



NATIONAL COLLEGE OF MIDWIFERY

Catalog / Handbook

2018

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The National College of Midwifery reserves the right to make changes as necessary without prior notice. Please check NCM's website for the most recent version.

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Introduction to the National College of Midwifery

Founders

The National College of Midwifery was founded in 1989 by Elizabeth Gilmore, and the New Mexico Midwives Association and the Northern New Mexico Midwifery Center under the name The New Mexico College of Midwifery.

Accreditation and Licensure

NCM is licensed by the New Mexico Higher Education Department.

NCM is accredited by MEAC, The Midwifery Education Accreditation Council, a small, private accrediting agency recognized by the US Department of Education.

NCM is an institutional participant in the SARA initiative.

Mission

The Mission of the National College of Midwifery is to provide aspiring direct-entry midwives with access to superlative clinical and didactic education culminating in an accredited degree emphasizing maternal and infant risk-reduction. The degree programs of the National College of Midwifery are implemented in diverse learning environments chosen by the student and the preceptor, from individual and group apprenticeships, to classroom settings, allowing for multiple approaches to learning while requiring a high degree of initiative and discipline from the student.

Objectives

1. To improve care for mothers and babies through midwifery education.
2. To provide a degree-granting, educational route for the training of midwives in their community setting in order to contain costs.
3. To provide accessible midwifery training to student midwives in any location and at any level of training under the guidance of an approved preceptor(s)
4. To promote community involvement and keep the student's family structure intact
5. To provide a core curriculum for each of the degrees offered
6. To provide an Associate of Science in Midwifery, a Bachelor of Science in Midwifery
7. To stimulate, encourage and reward research by midwifery practitioners
8. To provide courses and guidance to professional and state entities to fill expressed needs for specific courses or subject areas
9. To allow the student to choose her/his own preceptor(s) according to a mutually acceptable agreement based on College guidelines
10. To provide a faculty board made up of volunteers in the field of midwifery education and related disciplines for reviewing proposed research projects
11. To address the following concerns about midwifery apprenticeship nationally:
 - a. Consistency from preceptorship to preceptorship in academic content
 - b. Guidance for the preceptor and student through materials to be covered
 - c. Credibility for the academic program

Definition of Midwifery Apprenticeship

Midwifery Apprenticeship refers to learning midwifery from a fully licensed midwife (or other obstetrical practitioner approved in her/his jurisdiction) who guides the student through academic and clinical participation in the preceptor's practice setting at a mutually agreed upon pace. The preceptor supervises the student's development of academic and clinical skills considered, by the national standards of the Midwives Alliance of North America (MANA) and the North American Registry of Midwives (NARM), to be the scope of midwifery care. The student is primarily

responsible for meeting the academic requirements, while the preceptor evaluates academic progress, offering or insuring that the student obtains any special classes in areas of specific importance or difficulty as agreed upon by student and preceptor.

Definition of Direct-Entry Midwifery (DEM)

A direct-entry midwife is distinct from the discipline of nursing. A direct-entry midwife is a skilled and professional independent midwifery practitioner educated in the discipline of midwifery, trained to provide the Midwives Model of Care to healthy women and newborns throughout the childbearing cycle primarily in out-of-hospital settings.

Enrollment

There are some states in which NCM students may not study due to requirements for educational institutions. Please be sure to check with the College regarding which states these are. Moving into one of these states during study would prevent the student from continuing study while in that state. http://midwiferycollege.org/downloads/worddocs/2015-11_State%20AuthorizationSummarySheet.pdf

Timeframe for Completion

NCM programs are each 3 year equivalents. The ASM program can be completed from 2-5 years, and the BSM bridge program can be completed between 1-5 years. Students who have not completed their programs after 2 years of enrollment are required to submit a plan of completion signed by both student and preceptor demonstrating how the student will complete the program in the remaining time. After 2 years the student will also be responsible for paying the annual MEAC accreditation fee until graduation.

Visas

NCM does not sponsor student visas.

The Application Process

The National College of Midwifery has open enrollment all year. Our policy is to accept all students with the ability to benefit from their chosen NCM program, with the appropriate prerequisites. This includes demonstrating readiness for the program by completion of a pre-enrollment interview/assessment. Before entering our program, students are responsible for researching the laws regarding the practice of midwifery in their state, province, or country. **Please note:** We are currently unable to accept applications from students or preceptors in some states. Please see list online: <http://midwiferycollege.org/Resource.html#statebystate>

Each individual program has distinctive application forms, prerequisites and requirements. There is a checklist of all the documents needed on the Application Forms. Application forms can be found at <https://www.midwiferycollege.edu/apply-today-national-college-of-mid> or can be emailed by request.

Student applicants are required to find their own academic / clinical preceptors. The National College of Midwifery does not supply academic / clinical placements for students.

ASM Students must have at least two preceptors accounting for all ASM academic and clinical requirements in order to enroll and to complete the program. Preceptors can teach both academic and clinical portions of the program, however please see requirements for preceptors of general

education courses. Please note that although only one preceptor is required for the academics, at least two preceptors are required to complete the clinical portion of the program, as several of the NARM skills require the evaluation of two different preceptors. The NCM contract is between the College, the Preceptor and the Student as individuals. NCM does not enter into contracts with institutions.

BSM students require at least one preceptor.

Applications must be submitted online with all necessary materials included. It is recommended that the student print a copy of the application for their own records. NCM discards incomplete applications after 60 days. Those that are faxed or emailed will not be accepted.

Online student application:

https://nationalcollegeofmidwifery.formstack.com/forms/student_application

Student and preceptor(s) complete application forms and contracts, and submit these to the College along with required supporting documents and application fee.

Once the application materials are complete and in the NCM office, NCM reviews materials and notifies the student of the decision regarding acceptance.

Once accepted, the student must pay the administrative fee in order to become enrolled. The student and her/his preceptor(s) are notified of official enrollment by email and letter from the College. Work done prior to enrollment is not accepted towards program completion, except through NCM's transfer credits mechanism. Please note that a college transcript does not replace the requirement of a copy of the high school transcript or diploma, or GED certification.

ASM Application Required Documentation Checklist:

STUDENT

- ✓ ASM Online Student Application Form
- ✓ ASM Contract between Student, Preceptor and NCM (one required for each preceptor)
- ✓ Non-Refundable Application Fee
- ✓ Administrative Fee
- ✓ 1 Student Photo (to be uploaded into application)
- ✓ High School Diploma/High School Transcript/GED (*Cannot be fulfilled by a college transcript*) (to be uploaded into online application)

PRECEPTOR

- ✓ Online Faculty Application Form
- ✓ 3 Reference Forms for preceptor
- ✓ Copy of preceptor's current certification/license with Date of Expiry (to be uploaded into application)
- ✓ Official transcripts of prior education sent directly from the institution at which it was taken
- ✓ Preceptor's CV/Resume (to be uploaded into application)
- ✓ Copy of highest academic degree (to be uploaded into application)

PRECEPTOR'S CLINICAL PRACTICE

- ✓ Online Clinical Site Application
- ✓ Diagram/ floor plan of academic and clinical space(s) to be used
- ✓ Equipment and restocking checklist for clinical facility/clinical practice
- ✓ Safety standards form for clinical facility/clinical practice

Instructor for General Education Requirements:

- ✓ Online Faculty Application Form
- ✓ Contract Between Student, Instructor, and NCM (one required for each instructor)
- ✓ Transcripts of prior education proving appropriate credentials for the area of instruction to be sent to NCM directly from the institution at which they were received.
- ✓ OR documentation of at least 3 years' experience in the appropriate area
- ✓ Instructor's CV/Resume

- ✓ Oversight Form

BSM Application Required Documentation Checklist

STUDENT

- ✓ BSM Online Student Application Form
- ✓ BSM Contract between Student, Preceptor and NCM (one required for each preceptor)
- ✓ Non-Refundable Application Fee
- ✓ Administrative Fee
- ✓ 1 Student Photo (to be uploaded into application)
- ✓ High School Diploma/High School Transcript/GED(*Cannot be fulfilled by a college transcript*) (to be uploaded into application)
- ✓ Midwifery License or Certification (to be uploaded into application)
- ✓ Transcripts for the following college-level prerequisite courses, or if not yet taken students can complete these prerequisite courses concurrently with BSM degree program:
 - Analytical Writing
 - Fundamentals of Math
 - Chemistry (California students only)
 - Child Growth & Development (California students only)

PRECEPTOR

- ✓ Online Faculty Application Form
- ✓ 3 Reference Forms for preceptor
- ✓ Copy of preceptor's current certification/license with Date of Expiry (to be uploaded into application)
- ✓ Preceptor's CV/Resume (to be uploaded into application)
- ✓ Copy of highest academic degree (must be Bachelor-level or above)

Transfer Credit:

NCM Credit Transfer TO Other Institutions

NCM does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

Accepting Transfer Credits FROM Other Institutions

NCM is happy to review courses completed at other accredited colleges or universities. In order to review a credit, NCM requires an official sealed transcript from an accredited university or college, showing the course name, grade, and number of credits. In the case that the name of the course does not adequately match an NCM course title, the student can provide NCM with a syllabus or course description for the courses which demonstrates that the questions in our learning objectives have been satisfied.

Credits acceptable for transfer must be college level. General Education Credits must be at least C- or higher. Midwifery Modules must be B- / 80% or higher.

Please note that only NCM office can award transfer credit. A preceptor cannot award transfer credit for an entire course. However she/he can evaluate prior work towards the completion of a course (towards learning objectives of a course). Once the student has satisfied the learning objectives of the course, the preceptor can give a grade for the course.

Procedure for Accepting Transfer Credit

Credits are evaluated by the Registrar using the guidelines below. Student must provide an official sealed transcript to the NCM office. The Registrar reviews this transcript for applicable credits. Any credits that are accepted as transferable are updated on the student record. A copy of the updated student record is emailed to the student and one is placed in the file. The official transcript is retained in the student file.

The prospective credits are reviewed by the Registrar for the following items using, but not limited to the Granting Institution's Course Catalog:

Accreditation- the courses must have been completed with an accredited institution. The registrar verifies the school's accreditation.

Level of credit - College-level credits required.

Course content- if the catalog and course description does not clarify the content of the course, NCM requires the student to complete the **NCM Transfer Credit Request Form** (downloadable Form:

<http://www.midwiferycollege.org/downloads/worddocs/Transfer%20Credits%20Request%20Form.pdf>)

, which includes the submission of the course syllabus. Upon receipt of this form, the Registrar or Chief Academic Officer reviews the course syllabus to ensure the content of the course matches NCM's course content significantly.

Academic Credits- NCM credits are semester credits (not quarter credits): 1 of NCM's academic credits = approximately 15 "contact hours." The course credits must meet or exceed NCM's matching course requirements. This can be fulfilled from a single course or combined from several courses.

Grade- for our General Education requirements we can accept transfer credits with a grade of C- or higher. For the Midwifery Modules we need a B- or higher.

Time- There is no time limit for when the General Education credits were completed, but there may be a time limit for the midwifery modules, at NCM's discretion.

Prior Learning Assessment/Advanced Placement: NCM accepts the following to satisfy credit requirements: AP, CLEP, DSST, and ACE recommendations. NCM accepts the score recommended for credit by the granting organization. The Student provides an official transcript or results to NCM. *The NCM Registrar verifies the current guidelines from the granting organization.*

NCM does not accept credit from College Placement Exams: A college placement exam determines what level course a student is ready to enter. As it does not confer credits for a course, NCM cannot accept this sort of exam as a "transfer credit."

Maximum number of transfer credits:

General Education Requirements from Modules 1,2 & 8: NCM will accept any and all of these as transfer credits.

Midwifery Modules 3-7: NCM will accept up to 15 transfer credits.

Clinical Credits are only accepted from other MEAC Accredited schools, or through NARM's PEP process, and on a case by case basis at the discretion of NCM. The student must submit both the official transcript and copies of their clinical record forms (not client charts) showing client code, date completed, and preceptor name and signature.

NCM will accept the following maximum clinicals as transfer:

10 of 10 Births as Observer

20 of 25 Prenatals as Assistant

18 of 20 Births as Assistant

18 of 20 Newborn Exams as Assistant

8 of 10 Postpartum Exams as Assistant

25 of 30 Well Woman Exams as Primary under Supervision

15 of 20 Initial Prenatals as Primary under Supervision

20 of 55 Prenatals as Primary under Supervision

15 of 25 Births as Primary under Supervision
10 of 20 Newborn Exams as Primary under Supervision
20 of 40 Postpartum exams as Primary under Supervision
2 of 5 NARM Continuities of Care
10 of 10 Out of Hospital Births

The student must complete the entire NARM Skills Form while enrolled in NCM's ASM program.

All clinicals must meet NCM and NARM requirements.

Student must be enrolled with NCM for a minimum of 1 year.

Transfer of completed NARM PEP clinicals:

NCM will accept clinical work completed as part of NARM's PEP program towards ASM clinical requirements, provided the student has *all* the following:

- ✓ Passed the NARM exam,
- ✓ been awarded CPM certification, and
- ✓ be in current active and renewed CPM status

NCM must receive verification directly from NARM regarding student's CPM date and status.

Further clinical requirements may be necessary in order to ensure the student meets current NCM and NARM clinical requirements.

Minimum enrollment period for students enrolling with advanced standing is based on the number of credits to be completed. The maximum rate of completion is 20 academic credits per trimester.

Paying for the program

Fees Paid Directly to the College:

Students must pay the application and administrative fee upon enrollment. The National College of Midwifery does not offer payment plans.

Application Fee: \$100 (Non-Refundable, paid upon application)

ASM Administrative Fee: \$9,000 (One-time fee, paid at enrollment)

BSM Administrative Fee: \$4,900 (One-time fee, paid at enrollment)

Accreditation Fees: Estimated cost \$1,500 per year for each year of enrollment beyond 2 years.

Additional expenses:

- Tuition: Students and their preceptor(s) make whatever financial agreements they wish, provided evidence of an agreement is filed with NCM. The student pays tuition (if any) directly to the preceptor. NCM suggests \$500 per month.
- Textbooks: Students are not required to own the books required for the courses, but must find access to them. NCM does not sell books, and the books required for courses are not included in NCM's administrative fee. Many students are able to find the books used at a discounted price, or can borrow from their preceptors. Estimated Cost: \$2000 (used) \$2600 (new).
- Midwifery Equipment: Students are not required to own midwifery equipment, but must have access to it through their preceptors. Some preceptors may require that students possess some or all of their own midwifery equipment. Costs of equipment vary.
- General Education Requirements:
NCM highly recommend that you complete these courses prior to enrollment but it is not required. General education courses for 3 credits of Math and 4 credits of English are not offered through NCM. Students may take the courses at an accredited college or university, or online source.

California ASM students must complete an additional 3 credits of Chemistry and 1 credit of Early Childhood Development. Students are required to be certified in CPR & NRP. The costs for these are the responsibility of the student, and are variable.

- Required Outside Examination for ASM Degree, such as the NARM or ACNM Exam: Most of our ASM students sit for the NARM exam at the end of their program. Exam and certification fees are paid by the student. Please check directly with these organizations for their current costs.

Financial Aid / Student Loans

The National College of Midwifery does not have any financial aid or student loans available at this time.

NCM is not a Title IV school. It does not qualify for this because it does not have a campus. This means that students are not be eligible for federal financial aid or deferments of student loans. Payments made to the National College of Midwifery are usually *not* tax deductible and NCM does *not* issue 1098T forms.

NCM Scholarship Fund

Purpose

Elizabeth Gilmore founded NCM as a larger expression of her conviction, "We must remove barriers to midwifery education in order to improve outcomes for mothers and babies." Now we are more aware than ever of how maternal health outcomes in minority groups are affected by poverty, lack of services, cultural isolation and institutional racism. The value of providing accessible midwifery education to students from underserved populations is clear; these are the students who identify with their own communities, who understand the subtleties of their own people's unique needs and who hold the insight and the passion to effectively meet those needs. NCM is committed to making midwifery education as accessible as possible to students from underserved populations.

Scholarship Details

Scholarships will be in the amount of \$4500 towards NCM Fees.

Recipients will be responsible for:

- the remaining \$4500 of NCM Fees (payment plans available)
- Accreditation Fees if enrolled more than 2 years (estimated cost is \$450 per year for each year of enrollment beyond 2 years)
- Tuition: Students and their preceptor(s) make whatever financial agreements they wish, provided evidence of an agreement is filed with NCM. The student pays tuition (if any) directly to the preceptor.
- Textbooks: Students are not required to own the books required for the courses, but must find access to them. NCM does not sell books, and the books required for courses are not included in NCM's administrative fee. Many students are able to find the books used at a discounted price or can borrow from their preceptors. Estimated Cost: \$2000 (used) \$2600 (new).
- Midwifery Equipment: Students are not required to own midwifery equipment, but must have access to it through their preceptors. Some preceptors may require that students possess some or all of their own midwifery equipment. Costs of equipment vary.
- General Education Requirements: NCM highly recommend that students complete these courses prior to enrollment but it is not required. General education courses for 3 credits of Math and 4 credits of English are not offered through NCM. Students may take the courses at an accredited college or university, or online source.

- California Only: California ASM students must complete an additional 3 credits of Chemistry and 1 credit of Early Childhood Development. Students are required to be certified in CPR & NRP. The costs for these are the responsibility of the student, and are variable.
- Required Outside Examination for ASM Degree, such as the NARM or ACNM Exam: Most of our ASM students sit for the NARM exam at the end of their program. Exam and certification fees are paid by the student. Please check directly with these organizations for details.

Application Process

Applications will be accepted on a rolling basis, though will only be reviewed and announced three times a year. Please make sure that you have potential Preceptors and a solid plan for completion of the program before applying. If the practitioners you have selected are not currently Preceptors for NCM, make sure they have read pages 40-53 of the National College of Midwifery Catalog/Handbook to confirm that they hold the qualifications necessary to apply as a Preceptor for NCM and that they are fully aware of the responsibilities involved. Funds will not be dispersed to scholarship recipients until their Preceptors have been formally accepted by NCM.

Note: NCM is waiting on approval from its accrediting body (the Midwifery Education Accreditation Council) to move its academic curriculum online. Please see information about this upcoming change as all students will be required to complete their academics online once the change is implemented.

Applicants will be considered only after the following have been submitted online:

- Application
- Pre-Enrollment Interview/Assessment
- 3 letters of recommendation sent to marcya@midwiferycollege.org

Selection Criteria

- Experience with and understanding of health disparities and institutional racism/discrimination as they relate to maternity care.
- Personal experience with midwifery care and/or ambitions for midwifery work
- Understanding of how midwifery care can help to bridge health disparities as they relate to race and socioeconomic status
- Need of the population in which applicant hopes to practice after graduation
- Personal connection with and ambition for serving this population
- Ability to offer culturally sensitive care for this particular demographic
- Solidity of plan of completion, including relationship with willing and capable preceptors
- Strength of pre-enrollment interview/assessment
- Financial need based on applicant's description of her financial plan and comparison of applicant's family income to federal poverty guidelines <https://aspe.hhs.gov/poverty-guidelines>
- Strength of additional biographical information regarding applicant's career, community involvement, academic and other relevant experiences

Notification of Recipients Disbursement of Funds

Once the selection committee has made their final decision, all applicants will be notified whether they have been selected as recipients or not. Funds will be disbursed once preceptors have been accepted (if not currently active NCM preceptors) and all student enrollment procedures are complete.

Administrative and Preceptor Fee Refunds

(Revised 8/2016 to conform to NM Commission of Higher Education rule 20.D)

"Enrollment period for which the student was obligated" means a quarter, semester, or other term of instruction followed by the institution which the student has begun and for which the student has agreed to pay tuition. For the Administrative Fee, NCM considers the start date to be the date the student is notified by NCM that they are officially enrolled in their program.

Refunds are calculated based on 352 day year. Tuition/fee refunds must be made within 30 calendar days of the institution receiving written notice of a student's withdrawal or of the institution terminating enrollment of the student, whichever is earlier.

Upon request by a student or the department, the institution shall provide an accounting for such amounts retained under this standard within five workdays.

- Application Fee (prior to enrollment): \$100 is non-refundable
- Cost of 2 year ASM Program: \$9000
- Cost of 2 year BSM Program: \$4900
- Cost of 1 year BSM Bridge Program for NCM ASM Graduates: \$2500
- Yearly Extension Rate beyond 2 years: \$1500 (up to 3 extensions for ASM, plus 2 extensions for BSM bridge)
- Payment Plan option for ASM program Fee: \$4,500 paid upon enrollment, plus monthly payments of \$375 for 12 months.

2 Year Program Refund Policy

Refund 100% (ASM: \$9,000/BSM: \$4,900) day 0 - 3 (business days)

Refund 90% (ASM: \$8,100/BSM: \$4,410) days 4 - 71

Refund 50% (ASM: \$4,500/BSM: \$2,450) days 72 - 176

Refund 25% (ASM: \$2,250/BSM: \$1,225) days 177 - 1 year anniversary date of enrollment

Refund 0% after 1 year anniversary date of enrollment

Yearly Extension Rate Refund Policy

Refund 100% (\$1,500) day 0 - 3 (business days)

Refund 90% (\$1,350) days 4 - 36

Refund 50% (\$750) days 37 - 88

Refund 25% (\$375) days 89 - 176

Refund 0% after 176 days of 1 year extension

A-La-Carte Stand-Alone Courses at \$75/credit/trimester Refund Policy (based on one 120 day trimester)

Refund 100% day 0 - 3 (business days) Refund amount: \$75/credit/trimester

Refund 90% days 4-12 Refund amount:\$67.50/credit/trimester

Refund 50% days 12-30 Refund amount:\$37.50/credit/trimester

Refund 25% days 30-60 Refund amount:\$18.75/credit/trimester

Refund 0% after 60 days no refund

STUDENT-PRECEPTOR REMUNERATION AGREEMENT:

Students and preceptors enter into their own financial agreements. The student pays this tuition directly to the preceptor.

