

**Rutgers University
Midwifery Preceptor Guide**



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Thank you!

Thank you for partnering with the midwifery programs at Rutgers School of Nursing! Our faculty look forward to collaborating with you as you support our students to acquire the knowledge, skill, and insight needed to become confident, capable, and safe entry-level providers.

As midwifery preceptors you are a vital part of effectively growing our workforce. The work you do with midwifery students in the clinical setting is essential to their growth as student midwives, which cannot be done solely in the classroom or simulation lab. The time and expertise you share with our students is invaluable.

This guide contains important information about our program and School of Nursing policies. Please take time to review its contents, as I am confident you will find it useful. Again, thank you for sharing your time and expertise with the students in the Rutgers midwifery programs. Please do not hesitate to reach out at any time with questions, suggestions, or concerns. Together we are growing midwifery!

A handwritten signature in black ink, reading "Julie Blumenfeld". The signature is written in a cursive, flowing style.

Julie Blumenfeld, DNP, CNM, FACNM, FAAN (*she/her*)
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Part 1: Introduction to Rutgers Midwifery Programs

In June 2024 Rutgers Midwifery Program celebrated its 50th anniversary. Over the past 50 years Rutgers has graduated midwives who have served the needs of individuals seeking midwifery care in New Jersey, nationally, and internationally. We are proud to continue this legacy of excellence, growing the midwifery workforce in the Garden State.

Overview of Programs

Rutgers Midwifery Program offers numerous plans of study including a Master of Science in Nursing (MSN), a Post Master's Certificate in Nurse-Midwifery, and Doctor of Nursing Practice (DNP). All midwifery students complete foundational coursework and clinical rotations and must demonstrate beginning-level competency in midwifery skills to graduate. Throughout the program students are taught the value of the midwifery model of care.

BS to MSN

The **Nurse-Midwifery MSN** program is 50 credits and requires a minimum of 945 clinical hours. This program is designed to be completed in three years.

DNP

The **Nurse-Midwifery DNP** program is 77 credits and requires a minimum of 945 clinical hours. The **Dual Women's Health/Nurse-Midwifery DNP** program is 80 credits and requires a minimum of 1080 clinical hours. These programs are designed to be completed in four years.

Post Master's Certificate

The **Nurse-Midwifery Post-Master's Certificate** program is 32 credits and requires a minimum of 945 clinical hours. This program is designed to be completed in two years.

Students may be required to complete more than the minimum required hours to demonstrate competency as required for graduation and certification.

The plans of study for each program are outlined here:

- [Nurse-Midwifery MSN](#)
- [Nurse-Midwifery DNP](#)
- [Dual Women's Health/Nurse-Midwifery DNP](#)
- [Nurse-Midwifery Post-Master's Certificate](#)

Accreditation

The Nurse-Midwifery and Dual Women's Health/Nurse-Midwifery programs are accredited by the Accreditation Commission for Midwifery Education (ACME) 2000 Duke Street, Suite 300, Alexandria, Virginia 22314; Tel: (703) 835-4565, support@theacme.org, www.theacme.org.

The midwifery curriculum is based on the American College of Nurse-Midwives (ACNM) [Core Competencies for Basic Midwifery Practice](#). The Core Competencies represent the essential knowledge and skills of certified nurse-midwives in the United States. They form the requisites for all graduates of midwifery education programs accredited by ACME. The midwifery curriculum at Rutgers School of Nursing is regularly updated to ensure students meet these Competencies.

Mission

The mission of the Nurse-Midwifery program at Rutgers School of Nursing is to educate students and advance the profession of midwifery through patient-centered, evidence-based practice, scholarship, service, and professional leadership and advocacy.

Philosophy

The Nurse-Midwifery program at Rutgers School of Nursing stands on a strong foundation of excellence in education, scholarship, and clinical practice and the optimization of health and health equity. Our program and faculty affirm accessible, equitable, ethical, person-centered care that respects individuality, diversity, and physiologic processes. Our graduates are prepared to be independent providers of full-scope health care across the lifespan including pregnancy, childbirth, and the postpartum period; sexual, reproductive, and gynecologic health; primary care; and care for the healthy neonate. Our faculty cultivate student skills to contribute to midwifery leadership, scholarship, interprofessional collaboration, and growth of the profession for individuals, families, and communities in a diverse world. Each student brings their unique perspective to the program, enhancing the learning environment. Faculty serve as mentors and role models for students and promote the joy of learning, the value of community engagement, and the significance of professional leadership and advocacy. Based on this philosophy, the Nurse-Midwifery program at Rutgers School of Nursing prepares graduates who embrace the midwifery model of care and become leaders in improving healthcare systems and individual health.

