

National Midwifery Institute, Inc.

Preceptor Agreement

Clinical Preceptorship - Background

Knowledge and skills gained in the didactic/course work portion of the program prepare students for active participation at the onset of the apprenticeship experience. Students are responsible for selecting and securing their preceptorship. They may interview with potential preceptors at any time, and may choose to work with any midwife meeting the criteria for precepting faculty.

Students learn the practice of midwifery with community-based preceptors.

Apprenticeships are generally based in home birth or birth center practices. Students can also expect to attend hospital births in the event of transport, which gives them opportunity to learn about and observe obstetrical standards of practice. Additionally, they will consult with other health care providers if complications develop in caregiving or questions arise concerning a mother/gestational parent's health status. Students may also have opportunity to accompany their precepting midwife to peer review sessions, and so may confer with other midwives in the community on practical and professional issues.

Students must meet the following clinical requirements:

1. 10 observe births
2. 20 births in the role of assistant midwife under preceptor supervision, and:
3. 25 assist prenatal exams, including 3 assist initial prenatal exams;
 1. 20 assist newborn exams;
 2. 10 assist postpartum exams.
4. 25* births in the role of primary midwife under preceptor supervision, and:
 1. 95 prenatal exams, including 20 initial exams;
 2. 20 newborn exams;
 3. 40 postpartum exams, within the first five days of birth;
 4. 40 postpartum/family planning/gynecological visits.

*a. a minimum of ten (10) out-of-hospital births as primary under supervision shall be with women/gestational parents for whom the applicant has provided at least one (1) prenatal visit in a primary or assisting role.

b. in addition to the above 10 births, a minimum of five (5) out-of-hospital births as primary under supervision shall be with women/gestational parents for whom the applicant has provided at least five (5) prenatal visits spanning two trimesters, birth, one (1) newborn exam performed within 12 hours of the birth, and two (2) postpartum exams that take place between 24 hours and 6 weeks following the birth.

c. a minimum of five (5) home births must be attended in any role.

d. a minimum of two (2) planned hospital births must be attended in any role.

e. transports to the hospital from an out-of-hospital setting are limited to three (3) out of the 25 SPC births: the first 20 SPC births may include two (2) transports, and the remaining five (5) SPC births may include one (1) transport.

f. NARM requires that the clinical component must be at least two (2) years in duration, equivalent to 1350 clinical contact hours under supervision. California requires 1890 clinical contact hours for licensure.

These clinical experiences are sufficient to meet NARM certification standards for entry-level midwifery practice and California licensing requirements.

Although students are encouraged to seek continuity of training by working primarily with one preceptor, a student may have any number of qualified preceptors. NARM encourages work with multiple preceptors. Students attending births with a new preceptor and with prior birth experience sufficient to begin supervised primary care may be required to attend births as an observer or assistant before beginning supervised primary care.

National Midwifery Institute, Inc.

Preceptor Agreement

Appointment of Faculty

National Midwifery Institute is an equal opportunity employer and educational institution. There shall be no discrimination against any employee, applicant for employment or any student on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability. This non-discrimination policy applies to all educational policies and programs and to all terms and conditions of employment, which include (but are not limited to): recruitment, hiring, training, compensation, benefits, promotions, disciplinary actions and termination.

Faculty Rights and Responsibilities

Faculty have the right and responsibility to:

- 1) Uphold NMI program goals, the Philosophy and Purpose Statement, and the Mission Statement;
- 2) Demonstrate an effective teaching style, incorporating student input and feedback;
- 3) Uphold Student and Faculty Rights and Responsibilities, as stated in this document and the NMI Handbook;
- 4) Work cooperatively with other faculty;
- 5) Maintain updated course content meeting current program goals;
- 6) Participate in the review and revision of curriculum and/or mechanisms for evaluating students;
- 7) Review NMI Course Work Instructor Evaluations to assess their precepting student's academic progress,
and to make recommendations regarding modules most appropriate for their student's next round
of study (see NMI Handbook for list of topics);
- 8) Maintain updated practice guidelines;
- 9) Complete cultural sensitivity/diversity training or course work;
- 10) Evaluate student progress according to the required schedule;
- 11) Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy) and maintain a midwifery or primary care credential;
- 12) Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics) upholding student confidentiality at all times, (see Appendix);
- 13) Participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary;
- 14) Provide current/updated documentation as requested by National Midwifery Institute, Inc.
- 15) Participate in NMI's Annual Program Review survey, sent each May by email as an electronic survey, and to providing feedback on the following:
 - development, implementation, and evaluation of curriculum content;
 - program structure;
 - reference resources;
 - admissions process and criteria;
 - mechanisms for evaluating student progress and advancing students;
 - methods of informing students of their progress;
 - program resources;
 - student services;
 - program facilities/other services;
 - clinical sites;
 - library;
 - administrative facilities; and
 - equipment and supplies
- 16) Respond appropriately to the suggestions arising from the annual NMI program review;