Discretionary Units

Discretionary Units refer to a length of time (weeks, months, trimester) or activity (such as births, classes, correction of modules, defined tasks, etc.) Please note that NCM does not accept any time unit longer than a trimester. The Discretionary Unit and Remuneration associated with it is recurring through the contract length. A new Preceptor Fee Agreement can be submitted at the end of any Discretionary Unit.

Remuneration is exchanged between student and preceptor only. Remuneration can be delineated in a myriad of ways, including but not limited to an exchange of personal and professional services, office work,

payment by student to preceptor, or even preceptor remuneration to the advanced student for birth assistant services when appropriate.

Remuneration is defined by Discretionary Units and includes specifics, such as type of work, dollar amounts, and acknowledgement of completion (for example a time sheet, receipt, etc.). If the remuneration is not a monetary amount there still must be a monetary amount associated with the remuneration. (e.g. 5 hours of office work @ \$15/hr).

- Preceptor agrees to note the student's name or initials on all client charts for supervised clinical experiences, and to make these charts available for review, in case of audit, and as required for student certification and licensure.
- Preceptors are required to file (as appropriate) on all income earned from students in NCM programs with the IRS and State Taxation Department.

Student-Preceptor Remuneration Agreement Cancellation and Refund Policy

- Either party may terminate this arrangement if a working relationship fails to develop or if remuneration agreements are not met according to this contract. Should the agreement be terminated prior to completion of the Remuneration Agreement timeframe, the monetary amount of the remuneration will be exchanged.
- The preceptors will notify NCM of any changes in writing within 30 days.
- Students and preceptors enter into their own financial agreements. Remunerations are exchanged and if a refund ever becomes necessary is directly between preceptor and student.
- The student must submit a written termination of contract and request for refund to the Preceptor in writing in person or by mail.
- Refunds must be made within 30 calendar days after receiving written notice of a student's withdrawal or termination of enrollment of the student.
- The student and preceptor agree to the following refund schedule:

Preceptor Remuneration Refund Policy:

Date of student withdrawal as a % of the enrollment period (Discretionary Unit) for which the student was obligated	Portion of tuition and fees obligated and paid eligible to be retained by the Preceptor
Cooling off period of at least three work days from the date of agreement or payment	All payments shall be refunded
Prior to commencing instruction of the Discretionary Unit	No more than \$100 or 5% in tuition or fees, whichever is less, may be retained by the Learning Site as registration charges
On 1 st class day of the Discretionary Unit	0%
After 1 st day; within 10% of the Discretionary Unit	10%
After 10%; within 25% of the Discretionary Unit	50%
After 25%; within 50% of the Discretionary Unit	75%
50% or thereafter the Discretionary Unit	100%

Updated 12/14/15 to satisfy U.S. department of education and NM POST-SECONDARY EDUCATIONAL INSTITUTION ACT 5.100.2.20

Programs-Common Requirements:

Technological Skills and Equipment required by the course design

In order to complete all NCM programs, the student must have the following technological skills and equipment:

- Access to the internet, a computer and printer
- Email account that the student checks frequently
- Basic computer skills
- Basic internet navigation skills

Keeping in Contact with NCM

The College sends out regular updates via email. It is the student's responsibility to keep updated contact information with the college. This includes a working email address as well as current contact information on file with the College.

Satisfactory Academic and/or Clinical Progress

All NCM students are considered to be "full-time."

Student progress must demonstrate that they will be able to complete their programs within the allotted timeframe (see trimesterly reporting requirements).

Students who have not completed her/his program within 3 years, must submit a plan for completion to NCM demonstrating how they will complete the remaining program requirements within the remaining time.

Students who have not submitted any work for nine consecutive months may be withdrawn from the program (see withdrawal policy).

Evaluations

Students and Preceptors are encouraged to meet at regular intervals to sign-off any skills or clinical forms, to review progress, trouble-shoot problem areas and to make plans.

Academic Evaluation: Preceptors evaluate academic progress according to the evaluation mechanism detailed on the syllabus for each subject. These mechanisms may include: quizzes, tests, skill evaluations, discussion, project completion, etc.

Clinical Evaluation: Simply being present at or participating in an activity does not guarantee that a student will be given credit for it. The student must demonstrate mastery* of each required clinical encounter and NARM Skill.

Evaluation Forms

The completion of evaluations by the student & preceptor provides the opportunity to:

- Articulate accomplishments and problems in your teaching or learning.
- Voice satisfactions and challenges with one another.
- Review your goals and develop a plan for the coming trimester,
- Participate in development, implementation and evaluation of the curriculum, evaluation and advancement of students, periodic evaluation of student admissions criteria, program resources, facilities, and services.
- Participate in comprehensive curriculum review.
- Give other suggestions and comments.
- Notify the College of changes in contact information.

1. Student-Preceptor Evaluation Form-

REQUIRED after each trimester in which the student completed program requirements.

- Completed Online for each trimester in which work was completed with a preceptor and is required for acceptance of all program requirements completed within this trimester: (Academic Grade Sheet, Clinical Record Sheets, Updated NARM Skills Form, etc)
 - Student must submit evaluation forms with every preceptor she/he worked with during the trimester.
 - These forms are to be completed by the student & preceptor separately.
2. Credit Value Assessment Form
Required for each course that did NOT conform to time requirement stated on the syllabus for the course (1 Academic Credit = 15 hours Formal Study + 30 Hours Informal Study).
 3. Services & Policies Evaluation Form
Evaluation of student admissions criteria, program resources, facilities, and services Form - This is another opportunity to participate in development, implementation and evaluation of the curriculum, periodic evaluation of student admissions criteria, program resources, facilities, and services.
 4. Curriculum Evaluation Form
Curriculum Review and Update - As a preceptor you are part of the curriculum review committee. Please note any changes, updates, additions or subtractions you recommend for the courses your student completed this trimester. Your participation ensures NCM programs and content remain up to date & will be reviewed by the Education Committee.
 5. Information Change Form
It is each student's and preceptor's responsibility to keep current contact information updated with NCM.
 6. Comments Form
Additional Comments / suggestions / other, which are not covered by any of the other forms.

Trimesterly Reporting Requirements

All students are required to send an End-of-Trimester Submission to NCM at the end of each trimester the student was active. This submission must include the appropriate Student-Preceptor Evaluation Form(s) for the student's program, as well as reports of academic and clinical course requirements completed within the trimester (see NCM Student Disc for the reporting forms required by each program).

NCM Trimesters:

Spring (SP): January 1 - April 30th

Summer (SU): May 1 - August 31

Fall (FA): September 1 - December 31

- Submissions should be made in one packet by regular mail (faxes and emails are not accepted) to: **National College of Midwifery, 1041 Reed St, Suite C, Taos, NM 87571**
- Student should submit photocopies, and keep the originals for her/his files and to continue to update as he/she proceeds through the program.
- Student Name should appear on every page submitted.
- Preceptor Verification signatures with current date must appear on all official forms.
- Work done prior to enrollment, or with someone who is not the student's official NCM preceptor at the time the work was done will not be eligible to satisfy program requirements.

- For more in-depth information, please refer to the NCM Handbook or call or email NCM: Tel: **(575) 758-8914 Email: info@midwiferycollege.edu**
- Always use the most updated versions of all program materials. These are available for download from the NCM website: www.midwiferycollege.org

Student-Preceptor Relationships

Work done prior to enrollment, or with someone who is not the student's official NCM preceptor at the time the work was done will not be eligible to satisfy program requirements. Work done with a preceptor who has failed to maintain her/his licensure/certification as required by the state, unencumbered by holds/investigations/disciplinary action of any kind will not be accepted towards program completion.

In order for NCM to accept work done towards completion of any NCM program all of the following must be true when the work was done:

1. The student must be a Current Student with NCM.
2. The preceptor must be a Current Preceptor for NCM.
3. The student and preceptor must have a current approved and complete Contract between Student, Preceptor and the National College of Midwifery on file with NCM.
4. The student and preceptor must each have received notification from NCM acknowledging their relationship.

Course Syllabi:

Students and Preceptors follow the NCM Syllabus for each course, found on NCM's website. Each syllabus lists the number of Credits, Learning Objectives, Learning Activities, Learning Resources, Evaluation Methods, Study Questions, Clinical/NARM Skills, MANA and MEAC Essential Competencies to be completed.

Prefixes and Suffixes and Course Numbering:

The letter prefix before each number stands for the category into which the course falls:

ENG-English
 BIOL-Biology
 HON-Honors level course
 MATH-Mathematics
 PSY-Psychology
 MW-Midwifery
 SOC- Sociology

Suffixes:

G- General education category.

Course Numbering:

Course numbers denote the level of difficulty, with courses in the 100 level being more basic than courses in the 400 level.

Credit Hours:

- **Academic Credit Hours:** One academic credit equals approximately 15 hours of formal* time plus 30 hours of additional study or homework. *Formal time is defined as the amount of time it takes to answer the study questions to the level of 80% and to complete any learning activities to the preceptor's satisfaction. This will include any time spent actively reading the textbook/s and answering study questions, as well as any time spent face to face with the preceptor.
- **Clinical Credit Hours:** One clinical credit equals approximately 30 clinical contact hours. The transcript lists all clinical hours, though credit is only awarded for required clinicals.

- Full time is considered 12-18 credits per trimester. The National College of Midwifery will accept a maximum of 20 academic credits per trimester.

Grading:

Academic Grades must be B- / 80% or higher. Lower grades are not accepted and the course must be re-done. Students may decide with their preceptors on which grading system (Letter grades / number grades) they would like to use.

Grades:				
Letter	Number		GPA	Definition
A+	97-100	Pass	4.0	
A	94-96		3.9-4.0	Excellent
A-	90-93		3.5-3.8	
B+	87-89		3.2-3.4	
B	84-86		2.9-3.1	Good
B-	80-83		2.5-2.8	Grades must be B- / 80% / Pass or higher (enrollees post 2005 only).
C+	77-79	Fail	Transfer grades for general education courses from other accredited colleges and universities are accepted to C-.	
C	74-76			
C-	70-73			
D+	67-69			
D	65-66			
F	0-64			
N/A	Not Applicable			
Cert	Certified by an approved certifying agency such as American Heart Association or American Red Cross or Equivalent			
I	Incomplete			
W	Withdrawn			
TX or TR	Transfer credits from other accredited institution may fulfill some of the NCM course requirements. Credit will be determined at the discretion of NCM based on course content and grade.			

Clinical Evaluation: The student must complete each NARM Skill or clinical encounter to mastery* (see definition in appendix).

Course Numbering:

100-399 Undergraduate courses

400-499 Bachelor-Focus courses

GPA

Grade point average (GPA) is calculated by dividing the total amount of grade points earned by the total amount of credits completed. A grade point average may range from 0.0 to a 4.0. P/NP (Pass/No Pass) courses are not factored in the student's GPA. I (Incompletes) and W (Withdrawals) do not receive grade points and do not have an effect on the GPA.

Learning Sites

- The National College of Midwifery does not have a campus. Preceptors must complete the facility diagrams, safety standards and equipment restocking forms as part of the preceptor application process. Safety procedures must meet federal and state standards.
- Learning sites will vary depending on the location of the preceptorship. It is the student's responsibility to ascertain whether the preceptor(s) can provide the variety and number of clinical experiences required. The preceptor(s) will directly provide the student with the required clinical experiences.

- Preceptor sites may have requirements and policies regarding students in their training program that are different from the College's (e.g., the time frame within which a student must complete training, state registration for students, etc). *It is the student's responsibility to know the preceptor and State requirements for direct-entry midwives and students in the state they are apprenticing in or planning to practice in.*

Transferability of NCM Credits:

NCM does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

Licensing and Certification Post Graduation

Graduation does not guarantee midwifery licensure. It is each student's responsibility to keep current with the laws of the state or country in which they are studying and to fulfill the licensure requirements in the jurisdiction in which they plan to apply for licensure and practice. NCM cannot confirm whether the course or program meets requirements for professional licensure in the student's state. Prior to Enrollment, NCM provides the student with current contact information for any applicable licensing boards, and advise the student to determine whether the program meets requirements for licensure in the state where the student lives.

NCM Notification of state licensure requirements: NCM's ASM program satisfies NARM's clinical requirements for CPM and MEAC's Essential Competencies for Midwives. However, all states have state-specific licensure requirements that NCM may not satisfy. Many states conform to NARM and MEAC requirements, but some have additional clinical, academic, and/or other requirements beyond the basic ASM or BSM requirements. **NCM does not know the exact and changing requirements for licensure of each state. For this reason, prior to enrolling in NCM's program, students must contact the state/jurisdiction regulatory agency directly for licensure requirements. Contact information is listed in the table below:**

Alaska	Alaska Department of Commerce, Community & Economic Development Division of Corporations, Business, & Professional Licensing State Board of Certified Direct-Entry Midwives P.O. Box 110806 Juneau, AK 99811-0806 (907) 465 2580 license@alaska.gov http://www.commerce.alaska.gov/occ/
Arizona	Health Services, Department of 150 N. 18th Avenue Phoenix, AZ 85007 (602) 364 2536 http://www.azdhs.gov/als/index.htm
Arkansas	Arkansas Department of Health Women's Health 5800 West 10th Street, Suite 401 Little Rock, AR 72204 (501) 661 2480 adh.whgen@arkansas.gov http://www.health.arkansas.gov
California	Department of Consumer Affairs Medical Board of California Licensing Program 2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (916) 263 2382 webmaster@mbc.ca.gov http://www.mbc.ca.gov
Colorado	Department of Regulatory Agencies Division of Registrations 1560 Broadway, Suite 1340 Denver, CO 80202 (303) 894 2440 http://www.dora.state.co.us/registrations/index.htm
Florida	Fl. Department of Health Medical Quality Assurance/ Licensure Services 4042 Bald Cypress Way Tallahassee, FL Phone: 850 -488-0595 Fax: 850 - 245-4791 http://www.floridahealth.gov
Idaho	Idaho State Board of Midwifery Idaho Bureau of Occupational Licenses 700 W. State St., PO Box 83720 Boise, ID 83720-0063 (208) 334 3233 mid@ibol.idaho.gov http://ibol.idaho.gov/IBOL/
Indiana	Professional Licensing Agency Attn: Direct Entry Midwifery Committee 402 W. Washington Street, Room W072 Indianapolis, IN 46204 Phone Number: (317) 234-2060 Fax Number: (317) 233-4236 Email: pla3@pla.in.gov
Louisiana	Louisiana State Board of Medical Examiners Office of Continuing Education 630 Camp Street New Orleans, LA 70130-3400 (504) 568 6820 ext 233 lsbmever@lsbme.org http://www.lsbme.louisiana.gov
Minnesota	Minnesota Board of Medical Practitioners 2829 University Ave. S.E., Suite 500, University Park Plaza Minneapolis, MN 55414-3246 (612) 617 2130 medical.board@state.mn.us http://www.bmp.state.mn.us/
Montana	Montana Board of Alternative Health Care 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 (406) 841 2394 dlibsdahc@mt.gov
New Hampshire	Midwifery Council NH Office of Professional Licensure and Certification 121 South Fruit Street Concord, NH 03301 (603) 279 8860 drcranny@yahoo.com
New Jersey	The State of New Jersey: Department of Law and Public Safety: Division of Consumer Affairs: State Board of Medical Examiners: Midwifery Liaison Committee 140 E Front St, 2nd Floor, PO Box 183 Trenton, New Jersey 08625 Phone: 609-826-7100 http://www.njconsumeraffairs.gov/mid/Applications/Application-for-Licensure-as-a-Midwife.pdf
New Mexico	New Mexico Department of Health, Maternal Health 2040 South Pacheco Santa Fe, NM 87505 (505) 476 8866 catherine.avery@state.nm.us http://archive.nmhealth.org
Oregon	Oregon Health Licensing Agency 700 Summer St NE #320 Salem, OR 97301-1287 (503) 378 8667 http://www.oregon.gov/ohla https://www.oregon.gov/ohla/hlo/Pages/Board-Direct-Entry-Midwifery-License.aspx

South Carolina	South Carolina Department of Health and Environmental Control: Health Licensing Contact Info: S.C. DHEC Health Regulation 2600 Bull Street Columbia, SC 29201 Phone: 803-545-4370 - Michelle Hatcher http://www.scdhec.gov/
Tennessee	Council of Certified Professional Midwifery 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 Phone: 615-532-4384 1-800-778-4123 http://health.state.tn.us/boards/Midwifery/index.htm
Texas	Midwifery Program, Professional Licensing and Certification Division Texas Department of Health 1100 West 49th Street Austin, TX 78756-3183 (512) 834 4523
Utah	Utah Department of Commerce Division of Occupational & Professional Licensing 160 East 300 South, PO Box 146741 Salt Lake City, UT 84114-6741 (801) 530 6628 DOPLWeb@utah.gov http://dopl.utah.gov/
Vermont	Vermont Secretary of State Office of Professional Regulation: Midwife Licensing City Center, 89 Main Street, 3rd floor Montpelier, VT 05620-3402 (802) 828 2373 aprille.morrison@sec.state.vt.us http://www.sec.state.vt.us

Virginia	Virginia Board Of Medicine Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 Phone: 804-367-4600 http://www.dhp.virginia.gov/Medicine/advisory/mw/
Washington	Department of Health 101 Israel Rd SE Tumwater, WA 98501 (360) 236 4700 customerservice@cpaboard.wa.gov http://www.doh.wa.gov
Wisconsin	WI Department of Safety & Professional Services Division of Professional Credential Processing 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 (608) 266 2112 web@dps.wi.gov http://dps.wi.gov
Wyoming	BOARD OF MIDWIFERY Attn: Veronica Skoranski 1800 CAREY AVE., 4TH FLOOR CHEYENNE, WY 82002 (307) 777 3628 veronica.skoranski@wyo.gov http://plboards.state.wy.us/midwifery/index.aspx
<p>NCM programs do not satisfy licensure requirements OR Midwifery License is not available to direct entry midwives in the following states/jurisdictions:</p> <p>Alabama American Samoa Connecticut</p>	

Delaware
District of Columbia
Georgia
Guam
Hawaii
Illinois
Iowa
Kansas
Kentucky
Maine
Maryland
Massachusetts
Michigan
Mississippi
Missouri
Nebraska
Nevada
New York
North Carolina
North Dakota
N. Marianas Islands
Ohio
Oklahoma
Pennsylvania
Puerto Rico
Rhode Is.
South Dakota
West Virginia
Philippines

Compliance with FERPA:

NCM follows the Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

NCM has contracted with an online learning platform, *which will not go into use until approved of by MEAC*. This platform is fully compliant with FERPA regulations. Canvas allows access to student information only to those to whom permission is granted. By default, that is the administrator for the Institution's Canvas instance and faculty who are teaching courses in which the student is enrolled. All access to Canvas is encrypted. There are no exceptions. When transmitting SIS data, the information is safe in transit and, when it arrives in the Canvas system, it is protected by the same account and role-based permissions that secure all other data.

Compliance with Health Insurance Portability and Accountability Act (HIPAA):

NCM does not require or keep personal health information.

NCM Policy for Culturally Appropriate Apprenticeships

For Preceptors:

All out of country preceptors, if not originating from the country in which they are practicing, must designate cultural advisors from that country who are available to answer questions, guide students through various ethical considerations and act as cultural translators as needed in the clinical setting.

Preceptors working in out of country clinical sites are required to administer Cultural Preparedness Training to all students before the start of any clinical contact between students and clients in the

out of country site. Preceptors must submit to NCM an outline of their Cultural Preparedness Training program which includes:

- Required reading and/or participation in online courses and methods of comprehension assessment
- Specifics of required language acquisition and methods of language skills assessment
- Required cultural exposure (i.e. home stays, contact with local communities, on the ground cultural orientation experiences)
- Syllabus for cultural orientation course that includes all of the following Competencies, Attitudes and Behaviors, and Knowledge Acquisition:

Competencies

At the completion of the course, students will be able to:

- Discuss social determinants of health, health equity, social justice, and governmental policy and their impact on the distribution of health services in the area of practice.
- Discuss unique health care needs of the communities being served and distinctive strategies for meeting those needs, taking into consideration local socioeconomics, politics, health disparities, and cultural influences
- Demonstrate knowledge of effective advocacy strategies for health systems improvement including Interpersonal and Communication Skills, Cultural Competency and Humility, and Collaborative Care
- Demonstrate an understanding of Systems Based Practices and how the practice in which students are working interacts respectfully and effectively within the its larger unique health care system
- Demonstrate sufficient language skills, cultural awareness and ability to work with cultural advisors/translators to deliver collaborative, informed consent driven care with sensitivity to sociocultural and health literacy issues
- Recognize practice limitations and an understanding of system resources

Attitudes and Behaviors

The student will demonstrate attitudes and behaviors that encompass:

- Commitment to lifelong learning about cultural competency and humility
- Commitment to recognizing personal biases and stereotypes related to health care delivery
- Understanding the need to balance compassion, humanism, realism, and practicality in the consideration of health care delivery

Knowledge

Students will be prepared to apply in a clinical setting their knowledge of:

- Specific socioeconomic, environmental, and political factors as determinants of health and disease in the specific area of practice
- Health and human rights issues and determinants of health specific to population being served (e.g., psychological impact of trauma, limited monetary resources, limited access to services, etc)
- Social, environmental, geographic, and telecommunication factors influencing the ability of the health system to provide adequate services
- Specific needs of the medically underserved
- Sociocultural and psychological factors influencing health literacy and interaction with the local health system
- Cultural approaches to health with emphasis on maternal infant health

- Disease specific consequences due to regional and genetic influences of health
- Availability and safety (or lack thereof) of medication and medical backup services
- Unique health care delivery methodology and outcomes data where available for specific clinical setting in which students are working
- Epidemiology where available of infectious and chronic disease
- Resources and issues pertinent to travel medicine, health risk prevention, health maintenance, and variations in health care services for students.
- Non-medical issues (e.g., political, safety, environmental, and climate factors) unique to international travel
- Specific safety factors, legal considerations, and personal freedoms that might be handled differently when working in specific area
- How to adapt evidence-based resources and tools for use in limited-resource health care settings

For Students:

In the case that a student is traveling out of their country of origin to train overseas, NCM requires that the student complete the following free online course on Ethics and Global Health:

<http://ethicsandglobalhealth.org/index.shtml>

At the completion of the Cultural Preparedness Training administered by the student's clinical preceptor(s), the student will take the Clinical Preparedness Survey and submit it to NCM through SurveyMonkey. <https://www.surveymonkey.com/r/H8GYGNW>

Associate of Science in Midwifery Degree

The ASM is a three-year equivalent program, which can be completed from 2 to 5 years.