Objectives

Graduates of the Nurse-Midwifery or Dual Women's Health/Nurse-Midwifery program at Rutgers School of Nursing, will be able to:

1. Practice safe, independent, competent, and professional midwifery care as a beginning clinician in accordance with the [American College of Nurse-Midwives' Core Competencies for Basic Midwifery Practice](#) and [Standards for the Practice of Midwifery](#).
2. Uphold the values of the profession of midwifery including supporting inclusivity; caring for and eliminating obstacles faced by individuals in marginalized communities; establishing and applying evidence-based care; emphasizing health promotion and patient education; and limiting interventions in normal physiologic processes.
3. Provide care that is equitable, ethical, culturally humble, and person-centered.
4. Contribute to the profession of midwifery through membership, participation, and leadership in professional organizations; service; and efforts to further professional organizational goals and priorities.

5. Collaborate with interprofessional healthcare teams, valuing all members and communicating respectfully, to deliver high quality care.
6. Pursue life-long learning and professional development as a nurse-midwife.

Important contact information

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Roles and Expectations

Rutgers midwifery programs require students to complete clinical courses comprising faculty-facilitated classroom and lab instruction and preceptor-facilitated clinical practicums. Clinical education is a collaboration between Rutgers midwifery preceptors, students, and faculty. These roles are coordinated to help students achieve course and program outcomes. Preceptors provide hands-on teaching, support, and evaluation in the clinical setting while simultaneously meeting their own workplace expectations. Students are engaged learners and work with their preceptors and staff to ensure patients receive evidence-based, compassionate midwifery care. Faculty members teach didactic and practicum courses, ensure that clinical experiences meet course and program objectives, support their preceptor colleagues, and mentor and evaluate students.

The following sections describe the expectations and responsibilities of our preceptors, students, and faculty related to the clinical practicum.

Part 2: Expectations of Preceptors

Preceptors are a fundamental part of our midwifery program, providing individualized education during clinical experiences and teaching and modeling evidence-based, person-centered, clinical care. Our School, faculty, staff, and students are eager to work with diverse clinical and community partners.

Requirements for Preceptor Eligibility

Preceptors may be midwives, advanced practice nurses, physician assistants, physicians (MDs or DOs) and must have:

- Current state licensure,
- At least one (1) year of relevant experience, and
- National board certification (for advanced practice providers including advanced practice nurses, nurse-midwives, and certified midwives)

Rutgers Midwifery Program's accrediting body requires the Program to have a record of preceptors' CV, license and, as applicable, advanced nursing practice or midwifery certification. The Program will request these documents and information in order to complete the required Clinical Placement Information form prior to the start of a student's rotation.

Prior to the start of each clinical semester preceptors will receive an email from **notifications@exxat.com** (a cloud-based clinical education tracking system, EXXAT Prism) which contains a link to the required Preceptor Clinical Placement Agreement. This online form must be completed by the preceptor before the student is permitted to rotate at the clinical site.

Benefits of Precepting

There are many benefits to serving as a clinical preceptor in addition to playing a key role in contributing to the future of midwifery.

- Midwifery preceptors may receive up to 10 contact hours for 90 hours or more spent precepting. Rutgers will automatically email you documentation attesting to your hours precepting at the completion of the semester.
- Committed preceptors may apply to be appointed as a volunteer faculty member. A volunteer appointment recognizes your valuable contribution to the School of Nursing and University and gives you access to the Rutgers University Library System. If you are interested, please contact Tracy Vitale, Interim Associate Dean for Clinical Affairs tracy.vitale@rutgers.edu for assistance.
- All preceptors have access to ongoing preceptor-specific continuing education opportunities facilitated by the School of Nursing Advanced Nursing Practice Division and the New Jersey Midwifery Education Project. To learn about specific opportunities please contact Julie Blumenfeld, Program Director or Elizabeth Aurrichio, Grant Coordinator of the NJ Midwifery Education Project ec506@sn.rutgers.edu.

Preceptor Preparation

This Guide provides foundational information about Rutgers Midwifery programs and specific program requirements. The [Rutgers School of Nursing Division of Advanced Nursing Practice Preceptor Handbook](#) includes further resources, policies, and procedures.

Additionally, the [Rutgers Midwifery Preceptor Learning Platform](#) provides useful guidance on diverse topics related to precepting midwifery students. This educational platform provides an opportunity to earn 8 CEUs and is free to all Rutgers Midwifery Program preceptors. If you have preceptor training from another institution, we still encourage you to access the online Canvas site. We will do our best to make becoming and working as a preceptor easy and rewarding.