National Midwifery Institute, Inc.

Preceptor Agreement

Precepting Faculty are additionally required* to:

1. Be in active midwifery practice in an out-of-hospital setting;
2. Be certified or licensed by a mechanism recognized in their jurisdiction, or maintain the CPM credential where midwifery is not regulated and not prohibited by enforcement of existing law;
3. Periodically attend peer review. Preceptors are encouraged to include students in routine peer review, if acceptable within the local midwifery community.

If an instructor possesses less than these qualifications*, that individual must be responsible to a qualified faculty member. All faculty are strongly encouraged to be NARM Certified.

Faculty have the right to:

- Be treated according to behavioral guidelines established by the MANA Statement of Values and Ethics (see Appendix A9, MANA Statement of Values and Ethics).
- Be treated without discrimination on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability.
- Update course materials according to new learning modalities and scientific evidence, and to require students to complete these new versions with subsequent course work submissions.

Additionally, Precepting Faculty have the right to:

- Terminate their working relationship with a student, according to the terms of their contract/work agreement.
- Inform students of any deficits in their performance as determined by preceptor, with clear guidelines for remediation, as long as this feedback is given privately and not in the presence of clients.
- Give feedback to students regarding any questions or disagreements with a student's actions in caregiving, as long as this feedback is given privately and not in the presence of clients.

Precepting faculty maintain or participate in primary midwifery practices, provide prenatal, intrapartum, postpartum, and lifelong reproductive health care including family planning care. Upholding: 1) NMI program goals, Philosophy and Purpose, and Mission; 2) the Midwifery Model of Care; 3) professional standards of practice; 4) the MANA Statement of Values and Ethics, precepting midwives attend clients in the out-of-hospital setting of their choice. Students are introduced to their preceptor's clients as members of the care team, but clients must be fully informed of the student's status and must give consent for the student's participation in their care. The precepting midwife's first responsibility is to uphold parameters of safety as they provide quality care and continuity to their clients; within that context, the student shall be given every opportunity to acquire clinical experience and skill required for program completion.

Once a preceptor and student agree to work together, they complete and sign the NMI Apprentice/Preceptor Work Agreement and Informed Consent Worksheet. This document must include the following information regarding preceptor's practice: philosophy, experience and training, certification or licensure status, malpractice insurance status, numbers of clients both for the previous year and current year, number of students the preceptor has trained, number of students the preceptor takes into the practice at a time (with breakdown of learning opportunities for each student), and expectations of the apprentice in training and practice. The preceptor/student relationship is formalized when this document has been signed and a copy is filed with the NMI office. As the student makes tuition payments and honorarium fees become available, preceptor may then invoice NMI according to the following honorarium rate schedule: \$10 per observe birth, up to a total of 10 required observe births; \$10 per assist or supervised primary care exam, up to a total of 55 required assist exams and 195 required supervised primary care exams; \$15 per assist birth, up to a total of 20 required assist births, and; \$20 per supervised primary care birth, up to a total of 25 required supervised primary care births.

Once student/faculty pairs have submitted the required paperwork to NMI including Preceptor Application, Preceptor Agreement, Clinical Site Form, Work Agreement and Informed Consent Worksheet,

Preceptor Agreement

...Non-Retaliation Form, Copyright Policy Statement, and current CV, the preceptor is sent an acceptance letter from NMI. The acceptance letter includes the password to access NMI's Faculty Portal, a closed portal just for current NMI preceptors. The Portal includes access to NMI's Media Library, including NMI's institutional subscription to MEDLINE with Full Text, *Midwifery Matters*, and streamable conference session recordings from past MANA and CAM conferences. The Portal also includes access to recommended training resources, including resources on adult teaching and learning, competency-based education, cultural sensitivity and versatility, and teaching clinical skills.