Semester Credit Hours: 112.88 (116.88 for California Students)

Prerequisites:

- High School Diploma or GED.

Prerequisite college-level courses to be completed at another accredited college or university. These may be completed concurrently with NCM coursework (see NCM policy on accepting transfer credits):

- Analytical Writing: 4 credits
- Math: 3 credits

ASM students in California must additionally complete:

- Chemistry: 3 credits
- Child Growth and Development: 1 credit.

General Education:

According to the Department of Education, General Education requirements fall into three categories, and there are specific requirements within each:

- I. Developing Critical Thinking and Modes of Expression:
 - English Composition..... 7 credits
 - Mathematics.....3 credits
 - Critical Thinking Analysis..... 6 credits

- II. Establishing a Common Background:
 Historical Perspectives.....3 credits
 Basic Natural Sciences with lab.....4 credits
 Human Thought and Behavior.....3 credits
 Social Analysis.....3 credits
 Literature or Fine Arts.....3 credits
- III. Viewing a Wider World:
 Community Issues, consumers, etc....6 credits
- These courses are identified by the G suffix

ASM Academic Course Requirements (Click here to go to [Course Descriptions](#)):

Area	Course Code	Course	Credits
A00X	Area I: Communications		
A001	ENG200G	College Composition	4.0
A001	ENG202G	Bus. & Prof. Communications	3.0
B00X	Area II: Mathematics		
B001	HON211G	Statistics	3.0
B001	MATH112G	College-Level Math	3.0
C00X	Area III: Laboratory Science		
C001	SOC102	Genetic Screening	1.0
C001	BIO120	Fetal Development	1.0
C001	BIO155G	Anatomy and Physiology	4.0
C001	HON205G	Applied Microbiology	3.0
C002	HON393G	Community Health	3.0
C003	SCI122G	Chemistry *	3.0
D00X	Area IV: Social/Behavioral Sciences		
D001	HON223G	Human Sexuality	3.0
D001	HON248G	Cultural Issues	3.0
D001	PSY224	Communication & Counseling	1.0
D001	SOC104	Child Growth & Development *	1.0
D002	HON225G	Midwifery Ethics	2.0
D002	HON390G	Laws/Regulations	3.0
E00X	Area V: Humanities & Fine Arts		
E001	HON220G	Midwifery Literature & Art	3.0
E002	HON222G	History of Midwifery	3.0
F00X	Area VI: Midwifery Core Curriculum		
F001	MW300	Antepartum Basic Skills	1.0
F001	MW301	AP Risk Screening	0.5
F001	MW302	AP Physical Assessment	0.5
F001	MW303	AP Provision of Care	1.0
F001	MW304	AP Complications	0.5
F001	MW305a	AP Pharmacology <i>General</i>	0.5
F001	MW305b	AP Pharmacology <i>Herbs&Homeopathy</i>	0.5

F001	MW306	AP Diag Lab Tests&Procedures	0.5
F001	MW307	AP Observation & Charting	0.5
F001	MW308	AP Nutrition	0.5
F002	MW320	Intrapartum Basic Skills	1.0
F002	MW321	IP Risk Screening	1.0
F002	MW322	IP Physical Assessment	0.5
F002	MW323	IP Provision of Care*	1.0
F002	MW324	IP Complications	1.0
F002	MW325	IP Pharmacology	0.5
F002	MW326	IP Diag Lab Tests&Procedures	0.5
F002	MW327	IP Observation & Charting	0.5
F002	MW329	IV THERAPY	0.0
F003	MW340	Post Partum Basic Skills	1.0
F003	MW341	PP Risk Screening	1.0
F003	MW342	PP Physical Assessment	0.5
F003	MW343	PP Provision of Care	1.0
F003	MW344	PP Complications	1.0
F003	MW345	PP Pharmacology	0.5
F003	MW346	PP Diag Lab Tests&Procedures	0.5
F003	MW347	PP Observation & Charting	0.5
F004	MW360	Newborn Basic Skills	1.0
F004	MW361	NB Risk Screening	1.0
F004	MW362	NB Physical Assessment	1.0
F004	MW363	NB Provision of Care	0.5
F004	MW364	NB Complications	1.0
F004	MW365	NB Pharmacology	0.5
F004	MW366	NB Diag Lab Tests&Procedures	0.5
F004	MW367	NB Observation & Charting	0.5
F005	MW380	WW Family Planning	1.0
F005	MW381	Well Woman Risk Screening	0.5
F005	MW382	WWPhysical Assessment	1.0
F005	MW383	WWProvision of Care	1.0
F005	MW385	WW Pharmacology	1.0
F005	MW386	WW Diag LabTests&Procedures	1.0
F005	MW387	WW Observation & Charting	0.5
F006	MW250	Midwifery Protocols	1.0
F006	MW330	Perinatal Ed Incl Lactation	3.0
F006	MW350	Out of Hospital Birth	3.0

ASM Clinical Experience Requirements:

Effective January 1, 2013

Clinical Timeframe:

Clinical Requirements must span at least **2 years** under the supervision of the student's approved NCM preceptor

Required Clinicals:	Hours/visit
Observes:	
Births as Observer	N/A
Assists Under Supervision:	
Initial Prenatal Assists	1 hour
Prenatal Assists	30 minutes
Birth Assists	12 hours
Newborn Exam Assists	30 minutes
Postpartum Exam Assists	1 hour
Primaries Under Supervision:	
Well Woman/Family Planning	30 minutes
Initial Visits	1 hour
Prenatal	30 minutes
Birth as Primary	24 hours
Newborn Exams	30 minutes
Postpartum Exams	1 hour
NARM Continuity of Care	N/A
NARM Out of Hospital Births	N/A
SUB TOTALS:	
NARM Clinical Skills	
CLINICAL TOTALS:	

Required	Hours	Credits
10	N/A	N/A
3	3	0.10
22	11	0.37
20	240	8.00
20	10	0.33
10	10	0.33
30	15	0.50
20	20	0.67
55	27.5	0.92
25	600	20.00
20	10	0.33
40	40	1.33
5	N/A	N/A
10	N/A	N/A
	986.50	32.88
	517.50	Credits in Academics
	1504.00	32.88

(Conversion to semester credit hours: 30 clinical contact hours = 1 credit hour)

General Instructions for Clinicals: Each NCM Clinical Record Form lists the scope of the skill, the student role, the type of preceptor supervision required, the skill demonstration by the student necessary for the student to receive credit, and any other special requirements. The Student records completion of clinicals on the NCM Clinical Record Forms. Include student name on each form. Entries should be made in Chronological order and printed clearly. The Preceptor must sign, not initial, every line. Students should not start a new page for each form each trimester, but should fill a master of each form. Student participation at clinicals is at the discretion of the preceptor.

Trimesterly Reporting of Completed Clinicals to NCM: Student submits photocopies of updated forms at the end of each trimester to document progress, and retains the original forms to continue filling-in. All clinical submissions must be accompanied by a Student-Preceptor Evaluation Form for each preceptor.

Guidelines for Verifying Documentation of Clinical Experience: The Student and Preceptor must follow the guidelines in NARM's Candidate Information Bulletin (CIB) online, including but not limited to the following: Student's and Preceptor's care at the encounter must be reflected on the client's chart via name or initials, in case of audit. The Student must have access to the original client charts for all births and procedures documented. The original client charts shall be kept by the preceptor. Client confidentiality must be protected by identifying them on these Clinical Record Forms with a unique client code under "Client # or Code," to reference the client chart, using one code for each client pregnancy.

Order of Completion: At least 18 of the 20 Births as Assistant (Form #3) must be completed prior to beginning Births as a Primary Midwife under Supervision (Form #9). The rest of the forms do not need to be completed in any specific order and it is up to the discretion of the preceptor as to whether the student is competent enough to act as Primary Midwife under Supervision at clinicals. All forms need to be completed prior to applying for permission to take the NARM Exam.

Credit: Simply being present at or participating in a clinical activity does not guarantee that a student will be given credit for it. The Preceptor will only sign off a clinical when the student has demonstrated the minimum required skill competency level to the preceptor's satisfaction, as appropriate for the individual skills as defined on each clinical record form for each entire clinical experience (Active Participation for Assists vs. Mastery for Primaries). With the exception of 10 Birth Observes, work done prior to enrollment, or with someone who is not the student's official NCM preceptor at the time the work was done will not be eligible to satisfy program requirements. Students may submit additional clinicals beyond NCM requirements. These extra clinicals and clinical contact hours will be listed on the student transcript; however credit is only given for required clinicals.

Birth Experience in Specific Settings: Of all the births a student attends during training (as Observer, Assistant, or Primary Midwife under Supervision), at least 2 must be planned hospital births (these cannot be intrapartum transports but may be antepartum referrals) and 5 must be home births. At least 10 births as Primary under Supervision must be completed within the US or Canada.

Out of Country Clinicals: When completing NARM Exam application materials, NCM students are not required to submit Out of Country (OOC) Birth Sites Form 230 listed on NARM Forms 200 and 204.

Time Frames: Clinical Experience documented on these forms must span at least 2 years. NCM begins counting these two years with the date of the first clinical entered on forms #1-11 that occurred during enrollment and under the direct supervision of an approved preceptor. All clinicals must occur within 10 years prior to the student's passing the NARM exam, and 10 of the experiences reported on NARM Out of Hospital Birth Documentation Form 204 must take place no earlier than 3 years prior to the NARM exam.

Direct Supervision: (Required for all clinicals, except for the "10 Birth Observes"). The preceptor must be physically present and in control at all times during the entire activity, must catalyze the important decision making processes, elicit the student's rationales for her/his decisions, and oversee the student's charting. Preceptors may ONLY sign off experiences which she/he personally directly supervised and witnessed.

Active Participant/Participation: (This is the required demonstration of competence necessary for student to receive credit for all Clinicals as "Assistant.") The student must be actively involved in the clinical activity, including, but not limited to charting, hands-on assisting, & participation in management decisions. As an assistant the student will learn through active involvement to perform the clinical skills of a midwife during all stages of pregnancy, labor, delivery and postpartum mother and newborn care. *Student readiness for serving as Primary Under Supervision at a clinical exam or birth is at the discretion of the supervising preceptor, and may require more than the minimum number of experiences as Assistant Under Supervision listed on the forms.*

Mastery: (This is the required demonstration of competence for all NARM Skills and Clinicals the student attends as “Primary Midwife under Supervision.”) The student must demonstrate competent and confident provision of safe, evidence-based midwifery care for the individual Clinical Skills including: Etiology, sequelae, appropriate management and follow-up for the individual patient, appropriate times and reasons for consult and referral, access to relevant resources and information, complete, thorough and timely record keeping, appropriate, professional, and compassionate management of every task involved, receptiveness and responsiveness to patient's concerns, explanation of midwifery decisions and actions as they relate to possible outcomes and their wider impact, based on the Midwives Model of Care®.

ASM Clinical Requirements Descriptions:

Clinicals Completed in the role of an Observer:

No Direct Supervision. Attendance may be verified by any witness who was present at the birth. Student Demonstration necessary to receive credit: The student's presence at the birth in any capacity.

10 Births as an Observer (NCM Clinical Record Form #1)

(Must include 2 Planned Hospital Births -may NOT be IP Transports)

This is the only clinical requirement that can be done prior to enrollment, and without the direct supervision of an NCM preceptor. The student must attend 10 births in any setting in any capacity (observer, doula, family member, friend, beginning apprentice, etc.). Attendance may be verified by any witness who was present at the birth. These 10 Births may take place prior to OR during enrollment at NCM, but must be no more than 10 years prior to the student sitting the NARM Exam. Although Observes completed prior to enrollment and not under the direct supervision of an approved preceptor will be accepted, they will not count towards the minimum 2 year time span requirement.

Clinicals Completed as an Assistant to the Primary Midwife:

Requires Direct Supervision by the Student's approved NCM Preceptor.

Student Demonstration necessary to receive credit: Active Participant* (see definition)

25 Prenatal Exams as an Assistant under Supervision (NCM Clinical Record Form #2)

A Prenatal consists of most of the following, but is not limited to: Preparation, chart review, weight, blood pressure, pulse, Fetal Heart Tones, Baby's position, evaluation of size for dates, education and counseling for gestational age specific topics, any necessary labwork, education and counseling for any discomforts, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out referral forms and lab slips.

Estimated time per visit: 30 minutes.

(These must include at least 3 Initial Prenatals)

Initial Prenatal consists of most of the following, but is not limited to: The same items as a regular prenatal, PLUS intake interview, history (medical, gynecological, family) and a complete physical examination. These items may take place over several visits, but are counted by the student as one Initial Prenatal.

Estimated time per visit: 1 hour.

20 Births as an Assistant under Supervision (NCM Clinical Record Form #3)

A Birth as Assistant Under Supervision consists of most of the following, but is not limited to: Set-up, assistance to the midwife in whatever she requests, assisting the mother and her family, participating and learning about charting, evaluating pre-labor, practicing admission evaluation and admission procedures, keeping track of progress and normalcy of labor, practicing taking and charting vital signs, counting baby's heartbeat, practicing evaluating FHT, practice providing comfort measures, preparing and coaching mother for actual birth, preparing mother's partner to provide comfort measures or to participate in delivery, practice assisting with the birth and placenta, practice evaluating newborn response and vitals, practice assisting with newborn exam, evaluating the placenta for normalcy, practice with the establishment of immediate breastfeeding, assisting midwife with clean-up, sterilizing, repairing, restocking, re-ordering equipment, making plans for follow-up visit. At least 18 of these must be completed prior to beginning births as primary under supervision.

A MAXIMUM of 2 of these births may be IP Hospital Transports.

Estimated time per birth assist: 12 hours.

20 Newborn Exams as Assistant (NCM Clinical Record Form #4)

A Newborn Exam consists of most of the following, but is not limited to: Apgar, gestational age assessment, reflexes, head to toe physical, application of erythromycin to the eyes and injection of vitamin K, metabolic screening, referral for hearing screening, referral for pediatric follow-up, weight and measurements, foot-printing, birth certificate, souvenir certificate for parents, registration for social security and Medicaid.

These exams must be done within 12 hours of the birth.

Estimated time per visit: 30 min.

10 Postpartum Exams as Assistant (NCM Clinical Record Form #5)

A Postpartum Visit to Mother and Baby consists of most of the following, but is not limited to: Preparation, chart review for follow up on such things as the need for RhoGAM and ABO incompatibility, etc, check baby weight gain, physical assessment and vitals, assessment of lochia, counseling regarding breastfeeding/bottle-feeding, counseling and education for mother and family regarding nutrition for mother and baby, any necessary lab work, education and counseling for any discomforts, evaluation for referral to social and/or medical resources, evaluation of baby for dehydration, answering parent's questions, check health of umbilical cord and removal of clip if necessary, check healing of any stitches/ tears, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out any necessary referral forms and lab slips.

These visits must be done between 12 hours and 6 weeks following the birth.

Estimated time per visit: 1 hour.

Clinicals Completed as Primary Midwife Under Supervision:

Requires Direct Supervision by the Student's approved NCM Preceptor.

Student Demonstration necessary to receive credit: Mastery* (see definition)

30 Well Woman/Family Planning as Primary under Supervision (NCM Clinical Record Form #6)

A well woman exam consists of most of the following, but is not limited to: Preparation, chart review, complete physical assessment including, but not limited to: Bimanual exam to screen for colorectal and endometrial cancer; pap smear; collection of samples for STIs; breast exam; and counseling on the following items: family planning; prevention and detection of STIs; nutrition and

exercise relating to bone density; hormonal changes and physical and mental comfort measures relating to the interconceptual period and menopause; and attention to general social, physical and emotional well-being, charting, and cleanup.

Student mastery of the PAP smear/STI sample is required.

Estimated time per visit: 30 min.

20 Initial Prenatals as Primary under Supervision (NCM Clinical Record Form #7)

An Initial Prenatal consists of most of the following, but is not limited to: Preparation, chart review, intake interview, history (medical, gynecological, family), complete physical examination, weight, blood pressure, pulse, Fetal Heart Tones, Baby's position, evaluation of size for dates, education and counseling for gestational age specific topics, any necessary labwork, education and counseling for any discomforts, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out referral forms and lab slips. These items may take place over several visits, but are counted by the student as one Initial Prenatal.

Estimated time per visit: 1 hour.

55 Prenatals as Primary under Supervision (NCM Clinical Record Form #8)

A Prenatal consists of most of the following, but is not limited to: Preparation, chart review, weight, blood pressure, pulse, Fetal Heart Tones, Baby's position, evaluation of size for dates, education and counseling for gestational age specific topics, any necessary lab work, education and counseling for any discomforts, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out referral forms and lab slips.

Estimated time per visit: 30 min.

25 Births as Primary under Supervision (NCM Clinical Record Form #9)

At least 18 Births as Assistant under Supervision must be completed prior to beginning this form. 15 births must include at least 1 prenatal. (5 must include full continuity of care and must additionally be recorded on NARM Continuity of Care-Practical Experience Form 200).

A MAXIMUM of 3 of these births may be Intrapartum Transports to Hospital.

At least 10 births as Primary under Supervision must be completed within the US or Canada.

Births as Primary Under Supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision making. The apprentice is present for all stages of labor and delivery, and immediate postpartum, makes all clinical decisions for all stages of labor and delivery, and immediate postpartum, is able to articulate the rationales for these decisions, and charts or directs the charting of all stages of labor and delivery, and immediate postpartum.

Estimated time per birth: 24 hours.

20 Newborn Exams as Primary under Supervision (NCM Clinical Record Form #10)

A Newborn Exam consists of most of the following, but is not limited to: Apgar, gestational age assessment, reflexes, head to toe physical, application of erythromycin to the eyes and injection of vitamin K, metabolic screening, referral for hearing screening, referral for pediatric follow-up, weight and measurements, foot-printing, birth certificate, souvenir certificate for parents, registration for social security and Medicaid.

This exam must be done within 12 hours of birth.

Estimated time per visit: 30 min.

40 Postpartum Visits as Primary under Supervision (NCM Clinical Record Form #11)

A Postpartum Visit to Mother and Baby consists of most of the following, but is not limited to: Preparation, chart review for follow up on such things as the need for RhoGAM and ABO incompatibility, etc, check baby weight gain, physical assessment and vitals, assessment of lochia, counseling regarding breastfeeding/bottle-feeding, counseling and education for mother and family regarding nutrition for mother and baby, any necessary lab work, education and counseling for any discomforts, evaluation for referral to social and/or medical resources, evaluation of baby for dehydration, answering parent's questions, check health of umbilical cord and removal of clip if necessary, check healing of any stitches/ tears, evaluation for need for referral to social or medical resources, charting by SOAP method, cleanup, arrangement for next visit, filling out any necessary referral forms and lab slips.

These visits must be done between 12 hours and 6 weeks following the birth.

Estimated time per visit: 1 hour.

NARM Skills (NCM's MEAC Abbreviated NARM Skills Form)

NARM Skills on this form must be completed as directed in Pam Weaver and Sharon Evans book, *Practical Skills Guide for Midwifery*. NARM Skills background is taught within the academic courses, but preceptor demonstration, student practice and evaluation of the student takes place in a clinical setting. 4 skills require the separate evaluation of two preceptors.

Estimated clinical time spent on each NARM Skill: 3 hours, 24 minutes.

Additional Clinical Forms Required:

NARM Form 200: Continuity of Care:

All of these 5 Births as Primary under Supervision must include Full Continuity. Each must include 5 prenatal spanning 2 trimesters, the birth, newborn exam, and 2 postpartum exams. Only approved NCM Preceptors may sign this form in the spaces marked "Witness."

NARM Form 204: Out of Hospital Birth:

10 of the Births as Primary under Supervision must be in an out of hospital setting, and must occur within 3 years of taking the NARM Exam. Only approved NCM Preceptors may sign this form in the spaces marked "Witness."

These forms may be filled with clinicals that have already been entered on NCM Primary Midwife under Supervision Forms #'s 7-11. (Please use NARM's official versions of these forms and read the instructions carefully, as these will be part of the student's NARM Exam Application). MEAC students are not required to submit Out of Country (OOC) Birth Sites Form 230 listed on Forms 200 and 204.

NARM Form 102: Birth Experience Background Form

Use the births from forms #1, 3 and 9 to fill in this form.

Please note: on this form in the line "Number Observed," list the births from Form #1:10 Births as an Observer.

In the line, "Number Active Participant," list the births from Form #3: 20 Births as an Assistant under Supervision.

In the lines, "Number Primary under Supervision" and "Number Primary/Co-Primary" use Form #9: 25 Births as Primary Under Supervision, divided in the following way: In the spaces for "Number Primary Under Supervision," list 20 of these births with a maximum of 2 IP transports. In the spaces for "Number Primary/Co-Primary," list the remaining 5 of these births with a maximum of 1 IP transport.

CLINICAL REQUIREMENT SUMMARY SHEET (NCM Clinical Record Form #12)

Use this form to summarize completion of all NCM and NARM clinical requirements.

Practice Guidelines, Emergency Transfer/Transport Forms, Informed Consent Forms

These forms are required by NCM for graduation from the ASM program. They are completed by the student during the MOD8-MW250-Midwifery Protocols and MOD8-HON390G-Midwifery Laws & Regulations courses. They are a sample of what the student plans to use in future practice. These items must satisfy the requirements of both NARM and for the state in which the student plans to practice in the future. The student must NEVER indicate on these forms that she/he is a midwife prior to actual attainment of midwifery licensure or certification.

