledge.
- Go step by step: students cannot be taught short cuts - they first need to learn things the established way.
- Give feedback along the way - find the positives and share them and address challenges or issues as they arise.
- Gradually give the student more independence as they increase their knowledge and experience.
- Learn from your students: they usually bring a wealth of information with them.
- Try to spend 10-15 minutes at the end of the day/shift to review what was learned, answer questions and set goals for next time.

If you have tips you would like us to include in future editions of this module, please send them!
References:


Appendix A

COLUMBIA UNIVERSITY SCHOOL OF NURSING PHILOSOPHY

The faculty, representing all clinical nursing disciplines, believes that in a dynamic society, education for membership in a profession includes development not only of expertise in a field but also of social awareness.

The professional nurse thinks critically, exercises technical competence, and makes socially significant contributions to society through theory-based practice. Nursing’s role and responsibility to society are to establish and maintain relationships with clients that support and restore health and well-being. The professional nurse has the ability to diagnose and treat human responses to actual or potential health problems and to provide preventive health services to individuals and groups in a variety of settings.

Belief in the integrity and worth of all human beings is basic. Each person is viewed as an individual with unique characteristics and behaviors, evolving through time, in constant interaction with a complex environment. People throughout the life cycle have specific biophysical, psychosocial, cognitive, and spiritual needs that they strive to keep in harmony.

People as rational, sentient beings have the right to self-determination and participation in decision making in health and illness. The professional nurse has a responsibility to provide health education which assists individuals in effective participation in their own care and treatment. Access to health care is the right of all. Nurses engage in political and societal activities supportive of this belief and serve as client advocates in the health care system.

The professional nurse is viewed both as a responsible health care provider accountable for the quality of practice and as an agent of change in the health care delivery system. Nursing seeks to advance its contribution through research and collaboration with other health professions. Well-developed leadership abilities are inherent in professional nursing practice. The nurse acts independently and interdependently.

The faculty endeavor to provide knowledge; to stimulate learning; to define issues; to serve as resource persons, administrators, leaders, and innovators in nursing through education, research, and practice; and to contribute to the development of human values. The faculty recognizes that interests and abilities vary, and they seek to provide flexibility in the curriculum to facilitate the optimal development of each learner’s potential. Learning is viewed as a lifelong process, and learners are expected to be self-directed and accountable for their performance.

The Bachelor of Science Program develops the competence required for general professional nursing practice and provides a firm base for graduate study. The Master’s Program advances nursing competence by extending and deepening knowledge within a specific clinical specialty. The Doctor of Nursing Science Program prepares nurse scholars to examine, shape, and direct nursing practice within our evolving system of health care delivery. The Continuing Education Program addresses the emerging needs of practicing nurses in maintaining their clinical expertise. All programs emphasize the development of clinical expertise, a hallmark of Columbia University School of Nursing.
Appendix B

ACNM PHILOSOPHY
PHILOSOPHY OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES

We, the midwives of the American College of Nurse-Midwives, affirm the power and strength of women and the importance of their health in the well-being of families, communities and nations. We believe in the basic human rights of all persons, recognizing that women often incur an undue burden of risk when these rights are violated.

We believe every person has a right to:
- Equitable, ethical, accessible quality health care that promotes healing and health
- Health care that respects human dignity, individuality and diversity among groups
- Complete and accurate information to make informed health care decisions
- Self-determination and active participation in health care decisions
- Involvement of a woman’s designated family members, to the extent desired, in all health care experiences

We believe the best model of health care for a woman and her family:
- Promotes a continuous and compassionate partnership
- Acknowledges a person's life experiences and knowledge
- Includes individualized methods of care and healing guided by the best evidence available
- Involves therapeutic use of human presence and skillful communication

We honor the normalcy of women’s lifecycle events. We believe in:
- Watchful waiting and non-intervention in normal processes
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care

We affirm that midwifery care incorporates these qualities and that women’s health care needs are well-served through midwifery care.

Finally, we value formal education, lifelong individual learning, and the development and application of research to guide ethical and competent midwifery practice. These beliefs and values provide the foundation for commitment to individual and collective leadership at the community, state, national and international level to improve the health of women and their families worldwide.

Revised last: September, 2004
(Replaces version updated October, 1989)

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Columbia University
School of Nursing
Appendix C

CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE*

The core competencies for basic midwifery practice describe the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy-makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the Accreditation Commission for Midwifery Education (ACME) (formerly the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA).