All faculty are responsible for documenting continuing education consistent with current NARM requirements (as of 10/2018, 30 contact hours of continuing education every three years). If a faculty member did not already complete a NARM-approved cultural sensitivity/diversity training or course work module within the past 3 years, the faculty member agrees to complete a NARM-approved cultural sensitivity/diversity training or course work module within 12 months of signing a Work Agreement with a NMI student. NMI provides preceptors with access to cultural sensitivity/diversity training through the NMI Faculty Portal.

NMI strongly encourages all precepting faculty to attend NARM's free GOLD preceptor webinar, linked to from the NMI Faculty Portal. NMI also strongly recommends that precepting faculty complete a minimum of two professional growth or in-service activities per year (either found independently or provided by NMI through the NMI Faculty Portal) on the topics of adult teaching and learning, competency-based education, cultural sensitivity and versatility, and/or teaching clinical skills. When completed, clinical preceptors provide NMI with documentation of completion of these activities.

NMI strongly encourages faculty to participate in community education by: lecturing at local universities and community colleges on midwifery, childbirth and related subjects; providing in-service training at local hospitals and EMS services; teaching childbirth classes to expectant parents and leading support groups for pregnant women/pregnant people and new parents; making presentations to the aspiring midwifery community at state and local midwifery meetings. Faculty are also encouraged to serve on midwifery boards and actively participate in professional organizations such as CAM, MANA, NARM, MEAC and ACNM, as a means of keeping program curriculum current.

Program flexibility allows both faculty and students to attend midwifery conferences and board meetings. Faculty also have the right and responsibility to participate in annual review, to be completed by online survey each year by May 5th (International Midwives Day). Incorporating student input, faculty have the right and responsibility to make recommendations on admissions criteria and process, curriculum revision, references, methods of student assessment, the advisability and selection of new faculty, teaching methodologies and effectiveness, administrative performance and facilities, fees, resources and services.

Preceptor Evaluation of Students

During clinical training, preceptor and student jointly evaluate student progress regarding skills successfully acquired and those requiring further development, as well as recommendations for academic areas of study during subsequent quarters. Students and preceptors meet to present and discuss their evaluations on the following schedule: at the close of the initial three-month period, and then every three months UNTIL the student has begun supervised primary care. Once the student has begun supervised primary care, these evaluations occur after every five births. Evaluations are shared with academic faculty members and academic evaluations are shared with clinical preceptors, thereby connecting academic training with clinical skills attainment.

Faculty have the right and responsibility to suggest revisions in mechanisms for evaluating students in the NMI annual review, to be completed via electronic survey each year by May 5th (International Midwives Day).

Apprenticing students submit self and preceptor evaluations on the same schedule cited above. Student evaluation of faculty is integral to assessing faculty performance and facilitating an egalitarian learning experience and working relationship. Faculty have the right and responsibility to demonstrate responsiveness to

Preceptor Agreement

...the feedback and individual learning needs of their students, and agree not to retaliate against students for low ratings. NMI's Clinical Director is available to assist students and preceptors in navigating issues arising in apprenticeship. Should a serious disagreement develop between a student and instructor that is not solvable through informal discussion, both will participate in conflict resolution, either through mediation or the program's Grievance Mechanism.

Precepting faculty are responsible for making updates to their teaching methods and clinical work in keeping with current standards of practice. On the basis of student evaluation and NMI annual review, they are also expected to incorporate student input in their method and style of precepting.

Student Rights and Responsibilities

- All students have the right to be treated according to behavioral guidelines established by the MANA Statement of Values and Ethics.*
- Students have the right to be treated without discrimination on any basis including actual or perceived discrimination against their sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability.
- Students have the right to receive opportunities for clinical midwifery experiences commensurate with previous experience and anticipated program length.
- Students have the right to self-determination in defining their current learning objectives and goals for acquiring clinical midwifery experience.
- Students have the right to be excused from clinical duties due to death in the family, a sick family member, or other extenuating circumstances to be fairly negotiated with the preceptor.
- Students have the right to bathroom and lunch breaks in the course of a workday.
- Students have the right to be informed of any deficits in their performance as determined by preceptor, with clear guidelines for remediation, as long as this feedback is given privately and not in the presence of clients.
- Students have the right to give feedback to preceptor regarding any questions or disagreements with preceptor's decisions in caregiving, as long as this feedback is given privately and not in the presence of clients.