Instructions and guidance for completing each of these form is available on NCM's website:

<http://www.midwiferycollege.org/AcademicProgram/Downloads/ASM/PracticeGuidelinesInfConsEmergTransInstructions.pdf>

Procedure:

Research: Student researches NARM's guidelines for Practice Guidelines/Protocols, Emergency Transfer/Transport Forms, and Informed Consent Forms, reviews samples from other midwives and birth centers, and the laws and Practice Guidelines of the state in which she/he is studying or plans to practice in the future. If the student is international, she/he may use the guidelines from the state of New Mexico.

Composition: Using the research and samples, the student constructs her/his own Practice Guidelines/Protocols, Emergency Transfer/Transport Forms, and Informed Consent Forms.

It is acceptable to use the Practice Guidelines/Protocols, Emergency Transfer/Transport Forms, and Informed Consent Forms of her/his state, or that are used by her/his preceptor, then the student must check these carefully to ensure that they adhere to state law and generally accepted procedures.

Preceptor Review:

The preceptor reviews and approves the student's Practice Guidelines/Protocols, Emergency Transfer/Transport Forms, and Informed Consent Forms as part of MOD8-MW250-Midwifery Protocols and MOD8-HON390G-Midwifery Laws & Regulations courses (see course syllabi).

Submission to NCM:

Practice Guidelines/Protocols completed by the student are submitted electronically on a disc to NCM,

OR the student may submit an official letter to the College letting it know which official state practice guidelines the student will be using. This must be on file with the National College of Midwifery prior to graduation.

Emergency Transport/Transfer Form and Informed Consent Form can be submitted on the disc with the Practice Guidelines/Protocols, or if they are short (1-2 pages) they may be submitted separately on paper.

Student Participation in Midwifery or Health-Related Organizations:

Proof of student membership in a midwifery or health-related organization, or attendance at midwifery or health-related organization meeting required.

Outside Examination:

Passing an outside examination is a requirement for the issuance of The Associate of Science in Midwifery (ASM) degree. The candidate must submit evidence of successful completion of a state midwifery licensing examination, a state midwifery association examination, or a national midwifery examination. The student is responsible for all expenses, requirements and prerequisites for taking outside exams.

NARM Exam

Eligibility to Take the NARM Exam:

ASM Students must have completed all ASM program requirements and all ASM academic and clinical coursework must be on file with NCM before requesting permission to take the NARM exam. NCM highly recommends that the student requests an evaluation of her/his file and an updated student record in advance of requesting permission to take the NARM exam to ensure all completed coursework is correct and has been received by the office.

Applying to take the NARM Exam:

ASM Students must apply directly to NARM to take the Exam, but she/he must also obtain permission to test from the College.

1. NARM Exam Application:

NARM no longer has three set test dates.

NARM Applications must be sent directly to NARM, not NCM. It is the student's responsibility to meet NARM deadlines. Contact NARM for updated application forms and testing sites/dates: <http://narm.org/narm/equivalency-applicants/graduate-of-a-meac-accredited-program/>

2. Obtaining Permission from NCM to take the NARM Exam:

- In order to take the exam, you must obtain *permission* from National College of Midwifery. In order to apply for permission you must complete and submit the NARM Exam Permission Packet to NCM. The permission packet is available for download from the NCM website. The office will be happy to email one to the student at her/his request.
- Submission of the permission packet by the deadline does not guarantee permission to take the exam.
- If the student is not given permission to take the NARM exam, she/he must submit another permission packet.

3. NCM has three Test Permission Dates:

DEADLINES TO REQUEST NCM PERMISSION TO TAKE THE NARM EXAM:

February 1st	May 1st	September 1st
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*The Deadline is the day the student's request arrives in NCM's office, NOT the day it was postmarked. Please send items early to ensure they arrive in NCM's office by the deadline above. Although the dates of the exam may vary, the NCM deadlines to have all paperwork completed and into the NCM office remains the same.

What happens after the Exam:

One of the forms in the permission packet is a results release form. This allows NARM to send student test results directly to NCM.

Graduation

NCM processes graduations three times per year. Students should expect to receive their graduation packets approximately 1 month following the graduation date.

- March 15
- July 15
- November 15

It is the student's responsibility to ensure that the NCM office has received the official NARM or other approved test results in our office by one of the graduation dates above.

The graduation packet includes:

Diploma

Official Letter

Final Transcript

An official sealed transcript

Graduate survey

Associate of Science in Midwifery Degree Awarded:

1. When prerequisites are met
2. When skills, clinical and academic course requirements are successfully completed
3. When outside examination is successfully completed
4. All outstanding fees to The National College of Midwifery are paid
5. All library books and videos are returned
6. When Graduate /exit survey is completed
7. When the College has documentation of the above

Certificate in Midwifery Awarded:

A Non-MEAC accredited certificate will be supplied for students who have completed all ASM requirements, but do not take or fail the outside examination. If a student fails the outside exam or decides to take it at a later time, the student may be required to complete additional clinical and/or academic requirements in order to satisfy the requirements of the testing organization, and to be awarded the ASM degree by NCM.

Certified Professional Midwife (CPM)

The student applies directly to NARM for this credential. The College will send a copy of the student's final transcript to NARM upon graduation at the student's request (This is included in one of the forms in the NARM Exam Permission Packet).

State Licensure

Students apply directly to their state(s) for licensure. It is the student's responsibility to notify NCM, provide instructions and necessary forms for any special requirements that the student would like NCM to provide to their chosen exam, certification, or licensing organization. It is recommended that the student provide the College with the requirements prior to graduation so that the College can complete them during the graduation process.

California students should send in Form L12 from their licensure packet to the College. Please remember to fill out the top portion.

Bachelor of Science in Midwifery Degree (Bridge Program)

The BSM bridge program can be completed from 1 to 5 years.

Semester Credit Hours: 147.75 (California Students: 152.75 credits)

Prerequisites

- High School Diploma or GED
- NCM-recognized state or national midwifery license or certification (satisfies 67.75 credits toward BSM Requirements)

Prerequisite college-level courses to be completed at another accredited college or university. These may be completed concurrently with NCM coursework (see NCM policy on accepting transfer credits):

- Analytical Writing: 4 credits
- Math: 3 credits

BSM students in California must additionally complete:

- Chemistry: 3 credits
- Child Growth and Development: 1 credit.

BSM Core Curriculum (*Click here to go to [Course Descriptions](#)*)

	Credits
BIO155G -Anatomy and Physiology	4.00
BIO120-Fetal Development	1.00
SOC102-Genetic Screening	1.00
HON205G-Applied Microbiology	3.00
PSY224-Communication & Counseling	1.00
HON223G-Evolution of Human Sexuality	3.00
HON222G-History of Midwifery	3.00
HON225G-Ethics	2.00
HON390G-Laws/Regulations	3.00
HON393G-Community Health	3.00
ENG202G-Bus. & Prof. Communications	3.00
HON211G-Statistics	3.00
HON220G-Midwifery Literature & Art	3.00
<i>BSM Students in California must additionally complete:</i>	

MW320-IP Episiotomies, Anesthesia & Analgesia (CA Students only)	1.00
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Completed NCM ASM Coursework will transfer directly to satisfy BSM Core Curriculum courses.

BSM-Focus Requirements

BSM MW400-Midwifery Research Methods	4.00
BSM ENG 404-Writing & Presenting on Midwifery Topics	4.00
BSM HON450-Applied Topics in Midwifery Practice: Development of Policy & Procedures	4.00
BSM MW460-Evidence Based Practice in Midwifery Care	4.00
BSM MW480: 1 Additional clinical year past licensing or certification to include 10 births mentored by preceptor	24.00

Portfolio submission requirements:

The BSM-Focus Courses include a portfolio of projects to be submitted to NCM. These projects are listed on the course syllabi. The student must set up a free “Dropbox” account at <https://www.dropbox.com/>. Please see the instructions on NCM’s webpage for BSM.

Graduation

Bachelor of Science Degree in Midwifery Awarded:

1. When prerequisites are met
2. When course, portfolio & program requirements are successfully completed
3. All outstanding fees to The National College of Midwifery are paid
4. All library books and videos are returned
5. When Graduate /exit survey is completed
6. When the College has documentation of the above

MSM and PhD Courses

NCM no longer offers MSM or PhD as of March 2017. All students currently enrolled in the MSM or PhD program will be given a reasonable time period to complete their programs.

Course Descriptions

Courses with the MW prefix use current research in midwifery and obstetrics to broaden the student’s understanding of the NARM skills and MANA Core Competencies learned under clinical supervision.

BIO155G -Anatomy and Physiology, Credits: 4.0

This course provides a thorough survey of human anatomy and physiology, including proper identification of body planes and sections along with the structure and function of all major organ systems. This course includes an introduction to basic histology including cell structure, metabolism, and division, semi-permeable membranes, and enzymes.

BIO120-Fetal Development, Credits: 1.0

This course follows the origin and development of the fetus from zygote to birth, requiring an understanding of the month-by-month development of fetal structure and the growth of fetal capacities. This course explores the structure and function of the placenta, chorionic villi, umbilical cord, and amniotic sac and fluid.

SOC102-Genetic Screening: Human Genetics, Credits: 1.0

This course provides an introduction to the principles of genetics. Students are expected to master a basic understanding of how genetic traits are passed on and how the internal and external environment of the cell can affect this process. Emphasis is placed on understanding the effects of teratogens and the unique vulnerability of the fetus to maternal exposure during key periods in development.

HON205G-Applied Microbiology, Credits: 3.0

This course provides a survey of microbiology, covering bacteria, viruses, fungi, and protozoa. Students are introduced to cellular structure, growth, protein synthesis, and replication, and learn the role of microorganisms in human disease, the stages of infection, and diagnosis. The role and action of antibiotics, sterilization, and antimicrobials are also covered.

PSY224-Communication & Counseling, Credits: 1.0

This course provides an exploration of the impact that language and attitude can have on the new parents' abilities to integrate information and make decisions and the midwife's responsibility to communicate in a manner that encourages understanding and growth. It includes an overview of therapeutic modalities, the role of cultural background in communication, and the importance of the midwife's communication style and emotional support in order for the parents to absorb new information and take on the role of parenthood.

HON248G-Cultural Issues: Cultural Competency in Health Care Delivery, Credits: 3.0

The student will explore the influence of culture, religion, and family history on an individual's perception of health and illness. Effectiveness of care can be impacted by differing beliefs about health/illness between the care provider and the care recipient, and the student will begin to bring this understanding into the midwife/client relationship to best support the mother and her significant others.

HON223G-Evolution of Human Sexuality, Credits: 3.0

A survey of the physiological, psychological and social perceptions of reproductive functioning and sexual response in men and women. This course seeks to broaden the student's perspective concerning individual and cultural attitudes surrounding the topics of sex and sexual behavior in a way that is relevant to our diverse and ever-changing population.

MW350-Perinatal Ed Including Lactation, Credits: 3.0

This course has two sections: 1. Ensures the student knows the appropriate information that should be provided to clients in a childbirth class through designing a childbirth education curriculum outline and teaching a childbirth education series. 2. Provides a comprehensive introduction to human lactation and the breastfeeding relationship. This course is not intended to train the student as a lactation consultant but rather provide a solid background of understanding about the mechanics and importance of breastfeeding. Emphasis is placed on the skills to identify and solve common problems that occur during early breastfeeding when both mother and baby are most likely to be in midwifery care.

MW300-Antepartum Basic Skills, Credits: 1.00

This course provides a basic academic foundation from which students will build a comprehensive understanding of the basic skills used by a midwife caring for a healthy mother and fetus during the antepartum period. This course covers the use of techniques, instruments and equipment that monitor the growth and development of the fetus and the well-being of the pregnant mother. Information in this course is framed in the context of OSHA regulations as they relate to the midwifery workplace, and clinical skills most commonly practiced by Certified Professional Midwives.

MW301- Antepartum Risk Screening, Credits: 0.50

This course provides an academic framework for obtaining and using specific information about the client and her environment to make a clear assessment of the level of risk she may encounter over the course of her pregnancy, as well as discerning the appropriate time to refer her to other professionals. Diagnostic tests and bio-technical screening methods are included as elements to understanding risk status. The course focuses on the areas of history taking that are used for obtaining information that is vital in risk assessment.

MW302-Antepartum Physical Assessment, Credits: 0.50

This course is designed to prepare the midwife to identify symptoms, and to perform the skills needed to provide a complete physical assessment of women during the antepartum period within the scope of midwifery practice. Presented symptoms are used as a guide to discover the cause, and to discriminate between the normal and pathological. Emphasis is placed on increasing the student's knowledge of how to perform physical assessment and understand abnormal findings.

MW303-Antepartum Provision of Care, Credits: 1.0

This course serves as an academic overview of antepartum management by a midwife of a healthy pregnant women and fetus. Topics in this course include the determination of pregnancy, the evaluation of normal physiological and psychological changes in pregnancy, the formulation of a comprehensive care plan including the client and her family, and the thorough education of the client about her pregnancy and the factors that may affect it. Common questions, risks, and comfort measures for the antepartum period are covered in detail.

MW304- Antepartum Complications, Credits: 0.5

This course prepares the student midwife to identify and deal with complications of the antepartum period. These complications include hypertensive disorders, low birth weight, polyhydramnios and oligohydramnios, low-lying placenta or placenta previa, fetal demise, abnormal fetal lie and presentation, size/dates discrepancies, hydatidiform mole, multiple gestation, abortion, Rh or ABO incompatibility, ectopic pregnancy, post-dates pregnancy, and the effect of common diseases on pregnancy.

MW305- Antepartum Pharmacology, Credits: 1.0

This course covers both allopathic and non-allopathic medications/drugs, including an in-depth introduction to the theory and practice of both herbalism and homeopathy. It introduces the student to the structure and function of receptor sites, and requires a thorough understanding of dosage, absorption, metabolism, drug interactions, side effects, and allergies, as well as the importance of carefully considering the client's individual factors when deciding to administer medications.

MW306- Antepartum Nutrition, Credits: 0.5

The Nutrition course provides student midwives with information regarding nutrition during the antepartum period. The course covers education of clients regarding nutritional and non-allopathic dietary supplements, and teaches midwives to individualize each recommendation. This course also includes identifying individual nutritional patterns, RDA recommendations, effects of malnutrition (both maternal and fetal), and facilitating access to better nutrition during pregnancy.

MW307- Antepartum Diagnostic Lab Tests & Procedures, Credits: 0.5

This course reviews diagnostic tools used in testing and identifying abnormalities and determining normal development and maternal health during the antepartum period. Tests covered include ultrasound, genetic screening, tests for Rh and ABO incompatibility, non-stress and biophysical profile tests, tests for liver function, group B strep test, testing for STIs, testing maternal urine for protein and sugars, and testing for anemia and diabetes.

MW308-AP Observation & Charting, Credits: 0.5

This course teaches observation and charting of the antepartum period. Basics of charting are covered, including legal considerations. How to chart client's subjective experiences and the provider's objective findings, the assessment of these findings, and the importance of formulating a care plan based on these findings. Charting of maternal risk at each visit, of telephone consults and follow-up, and of risk findings requiring physician consult or transfer are also covered.

MW320-Intrapartum Basic Skills, Credits: 1.0

This course establishes a baseline of care for evaluation of the intrapartum period including monitoring fetal heart tones, progress of labor, monitoring vitals and values of normalcy. This course also includes review and competency of basic skills and tools utilized during the intrapartum period.

MW321- Intrapartum Risk Screening, Credits: 1.0

In this course, students will gain basic understanding of how the midwife determines the normal progression of labor and delivery. Students will learn how to evaluate the risk status of a mother at the onset and duration of labor. The student is asked to evaluate the risk factors that can arise in the intrapartum period and gain understanding of how to recognize or rule out signs and symptoms of complications that can change the mother's risk status.

MW322- Intrapartum Physical Assessment, Credits: 0.5

This course is designed for students to gain a thorough understanding of the structures most involved with labor and delivery: the female pelvis, the uterus and the fetal skull. Students learn the anatomy of the soft and bony structures of the female pelvis, how they adapt to the process of labor and how the midwife evaluates the presentation and progression of the fetal skull through these structures. The structure of the fetal skull is reviewed in detail including how it adapts to the pelvis during labor, cardinal movements of the baby during labor and how these factors may affect progress of labor. Students also learn how the midwife identifies and evaluates malpresentation.

MW323- Intrapartum Provision of Care, Credits: 1.0

In this course, students learn the many aspects of labor management including identification, evaluation and management of the stages and progression of labor. Normal physiological and psychological changes, nourishment, hydration, signs of maternal exhaustion, comfort measures, and evaluation of fetal well-being are covered in detail in this course.

MW324- Intrapartum Complications, Credits: 1.0

This course introduces the topics of the prevention, identification, and proper response for complications during the intrapartum period. These complications including: preterm labor, preterm rupture of membranes, cord prolapse, fetal heart tone problems, dysfunctional labor patterns and *cephalopelvic disproportion*, maternal exhaustion, uterine rupture, placental abruption, malpresentations, shoulder dystocia and others.

MW325- Intrapartum Pharmacology, Credits: 0.5

This course covers both allopathic and non-allopathic medications used during the intrapartum period. Allopathic medicines used in the hospital, (not used by licensed midwives) are reviewed so students gain understanding of the indications for use, effects, and possible side effects of medications used in obstetrics. Students learn which allopathic medications licensed midwives may utilize for normal labor and delivery in the out-of-hospital environment. Homeopathic and herbal medications for use during labor and delivery are also covered.

MW327- Intrapartum Diagnostic Lab Tests & Procedures, Credits: 0.5

This course reviews diagnostic tools that are used during intrapartum care. Students learn tools to confirm rupture of membranes, evaluate urine for health indicators and other common tests. This course reviews the indications and efficacy of electronic fetal monitoring, ultrasound, and uses of x-ray in labor.

MW328- Intrapartum Observation & Charting, Credits: 0.5

This course reviews the observation and objective data that must be recorded at the appropriate intervals to obtain proper medical documentation of labor and delivery. Special topics such as consults, transfers, consents and waivers are covered in this course.

MW329-IP IV THERAPY, Credits: 1.0

This course covers the indications for IV therapy in labor and delivery, procedures for establishing, administering, and discontinuing an intravenous catheter and fluids as well as aseptic technique. Risks and complication of IV insertion and transfusion of fluids are also covered. This course is meant to cover all of the information that is provided in an IV certification class. A course with supervision by a certified IV therapy instructor may also be submitted in-lieu of this course.

MW340-Postpartum Basic Skills, Credits: 1.0

This course provides a basic academic foundation from which students will build a comprehensive understanding of the basic skills used by a midwife caring for a healthy mother during the postpartum period. This course covers the use of techniques, instruments and equipment that are essential to assessing and helping to maintain the physical well-being of the mother after birth. Information in this course is framed in the context of OSHA regulations as they relate to the midwifery workplace, and clinical skills most commonly practiced by Certified Professional Midwives.

MW341-Postpartum Risk Screening, Credits: 0.5

The objective of this course is for students to learn how to evaluate the risk status of a mother after the birth, including continued screening for signs and symptoms of obstetric or medical complications. This course provides an academic framework for obtaining and using specific information about the client and her environment to make a clear assessment of the level of risk she may encounter during the postpartum period, as well as discerning the appropriate time to refer her to other professionals. The course focuses on the areas of history taking that are used for obtaining information that is vital in risk assessment.

MW342-Postpartum Physical Assessment, Credits: 0.5

This course is designed for students to gain a thorough understanding of the physiological and anatomical changes of the postnatal period. The student will learn how to conduct a physical examination during the early postpartum period and evaluate the normal changes that occur through six weeks postpartum. The students will gain an understanding of how to assess the breasts postpartum and how this relates to critical breastfeeding support for mothers. Emphasis is placed on increasing the student's knowledge of how to perform physical assessment and understand abnormal findings.

MW343-Postpartum Provision of Care, Credits: 1.0

This course covers management of the postpartum period from its initiation to 6-weeks including: delivery of the placenta, care of the placenta and umbilical cord, estimation and management of blood loss, continual assessment of maternal well-being, assisting mother to initiate and persist in breast feeding, facilitation of the attachment and bonding between infant and parents, and management of pain, constipation, and hemorrhoids. The student learns the provision of education, guidance and support to mother and family.

MW344-Postpartum Complications, Credits: 1.0

This course covers the prevention, identification, and proper response for common complications during the postpartum period, including: hemorrhage (immediate and delayed), shock, puerperal morbidity, puerperal infection, mastitis, hematoma, and subinvolution and other complications. This course examines the vital role of bonding, and the importance and methods of screening for child abuse.

MW345-Postpartum Pharmacology, Credits: 0.5

This course covers pharmacology relating to common problems that arise during the postpartum period. Many pharmaceuticals are covered including the uses of RhoGAM®, Pitocin, methergine, rubella vaccine, antibiotics, iron, and herbal or homeopathic remedies for the relief of common postpartum complications and discomforts.

MW347-Postpartum Diagnostic Lab Tests & Procedures, Credits: 0.5

An introduction to the lab tests and procedures performed during the postpartum period. Student learns how to obtain samples of urine, lochia, breast milk, and the reasons for testing each of these.

MW348-Postpartum Observation & Charting, Credits: 0.5

In this course, the student learns how to evaluate the physiologic and anatomical changes of the mother in the postpartum period, as well as her behavioral and psychological responses to childbearing. Students learn the rationale and appropriate measurement of postpartum vital signs, the importance of chart review and history review at this stage, the charting of additional

history, physical and pelvic status, and consults and referrals, and the creation of a postpartum management plan.

MW360-Newborn Basic Skills, Credits: 1.0

This course focuses on the basic professional skills needed to assess the condition of the newborn. It includes gathering and recording information to develop an individualized plan, the use of techniques, instruments, and equipment to monitor the growth and development of the newborn. Skills are framed in the context of OSHA regulations as they relate to the midwifery workplace, and the use of clean and aseptic technique and universal precautions.

MW361-Newborn Risk Screening, Credits: 0.5

This course provides an understanding of how to use information from the mother's health and reproductive history to assess the level of risk to the newborn. Fetal anomalies and problems at birth are examined to determine the impact they may have on the newborn.