Student Orientation to the Clinical Site

Please have time set aside at the start of the first clinical day so that the midwifery student has a basic orientation to the facility, practice, providers and staff, the healthcare record, and overall expectations specific to their time with your practice. We expect our students to engage with and utilize the usual resources that you have available, including patient education materials and interdisciplinary teams. Students are required to become familiar with your midwifery practice guidelines.

Clinical Attendance, Assignments and Requirements

Clinical rotations length and required hours vary depending on specific midwifery course requirements. A typical semester is 15 weeks. Ideally, clinical days should be evenly spaced throughout the semester, leaving a few additional days at the end of the term in case they are needed to meet required clinical hours or competency goals as outlined in the course syllabus. Students are responsible for coordinating a clinical schedule with their preceptor and sharing with their faculty.

If possible, it is ideal for students to work with the same preceptor during the first few weeks of the semester. If this is not possible, consider having two alternating preceptors in the first weeks of the semester. More advanced students may not have the same need for consistency,

but it is important to assess each student individually. It has been our experience over many years that this kind of consistency results in a much more efficient learning experience for students, a more rewarding teaching experience for preceptors, and a safer and more comfortable experience for patients. Evaluation of the student's progress is also easier with a small number of designated preceptors monitoring the student's progress.

Each clinical day students are expected to set up their plan in collaboration with their preceptor. When possible, we recommend having students review the list of patients for the day and identify those that would be appropriate for the student to see in collaboration with the preceptor. In the outpatient setting, students in the gynecological, antepartum and primary care courses should aim to see one patient an hour while students in their final integration semester may see up to 2-3 patients per hour. In the inpatient setting preceptors must be present for management of intrapartum patients. We ask that each clinical day begin with goal setting for the day and end with a review of what went well, areas for improvement, and goal setting for the next clinical day.

Although on the first day at a clinical site it is reasonable for the student to observe the preceptor in clinical encounters, thereafter it is essential that the student is consistently engaged in hands-on patient care. The student midwife experience at the clinical site is not observational.

Students should become increasingly independent over the course of each semester and the overall program. Students at the very beginning of the program require more direct supervision than those at the end of the program. Preceptors should assess a student's skills in the beginning of each semester and continue to assess their growth allowing for more independence. For example, students in their first clinical semester will often work in tandem with the preceptor assuming responsibility for small pieces of the patient encounter while their preceptor is in the room. Conversely, students in their final semester may conduct most encounters more independently. It is required that the preceptor working with the student see and sign off on all patients. Additionally, students are not permitted to be in the clinical setting without a preceptor on site.

Precepting Strategies

There are numerous evidence-based approaches to teaching students in the clinical setting. One useful strategy is the One Minute Preceptor (OMP)¹. The OMP creates a framework for approaching a student's learning needs, providing opportunity for efficient teaching and keeping pace while seeing patients and precepting. It allows the preceptor to simultaneously function as both a clinician and teacher. There are 6 parts to the OMP

1. **Get a Commitment:** Get the learner to commit to an assessment or differential diagnosis

¹ Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. Journal of American Board of Family Practice, 1992; 5: 419-424.

2. **Probe for Supporting Evidence:** Ask the learner to provide information on why they chose the assessment or diagnosis
3. **Reinforce What Was Done Well:** Give specific feedback on what the learner did well
4. **Give Guidance About Errors and Omissions:** Give specific feedback on areas that need improvement
5. **Teach a General Principle:** Provide a statement or two outlining a relevant and practical teaching points
6. **Conclusion:** End the teaching interaction and define what the role of the learner will be in the next event

Additional strategies are discussed in the Rutgers School of Nursing, Midwifery Preceptor Learning Platform.

Clinical Safety

OSHA Compliance

Students are required to adhere to OSHA requirements including utilization of personal protective equipment including gloves, gown, eye protection, and mask when indicated.

Fatigue and Sleep Deprivation

Together faculty and preceptors are dedicated to ensuring students have worthwhile and safe clinical experiences. Sleep deprivation can interfere with optimal learning and safe practice. Part of ensuring students are learning in a safe manner is adherence to the [American College of Nurse-Midwives Position Statement, Fatigue, Sleep Deprivation and Safety](#). After 16 hours of active time on-duty, midwifery students must have a period of at least 4 hours of uninterrupted rest.