Students are required to:

- 1) Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics), upholding instructor and preceptor confidentiality at all times;
- 2) Agree to participate in conflict resolution, using the program's Grievance Mechanism as necessary.

Students are expected to submit course work according to NMI's Satisfactory Academic Progress Policy (a minimum of 2 modules submitted per quarter of enrollment). The coursework must be their own: see NMI Academic Integrity Policies and Procedures. Students are also expected to be respectful and assertive in obtaining their education, asking questions of both academic and clinical faculty until they are satisfied that they have the correct information and understand it. Students are responsible for full participation and engagement with the resources provided and recommended by clinical and academic faculty. Students will be notified of any revisions in course work and will be expected to complete the updated version according to NMI policy.

While precepting, student midwives are introduced to their preceptor's clients as members of the care team, but clients must be fully informed of the student's apprenticeship status and must give consent to the student midwife's participation in their care.

Preceptor Agreement

NARM* Policy Statement on Preceptor/Apprentice Relationships

These policies apply to NMI students and preceptors, with NMI-specific clarifications in italics.

In validating the apprenticeship as a valuable form of education and training for midwifery, NARM appreciates the many variations in the preceptor/apprentice relationship. In upholding the professional demeanor of midwifery, it is important that each party in the relationship strive to maintain a sense of cooperation and respect for one another. While some preceptor/apprentice relationships develop into a professional partnership, others are brief and specifically limited to a defined role for each participant.

To help NARM candidates (*and NMI students*) achieve exceptional training and a satisfactory relationship from their apprenticeship, NARM makes the following statements:

1. All preceptors for NARM PEP applicants must be currently registered with NARM as a Registered Preceptor. (*Note: with MEAC accreditation, preceptors for National Midwifery Institute students are not required to register with NARM as Registered Preceptors. However, all NMI preceptors must complete the NMI Preceptor Application and Agreement*)

In order to qualify as a NARM Registered Preceptor (*and NMI Preceptor*), the midwife must document their credential as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or they must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, they must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years. (*Note: With MEAC accreditation, National Midwifery Institute additionally accepts U.S. Physicians as preceptors for NMI students.*)

It is the student's responsibility to verify the preceptor's registration status by asking their preceptor or contacting NARM. (*The preceptor privileges of some midwives have been revoked. NMI may not be aware of a revocation.*)

2. The clinical components of apprenticeship should include didactic (*course work is provided by NMI and supported by faculty instructors*) and clinical experience, and the clinical component must be at least two (2) years in duration, which is equivalent to approximately 1350 clinical contact hours under supervision. (*NMI graduates complete a minimum of 1890 clinical hours.*) NARM states that the average apprenticeship which includes didactic and clinical training typically lasts three to five years. Dates of clinical training must span at least two (2) years.
3. It is acceptable, even preferable, for the apprentice to study under more than one preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. **NARM definition of Primary under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during all care provided.** (*NMI refers to Primary under Supervision as Supervised Primary Care.*)
4. Preceptor and apprentice should have a clear understanding of responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.
5. The apprentice, if at all possible, should have the NARM application for the MEAC Accredited Schools Route (free online download at www.narm.org) at the beginning of the apprenticeship so that forms can be completed during the training period rather than waiting until the completion of the apprenticeship. *Note: NMI forms are required to be completed according to schedule, and document much of the NARM requirements.*