MW362-Newborn Physical Assessment, Credits: 1.0

This course is designed to teach the student the anatomy and physiology of the newborn as well as assess the general health and appearance of the newborn. Students will become competent in performing a complete newborn exam and understanding the deviations from normal that sometimes occur in the newborn.

MW363-Newborn Complications, Credits: 1.0

This course covers the identification, assessment, and understanding of neonatal problems and abnormalities. Neonatal complications such as pathological jaundice, neonatal infection and congenital defects are covered in detail with emphasis placed on an understanding of underlying causes.

MW364-Newborn Provision of Care, Credits: 0.5

This course covers the care of the newborn during its transition into extrauterine life and in the weeks after birth. Emphasis is placed on understanding the normal physiology of newborn transition, and how this understanding relates to care provided by the midwife. Management of common concerns and routine post-natal care is also included in this course.

MW365-Newborn Pharmacology, Credits: 0.5

This course covers the various allopathic and non-allopathic medications that might be used for the care of a newborn in the postpartum stage. The student will learn about the use of oxygen and medications that aid in the resuscitation of a newborn. The various options for ophthalmic and vitamin K prophylaxis are covered in detail.

MW367-Newborn Diagnostic Lab Tests & Procedures, Credits: 0.5

This course examines diagnostic tests commonly used during the neonatal period. Student will learn what the community standards regarding the indications for, administration of and the risks/benefits of bio-technical screening techniques. Emphasis is placed on understanding normal lab values in the healthy newborn and the significance of abnormal test results.

MW368-Newborn Observation & Charting, Credits: 0.5

This course covers the importance of charting observed and objective information on the neonate, including consults and transfers. Student will learn how to apply the principles of

informed consent and client confidentiality, and learn about the pertinent waivers that may need to be obtained.

MW380-Well Woman Risk Screening, Credits: 0.5

This course is designed to introduce students to risk screening as it relates well-woman care. Students will use a wide variety of web-based sources to understand risk assessment as it relates to screening for sexual transmitted infections (STIs), cancer, and other health issues. Students are introduced to current guidelines in sexual and reproductive healthcare by reviewing the most recent, evidence-based publications released by national health agencies such as the Centers for Disease Control and the National Cancer Institute.

MW382-Well Woman Physical Assessment, Credits: 1.0

Through this course, the student will learn how to perform a complete physical examination relevant to the well-woman visit. This course focuses in-depth on anatomical structures that are examined during well-woman care and the skills needed to screen clients for possible abnormalities or pathology. The course is broken down into four sections: general exam, breast exam, pelvic exam and rectal exam.

MW384-Well Woman Provision of Care, Credits: 1.0

This course is designed to guide students through the basic principles of providing care during the inter-conception, pre-conception and/or well-woman periods. The course gives a thorough overview of topics that are relevant to a midwife providing well-woman care and a strong base upon which the student can develop their understanding of how this type of care fits into the scope of practice of a midwife.

MW385-Well Woman Pharmacology, Credits: 1.0

This course is designed to give students a thorough introduction to pharmacology as it relates to well-woman care. The pharmacology of contraception methods is explored in-depth in this course in addition to an exploration into non-allopathic protocols for common well-woman problems.

MW386-Well Woman Family Planning, Credits: 1.0

This course is designed to increase the students' understanding of family planning methods. Barrier, hormonal, surgical, and fertility awareness methods are explored in detail in this course. Students are asked to research all types of family planning methods, including methods that are only available for practitioners with prescriptive privileges as a means of preparing the student to counsel clients effectively in their family planning options.

MW387-Well Woman Diagnostic Lab Tests & Procedures, Credits: 1.0

This course provides a thorough review of diagnostic tests that may be performed during a well-woman visit. This course gives an overview of diagnostic testing that is outside of the scope of practice of most midwives in an effort to inform students about topics that may require discussion and referral during a well-woman visit. Cancer screening and interpretation of the pap test/smear is emphasized in this unit as a means of reducing confusing and increasing the student's capacity to explain risk to a client.

MW388-Well Woman Observation & Charting, Credits: 0.5

This course covers the significance of and methods for documenting well-woman care. Student learns to apply the principles of informed consent and client confidentiality.

HON222G-History of Midwifery, Credits: 3.0

A broad exploration of the history, culture and politics of midwifery in the United States throughout the 19th and 20th centuries. In this course, students look at the changes that took place in early medicine and dominant American culture that created a severe decline in midwifery care and the subsequent effects on childbearing women. Special attention to political topics such as the rise of obstetrics and decline of midwives, issues of licensing and education, medicalization of childbirth, the natural childbirth movement, and the rise of homebirth midwifery help students understand the world they are preparing to practice in today.

HON225G-Ethics, Credits: 3.0

This course explores the theory and practice of informed consent and mutual decision-making. Students answer theoretical and situational dilemmas that practitioners may face when providing care in this way. This course also aims to provide a general understanding of importance and complexity of ethics in healthcare. Students explore the role of their own ethics and personal opinions in the process of informed consent and how this can affect the care they provide. As these topics are cornerstones of midwifery care, this course aims to set a foundation to guide students in questions that will be a significant part of their midwifery practice.

HON390G-Midwifery Laws & Regulations, Credits: 3.0

This course outlines the important questions for students to understand about the legislation and regulations regarding midwifery nationally and in their local jurisdiction. These questions are designed as a guide for students to investigate the laws in the jurisdiction where she/he studies and will practice, know them intimately, and compare them with MANA guidelines. As midwifery laws are created on a state level, there is a wide range in state laws and it is on-going responsibility of the (student) midwife to stay informed of the legal issues in her state as they are often subject to change.

MW250-Midwifery Protocols, Credits: 1.0

In this course, students explore the difference between protocols and practice guidelines including the legal implications for midwives and patients. Students explore the elements that are necessary to design practice protocols or guidelines for all aspects of midwifery care: antepartum care, intrapartum care, newborn care, postpartum, and well woman care. As the North American Registry of Midwives and many states require practice protocols or guidelines, this course is essential for student midwives learning how to draft their own upon graduation to be used in their own private practice.

HON393G-Community Health, Credits: 3.0

Using both a national and international focus, students look at women's health and maternity care through the lens of a public health care model. By analyzing issues of geography, race, age, access to care, availability of practitioners, health problems associated with poverty, nutrition, and women's rights, students gain an understanding of spectrum of issues that affect the health status of women and children as well affect the provision of health care. The intent of this course is to facilitate the student's understanding of a more complete picture of the quality of the maternal-child health in her own community and adapt her services to better serve the local need.

MW350-Out of Hospital Birth, Credits: 3.0

In the United States, the re-emergence of home birth as a grassroots movement brought two concepts into focus in American culture: midwifery care and out-of-hospital birth. These ideas came at a time of highly interventional birth practices, and brought to light that birth is not necessarily safer in the hospital for low-risk women. In this course, students study midwives and out-of-hospital birth in their communities via biographies, live interviews, research and popular resources. In the context of this information, the course requires students to conduct multiple interviews with local care providers to understand the interactions and philosophies of care providers in and out of the hospital setting as they coordinate care for childbearing women. Students will engage with their communities in a way that may help to facilitate communication and coordination in future interactions.

ENG202G-Business & Professional Communications, Credits: 3.0

Communication is a huge part of what midwives do in their role as educators and as mid-level health care providers. Professionalism, accuracy and efficacy in communication are crucial in the provision of care and professional coordination of care. This course aims to provide students with an understanding of both the need for and steps to achieve effective communication in professional interactions. Learning activities include: practicing business writing skills with help of step-by-step study guide; practicing the SBAR communication technique during transport situations; creating an outline for a business plan; development of clear informational materials on midwifery services; and development of a presentation on a plan for reduction of maternal and infant risk in the student's community that could be presented to any party.

HON211G-Introduction to Statistics for Midwives, Credits: 3.0

This course provides midwifery students with the basic statistical skills needed to interpret scientific studies. Students will learn the fundamentals of the scientific method and implementation of research studies, an overview of commonly applied statistical methods used in health research, practice analyzing actual birth related studies and exposure to basic calculation of descriptive statistics. Students also look at ethical and political issues around how statistics are gathered and calculated, the process involved in the creation of clinical studies and how results from these are applied to maternity care.

HON220G-Midwifery Literature & Art, Credits: 3.0

In this course, students delve into the vast bibliography of books on the history, culture and art of midwifery. Through this course, the student explores the diverse and passionate history of midwives via book reports on selected works and interviews with midwives. Students gain understanding of the arts and culture that have developed with the rise of midwives and natural childbirth movement. Students are asked to undertake a creative project of their own using any artistic medium to express their own passion and thoughts about themselves and their work as midwives.

BSM-Focus Requirements Course Descriptions:

BSM-MW400-Introduction to Midwifery Research Methodologies, Credits: 4

This course is an introduction to scientific research methods as they apply to midwifery and health sciences. The course gives a detailed description of the key concepts of both qualitative and quantitative approaches to research. All of the core concepts for designing a research proposal are covered in this course. This course aims to give the midwife an entry-level understanding of skills that apply to research development.

BSM-ENG 404-Introduction to Writing & Presenting on Midwifery Topics, Credits: 4

This course is designed to introduce the BSM student to methods of professional writing and presentation of midwifery topics. The course uses online resources to guide students in the development of writing skills and technique appropriate to the field of midwifery research. Students develop writing and presentation experience by practicing the rules of professional writing and using current standards in professional research presentation.

BSM-HON450-Applied Topics in Midwifery Practice: Development of Policy & Procedures, Credits: 4

This course is designed to apply the tools learned in the BSM research courses to clinical practice in the development of evidence-based clinical guidelines. The midwife-student is charged with researching, analyzing and distilling clinical information relevant to their practice. This course is an opportunity for students to apply their understanding of research directly to every day practice.

BSM-MW460-Introduction to Evidence Based Practice in Midwifery Care, Credits: 4

This course builds on the concepts covered in the course *Introduction to midwifery research methodologies*. Students learn to analyze and understand research and medical literature through the development of critical appraisal skills. In this course the area between research and practice is bridged giving students practical tools for problem-solving clinical questions and converting research into practice.

Preceptors

(Also see “Student-Preceptor Relationships” under “Common Program Requirements” in this handbook)

Choosing a Midwifery Preceptor

NCM does not match students with preceptors. Students must find their own preceptors. Students must have a preceptor when they enroll in the College. It is important to try to find the right match for you. Please remember that you will need 2 preceptors in order to complete the clinical portions of the program.

How to find a preceptor?

- Send out an email to everyone on your list to see if they or someone they know has used a local midwife.
- Local listings or state organization for midwives
- Midwives Alliance of North America at www.mana.org. Contact the representative for your region
- CNMs can be preceptors of the College; contact your state chapter of the ACNM.
- Physicians practicing obstetrics can be preceptors of the College.

Things to talk about:

- Length of study:
Students can complete our program within 2-5 years. Most of our students complete their program within 2-3 years.
- Payment:

Students pay their preceptor directly. If you are going to do a trade, please remember to write up a contract. This will avoid any misunderstandings. You can always evaluate it every 6 months so that everyone feels there is a fair exchange.

- Trial period:
If you do not know each other very well, it is sometimes wise to informally work for 1-3 months together to see if you are a good fit. If at the end of that time, you find it is not a good fit, both people can walk away with no hard feelings.
- The ADA does allow employers, preceptors etc. to ask potential students if they are able to perform the functions needed for a midwifery student. This may include questions regarding heavy lifting, sight, hearing, fine motor skills, ability to function with little sleep, and the ability to go up and down stairs. The College is available to help students and preceptors to think through reasonable accommodations for students with disabilities.

The preceptor should be excited about providing the student with midwifery training, and be willing to tend to the paperwork required by the College (syllabi, evaluations, transcripts, peer-review, etc.)

Sample Questions for Prospective ASM Preceptors & Students

Sample questions for preceptor and student to discuss

These questions are presented here to help the student and preceptor start a dialog about working together.

Why do you want to be a midwife?

- Describe your idea of apprenticeship. What is your role as a student? What is the preceptor's role?
- Have you been in an apprenticeship with another preceptor?
- Have you been to any births?

Is the potential preceptor familiar with the National College of Midwifery's program?

How will your program be structured?

- How long do you think you will take to complete the program? Does your preceptor feel this is a reasonable time frame? Is her/his practice busy enough to provide you with the clinicals you need to complete in this time?
- What is your learning style? Hands-on? Independent learner? Formal or structured instruction?
- How will you integrate your academics with the clinicals? How much time each week will you spend on academics? Clinicals?
- Discuss what you would do during your 1st month? After 6 months? 1 year?
- Discuss the preceptor's clinical load- is it sufficient to support minimum clinical requirements?

What is your availability?

- Do you have a current job? Will you continue to work during your apprenticeship?
- When did you want to start your apprenticeship?

- What hours are you available on a weekly basis
- If you have children, discuss your child care arrangements

Additional subjects to discuss

- How to you handle stress? Sleep-deprivation?
- Do you have reliable transportation? Cell phone service?
- Do you have any medical conditions?
- Do you use any social or recreational drugs, alcohol or prescribed medications?

How will your education help you to reach your goal for becoming a midwife? Where do you see yourself working after completing the program?

Some preceptors have students sign a contract separate from the one students and preceptors sign with the college. These contracts can include the following:

- Length of apprenticeship
- Time requirements / attendance / time off
- Hygiene and professional appearance
- Confidentiality
- Payment to preceptor
- Completion of assignments and evaluations

If you need assistance, please call or email the NCM office.

Faculty/Preceptors

The National College of Midwifery recognizes the following categories of practitioners as acceptable preceptors for training midwives:

1. Licensed Midwives
2. Midwives holding College-accepted certification by their State midwifery organization
3. Certified Nurse Midwives
4. Physician Assistant Midwives
5. Licensed Physicians practicing Obstetrics

Preceptor/Instructor Qualifications

Academic faculty is required to provide her/his own office space, internet, and computer equipment.

Clinical Preceptors are required to provide her/his own clinical space, as necessary.

The preceptor must hold at least the academic credential sought by the midwifery student. College policy is to recognize the CPM credential or local state midwifery licensing as equivalent to the ASM degree. Midwives practicing in states where licensure is required must provide a copy of current licensure in order to be approved. Approved preceptors must maintain their licensure/certification as required by their state, unencumbered by holds/investigations/disciplinary action of any kind during active instruction and supervision of their NCM student(s). All ASM and BSM Preceptors must have at least two years experience post licensure/ certification in full scope midwifery practice.

For all courses with prefixes other than “MW” including General Education, NCM will only accept preceptors with the same or higher academic credential the student is seeking *or must*

hold certificates or degrees appropriate to their area of instruction or, when neither certificates nor degrees are available in this subject area, have a minimum of three years' experience in the relevant field:

Preceptor Types:	I. Minimum Degree Required	II. Area of Degree	III. Holds valid national certification as a midwife (CPM, CM, CNM) AND/OR evidence of current licensure as a practitioner who provides women's health or maternity care, AND Evidence of at least two years of current, full-scope midwifery practice	IV. Timeframe experience in the specific academic area	V. Alternative qualifications to years of experience in the specific academic area
A. Clinical Preceptor	see III	see III	yes-minimum 2 years	n/a	n/a
B. Academic MW Preceptor (supervised)	see III	see III	yes-minimum 2 years	n/a	n/a
C. Academic MW Preceptor (unsupervised)	Associate	any	yes-minimum 2 years	n/a	n/a
D. Academic General Education Preceptor (supervised)	Bachelor	any	n/a	3years	6 credits or 90 CEU's in specific academic area
E. Academic General Education Preceptor (unsupervised)	Master	specific area of instruction	n/a	3years	6 credits or 90 CEU's in specific academic area
F. Academic General Education SUPERVISOR	Master	specific area of instruction	n/a	3years	6 credits or 90 CEU's in specific academic area

Associate of Science in Midwifery Preceptors:

- Licensed Midwives
 - Must have license issued by the jurisdiction in which the midwifery practice is located.
- Certified Midwives
 - Must have a certification from a College approved state or national midwifery organization
- Certified Nurse Midwives
- Physician Assistant Midwives
- Licensed Physicians practicing obstetrics

The Associate Degree student must have two (or more) preceptors registered with the College who must be able to provide the student with the opportunity to obtain the clinical skills and experiences required by NARM.

General Education Instructors:

- Instructors of requirements that are not core midwifery curriculum do not need to be midwives, but
- Must hold certificates or degrees appropriate to their area of instruction or,
- When neither certificates nor degrees are available in this subject area, have a minimum of three years' experience in the relevant field.

Bachelor of Science in Midwifery Preceptors:

- Licensed Midwives or Certified Midwives
 - Must have a BA or BS degree.
 - Must have a License issued in the state where the practice is located or local or national certification
- Certified Nurse Midwives
 - Must have a BA or BS degree.
- Physician Assistant Midwives
 - Must have a BA or BS degree.
- Licensed Physicians practicing obstetrics

Preceptor Job Description: Rights, Responsibilities, and Requirements

Preceptors must meet the requirements detailed under “Preceptor Qualifications”.

In addition, must agree to meet all of the following:

1. Must be able to provide the student with the required academic and/or clinical experience and supervision.
2. Must hold the equivalent or higher academic degree than that sought by the student.
3. Must be either: Licensed Midwife, Midwife holding College-approved certification of state or national midwifery organization, Certified Nurse Midwife, Physician Assistant Midwife, or Licensed Physician practicing obstetrics.
4. Must have had at least two years of on-the-job experience since licensure/certification.
5. Must agree to provide grades for the academic requirements, and transcripts of experiences supervised by preceptor.
6. Must agree to submit a progress report at the end of each trimester consisting of signed copies of the following: Student-Preceptor Evaluation, Student Record with new grades, Clinical Record Forms, updated MEAC Abbreviated NARM Skills form, and Syllabi for upcoming trimester at the end of each trimester. These items are due each January 31st, June 30th and September 30th.
7. Must have formulated a supervision and back-up plan based on these regulations and guidelines, which will promote the safety of mothers and babies, which adhere to the supervision requirements of the State’s midwifery regulations and of the guidelines of all relevant State midwifery associations.
8. Must practice within the midwifery guidelines of the state midwifery association, or the CPM Guidelines, in the absence of state guidelines.
9. Must agree to be evaluated annually based on trimesterly student-preceptor evaluations, work submitted, and internal incident reports.
10. Must agree to incorporate the International Confederation of Midwives Core Competencies for Midwifery Preceptors into the teaching process.
11. Must ensure that the College has all updated/renewed documents relevant to the status as a preceptor, including:

<ol style="list-style-type: none"> a. Copy of current certification/license b. Copy of most advanced degree c. ASM Contract for each student enrolled in NCM 	<ol style="list-style-type: none"> d. 3 References (upon application) e. Curriculum vitae/ Resume f. Floor plan of academic and clinical space to be used, showing fire extinguishers,
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- smoke alarms, and emergency exit plan
 - g. Equipment and restocking checklist for clinical facility
 - h. Safety Form listing standards followed in practice
 - i. Statement of Understanding
12. Must agree to engage in Peer Review of all negative clinical outcomes within 60 days, and must file an NCM Incident Report with the College, within the same timeframe.
 13. Must agree to meet with my student weekly or at a regularly scheduled time to review clinical and academic progress, troubleshoot problem areas, build on areas of strength, and debrief any adverse clinical outcomes.
 14. Must be aware that the College provides free counseling and mediation services to students and preceptors. In the event of any conflict or dispute with her/his student, the preceptor agrees to contact the College administration for mediation services, and agrees to encourage the student to contact the College administration for additional counseling by College staff. The College will fill out an internal incident report evaluating my handling of the disagreement, and that a copy of this report will be sent to the preceptor, while another copy will be placed in the preceptor's College file.
 15. Must understand that the following are the conditions for probation or termination by National College of Midwifery:
 - a. Preceptor fails to adhere to the duties set out in this contract
 - b. Preceptor fails to provide student with the required academic or clinical supervision
 - c. Preceptor fails to debrief student to her satisfaction after an adverse clinical outcome, and subsequently fails to engage in mediation by college administration as requested by student
 16. Must agree to report to the College any changes in a student's status, such as completion of clinical and academic requirements, successful completion of NARM or state midwifery certification exams, or withdrawal from the program.
 17. Must agree to participate through evaluations as part of the Faculty Advisory Board.
 18. Must agree to review the College materials for the student and to send the College any recommendations for improvements.
 19. Understand that the preceptor may attend and will be informed of annual College Board meetings.
 20. Understand that the preceptor may gain access to her/his personal preceptor file maintained by the College.
 21. Understand that the preceptor is paid tuition directly by the student according to a mutually agreed upon contract. A copy of this contract will be kept in the student's College files.
 22. Understand that the preceptor may terminate student-preceptor relationship with any student if a working relationship is not in place or fails to develop, or if the student fails to pay according to the Student-Preceptor Contract, and will notify the College in writing of such occurrence.
 23. Understand that the preceptor may request mediation services with the student from the college administration at any point this is needed and I may participate in the College Grievance Procedure according to College policy at any time this is needed.
 24. Must be aware that the preceptor is required to file with the IRS and my State taxation department on all income earned from students in NCM programs.

Clinical Preceptors additionally:

1. Must have disclosed the volume of clinical interactions and the probable time frame necessary for completion of the program's clinical requirements with the student.

2. Must agree to be in *direct supervision* (be physically present to diagnose, authorize, and approve all work performed) of all the clinical encounters, births, and NARM skills for which the preceptor signs off.
3. Must agree to supervise the student's mastery (confidence and competence) of the NARM skills, using the text Practical Skills Guide to Midwifery by Sharon Evans and Pam Weaver as a guide, and to document her acquisition of these skills each trimester on the MEAC Abbreviated NARM Skills List.
4. Must agree to note the student's name or initials on all client charts for supervised clinical experiences, and to make these charts available for review, in case of audit.
5. Understands that in the case of any adverse clinical outcome, the preceptor agrees to debrief with my student to the satisfaction of both of preceptor and student. If either preceptor or student cannot reach satisfaction on the completion of the debriefing process, both agree to contact the College administration for mediation services.

Preceptor Evaluation & Supervision:

Beginning in 2011, all preceptors must submit an evaluation with the grades and clinical documentation for any trimester in which they were active.