We recommend all preceptors read the following article related to sleep safety

Arbour, M., Tanner, T., Hensley, J., Beardsley, J., Wika, J., & Garvan, C. (2019). Factors That Contribute to Excessive Sleepiness in Midwives Practicing in the United States. *Journal of Midwifery and Women's Health*, 64(2), 179-185. doi: 10.1111/jmwh.12945

Clinical Errors and Adverse Clinical Outcomes

Student Malpractice Insurance Coverage

Students are covered by the University student malpractice insurance policy when they have a fully executed clinical preceptor agreement in place, are completing practicum at the approved clinical site with the stipulated preceptor(s) during the specified dates, and are providing professional and safe, quality care in alignment with the program and course objectives.

Reporting Adverse Outcomes

In the unfortunate event that a student witnesses or experiences an adverse outcome in the clinical setting, please notify the Rutgers midwifery clinical course faculty as soon as possible. In collaboration with preceptors, course faculty will help the student process the experience and refer them to additional resources as indicated.

Difficult Conversations

The faculty works very hard to prepare students for the challenge of clinical experiences. Most students are very successful in the clinical setting. However, occasionally a student does not perform as the preceptor or Program expects. If this situation should occur, please notify the faculty teaching the course immediately. It is the Midwifery Program's responsibility to help preceptors have the corresponding difficult conversation with the student and to develop a plan to help the student.

If there are significant clinical issues, faculty may issue the student a written notification or midterm warning. The purpose of this notification is to document specific concerns such as poor performance, attendance, or participation and the need to develop a plan to address and resolve them. When problems or concerns are identified, the student, faculty, and preceptor will collaborate to develop a plan to remediate the issue. Additional clinical hours or experiences may be required to ensure the student meets competency goals.

Student Privacy and FERPA Law

Rutgers University is obligated to maintain privacy of information about students' progress in the program and private identifying information they do not wish to share in accordance with the federal Family Educational Rights and Privacy Act (FERPA). Please keep any information about students and their progress within your practice and share information only with those who have a need to know. This can be especially important in midwifery as we are a relatively small community; this is like HIPPA guidance we follow about patient data. Students have a right to privacy including assessment and evaluation of their clinical experiences. Rutgers University guidance about FERPA can be found at <https://uec.rutgers.edu/programs-2/ferpa-student-privacy/for-faculty-and-staff/>

Part 3: Expectations of Students

The Rutgers faculty anticipate that students will be enthusiastic and invested in their learning, and forthright about their level of experience and learning needs. Students are expected to conduct themselves in a professional manner at all times during their clinical placement. They should consistently arrive on time or early to prepare for the start of the clinical day. They must wear their Rutgers student identification as well as any additional identification as required by the clinical site. Students are expected to bring their own stethoscopes and resource guides. Many students invest in pocket handbooks or use apps for their wireless device. Should you prefer students use specific resources at the clinical site, please let them know. Students should become familiar with the practice-specific midwifery clinical guidelines and adhere to them regarding parameters for consultation, collaboration and referral. If students encounter a clinical challenge, they are expected to seek solutions by first talking to their preceptor.

The number of clinical hours required of the student varies depending on the course in which they are enrolled. This information is noted in the course syllabus and will be clarified at the start of the semester by the faculty in charge of the clinical course.

Excused and Unanticipated Absences

If a student anticipates not being able to attend clinical, they must personally notify their preceptor as soon as possible using the method of communication determined between the preceptor/site and student at the start of the semester. Hours and experiences missed due to illness or emergency should be made up prior to the end of the term. If this is not possible, the Rutgers course faculty should be informed so other arrangements can be made.

Student Clinical Practice and Advanced Midwifery Skills

Students must notify their preceptor prior to any hands-on patient care. There are specific situations and skills that require direct preceptor involvement or oversight. For example:

- Students are not permitted to place orders (e.g. for medication, testing, or patient care).
- Artificial rupture of membranes or internal monitor placement must be observed by the preceptor.
- The preceptor must be present for all births. In the unlikely circumstance a student attends a birth without the clinical preceptor, the course faculty must be notified. At the start of the intrapartum and integration semesters, students and preceptors must explicitly discuss the steps that would be taken should a precipitous birth occur without a preceptor present.