Preceptor Agreement

6. Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. **Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary.** Documentation of attendance and performance at births, prenatal, postpartum, etc., should be signed only if the preceptor agrees that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible, however **the preceptor makes the final determination.**
7. The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that **the preceptor must be physically present when the apprentice performs the midwife skills.** The preceptor holds the final responsibility for the safety of the client or baby and should become involved, whenever warranted, in the spirit of positive education and role modeling. Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place. *(Note: NMI's Preceptor Evaluation/Student Self-Assessment of Midwifery Skills form is filled out by NMI students and preceptors rather than the Final Verification Form mentioned above.)*
8. **Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Certified Professional Midwife (CPM) credential.**
9. NARM's definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, genealogical, family) and a physical examination. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these examinations on one or more early prenatal visits.
10. Prenatal Exams, Newborn Exams, and Postpartum Exams as an Assistant Under Supervision *(NMI calls these Assist Exams)* must be completed before the same category of clinicals may be verified as Primary Under Supervision *(NMI calls these Supervised Primary Care)*. However, Prenatals, Newborn Exams, and Postpartum Exams as a Primary Under Supervision *(Supervised Primary Care)* may begin before the Primary Under Supervision births *(Supervised Primary Care births)* occur.
11. Births as Assistant Under Supervision *(NMI calls these Assist Births)* are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice should perform some skills at every birth listed and must be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete 18 of the Assistant Under Supervision births before functioning as Primary Under Supervision *(Supervised Primary Care)* at births.
12. Births as a Primary Midwife Under Supervision *(Supervised Primary Care)* 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.
13. Catching the baby is a skill that should be taught and performed during the Assistant Under Supervision phase. The Primary Under Supervision births *(Supervised Primary Care)* require that the student be responsible but under supervision for all skills needed for labor support and monitoring of mother/gestational parent and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of mother/gestational parent and baby. If one or both parents are “catching” the baby, the Primary Under Supervision *(Student-Primary Under Preceptor Supervision)* is responsible for all elements of the delivery. If the preceptor catches the baby, then that birth qualifies as Assistant Under Supervision for the student.

National Midwifery Institute, Inc.

Preceptor Agreement

14. Attendance at a birth where either the apprentice or preceptor is also the client will not be accepted for verification of the required clinicals.

NARM Guidelines for Verifying Documentation of Clinical Experience

NARM has developed the following step-by-step guidelines for successful completion of the NARM application documentation.

Together, the preceptor and applicant should:

1. review the three (3) separate practice documents required by NARM--Practice Guidelines, Informed Consent, and Emergency Care Form.
2. review all client charts referenced on the NARM Application and confirm that the preceptor and applicant (student/apprentice) names/signatures appear on each part of the chart/form that is being referenced.
3. confirm that the signatures/initials of the applicant and preceptor are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate post partum exam, newborn exam, and complete follow-up postpartum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials for both the applicant and the preceptor on the charts/forms.
4. check all birth dates and dates of all exams for accuracy.
5. check all codes to make sure there are no duplicate code numbers. Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth. If a preceptor has more than one student (applicant), each chart must have a uniform code that all students will use. Students should not develop different codes for the same client.
6. Preceptors need to be sure their forms show that the student participated as primary under supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant (student) and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.
7. Applicants (student/apprentice) should have access to or copies of any charts listed in the application for Continuity of Care and Out-of-Hospital Birth, in case of NARM audit.
8. The Informed Consent document used by the apprentice/student should not indicate that they are a CPM, even if they are in the application process. The CPM designation may not be used until the certificate has been awarded.
9. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future, and also risk losing their CPM credential.

NARM Audits - All NARM applications are evaluated in detail. Over 20% are audited. If the application is audited, copies of Practice Guidelines, Informed Consent, Emergency Care Form, and specific charts with identifying information redacted must be submitted to the NARM Applications Office. MEAC applicants may submit client charts or clinical verification forms from a MEAC accredited school, for purpose of audit.

Applicants are responsible for having immediate access to client charts or clinical verification forms from a MEAC accredited school when they submit their application. Audited materials are due within two weeks of request. Delays in return of audited materials can hold up test scheduling.

National Midwifery Institute, Inc.

Preceptor Agreement

Please initial next to each item below.