The evaluations are reviewed by the office staff and if there are any issues raised by the student and/or preceptor, they are referred to the President or the Education Committee to be resolved in a timely manner.

	Licensure Required CPM or Legally recognized in a jurisdiction/state/province as a practitioner who provides women's health & maternity care (minimum 2 years current full-scope experience in full midwifery care)	Degree Level Required Degree Level	Evaluation/Supervision Required	
			Trimesterly	Annually
NCM Program:				
ASM (all requirements)	YES	Associates	NO	YES
ASM Core Midwifery Courses (courses with MW prefix only)	YES	None	YES	YES
ASM Core Midwifery Courses	YES	Associates	NO	YES
General Education Courses	NO	The degree level at which the student is learning or higher (In appropriate area of instruction-3 years experience)	NO	YES
BSM	YES	Bachelors	NO	YES

NCM Preceptor Evaluation Process - Updated January 2018

NCM evaluates the preceptor within six weeks of the end of the trimester using the following:

- Student/preceptor evaluation form submitted at the end of each trimester
- Consideration of the communications between preceptor, student, and NCM staff, incident reports, and termination forms
- Public comments

Preceptors Needing Extra Support

Preceptors who are identified as needing extra support and guidance will be placed on Counseling and Remediation Status. Preceptor counseling and remediation is meant to ensure that the preceptor understands and follows NCM's policies and procedures, and is meant to help resolve issues in the preceptor's training methods, skills or student-preceptor interactions. Preceptor who are put on Counseling and Remediation Status will remain on this status until issues are resolved at the determination of the president or her designee.

Items falling within the period of review that initiate Counseling and Remediation Status include:

- complaints
- incident reports
- termination agreements
- any of the following scores on NCM's Student Evaluation of Preceptor survey:

A score of 1 or more questions answered as "Poor"

A score of 3 or more questions answered as below "Satisfactory"

Steps for Counseling and Remediation:

NCM President or her designee will contact the individual who issued the complaint, filed the incident report, signed the termination agreement or filled out the negative evaluation. NCM President or her designee will offer support and guidance to the student and will strongly encourage her/him to approach the preceptor directly in search of a resolution. Students will be given clear information about what is expected of the preceptor/student relationship and specific guidance for how to pursue resolution through direct communication.

Student requests for confidentiality will be strictly honored by NCM President and staff though it will be explained to students that NCM may not be able to offer resolution without open communication. The only exception to this is in situations where blatant abuse or dangerous practices are reported.

Two courses of action are outlined below. The direction the NCM president will take will be determined by the student's choice regarding confidentiality.

So long as confidentiality can be maintained to the extent requested by the student, NCM president or her designee will contact the preceptor directly to share specific feedback and offer whatever support is deemed necessary in order to identify the issue and ensure that the preceptor acquires the necessary knowledge and skills to correct the issue. This support may come in the form of counseling sessions between preceptor and president and/or other NCM staff, peer review sessions with other preceptors, shared resources and/or participation in required online courses. If it is determined that the issue involves unique dynamics between the student who submitted the review and her/his preceptor, then that student may be included in certain aspects of the counseling and remediation process. Resolution will be determined at the discretion of the president or her designee and may include:

- determination through communication with student and preceptor (including evaluation forms) that issue is resolved, in which case preceptor will be taken off of Counseling and Remediation Status.
- determination that issue is a unique issue between individual student and preceptor in which case it may be recommended or required that the relationship be terminated.
- determination that the preceptor is not taking proper responsibility for her/his position, in which case she may be disenrolled as a preceptor. Policies regarding re enrollment are as follows:

To reenroll, the preceptor must write a statement to NCM explaining what steps she/he has taken to resolve the issue. This must include a clear and honest representation of the issues that contributed to disenrollment, and description of any training completed and/or life experience that has informed certain behavioral changes and attitudes. It is at the president's discretion whether to re-accept the preceptor or not.

In the case that the student requests confidentiality, it will be clearly explained to her/him that her/his request for confidentiality will substantially limit NCM's ability to support and help resolve the issues. If student still desires confidentiality following this explanation, the preceptor will be selected as a member of a group that will be required to participate in an online course addressing the area of concern as well as other topics. For example, if the preceptor has been identified by her/his student for having weak summative assessment methods, the course will include, among other topics, information on how to provide strong summative assessments. The group selected to take the required course, whenever possible, will include preceptors identified as also having challenges with the specific evaluation measure and preceptors who are known to be strong in the area of concern. Because the course will include required discussions, this will inherently offer an opportunity for peer support and guidance.

In the case that peers express concern through this process for a preceptor's ability, the steps outlined above will be followed for a peer as they would otherwise be followed for a student.

Changing Preceptors / Termination of student and preceptor contract

Sometimes the student and preceptor find they are not a good match. If you decide to discontinue your working relationship, both student and preceptor need to fill out a "Termination of Student and Preceptor Contract" form and submit it to the office.

Any work completed by the student should be signed off by the preceptor and submitted to the College within 30 days. Students should make sure that financial obligations are fulfilled.

Mediation is available through the office only if both parties agree.

Preceptor Enrollment

See "Enrollment"

Adding a preceptor

New preceptors to NCM must fill out the complete preceptor application and student/preceptor contract.

Preceptors who have been previously approved by NCM, must sign a student/preceptor contract. All information in the preceptor file must be current.

All student/ preceptor contracts must be approved by the NCM office. Work done prior to approval will not count towards your program. Once the contracts are approved, student and preceptors are notified by email.

Adding Multiple preceptors from the same Facility

Each preceptor must submit the following:

- Preceptor application form
- Resume/CV
- Copy of current license
- 3 references
- Preceptor Facility Verification statement
- Oversight form
- Official transcripts of any applicable education

The Facility will need to fill out:

- Safety form – fire inspection must be included as well as lines 4 & 5 with protocols listed
- Facility diagram
- Restocking form

The Student and Preceptors will also need to fill out:

- Student/Preceptor contract for multiple preceptors

All student/ preceptor contracts must be approved by the NCM office. Work done prior to approval will not count towards your program. Once the contracts are approved, student and preceptors are notified by email.

All forms can be found on our website at www.midwiferycollege.edu or we will be happy to email it to you upon request.

Preceptor Teaching Guides

Preceptors and Students are encouraged to use the teaching and learning materials in tandem.

Preceptor Guidance and Teaching Requirements:

The Preceptor creates a learning plan with the Student and assures appropriate degree-level work:

Completion of a "Plan of Completion" prior to starting work together, clarifies the timeframe and expectations of progress throughout the program.

For Academic requirements: The Student and Preceptor use NCM's course syllabi, which outline the time/credit requirements, Learning Activities, Resources, Learning Objectives, and Evaluation Methods.

For Clinical requirements: The Student and Preceptor use NCM's Clinical Record Forms and Instructions, which outline the requirements and the level of student demonstration for each clinical experience, the type of preceptor supervision required, and the student demonstration necessary to be awarded credit. NARM Skills must be completed following the guidelines in

Practical Skills Guide for Midwifery by Evans and Weaver, and must be completed at "Mastery" level.

The Preceptor evaluates the Student Learning Outcomes:

For Academic courses: The Student will be able to answer the Learning Objective questions, and will complete course content and credit requirements. They will be able to utilize this information as it corresponds to the practice of midwifery. The Student will be able to apply the information to clinical and real-world practice.

For Clinical and NARM Skills: The Student will be able to competently and confidently perform all skills when appropriate, and demonstrate all clinical skills to "mastery" level prior to being signed off on Clinical Record Forms.

The Preceptor tailors her/his teaching approach to the Student's learning style:

Regularly scheduled meetings between Student and Preceptor allow time to review clinical and academic progress, troubleshoot problem areas, build on areas of strength, and debrief any adverse clinical outcomes.

The Preceptor addresses any obstacles or resistance the Student may have to learning:

Stating clear expectations and following-through with review and evaluation of student work in a timely manner allows for identification of student obstacles or resistance to learning, as well as addressing the student needs. This interaction and feedback gives the Student and Preceptor the ability to experiment or adjust to improve Student learning.

The Preceptor maximizes the Student's special talents:

Through encouragement, personal interaction, and immediate feedback, the Preceptor reinforces good habits and addresses any learning, study or performance issues for the Student that need adjustment. This allows the building of Student confidence and cements the Student's special talents, while allowing for growth and building of new skills.

The Preceptor uses the following FORMATIVE (learning process) assessment tools:

NCM Formative Assessment Tools include the Preceptor's personal evaluation of the Student's demonstration of clinical skills to ensure the student achieves "Mastery."

NCM Clinical Record Forms and instructions state the level of student demonstration required in order to receive credit. The Preceptor personally evaluates each clinical experience that she/he signs off. Generally the student must demonstrate completion of each Clinical and NARM Skill to the preceptor, to "mastery" level of competence and confidence.

The Preceptor uses the following SUMMATIVE (final evaluation, such as testing) assessment tools:

NCM Summative Assessment Tools include Learning Objectives and Tests completed during NCM Academic courses.

The Syllabus for each academic course outlines the Evaluation Methods that the Preceptor will use to assess Student achievement, and clarify how to grade each course. The minimum score required for a passing grade is 80%.

Preceptors resolve Incident Reports in the following manner:

Preceptors agree to engage in Peer Review of all negative clinical outcomes within 60 days, and must file an NCM Incident Report with the College, within the same timeframe.

Overview of NCM Course Syllabi

Syllabi can be found on your NCM disc and on NCM's website:

<http://www.midwiferycollege.org/AcademicProgram/Pages/ASMacademics.html>

Each course syllabus gives the following information that the student & preceptor will need to complete and evaluate each course:

Course Title: Module and Name of the Course

Credits: Number of credits for the course. This will also give an idea of how long the course should take to complete based on the following conversion: *One Academic credit equals approximately 15 hours of formal time plus 30 hours of additional study or homework. Formal time is defined as the amount of time taken to answer the Learning Objectives to the level of 80% and to complete any learning activities to the preceptor's satisfaction, including any time spent face to face with the preceptor. Informal time includes any time spent actively reading relevant sources and textbook/s, researching Learning Objectives, and studying for examinations.*

Course Description: A basic overview of the topics to be covered and a list of the NARM Skills and MEAC Essential Competencies attached to the course.

Learning Activities:

- A. Student reads appropriate sections from the Learning Materials/Resources.
- B. Student answers the questions listed in the Learning Objectives by researching the Learning Materials/Resources for the course and correctly cites the sources and page numbers for each of their answers.
- C. Student presents answers the questions listed in the Learning Objectives for review by preceptor.
- D. Student participates in preceptor elaboration/discussion of Learning Objectives.
- E. The student must research, prepare & present a summary of current best midwifery care/practices appropriate to the topic of the course from a current journal article/study, less than 5 years old.
- F. Recommended Role-playing and/or Clinical Interactions
Note: The clinical requirement of NARM /Clinical Skills is completed at any time throughout the ASM apprenticeship during actual clinical practice and is NOT a requirement to complete this academic course.

Learning Materials / Resources:

Recommended texts and resources are listed on each individual syllabus. Please use textbooks less than 5 years old or most recent edition.

Evaluation Tools / Methods:

Minimum passing grade for all courses is a cumulative 80% / B-. Students and preceptors are encouraged to work together until the student masters the information.

Final grade for the course is based on preceptor evaluation of the following:

- A. Learning Objectives count for 80% of the final grade.
 - The preceptor evaluates each answer based on three elements:
 - 1. Answers should reflect a thorough review of current literature regarding best current practices in midwifery care.
 - 2. Each answer should be formed in the student's own words or paraphrased from the text. The answer should be minimal, not a re-write of the entire text, but enough to show appropriate comprehension of the learning objective.

3. Student identification of sources and page numbers for each of the Learning Objectives. (Preceptor should do a random check to determine that sources cited are correctly identified.)
- B.** Summary of best midwifery practices from a current journal article / study counts for 10% of the final grade.
- C.** Exam counts for 10% of the final grade.

Learning Objectives:

- A.** The student must research, prepare & present a summary of an aspect of current best midwifery care/practices appropriate to the topic of the course from a current journal article/study.
 - B.** Student answers the Learning Objective questions listed on the syllabus and cites the sources and page numbers (*accounts for 80% of the final grade-see evaluation methods above*).
-

Recommendations for the Instruction of Academics, Clinical Visits/NARM Skills, and Births:

Academics:

(Please refer to the individual course syllabi on the student/preceptor discs. Syllabi are also available for download from our website: <http://www.midwiferycollege.org>)

Elements of academic training/learning

- 1) Preceptor and Student review the course syllabus for credit value, learning objectives, learning materials, learning activities, and evaluation methods.
- 2) Student reads text(s)/source (less than 5 years old).
- 3) Student answers Learning Objective Questions from course syllabus, and cites text and page number where she/he found the answer.
- 4) Preceptor Elaborates in lesson (some courses are very long and will need to be broken down into smaller sections by the preceptor):

Academic Lesson plan overview

Introduction

- Contact (a relevant catchy story or something to get the attention of the student/s)
- Course Title and Name of Preceptor
- Objectives (can be read directly from the syllabus): "By the end of this session you will be able to...___"
- Value (may be same as the contact- This is usually the Course Description on the syllabus).
- Conduct (what the student should be doing while the preceptor is teaching)

Body

- Teach the learning objectives-answer the learning objective study questions on the syllabus.
- Give examples from your real life experience.
- Give examples of when the student will see it/use it during the apprenticeship.

Summary

- Learning Objectives: "You are now able to...___"
- Restate value

- When will they see/use this in required NARM Skills and/or MANA Core Competencies for the course.
- Ask if the student has additional questions?

4) Preceptor goes over Study Questions with student and evaluates student completion, understanding of the information, and ability to locate the information in a current text/source.

5) Student takes quiz/test.

6) Preceptor records completion of the course by entering the grade and date, on the student record form and signing and dating her name. Passing grade is 80%, however, the preceptor and student should work together for 100% understanding of the Learning Objectives.

7) Student uses material in clinical setting and in NARM Skills (completed throughout the apprenticeship)

Clinical Visits and NARM Skills:

(Please see the clinical page of the student/preceptor disk for NARM Skills Requirements and Comprehensive Clinical Care Requirements, as well as recording and record keeping guidelines)

Lesson plan for clinical visits (Actual or Role Play):

Briefing:

Briefing ensures that the student knows what is the purpose of the visit is, knows what she has to learn or practice during the visit, knows what to do to be an effective assistant, and knows how to conduct herself/himself during the visit.

- Who is the Client?
- Purpose / Goals for the visit?
- Learning Objectives (for the student): “By the end of this visit you will be able to..._____”
- Issues, if any (this could be special considerations for the particular client or for the procedures you are going to perform)
- Student conduct during visit birth (very clear Expectations), Example: stand to one side and watch and chart the visit. Or- Student will perform pelvic exam. Or- Preceptor will demonstrate and then will ask the student to practice_____.
- What should a student do if they have a question or disagree with the preceptor during the visit? Example: ask at debrief, do not do so in front of the client, or for technical questions she/he can ask the preceptor during the visit.
- Step-by-step instructions for the skill that you are going to perform.
- Important notes- Example: When you are going to touch the client, don't forget to ask first, when you use the stethoscope, don't forget to make sure it is warm first, etc.

During the visit

- Preceptor demonstrates and then students practice one at a time under the *direct supervision*** of the preceptor.
- Appropriate Charting & *preceptor and student initials must appear at the appropriate places.*

Debrief:

Debriefing ensures that the student knows what she/he learned/practiced, has instant feedback on what she/he did well and specifically what to do to improve.

- Praise: “I really liked the way you _____”
- Identify problems, give specific corrections: “I saw some problems_____. Next time avoid the problem by doing _____.”

- Restate Learning Objectives: “You are now able to _____.”
- Restate Value: Answer the question why did we do what we did and why it is helpful or necessary to the midwife or client.
- Preceptor immediately signs off relevant clinical and NARM forms for items which the student has achieved mastery*. If mastery* was not achieved, the preceptor must immediately explain why it was not achieved and explain how mastery can be achieved later.
- Ask the student/s if she/he has Questions?

Births:

Preparation for Births for Students in Training:

Briefing:

- Identify:
 - Client
 - Client’s family or people attending the birth or doulas, etc.
 - Supervisory midwife (Preceptor/s)
 - Primary midwife (Student/s)
 - Assistant midwife (Student/s)
- Issues, if any for the particular client or location or type of birth: ie waterbirth.
- Learning Objectives (for each student): “By the end of this birth you will be able to..._____”
- Student conduct during birth (very clear Expectations), for example: the Assistant midwife will stand to one side and watch and chart the birth. Help whenever and wherever asked. Or Student acts as Primary Midwife under direct supervision of the Preceptor.
- What should a student do if they have a question or disagree with the preceptor during the birth? Example: ask at debrief, do not do so in front of the client. Or ask the preceptor out of the presence of the client.
- Important notes- Example: When you are going to touch the client, don’t forget to ask first, when you use the stethoscope, don’t forget to make sure it is warm first, etc.

During the birth:

- Preceptor *Directly supervises*** students acting as primary midwife and assistant midwife.
- Appropriate Charting & *preceptor and student initials must appear at the appropriate places.*

Debrief:

- Praise: “I really liked the way you _____”
- Identify problems: “I saw some problems_____. Next time avoid the problem by doing _____.”
- Restate Learning Objectives: “You are now able to _____.”
- Restate Value
- Preceptor immediately signs off relevant clinical and NARM forms for items which the student has achieved mastery. If mastery was not achieved, the preceptor must immediately explain why it was not achieved and explain how mastery can be achieved later.
- Chart Review
- Answer additional student questions

Student Policies

Student's Rights and Responsibilities

Students agree to all of the following:

1. Must have read and I understand the description of the curriculum in the National College of Midwifery Student Handbook for the Associate Degree in Midwifery.
2. Must keep a current working email address as well as current contact information on file with the College, and understands that if the College is unable to contact the student for a period of one year, without prior arrangement, the student will be withdrawn.
3. Understand that enrollment by itself does not guarantee the issuing of a degree. The Associate of Science in Midwifery Degree will be awarded only when all of the following are completed and documentation of all is on file at the College administration headquarters:
 - When skills, clinical and academic course requirements are successfully completed;
 - When outside examination is successfully completed;
 - When the student has paid all college fees in full
4. Understand that if the student chooses not to take an outside examination, after completion of all other coursework, or if the student fails the exam, the National College of Midwifery will issue a Certificate of Midwifery.
5. If the student has not completed her/his program within 3 years, the student must submit a plan for completion to NCM signed by preceptor and student, and the student will be responsible for annual accreditation fees. The student further understands that ASM is a 3-year equivalent program, which can be completed from 2 to 5 years. The 5-year limit for completion of the degree includes any time taken on inactive status, and that the annual accreditation fee must be paid even during those years the student may be on inactive status.
6. Must understand that the student, not the preceptor, is responsible for organizing and directing the student's studies and all attendant NCM paperwork.
7. Must submit a progress report consisting of copies of the following: Student-Preceptor Evaluation, Student Record with new grades, Clinical Record Forms, and updated MEAC Abbreviated NARM Skills form. All submissions must be signed and dated by my supervising preceptor and all work submitted to the College must be accompanied by an evaluation with every preceptor with whom the student has worked during the trimester.
8. Must agree to contact NCM for counseling and/or mediation services in the case of any conflict or dispute with the preceptor
9. Understands that the student will not receive her/his diploma and final transcript until any outstanding fees are paid to the College.
10. Must complete all 8 academic modules of the NCM Learning Objectives, including: 12 credit hours in Math and Human Life Science, 14 credit hours in Critical Thinking and Psychosocial Issues, 6 credit hours Antepartum Management, 6 credit hours in Intrapartum Management, 6 credit hours in Postpartum Management, 6 credit hours in Newborn Management, 6 credit hours in Well-Woman Reproductive Health Care, and 25 credit hours in Professional Issues.
11. Must meet Clinical Experience Requirements adhering to the requirements of the North American Registry of Midwives (NARM). These clinicals must take place over at least 2 years under the direct supervision of an approved, credentialed preceptor/s with whom the student has a Contract between the Student, Preceptor, and the National College of Midwifery on file with NCM. These can take place at a single site or a variety of sites.
12. Must note student's presence at supervised clinical experiences in patient charts by name or initials, subject to audit.

13. Understand it is the student's responsibility to keep a detailed and updated logbook of all her/his clinical experiences and to have her/his preceptor personally supervise, evaluate and sign off on all her/his clinical experiences.
14. Understand that if the student desires more clinical experience he/she can request the College refer her/him to a high volume birth clinic.
15. Understand that NARM requires the signatures of 2 preceptors on 4 of the NARM Skills.
16. Understand that all academic and clinical work submitted towards the student's degree is subject to approval by NCM.
17. The National College of Midwifery does not issue 1098T forms. We do not qualify as an eligible educational institution because we are not eligible to participate in the Dept of Education's student aid programs. Please refer to IRS Publication 970.
18. Understand that there are different routes of entry to midwifery. The National College of Midwifery trains Direct Entry Midwives not Nurse Midwives.
19. Understand that the National College of Midwifery does not have a job placement program and that upon graduation; it is the student's, not the College's responsibility to find employment as a midwife.
20. Understand that the legal status of midwifery varies from state to state. It is the student's responsibility to know the laws in the state in which the student will practice upon completion of the NCM program.
21. Understand the steps the student must take to become a CPM and/or gain state licensure.
22. Understand that if the student is planning to continue with another college or university, it is her/his responsibility to check with them if they will accept credit from NCM.
23. Understand that if the student plans to seek licensure in **California** she/he must complete two additional courses, in Chemistry and Child Development, and additional Learning Objectives in anesthesia/analgesia, suturing and episiotomies.
24. Understand the clinical requirements for the student's degree and the number of clinical experiences she/he will receive with each preceptor. If the number of clinical experiences she/he will receive with a particular preceptor will not suffice for the student's program requirements, she/he will need an *additional clinical preceptor enrolled* with the National College of Midwifery. The student further understands that she/he will not be enrolled until she/he has contracts accounting for all clinical experiences.
25. Understands that in the case of any adverse clinical outcome, the preceptor agrees to debrief with my student to the satisfaction of both of preceptor and student. If either preceptor or student cannot reach satisfaction on the completion of the debriefing process, both agree to contact the College administration for mediation services.
26. Work done prior to enrollment, or with someone who is not the student's official NCM preceptor at the time the work was done will not be eligible to satisfy program requirements.
27. There are some states in which NCM students may not study. The student understands that moving into one of these states during enrollment will prevent the student from continuing to study while in the state and students moving into an unapproved state will not receive any refund for their inability to complete their studies.