I. Hallmarks of Midwifery

The art and science of midwifery are characterized by these hallmarks:

A. Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
B. Advocacy of non-intervention in the absence of complications
C. Incorporation of scientific evidence into clinical practice
D. Promotion of family-centered care
E. Empowerment of women as partners in health care
F. Facilitation of healthy family and interpersonal relationships
G. Promotion of continuity of care
H. Health promotion, disease prevention, and health education
I. Promotion of a public health care perspective
J. Care to vulnerable populations
K. Advocacy for informed choice, shared decision-making, and the right to self-determination
L. Cultural competence
M. Evaluation and incorporation of complementary and alternative therapies in education and practice
N. Skillful communication, guidance, and counseling
O. Therapeutic value of human presence
P. Collaboration with other members of the health care team

II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs

The professional responsibilities of CNMs and CMs include, but are not limited to, these components:

A. Promotion of the hallmarks of midwifery
B. Knowledge of the history of midwifery
C. Knowledge of the legal basis for practice
D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
E. Support of legislation and policy initiatives which promote quality health care  
F. Knowledge of issues and trends in health care policy and systems  
G. Broad understanding of the bioethics related to the care of women, newborns, and families  
H. Commitment to the ACNM Philosophy, Standards, and Code of Ethics  
I. Ability to evaluate, apply, interpret, and collaborate in research  
J. Participation in self-evaluation, peer review, (lifelong learning, and other activities that ensure and validate quality practice  
K. Development of leadership skills  
L. Knowledge of, licensure, clinical privileges, credentialing  
M. Knowledge of practice management and finances  
N. Promotion of the profession of midwifery including participation in the professional organization at the local and national level  
O. Support growth of the profession through participation in midwifery education  
P. Knowledge of the structure and function of ACNM

III. Components of Midwifery Care: Midwifery Management Process  
The midwifery management process consists of seven sequential 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 other potential problems or diagnoses that may be expected based on the identified problems or diagnoses.  
D. Evaluate the need for immediate midwife or physician intervention and/or consultation or collaborative management with other health care team members, as dictated by the condition of the woman or newborn.  
E. Develop, in partnership with the woman, a comprehensive plan of care that is supported by valid rationale and is based on the preceding steps.  
F. Assume responsibility for the safe and efficient implementation of the plan of care.  
G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

IV. Components of Midwifery Care: Fundamentals  
A. Anatomy and physiology, including fetal anatomy and physiology  
B. Normal growth and development  
C. Clinical genetics  
D. Psychosocial, sexual and behavioral development
V. Components of Midwifery Care: The Primary Health Care of Women

A. Health Promotion and Disease Prevention: Independently manages primary health screening and health promotion of women from the perimenarcheal through the postmenopausal periods

B. Management of Common Health Problems: Independently manages infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate levels of health care services as indicated.

VI. Components of Midwifery Care: The Childbearing Family

A. Care of the Childbearing Woman: Independently manages the care of women during pregnancy, childbirth, and the postpartum period

B. Newborn Care: Independently manages the care of the well newborn during the first 28 days of life.

*This is an abridged version. The full document is available at: http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002730/Core%20Competencies%20June%202012.pdf
Appendix D

CODE OF ETHICS OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES

Certified nurse-midwives (CNMs) and certified midwives (CMs) have three ethical mandates in achieving the mission of midwifery to promote the health and well-being of women and newborns within their families and communities. The first mandate is directed toward the individual women and their families for whom the midwives provide care, the second mandate is to a broader audience for the “public good” for the benefit of all women and their families, and the third mandate is to the profession of midwifery to assure its integrity and in turn its ability to fulfill the mission of midwifery.

Midwives in all aspects of professional relationships will:
1. Respect basic human rights and the dignity of all persons.
2. Respect their own self worth, dignity, and professional integrity.

Midwives in all aspects of their professional practice will:
3. Develop a partnership with the woman in which each shares relevant information that leads to informed decision making, consent to an evolving plan of care, and acceptance of responsibility for the outcomes of their choices.
4. Act without discrimination based on factors such as age, gender, race, ethnicity, religion, lifestyle, sexual orientation, socioeconomic status, disability, or nature of the health problem.
5. Provide an environment where privacy is protected and in which all pertinent information is shared without bias, coercion, or deception.
6. Maintain confidentiality except where disclosure is mandated by law.
7. Maintain the necessary knowledge, skills, and behaviors needed for competence.
8. Protect women, their families, and colleagues from harmful, unethical, or incompetent practices by taking appropriate action that may include reporting as mandated by law.

Midwives as members of a profession will:
9. Promote, advocate for, and strive to protect the rights, health, and well-being of women, families, and communities.
10. Promote just distribution of resources and equity in access to quality health services.
11. Promote and support the education of midwifery students and peers, standards of practice, research, and policies that enhance the health of women, families, and communities.

Source: Ad Hoc Committee on Code of Ethics
Approved by Board of Directors, June 2005
Appendix E

Additional Reading

*These resources are available online as noted or can be provided to you upon request.*