____ I, _____ have read this agreement and understand the contents thereof. I agree that as clinical preceptor for _____ (student's name) I must participate in the following according to the requirements specified for NMI Precepting (Clinical) Faculty as follows:

- ____ I agree to uphold NMI program goals, the Philosophy and Purpose statement, and the Mission statement;
- ____ I agree to demonstrate an effective teaching style, incorporating student input and feedback;
- ____ I agree to uphold Student and Faculty Rights and Responsibilities, as stated in this document and the NMI Handbook;
- ____ I agree to work cooperatively with other faculty;
- ____ I agree to maintain updated course content meeting current program goals;
- ____ I agree to participate in the review and revision of curriculum and/or mechanisms for evaluating students;
- ____ I agree to review NMI Course Work Instructor Evaluations to assess my precepting student's academic progress, and to make recommendations regarding modules most appropriate for my student's next round of study (see *NMI Handbook for list of topics*);
- ____ I agree to maintain updated practice guidelines;
- ____ I affirm that either: I have already completed a NARM-approved cultural sensitivity/diversity training or course work within the past 3 years (Date of attendance or completion _____); Or: I agree to complete cultural sensitivity/diversity training within 12 months of signing a work agreement with a NMI student. I understand that NMI provides me with access to cultural sensitivity/diversity training through the NMI Faculty Portal.
- ____ I understand that NMI encourages all NMI preceptors to attend NARM's free GOLD preceptor webinar.
- ____ I understand that NMI provides me with access to the NMI Faculty Portal, which includes free resources and recorded webinars including but not limited to resources on: a. Adult teaching and learning; b. Competency-based education; c. Cultural sensitivity and versatility; d. Teaching clinical skills; e. Developing course materials and curriculum; (including online course development when applicable); f. Facilitating student inquiry and participation, ability to impart information; g. Constructing and evaluating technical/manual, oral and written student work; h. Emerging technologies and the selection and use of these tools for classroom and online instruction and d. Latest research and evidence in midwifery practice and maternity care.
- ____ I understand that NMI strongly recommends that I complete a minimum of two professional growth or in-service activities per year (either found independently or provided by NMI through the NMI Faculty Portal) and provide documentation of successful attendance.
- ____ I agree to be evaluated by students on a quarterly basis and to an administrative peer evaluation at least once per year. NMI's Clinical Director will have a meeting with me to review these evaluations.
- ____ I agree to evaluate student progress according to the required schedule;
- ____ I agree to complete and document 30 hours of continuing education every three years (consistent with NARM CE policy) and maintain my license/CPM credential.
- ____ I agree to maintain a professional ethic (as defined by the MANA Values and Ethics Statement) upholding student confidentiality at all times. (see NMI handbook appendix)

National Midwifery Institute, Inc.

Preceptor Agreement

- ___ I agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary.
- ___ I agree to provide current/updated documentation as requested by National Midwifery Institute, Inc.
- ___ I agree to regularly attend peer review and to include my apprentice if possible.
- ___ I agree to participate in NMI's Annual Program Review, sent each May via electronic survey, and to provide feedback on the following:
development, implementation, and evaluation of curriculum content; program structure;
reference resources; admissions process and criteria; mechanisms for evaluating student progress and advancing students; methods of informing students of their progress; program resources;
student services; program facilities/other services; clinical sites; library; administrative facilities; and equipment and supplies
- ___ I agree to respond appropriately to suggestions arising from the annual NMI Program Review.
- ___ I understand that I may invoice the program for a total of \$3400 honorarium per student (up to 10 observe births @ \$10 each; up to 55 assist exams and 195 supervised primary care exams @ \$10 each; up to 20 assist births @ \$15 each; and up to 25 supervised primary care births @ \$20 each). Previous experience must be included as initially agreed upon in the preceptor/student work agreement.)
- ___ I understand that NMI students DO NOT carry professional liability insurance.
- ___ If I discontinue my working arrangement (prior to completing all requisite experience) with _____ (student's name), I agree to notify National Midwifery Institute, Inc.
- ___ I understand that Supervised Primary Care 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.

Please indicate the dates of your most recent participation in the following community education services (optional):

- _____ lectured at local universities and community colleges on midwifery, childbirth or related subjects;
- _____ provided in-service training at local hospitals or EMS services;
- _____ taught childbirth classes to expectant parents;
- _____ lead support groups for pregnant people and new parents;
- _____ made presentations to the aspiring midwifery community at state or local midwifery meetings.

Preceptor's Affirmation of Honest Intent of Representation

I have read, I understand, and I agree to the terms described in this document.

Signature _____ **Date** _____

Print Name _____