Termination of Student-Preceptor Contract

When a student and preceptor want to terminate a contract prior to graduation, they must inform NCM by filling-in and submitting to NCM a Termination of Student/Preceptor Contract Form. Outstanding paperwork must be sent to the office within 30 days of the termination of the Student / Preceptor contract. The only reason a preceptor may withhold submission of

completed paperwork is non-payment of agreed-upon amounts by the student. Outstanding balances must be resolved within 30 days (please see grievance policy).

Student dismissal

Dismissal

Students can be dismissed from the National College of Midwifery for the following:

- Failure to comply with the trimesterly reporting requirements
- Failure to meet the financial obligations to the College
- Unsatisfactory academic progress
- Failure to contact the College or respond to College communications over the course of 9 months.
- Failure to complete the program within 5 years.
- Students or Preceptors will be dismissed for unprofessional or unethical conduct including, but not limited to, violation of confidentiality, dishonesty, stealing, plagiarism, copyright infringement, sexual harassment, and violation of any local, state and federal laws.

Withdrawal from the Program

Students and preceptors will notify the College of the student's withdrawal from the program in writing and include the following information:

- Reason for withdrawal.
- Submission of completed academic and clinical work to date.
- Preceptor's final evaluation of the student.
- Student's final evaluation of the preceptor.

Reinstatement and re-enrollment

Reinstatement:

Students have 5 years to complete their program. If you withdrew and are still within the original 5 year timeframe, you can apply for reinstatement.

Example: Student enrolled in 2000, but needed to withdraw due to medical reasons in 2002. Then in 2003, student wanted to complete her program. She would need to finish her program by 2005.

- There is a \$500 re-instatement fee.
- Student would also be responsible for past due, current, and future accreditation fees for each year that she/he is enrolled.
- Student would need new contracts with preceptors
- Submits a plan of completion signed by student and the preceptors. This plan of completion will include a month to month outline of work to be completed, and submissions at the end of each trimester, within the remaining timeframe. The plan must be approved by NCM.
- All current academic and clinical requirements will apply.
- Student understands that missing any of the deadlines will result in being permanently withdrawn from the program.

Reinstatement is at the discretion of the National College of Midwifery.

Re-Enrollment:

Student will send in new application as well as current application and administrative fees. The new enrollment date allows student 5 years to complete the program. New contracts with preceptors are needed. All current requirements will apply.

Re-enrollment is at the discretion of the National College of Midwifery.

Student with Disabilities

The Americans with Disabilities Act is designed to protect persons with disabilities from discrimination.

The NCM administrative office is ADA compliant.

NCM students choose their own preceptor and arrange payment privately. The ADA does allow employers, preceptors etc. to ask potential students if they are able to perform the functions needed for a midwifery student. This may include questions regarding heavy lifting, sight, hearing, fine motor skills, ability to function with little sleep, and the ability to go up and down stairs.

All students must be able to perform the cognitive and physical skills for direct-entry midwifery care specified in the core competencies delineated by the North American Registry of Midwives:

Physical attributes that all students must have

In order to be able to effectively perform the functions of a midwife include, but are not limited to, the ability to:

1. Hear soft sounds, e.g., fetal heart tones, cardiac murmurs, and breath sounds
2. Lift and/or turn patients who may be of greater size and/or weight
3. Concentrate and focus for long periods of time on complex tasks and/or on material that may be difficult to understand
4. Visualize objects that are close at hand, either with the naked eye or with corrective lenses
5. Use cognitive skills, fine motor skill dexterity, and hand-eye coordination to perform complex tasks such as palpation, phlebotomy, suturing, adult and neonatal resuscitation, insertion of IV lines, and basic and complex obstetrical maneuvers
6. Maneuver quickly in small or cramped spaces
7. Change physical positions quickly in response to the needs of a pregnant or laboring woman
8. Communicate in such a way as to be understood by others
9. Write legibly or type
10. Read and comprehend technical materials written at college and professional levels of comprehension.

NCM can assist in making reasonable accommodations for students with disabilities. The prospective student must provide a formal statement of diagnosis from a qualified practicing primary care provider including the student's projected needs regarding necessary accommodations. Please note that as students hire their own preceptors, the student will need to

make arrangement for accommodations for disabilities directly with the preceptor for any activities they agree to complete together.

NCM materials are in English at a college level of writing, speaking, and comprehension. Materials, services and classes in other languages are not currently available.

Grievance Policy

Individuals will not be discriminated against as a consequence of making a complaint. Each complaint will be handled in a respectful, objective and confidential manner.

The College's goal is to help the student and/or preceptor an amicable solution, and to offer assistance in securing the desired result.

Termination of contract:

In the event that a Student and a Preceptor no longer wants to work together, the College will send each of them a form that terminates their relationship. This form asks if the parting is mutual and asks if they would like the College to mediate. The form allows each side an opportunity to state their view point and also asks the preceptor to complete any paper work and turn it into the College within 30 days. It also asks if the student has any outstanding payments to the preceptor.

Complaint or Grievance against a student or a preceptor:

In the case of a conflict between a student and a preceptor, the College encourages both parties to make attempts to resolve their grievances informally and will offer mediation. If these attempts fail, the complaint must be made in writing.

The written complaint must include the following:

1. A statement clearly stating the complaint with supporting documentation
2. A description of the steps already taken to resolve the problem
3. The name and contact information of the person making the complaint
4. A statement of the desired resolution

Once the complaint is received:

1. The College will respond within 30 days. The complaint is logged into the mail log, a Grievance tracking sheet is started. This will track the grievance to ensure timely response.
2. Each individual will be asked if they would like counseling and/or mediation. All communication will be kept confidential. The student and/or preceptor are free to accept or reject counseling and/or mediation. Individuals will not be discriminated against as a consequence of making a complaint, or rejecting counseling or mediation, or choosing another mediator.

3. The Staff will take notes on all conversations relating to the matter, keeping confidentiality for all individuals. The report will include both points of view, any actions taken by the College, and the resolution reached. This report will be placed in the student's and preceptor's files, as well as in the grievance file for easy reference during accreditation reviews.
4. If the Staff is unable to resolve the conflict to the satisfaction of both parties, and both parties desire to continue the process, the matter will be referred to the President of NCM. The request to continue the process must be made in writing.
5. The President will respond within 30 days and provide mediation by phone. If the student and/or preceptor are dissatisfied with this resolution, they may request mediation from the Board of Directors. The request to continue must be made in writing. The Board of Directors will have 60 days to respond to a written request from the student and preceptor.

All grievances, written notes from phone calls and mediations, the NCM Board, detailing the outcome of these processes, will be maintained in the College's complaint file for a minimum of seven years.

Complaints against the College or a staff member:

Students or other parties with complaints against the institution are required to first seek to resolve their complaint or grievance directly with the institution.

In the case of a complaint against the College or staff member, a written complaint will be sent to the President of the College. The written complaint must include the following:

1. A statement clearly stating the complaint with supporting documentation
2. A description of the steps already taken to resolve the problem
3. The name and contact information of the person making the complaint
4. A statement of the desired resolution

Once the complaint is received:

1. The President of the College will appoint an impartial representative of the institution but not directly involved in the area of complaint to investigate the complaint. This may be the president or her appointee, This representative will respond to the complaint within 30 days. The complaint is logged into the mail log, a Grievance tracking sheet is started. This will track the grievance to ensure timely response.
2. If the President's or appointed impartial representative's response is unsatisfactory, the complaint will be forwarded to the Board of Directors. This request must be made in writing. The Board of Directors will respond within 60 days of receipt of the complaint. Written evidence of the outcome of the complaint and the NCM Board will be maintained in the College's complaint file for a minimum of seven years.
3. If the complaint is made against the President of the College, the complaint will go directly to the Board of Directors. The Board of Directors will appoint an impartial representative to investigate the complaint. The Board of Directors will respond within 60 days of receipt of

the complaint. Written evidence of the outcome of the complaint and the NCM Board will be maintained in the College's complaint file for a minimum of seven years.

4. No adverse action will be taken against the complainant for registering the complaint.
5. If a complaint cannot be resolved, the complainant should contact the New Mexico Higher Education Department:

New Mexico Complaint Registration

NCM's internal complaint process must be completed prior to filing a complaint with NMHED.

If you are unable to resolve your complaints through the National College of Midwifery's internal complaint process, you can file a complaint through the New Mexico Higher Education Department complaint process.

In accordance with the new Federal Program Integrity rules effective July 1, 2011, the New Mexico Higher Education Department (NMHED) will review complaints regarding public and private postsecondary institutions in New Mexico as well as New Mexico resident students attending out-of-state institutions.

NMHED will receive complaints that were unable to be resolved through the institution's internal complaint process. Generally, in order to file a complaint with NMHED, you must have already filed with and received a response from the institution which you are complaining against. If you have legitimate reasons preventing you from filing a complaint with the institution, you must provide supporting documentation to that regard.

*All submitted complaints must be submitted to
New Mexico Higher Education Department
Private Postsecondary Schools Division
2044 Galisteo Street*

Santa Fe, NM

Phone Number: 505-476-8400

include:

- Complaint Form;
- FERPA Release Form;
- A copy of the complaint that was filed with the institution; and
- A copy of the response/ruling received from the institution; or
- Supporting documentation why a complaint could not be filed with the institution.

The following form is only to be submitted if the complaint is medical in nature (i. e. it involves disability, injury, illness, etc):

- HIPAA Release Form

*Please use this link to go to New Mexico Higher Education Department complaints webpage:
<http://hed.state.nm.us/Complaint.aspx>*

NOTE: All Forms must be notarized.

MEAC Complaint Policy

If you are unable to resolve your complaints through the National College of Midwifery's internal complaint process and the New Mexico Higher Education Department complaint process, please follow the MEAC Complaint Policy below:

MEAC encourages parties to pursue informal grievance mediation attempts with each other, or with MEAC staff or Board members, to attempt to resolve grievances informally before commencing a formal written complaint process with MEAC. If those attempts fail, MEAC will review complaints received against an institution or program if it is in writing and complies with the guidelines set forth in the Accreditation Handbook:

http://meacschools.org/wp-content/uploads/2014/07/2014-Section-G_Policies-and-Procedures_Accrediation-Handbook.pdf

Midwifery Education Accreditation Council

850 Mt. Pleasant Ave.

Ann Arbor, MI 48103

Phone: (360) 466-2080

Fax: (480) 907-2936

info@meacschools.org

Complaints regarding NCM's internships in SARA states:

SARA Policies and Standards, including those for consumer protection and the resolution of complaints, apply to interstate distance education offered by participating SARA institutions to students in other SARA states, including internships taking place in these states.

Only those complaints resulting from distance education courses offered by participating institutions to students in other SARA states come under the terms of the agreement.

Complaints about a SARA institution's in-state operations are to be resolved under the state's provisions, not those of SARA.

SARA Policies and Standards

SARA consumer protection provisions require the home state, through its SARA "portal" entity or agency, to investigate and resolve allegations of dishonest or fraudulent activity by a provider, including the provision of false or misleading information.

Consumer protection within SARA, in addition to dealing with alleged fraudulent activity, also provides for the investigation and resolution of complaints that an institution is operating a course or program contrary to practices set forth in the C-RAC Guidelines (see below) in such a way that a student is harmed.

Examples of issues that may arise in regard to alleged fraudulent activity or more general complaints include, but are not limited to:

- a. Veracity of recruitment and marketing materials;
- b. Accuracy of job placement data;
- c. Accuracy of information about tuition, fees and financial aid;
- d. Complete and accurate admission requirements for courses and programs;
- e. Accuracy of information about the institution's accreditation and/or any programmatic/specialized accreditation held by the institution's programs;
- f. Accuracy of information about whether course work meets any relevant professional licensing requirements or the requirements of specialized accrediting bodies;

- g. Accuracy of information about whether the institution's course work will transfer to other institutions; and
- h. Operation of distance education programs consistent with practices expected by institutional accreditors (and, if applicable, programmatic/specialized accreditors) and/or the C-RAC Guidelines for distance education.

1. Responsibilities for resolving complaints Initial responsibility for the investigation and resolution of complaints resides with the institution against which the complaint is made. Further consideration and resolution, if necessary, is the responsibility of the SARA portal agency, and other responsible agencies of the institution's home state (see the following section: Complaint Resolution Processes). The portal agency is responsible for staffing the investigation and resolution of complaints that are not resolved at the institutional level. (The portal agency may enlist the assistance of other responsible entities in the state in carrying out the work of complaint resolution.) Institutions operating under SARA shall make their and SARA's complaint resolution policies and procedures readily available to students taking courses under SARA provisions.

2. Complaint Resolution Processes

- a. Complaints against an institution operating under SARA go first through the institution's own procedures for resolution of grievances.
- b. Complaints regarding student grades or student conduct violations are governed entirely by institutional policy and the laws of the SARA institution's home state.
- c. If a person bringing a complaint is not satisfied with the outcome of the institutional process for handling complaints, the complaint (except for complaints about grades or student conduct violations) may be appealed, within two years of the incident about which the complaint is made, to the SARA portal agency in the home state of the institution against which the complaint has been lodged. That agency shall notify the SARA portal agency for SARA Policies and Standards May 5, 2016 – Page 13 the state in which the student is located of receipt of that appealed complaint. The resolution of the complaint by the institution's home state SARA portal agency, through its SARA complaint resolution process, will be final, except for complaints that fall under the provisions of (g), below.
- d. While the final resolution of the complaint rests with the SARA portal agency in the home state of the institution against which the complaint has been lodged, nothing precludes the state in which the complaining person is located from also working to resolve the complaint, preferably through that state's SARA portal agency. Indeed, it is expected that SARA states will facilitate the resolution of any complaints brought to their attention.
- e. While final resolution of complaints (for purposes of adjudication of the complaint and enforcement of any resultant remedies or redress) resides in certain cases with institutions (complaints about grades or student conduct violations), or more generally with the relevant institution's home state SARA portal agency (all other complaints), the regional compact(s) administering SARA may consider a disputed complaint as a "case file" if concerns are raised against a participating state with regard to whether that state is abiding by SARA Policies and Standards. The regional compact may review such complaints in determining whether a state under its purview is abiding by the SARA standards. Similarly, a complaint "case file" may also be reviewed by NC-SARA in considering whether a regional compact is ensuring that its member states are abiding by the SARA standards required for their participation in the agreement.
- f. SARA shall develop policies and procedures for reporting the number and disposition of complaints that are not resolved at the institutional level. Such data will create transparency and can be used in determining whether a regional compact is ensuring that its SARA

member states and those states' institutions are abiding by the standards required for participation in the agreement.

g. Nothing in SARA Policies and Standards precludes a state from using its laws of general application to pursue action against an institution that violates those laws.

3. Oversight of complaint investigation

Investigation of a SARA-related complaint against an institution requires that a board or agency outside the institution's immediate management be available to handle complaints that are not resolved within the institution. A system board responsible for more than one separately accredited institution may serve this role under SARA provisions. A board responsible for only one accredited institution, or which lacks enforcement authority over an institution, cannot serve as the SARA external oversight agency for such an institution. In such circumstances, the institution's home-state SARA portal agency may serve that function.

National College of Midwifery Position Statement on Incivility, Bullying and Workplace Violence

Purpose

The National College of Midwifery is committed to creating and sustaining a culture of respect between students and preceptors. This document is meant to act as a guide for both students and preceptors to increase awareness and clarify responsibilities as they relate to creating safe and healthy working relationships.

Background

Recent studies have shown that incivility, bullying and workplace violence within midwifery preceptor student relationships are common problems. NCM sees this type of harmful behavior as a threat to the individual educational experience as well as to the midwifery profession as a whole. While patient safety is of utmost importance, it also must be balanced with preceptor and student safety. All are integral to quality and safe care. NCM believes that all branches of the profession must proactively work towards creating a cultural change in which harmful actions are in no way considered an acceptable norm. Those who experience or witness incivility, bullying and workplace violence without acknowledging it, confronting it and reporting it are indirectly promoting it. In this way, NCM realizes the importance of creating a system for students and preceptor to recognize and address these issues.

Identifying Harmful Actions

The first step in taking actions to eliminate bullying is to define harmful actions. By distinguishing the various forms of harmful behavior, as a profession we can focus our collective wisdom and experience to create a culture of respect, safety, and effective communication.

Below are outlined various types of harmful actions.

Incivility can take the form of:

- rude and discourteous actions
- gossiping or spreading rumors
- name calling
- using a condescending tone
- expressing public criticism

Bullying is repeated, unwanted harmful actions intended to:

- humiliate
- offend
- cause distress
- undermine
- degrade

Actions may include, but are not limited to:

- hostile remarks
 - verbal attacks
 - threats
 - taunts
 - intimidation
 - withholding of support
- (McNamara, 2012)

Such actions occur with greater frequency and intensity than do those actions described as incivility. Bullying actions represent serious safety and health issues, and they can cause lasting physical and psychological difficulties for targets (Washington State Department of Labor and Industries, Safety and Health Assessment and Research for Prevention Program, 2011).

Bullying often involves an abuse or misuse of power, creates feelings of defenselessness and injustice in the target, and undermines an individual's inherent right to dignity. Bullying may be directed from the top down (preceptor against student), from the bottom up (student against preceptor), or horizontally (student against student). Top-down bullying from organizational leaders allows bullying to become an accepted and condoned workplace norm (Deans, 2004a; Royal College of Nursing, 2002; Vessey, DeMarco, & DiFazio, 2011).

Bullying and other harmful actions can be “surrounded by a ‘culture of silence,’ fears of retaliation, and the perception that ‘nothing’ will change”.

Mobbing is a collective form of bullying and as an expression of aggression aimed at ostracizing, marginalizing, or expelling an individual from a group (Bowling & Beehr, 2006; Galen & Underwood, 1997; Harper, 2013). As Griffin and Clark (2014) state, workplace mobbing occurs when “more than one person commits egregious acts to control, harm, and eliminate a targeted individual”. Mobbing is linked to physical, psychological, social, and emotional damage, and it can have devastating consequences as the targeted individuals fight to keep their job and career (DiRosa et al, 2009; Hutchinson, Vickers, Jackson, & Wilkes, 2006; Monteleone et al., 2009; Vessey, DeMarco, Gaffney, & Budin, 2009). In some cases, targets of workplace mobbing may be exceptional individuals. For example, Westhues (2004) suggested that mobbing among faculty members in academic workplaces may be related to envy of excellence and to jealousy associated with the achievements of others. Mobbing may thus occur in such workplaces in an attempt to

maintain group mediocrity and compliance with the status quo, so that the high performer is targeted to keep that person in line with prevailing workplace norms.

Workplace Violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002).

Examples of workplace violence include:

- direct physical assaults (with or without weapons)
- written or verbal threats
- physical or verbal harassment
- homicide

(Occupational Safety and Health Administration, 2015).

Relationships marred by incivility and bullying can contribute to unhealthy work environments that ultimately have a negative impact on the quality and safety of care delivered (American Association of Critical-Care Nurses, 2005).

Potential Ramifications

Potential ramifications of incivility, bullying and workplace violence include:

- decreased job satisfaction
- reduced organizational commitment
- decreased personal health (psychological stress, anxiety, irritability, depression)
- decreased productivity
- impacted clinical judgment
- increased risk of clinical errors

Solutions

NCM endorses the Nonviolent Communication (NVC) model and encourages students and preceptors who are finding it difficult to maintain civil relationship to engage in study and implementation of the model to the best of their ability. The NVC model relies on both empathic listening and honest expression of observations, feelings, needs and requests.

The following text is taken from the NVC website, which also can be used by students and preceptors who are interested in accessing more useful resources about this helpful method of communication:

Nonviolent Communication (NVC) is sometimes referred to as compassionate communication. Its purpose is to:

1. Create human connections that empower compassionate giving and receiving
2. Create governmental and corporate structures that support compassionate giving and receiving.

NVC involves both communication skills that foster compassionate relating and consciousness of the interdependence of our well being and using power with others to work together to meet the needs of all concerned.

This approach to communication emphasizes compassion as the motivation for action rather than fear, guilt, shame, blame, coercion, threat or justification for punishment. In other words, it is about getting what you want for reasons you will not regret later. NVC is NOT about getting people to do what we want. It is about creating a quality of connection that gets everyone's needs met through compassionate giving.

The process of NVC encourages us to focus on what we and others are observing separate from our interpretations and judgments, to connect our thoughts and feelings to underlying human needs/values (e.g. protection, support, love), and to be clear about what we would like towards meeting those needs. These skills give the ability to translate from a language of criticism, blame, and demand into a language of human needs -- a language of life that consciously connects us to the universal qualities "alive in us" that sustain and enrich our well being and focuses our attention on what actions we could take to manifest these qualities.

Nonviolent Communication skills will assist you in dealing with major blocks to communication such as demands, diagnoses and blaming. In CNVC trainings you will learn to express yourself honestly without attacking. This will help minimize the likelihood of facing defensive reactions in others. The skills will help you make clear requests. They will help you receive critical and hostile messages without taking them personally, giving in, or losing self-esteem. These skills are useful with family, friends, students, subordinates, supervisors, co-workers and clients, as well as with your own internal dialogues.

Nonviolent Communication Skills

NVC offers practical, concrete skills for manifesting the purpose of creating connections of compassionate giving and receiving based in a consciousness of interdependence and power with others. These skills include:

1. Differentiating observation from evaluation, being able to carefully observe what is happening free of evaluation, and to specify behaviors and conditions that are affecting us;
2. Differentiating feeling from thinking, being able to identify and express internal feeling states in a way that does not imply judgment, criticism, or blame/punishment;
3. Connecting with the universal human needs/values (e.g. sustenance, trust, understanding) in us that are being met or not met in relation to what is happening and how we are feeling; and
4. Requesting what we would like in a way that clearly and specifically states what we do want (rather than what we don't want), and that is truly a request and not a demand (i.e. attempting to motivate, however subtly, out of fear, guilt, shame, obligation, etc. rather than out of willingness and compassionate giving).