The following skills are beyond the basic midwifery competencies taught in this program and may not be performed by a student, even under the guidance of a preceptor:

- Vacuum extraction
- Surgical first assist (If the preceptor is the surgical first assistant, a student may scrub into a cesarean birth and observe)
- Circumcision
- Colposcopy
- Repair of third- or fourth-degree perineal lacerations

Student Requirements

Prior to initiation of clinical courses, students have completed the following documentation, as required by Rutgers School of Nursing:

- Health clearance including annual physical examination and immunizations (including annual influenza vaccination)
- Criminal background check
- Student disclosure form
- Current CPR/BLS certification
- Active NJ RN license
- Prior to intrapartum: current NRP certification and completion of AWOHNN Intermediate Fetal Monitoring course
- Other site-specific requirements as indicated including urine drug screen

Student-Patient Interaction

To maximize the student clinical learning experience, when beginning students are seeing patients, the following process is expected:

1. Student reviews the patient record and presents and discusses it with the preceptor

2. Student sees the patient first, obtaining pertinent historical information and a review of systems
3. Student and preceptor see the patient together
4. Student presents an assessment and plan to preceptor who makes any needed recommendations for modification

Student Documentation

Documentation of the care they provide is an essential element of the student learning experience

- Students may document in the health record if the institution allows. If students are not permitted to chart in the patient record, the student should complete documentation with no patient identifiers outside of the medical record for the preceptor to review and provide feedback.
- Documentation must reflect preceptor participation
For example, documentation could be written as, *Patients seen by student midwife [insert student name] in collaboration with [insert preceptor name and credentials]*
- Preceptor must sign or co-sign documentation
- Preceptor may consider an addendum to the student's note reflecting their participation and any additional findings

Clinical Evaluation

Effective communication between preceptors and students is critical to developing safe, beginning-level midwives. Course objectives should help both the student and preceptor to set overall semester-long expectations. Individual daily goals should be set by the preceptor and student to focus specific skill development. Students are expected to reflect on their strengths and areas for improvement at the end of each day.

It is essential that preceptors give both formal and informal feedback on the students' skills and decision making. We recommend informal evaluation occur both after patient encounters and at the end of each clinical day. Students are encouraged to seek feedback on their clinical performance and ask preceptors to evaluate their strengths and weaknesses. Continual feedback will help students develop their clinical skills and become more confident as they transition to independent practice.

In addition to ongoing informal evaluations students, preceptors, and faculty participate in formal written evaluations at the midpoint and end of the semester. Prior to asking for a preceptor's evaluation students are required to self-evaluate. Evaluations should include a discussion of students' strengths and areas in need of improvement. These evaluations occur in the cloud-based clinical education tracking system, EXXAT Prism (Exxat). Preceptors will receive a link to the system twice during the semester. Students are responsible for facilitating mid- and end-of-semester virtual or in-person site visits with their primary preceptor and course faculty and submitting evaluation documentation on time. Students must receive a satisfactory performance rating by the final clinical evaluation of the semester to earn a passing course grade.

Additionally, at the end of each semester students and Rutgers faculty are required to evaluate both the preceptor and the clinical site.

Rutgers School of Nursing provides information and training sessions about Exxat throughout the semester to ensure any questions are answered. You will receive email notification about availability of these sessions. More information can be found at <https://exxat.com/>

Minimum Number of Patient Clinical Encounters

Students are required to meet both a minimum number of clinical hours and a minimum number of patient encounters in each course. Students must document these hours and encounters in Exxat using timesheets and logs of patient encounters. Throughout the semester preceptors will receive regular emails with a link to attest to the student hours in Exxat. However, Rutgers midwifery is a competency-based program and, as such, additional hours or experiences may be required to meet course objectives. Competency is determined by student, preceptor and faculty evaluations. Students are meant to progress towards competency throughout each clinical rotation and the program as a whole.

At a minimum, prior to program completion, students are expected to have completed the following number of clinical encounters:

Type of Care Encounter	Minimum Number of Clinical Encounters
Gynecological, sexual, and reproductive health	80
Primary care	40
Antepartum care	100
Intrapartum care	60
Births	35
Postpartum care	50
Newborn care	30

Part 4: Expectations of Rutgers Midwifery Faculty

The midwifery faculty are available to preceptors throughout the semester should questions, concerns, or issues arise. At the start of the term, the faculty assigned to the clinical course will contact you by email to provide information about the course, expectations, and their personal contact information. The faculty will regularly communicate with preceptors, at a minimum, at mid-semester and prior to the end of the semester. Additionally, faculty regularly interact with students throughout the semester in person, in the skills lab, and virtually, for case discussions. Additionally, faculty and students meet individually for formal, individual mid-semester and final student evaluations. In-person site visits occur at a minimum once each year to allow preceptors, students, and faculty to meet face-to-face and continue to foster strong relationships. It is the faculty's responsibility to help preceptors and students have a successful clinical experience.

Course faculty welcome phone calls and emails at any point in the semester. If you have additional concerns, please contact Julie Blumenfeld, the Midwifery Program Director julie.blumenfeld@rutgers.edu.