These skills emphasize personal responsibility for our actions and the choices we make when we respond to others, as well as how to contribute to relationships based in cooperation and collaboration.

With NVC we learn to hear our own deeper needs and those of others, and to identify and clearly articulate what "is alive in us". When we focus on clarifying what is being observed, felt, needed, and wanted, rather than on diagnosing and judging, we discover the depth of our own compassion. Through its emphasis on deep listening—to ourselves as well as others—NVC fosters respect, attentiveness and empathy, and engenders a mutual desire to give from the heart. The form is simple, yet powerfully transformative.

Founded on consciousness, language, communication skills, and use of power that enable us to

remain human, even under trying conditions, Nonviolent Communication contains nothing new: all that has been integrated into NVC has been known for centuries. The intent is to remind us about what we already know—about how we humans were meant to relate to one another—and to assist us in living in a way that concretely manifests this knowledge.

The use of NVC does not require that the persons with whom we are communicating be literate in NVC or even motivated to relate to us compassionately. If we stay with the principles of NVC, with the sole intention to give and receive compassionately, and do everything we can to let others know this is our only motive, they will join us in the process and eventually we will be able to respond compassionately to one another. While this may not happen quickly, it is our experience that compassion inevitably blossoms when we stay true to the principles and process of Nonviolent Communication.

NVC is a clear and effective [model](#) for communicating in a way that is cooperative conscious, and compassionate.

(c) 2005 by Center for Nonviolent Communication

Website: www.cnvc.org Email: cnvc@cnvc.org

Phone: +1.505.244.4041

How the National College of Midwifery Can Help

While NCM encourages students and preceptors to practice nonviolent communication and to explore their own methods of resolution in the case of personal conflicts that arise out of harmful actions, it is also important to NCM that all students and preceptors feel confident they will have access to guidance and support if needed. For this reason, NCM staff offers mediation and maintains a formal grievance policy which can be found on page 60 of the NCM Handbook (www.midwiferycollege.org/AcademicProgram/Downloads/NCMHandbook&Catalog.pdf#page=63). All communications are kept confidential and individuals will not be discriminated against as a consequence of making a complaint.

If you have any questions about this position statement or about NCM's grievance policy, please contact NCM directly.

This document is based on the 2015 American Nurses Association Position Statement on Incivility, Bullying and Workplace Violence

Academic Integrity Code

PRINCIPLES:

Academic integrity is a commitment, even in the face of adversity, to five fundamental values:

- honesty
- trust
- fairness
- respect
- responsibility

(The Center for Academic Integrity (CAI)

<http://www.academicintegrity.org/ica/assess/FVProject.pdf>)

SCOPE:

- All work for any class, academic activity, or clinical encounter or skill completed as part of an NCM program.

- Academic activities such as enrollment, withdrawal from classes and similar.

Academic dishonesty, academic misconduct or academic fraud

Any type of cheating that occurs in relation to a formal academic exercise. It can include

- [Plagiarism](#): The adoption or reproduction of original creations of another author (person, collective, organization, community or other type of author, including anonymous authors) without due acknowledgment.
- [Fabrication](#): The falsification of data, information, or citations in any formal academic exercise.
- [Deception](#): Providing false information to an instructor concerning a formal academic exercise—e.g., giving a false excuse for missing a deadline or falsely claiming to have submitted work.
- [Cheating](#): Any attempt to obtain assistance in a formal academic exercise or test without due acknowledgment.
- [Bribery](#) or paid services: Giving assignment answers or test answers for money.
- [Sabotage](#): Acting to prevent others from completing their work. This includes cutting pages out of library books or willfully disrupting the experiments of others.
- [Professorial misconduct](#): includes improper grading of students' papers and oral exams, grade fraud, deliberate negligence towards cheating or assistance in cheating.
- [Impersonation](#): assuming a student's identity with intent to provide an advantage for the student.

ACADEMIC INTEGRITY RESOURCES

- <https://static.lib.ou.edu/academicintegrity/player.html>
- http://integrity.ou.edu/files/nine_things_you_should_know.pdf

INTEGRITY COUNCIL

The Integrity Council shall be convened as required, advised by a board appointed by the President, with representation from faculty, students, and others as appropriate.

REPORTING ACADEMIC MISCONDUCT

- Any person may report suspected misconduct to an instructor (or to the relevant administrator as appropriate).
- Instructors and administrators who receive a report or otherwise learn of suspected misconduct may first investigate and should report the matter to NCM Administrative Office as described below.

INFORMAL RESOLUTION:

An admonition is a warning from the instructor to the student. It may be accompanied by a grade reduction up to a zero on the assignment and/or additional required work. An admonition is not an adjudication of academic misconduct. However, in any subsequent misconduct preceding the admonition will establish the student's familiarity with integrity standards.

FORMAL RESOLUTION:

Report to NCM Administration Upon receipt of a report of misconduct, the NCM President and integrity council shall investigate unless the case is referred back to the instructor for review and informal resolution.

- a. Notice to the student, no later than 30 regular class days of when the incident is discovered;
- b. a grade of "N", a temporary neutral grade, to be assigned while the matter is pending;
- c. referral to an the President and Integrity Council, or appropriate designee(s), who will answer questions and counsel the student as to the rights, and be available to the student throughout the investigation process as an informative resource only;
- d. a report of findings, in writing, that shall be provided to the student, the instructor or other administrator reporting the incident, and other university officials with a need to know.

At the conclusion of the investigation, the matter may be concluded by dismissal, if insufficient evidence exists to support a finding of responsibility; default, if the student fails to respond to reasonable notice; admission of responsibility by the student; or hearing.

HEARINGS

Upon the student's request for a hearing, the matter shall be assigned to an Integrity Council Inquiry Panel. The Inquiry Panel shall consist of two students, two faculty members, and a student chair. The case shall be adjudicated according to procedures that honor the following principles:

- a. Students are entitled to the presumption of innocence.
- b. Students are entitled to a reasonably prompt hearing.
- c. Hearings are not adversarial: the Panel shall be primarily responsible for eliciting information from all relevant sources, which shall ordinarily include the instructor, investigator, and student.
- d. The student shall represent himself or herself but may be advised by his or her Integrity Council advisor.
- e. Responsibility for misconduct must be established by a preponderance of the evidence.
- f. At the conclusion of the hearing the Panel shall deliberate and decide by majority vote whether the student is responsible for an act of misconduct. If a student is found not responsible for misconduct, the matter shall be dismissed. If a student is found responsible, the Panel shall recommend an institutional penalty to the Provost and may make recommendations to the instructor as to the grade penalty.

REMEDATION FOR MISCONDUCT

- Censure. Censure is a written reprimand for violation of integrity standards and a warning that a further act of academic misconduct will result in more severe action. Censure shall not be noted on a student's transcript, but will be noted in the student's education record.
- Service and Instructional Alternatives. In appropriate cases, a student may be allowed to complete a voluntary community service or instructional exercise in lieu of suspension or expulsion.
- Suspension. Suspension is loss of student status for a period of not less than one academic session. Credits earned elsewhere during the suspension shall not be accepted by the university. A notation of the suspension shall be made on the student's transcript and shall remain there until the student graduates, or permanently, depending on the severity of the offense.
- Expulsion. Expulsion is termination of student status for an indefinite period, usually intended to be permanent. A notation of expulsion for academic misconduct shall be made on the student's transcript and will remain there permanently. Reconsideration of any expulsion is not guaranteed; it occurs at the discretion of the Provost, in consultation with the Integrity Council.

APPEALS AND RECONSIDERATION

Appeals must be based on procedural irregularities so substantial as to deny the student a fair hearing; or on new and significant evidence that could not have been discovered by a reasonably diligent student. Appeals shall be decided by the President, and the Board of Directors reserves the right to review, at their discretion, any decision for manifest error or inequity.

NCM Discussion Group Policy

Introduction

The purpose of this discussion group is to provide a safe, accessible mode of communication to discuss the topics covered in this course.

Only the preceptor, her peer reviewer and the students currently enrolled in this course will be participating in this discussion. Messages may not be distributed to anyone outside of the discussion group. Nevertheless, keep in mind that there is no way for NCM to guarantee that messages will be kept confidential.

Please familiarize yourself with the following rules governing behavior on the discussion group.

Guidelines for NCM Discussion Group

We ask that group members follow these rules as a courtesy to other members and the midwifery community as a whole:

- Maintain confidentiality. As we all know, the world of midwifery is small and intimate. Please refrain from sharing information about others (e.g. other students, clients or midwives) that should be kept confidential, even if names are not being used.
- It's okay to share your own personal stories, but when it comes to others' stories, keep discussions focused on concepts rather than on personal information.
- Consider cultural appropriateness. NCM has students from all walks of life in diverse geographic settings. Please consider whether your words might be offensive to someone of a culture different than your own.
- Practice wise speech. Be kind, honest, respectful, helpful and thoughtful.
- Come to the discussion with openness to varying perspectives and enough humility to listen deeply. Come with trust that everyone in the group is seeking to listen and to be heard.
- Consider that it is extremely difficult to interpret tone through electronic communication so avoid implying tone when reading posts as this can lead to misinterpretation.
- All defamatory, abusive, profane, threatening, offensive, or illegal materials are strictly prohibited as are hateful, negative or discriminatory comments regarding race, ethnicity, religion, gender, disability, sexual orientation, education, or political beliefs.
- Do not post commercial solicitations.
- Consider that comments are subject to libel, slander, and antitrust laws.
- Do not post any material protected by copyright or intellectual property rights without the permission of the owner.
- Remember that while users are prohibited by this policy from reproducing and distributing posts to non-members and, while NCM believes its members will follow this Discussion Group Policy, NCM has no technical means to prevent a user from reproducing or distributing a post.
- If you have any questions about the guidelines, please contact the preceptor of the course.

Compliance

Messages will not be screened before they are posted. However, posts that do not comply with the guidelines listed above will be removed and the author of the post will be given direction by the moderator on how to revise the post, if within reason, to meet the guidelines of the discussion group.

Anyone consistently posting out of compliance with the guidelines may be removed from a course.

If you find a post to be inappropriate:

- Take pause. Consider the possibility that you might be taking something personally that is meant to further deeper learning, which can come with a certain level of discomfort. See how others respond before choosing to respond yourself.
- Ask questions and seek clarification without inspiring conflict or confrontation.
- If you just can't shake the viewpoint that the post is inappropriate, remove yourself from the conversation and contact the preceptor of the course.

Disclaimer

This discussion group is provided as a service of the National College of Midwifery. NCM accepts no responsibility for the opinions and information posted on this site by others. In no event shall NCM be liable for any damages whatsoever in connection with the use of any information posted on this site.

From time to time, posts may include attachments from users, third parties, or hyperlinks to other websites or materials ("non-NCM content"). Because NCM has no control over this non-NCM content, you acknowledge and agree that NCM is not responsible for its availability and that NCM does not endorse or warrant the accuracy of any non-NCM content. You further acknowledge and agree that NCM shall in no way be liable or responsible for such non-NCM content.

NCM does not represent or guarantee that its discussion group will be free from loss, corruption, attack, viruses, interference, malware, hacking, or other security intrusions and NCM disclaims any liability relating thereto.

By joining and using a discussion group, you are acknowledging that you've read this disclaimer, understand it, and are waiving any cause of action you may have against NCM.

Non-Discrimination policy

The National College of Midwifery admits staff, faculty, and students of any race, color, national or ethnic origin, religion, sex, physical ability and sexual orientation, to all rights, privileges, programs, and activities generally accorded or made available to staff, faculty, or students of the College. The National College of Midwifery does not discriminate on the basis of race, color, national or ethnic origin, religion, sex, physical ability or sexual orientation in the administration of its educational policies, admissions policies, or any other college-administered program.

NCM Copyright Policy

All NCM materials are copyrighted by NCM unless they display a Creative Commons, or other license. [Copyright Act of 1976](#)

Students and Faculty are responsible for any contributions they make to an NCM course, including but not limited to any feedback, blogs, discussions, assignments, comments or questions.

Contributions must not:-

1. contain any material which is defamatory of any person;
 2. contain any material which is obscene, offensive, hateful or inflammatory;
 3. promote sexually explicit material;
 4. promote violence;
 5. promote discrimination based on race, sex, religion, nationality, disability, sexual orientation or age;
 6. infringe any copyright, database right or trade mark of any other person;
 7. be likely to deceive any person;
 8. be made in breach of any legal duty owed to a third party, such as a contractual duty
 9. or a duty of confidence;
 10. promote any illegal activity;
 11. be threatening, abusive or invade another's privacy, or cause annoyance, inconvenience or needless anxiety;
 12. be likely to harass, upset, embarrass, alarm or annoy any other person;
 13. be used to impersonate any person, or to misrepresent your identity or affiliation with any person;
 14. Give the impression that they emanate from NCM, if this is not the case; or advocate, promote or assist any unlawful act such as (by way of example only) copyright infringement or computer misuse.
- By posting your contributions you confirm that all intellectual property rights in any content posted is yours and you grant to NCM a non exclusive worldwide perpetual royalty free license to use, reproduce, modify, publish, translate and distribute the content.
 - Students and Faculty agree to indemnify NCM for any cost, expenses damages or liabilities NCM may incur relating to your contributions. NCM reserves the right to remove or edit any contributions as we deem appropriate without notice.

Pending approval by MEAC:

- Prior to publishing and offering an online course, the course instructor must review it to ensure that all materials are public domain, the instructor has permission from the owner to use them, the items have a Creative Commons or other usage license, with which the instructor is abiding, or the item is "Fair Use" (see description below).
- If accusations of an infringement of copyright is made, NCM will take immediate action in the form of:
 1. Immediately removing the questioned item from the course
 2. Investigating the reported infringement
 3. Repeated infringements may lead to the person making the infringements being fired or withdrawn by NCM.
- NCM is prepared to stand up for staff or students if false accusations are made.

NCM faculty and students may use for instructional purposes the following items:

- Items in the public domain as part of assignments or for instructional purposes as long as proper credit is given to the work's author, when applicable.
- Items for which they have been given permission to use by the owner.

- Items with a Creative Commons, or other usage license, providing the requirements for the type of license is followed.
- Items which fall under Fair use (*Fair use is a legal doctrine that promotes freedom of expression by permitting the unlicensed use of copyright-protected works in certain circumstances* <https://www.copyright.gov/fair-use/more-info.html>):
 - a single chapter from a book
 - an excerpt from a work that combines language and illustrations, such as a children's book, not exceeding two pages or 10 percent of the work, whichever is less
 - a poem of 250 words or less or up to 250 words of a longer poem
 - an article, short story, or essay of 2,500 words or less, or excerpts of up to 1,000 words or 10 percent of a longer work, whichever is less; or
 - a single chart, graph, diagram, drawing, cartoon, or picture from a book, periodical, or newspaper
 - Student and Faculty Multimedia projects that include copyrighted materials must
 - For multimedia projects:
 - Give credit to the sources, display the copyright notice, and provide copyright ownership information.
 - State on the opening screen and on any accompanying print material a notice that certain materials are included under the fair use exemption of the U.S. Copyright Law and have been prepared according to the multimedia fair use guidelines and are restricted from further use.
 - A maximum of 2 copies may be made-1 for the creator, one for the school's library.
 - Permission from the owners of the copyrighted materials must be obtained before any copies are made or the project is distributed.
 - Instructional materials must be held in a secure network.

Policy Regarding Program or Course Cancellations/ Teach-Out Plan

In the event of program elimination or significant change in requirements, students will be provided a way to complete the program in a reasonable period compatible with accreditation standards. This may require enrollment of students at other institutions of higher education or in courses taught through NCM for a maximum of two years after discontinuation of the program with no additional cost to the students beyond that originally agreed to by the students. Remuneration is contracted individually between students and preceptors while two years of administration and operations of school activities are paid upfront by the student. Therefore NCM always has a two year fund reserve to be used in the case of closure.

Student Services

The National College of Midwifery is a College without Walls. Our students study in their own communities so we do not have a campus. We welcome students to contact us by phone or email to discuss questions or concerns. We are happy to help you successfully complete your program.

Learning Resources

- A booklist is included in the course materials for the Associate Degree. In the event that a student is unable to obtain a needed book, the College may have it available for lending.
- The Chief Academic Officer can always be consulted for ideas for accessing locally available resources. The College is committed to helping students and preceptors obtain needed resources.
- The Chief Academic Officer and Education Committee update the library resources each year.
- Higher degree students now have access to the ScienceDirect database through NCM's articlechoice subscription. Students can query this academic database of millions of scholarly articles, journals and book titles dating back to 1823.
- Resources for Advanced scholarship:
- NCM has compiled an extensive set of resource links page with access to numerous free journal articles. <http://midwiferycollege.org/Resource.html>
- Textbook requirements for NCM student and preceptors: NCM has all the required textbooks in NCM's library, however:

NCM requires that Students buy or rent the textbooks. NCM does not provide them. NCM lists the cost of the complete set of required textbooks in new or used form on the NCM Fees Page:

<http://midwiferycollege.org/Pay.html>

- NCM has additionally set up a WorldCat library linked to the NCM website under “resources” and “Library” booklist to show where the text can be bought online in new, used, or electronic format. It additionally shows the closest public library where the book can be found. <http://www.worldcat.org/profiles/midwiferycollege/lists/3547316>
- Access these links and resources are explained in the NCM Orientation video series, which all prospective and new students and preceptors take. It was also in the NCM Student update video for 2015, and will appear in all new student and preceptor updates: <http://midwiferycollege.org/index.html>

Book Lending Policy

Students can borrow up to 3 books at a time. The College sends the library materials via UPS with proper insurance to cover replacement value. The College charges the student's credit card for the price of shipping and insurance. An email is sent to the student with the amount charged to their credit card and the UPS tracking number and delivery date.

Student must pay shipping costs to return the items via UPS, or FedEx and must insure the package for at least the replacement value of the items.

Advising, Counseling, Tutoring

It is the student's responsibility to meet weekly or at regular intervals with her/his preceptor(s) to update paperwork, to communicate any difficulties with academic or clinical materials, and to obtain advice and counseling. Students and preceptors will need to determine if tutoring will be needed in any area. If so, the preceptor can direct the student to tutoring resources.

The College is available to assist with any questions and concerns. A phone appointment can be made for brain-storming and problem-solving.

Student Orientation & Handbook

Students must view the NCM Orientation videos and review the online orientation page of the website. The NCM Handbook/Catalog is posted on the NCM website in its most updated version. Students must download this for their review prior to enrollment.

Students and preceptors are welcome to call the College for additional assistance with orientation to the College's materials and their implementation.

Job Placement

The National College of Midwifery does not offer job placement.

Because of the current nature of Direct Entry Midwifery in the US, most midwives are self-employed entrepreneurs.

NCM does not provide job placement, but does provide support for graduates seeking direction and assistance in starting their own small business or is happy to help students connect with birth centers and practices seeking new partners through our [Bulletin Board](#)

NCM provides contact to the US SBA for graduates interested in starting a small business.

Credentials, practice, employment after graduation

Graduation does not guarantee midwifery licensure. It is each student's responsibility to keep current with the laws of the state or country in which they are studying and to fulfill the licensure requirements in the jurisdiction in which they will be practicing.

NCM provides links to licensure and certifying agencies –accessible to NCM students online on the Student Services Page

Transcript requests


Please submit a completed transcript request and release form along with payment to the office.

Requests are processed within 45 days.

NCM Transcript request forms are available for download on the NCM website

NCM is not a title IV institution; However NCM adheres to FERPA law on confidentiality and access to educational records

NCM policy on use of promotional materials and web content

NCM limits the use of all college materials, including but not limited to all content of the NCM website, brochures, and pamphlets as they are, without changes. NCM web content and promotional materials are not to be replicated, copied/pasted, paraphrased or re-published on any other agency, organization or individuals website or promotional materials. Preceptors for NCM are permitted to reference this content and our program by hyperlink to our website, or to mention our school by name only. Any use of our name and content that extends beyond the use of a hyperlink is in violation of this policy and thus our policy and procedures. Preceptors or students in violation of NCM policy and procedures are subject to disciplinary action. 

All NCM materials are licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. To view a copy of this license, visit

<http://creativecommons.org/licenses/by-nc-sa/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA

College Governance

Student and Preceptor Participation in College Governance

Students and their preceptors are invited to attend the College's annual board meeting, which takes place in New Mexico, to provide feedback to the College and directly participate in directing the program. Additional meetings are held throughout the year as necessary. Agendas for the Annual Meeting are posted on the College's website. Those unable to attend are encouraged to call, write, or email the College with their thoughts and opinions on agenda items or any other topics relating to the College. In addition, feedback is solicited of graduates on surveys sent out by the administration. Suggestions are further solicited from students and faculty on trimesterly Evaluation Forms.

Faculty

NCM does not have a campus and does not pay course instructors. Preceptors are hired directly by their students.

Faculty Advisory Board

The NCM Board shall create a Faculty Advisory Board which shall be composed of current and former NCM midwifery preceptors as well as interested individuals representing a variety of fields related to midwifery and maternity care who are widely known for their commitment to midwifery and the preservation of the normal process of childbearing.

Purpose:

- To provide NCM with consultation and support in the development of policies and programs;
- To lend stature to NCM by the individual's association with the school;
- To serve as reminders to NCM and the community of the worldwide support enjoyed by midwives;
- To provide NCM students, staff and Board with models and inspiration through the individual's work and publications.

Board of Directors

The Board of Directors is made up of members chosen at the annual meeting and consists of President, Vice President, Secretary and Treasurer. They meet annually or more often as needed.

Current members

Ezra Depperman - President
Martha Andrew - Vice President
Mary Ann Baul – Treasurer
Jonathan Hill- Secretary
Carolina Nkouaga - Member