

Documentation of Acquisition of Clinical Knowledge and Skills

Instructions for the Documentation of Clinical Experiences:

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health. This preceptor is responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences, that preceptor must have a Preceptor-Apprentice agreement on file with the Department. Any preceptor who signs on any portion of the Application must also be identified on the Preceptor Form included with the application.

The dates from the first assist to the final primary birth should encompass at least one year.

Preceptors are expected to sign the documentation forms 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 mutually agreed 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.

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 should be physically present when the apprentice performs the primary midwife skills. The preceptor holds 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.

Twenty (20) of the 75 prenatal exams are required to be initial exams and include the Midwife’s prenatal exam, initial interview and history (Regulation 402.3).

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice does not have to perform all skills at every birth in this category, but should be present throughout labor and birth and should perform at least some skills at every birth. The apprentice should complete most of the active participant births before functioning as Primary Midwife under supervision.

Births as Primary Midwife 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. Some skills at these births may be performed by the preceptor or other midwives/apprentices, but the catching of the baby, most skills, and labor management should be performed by the apprentice who is claiming the birth as a primary birth under supervision.

**It is recommended that the apprentice make blank copies of all forms in the Application in the event that more space is needed for documentation of clinical experience, or when more preceptors are involved.

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Clinical Experience Documentation for Births as an Active Participant

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

Client Initials	Assist at Initial Midwife Exam	Number of Additional Prenatals	Assist at Birth	Date of birth	Place of birth	Assist Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	4	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
Minimum required			20					
Your numbers								

There are no minimum numbers for any clinicals except assisting at birth, however, it is expected that the supervising midwife will provide training both outside of and during the performance of these other clinicals. The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. Place of birth: indicate home, birth center, or hospital. Transports may count as an assist if the apprentice assisted during labor at home or birth center prior to transport. There may be a period of training where the apprentice observes but does not perform assistant activities at clinical experiences. Observations should not be documented as assists.

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Clinical Experience Documentation for Births as Primary Midwife

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

Client Initials	Perform Initial Midwife Exam	Number of Additional Prenatals	Manage Labor and Birth	Date of birth	Place of birth	Perform Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	8	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
Minimum required	20	55	20			20	40	
Your numbers								

The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a “yes” or “no” in columns unless a number, date, or other information is required. Do not leave spaces blank. For at least three clients, the apprentice should have provided a minimum of 4 prenatal, birth, newborn, and 2 postpartum exams. Place of birth code: please indicate home, birth center, or hospital. **Transports to the hospital may not count toward the 20 required primary births, but may be documented for prenatal exams, etc.**

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Apprentice's name _____

The following skills must be documented by a qualified preceptor as being competently performed by the apprentice. **Performance of the skills includes a demonstration and/or verbal discussion of the knowledge implied by the performance of the skill. Please indicate "by discussion" if skill is not performed.**

The preceptor should **date and initial** each line of any skill she is verifying. More than one preceptor may sign in order to complete the form. All preceptors who sign should also be listed on the Preceptor Verification Form.

General Skills

Demonstrates use of universal health precautions relevant to midwifery care _____

Demonstrates appropriate application of aseptic and sterile technique _____

Demonstrates thorough and accurate documentation of care _____

Pharmacology

Demonstrates knowledge of the benefits and risks of the following and refers for prescription and administration when indicated:

Rh Immune Globulin (RhoGam) for an Rh negative mother _____

Vitamin K & erythromycin for the newborn _____

Pitocin _____

Safe use, care, and transport of oxygen _____

Prophylaxis for Group B Strep _____

Postpartum Rubella immunization when non-immune _____

Antepartum

Assessment Skills:

Basic health history/OB and gynecological history/family history _____

Obtains diet history and provides nutritional education _____

Obtains interval updates of medical history _____

Evaluates general appearance _____

Obtains weight and height _____

Assesses maternal weight gain _____

Vital signs: temp, pulse, respirations, blood pressure _____

Urine testing for glucose, protein and nitrites _____

Examination of the skin for color and appearance _____

Examination of the pupils, whites and conjunctiva of the eyes _____

Examination of the thyroid gland for enlargement _____

Examination of lymph glands of the neck and underarm for enlargement _____

Auscultates heart for rate and rhythm _____

Auscultates lungs for abnormal breath sounds _____

Percusses the costovertebral angle for pain _____

Speculum examination of the vagina for color, discharge, leakage of fluid _____

Identifies position, presentation, lie of fetus (Leopold's maneuvers) _____

Assessment of Fetal Heart Rate auscultated by fetoscope or doppler _____

Identifies pelvic landmarks, assesses pelvis _____

Measurement of fundal height _____

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Estimates fetal size _____
Lower extremities for varicosities _____
Edema of face legs and hands _____
Determines estimated due date _____
Assesses well-being _____

Intervention Skills:

Evaluates knowledge of self- breast exam techniques _____
Instruction of clean catch urine specimen _____
Recognizes the indications for genetic counseling and refers as appropriate _____
Understands and applies knowledge of good eating practices _____
Evaluates and makes recommendations for discomforts of pregnancy _____
Demonstrates knowledge and application of ADA Clinical Practice Recommendations for gestational diabetic screening and diagnosis _____
Demonstrates knowledge of normal and abnormal of required prenatal screening tests _____
Completes pre-delivery home visit _____
Educates regarding home birth supplies _____

Identifies and takes appropriate action including consultation, referral, or immediate transport when indicated and according to LMW Protocols in the following Prenatal situations:

Suspected abnormality on physical examination _____
Size/Date discrepancy _____
Elevated Blood Pressure Readings _____
Abnormal Kick Count _____
Abnormal weight gain or loss _____
Abnormal Prenatal screening tests _____
Symptoms of urinary tract infections _____
Hyperemesis _____
Abnormal Fetal Heart Rate Patterns _____
Absence of Fetal Heart Rate _____
Position other than vertex presentation _____
Preterm labor _____
Symptoms of Ectopic (Tubal)pregnancy _____
Abnormal vaginal bleeding _____
Prolonged or Premature rupture of membranes _____
Post term pregnancy _____

Labor and Birth

Assessment Skills:

Takes history relevant to labor _____
Assesses effacement and dilation of cervix _____
Assesses station of presenting part _____
Assesses fetal lie, position, and descent _____
Assesses uterine contractions for frequency, duration, and intensity _____
At required intervals, monitors and assesses fetal heart rate during and between contractions _____
Assesses food and fluid intake and output _____

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Assesses maternal well-being and responds appropriately:

Vital signs _____
Emotional well being _____
Assesses labor progress _____

Intervention Skills:

Demonstrates basic labor support skills and comfort measures _____
Uses maternal position changes to facilitate labor _____
Demonstrates perineal support and hand techniques for delivery _____
Demonstrates proficiency in assisting normal, spontaneous vaginal birth _____
Supports father and other family members _____
Organizes birth equipment _____
Follows sterile technique _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Intrapartum situations:

Abnormal fetal heart rates/patterns _____
Prolapsed cord _____
Breech presentation and birth _____
Face presentation and birth _____
Multiple birth _____
Shoulder dystocia _____
Abnormal bleeding _____
Nuchal hand, arm, or cord _____
Edematous cervical lip _____
Rupture of membranes _____
Meconium stained fluids _____
Abnormal changes in vital signs (maternal) _____
Maternal dehydration and/or exhaustion _____
Prolonged labor in:
 Primagravida _____
 Multigravida _____
Abnormal progress of labor _____
Symptoms of Pre-eclampsia _____
Suspected fetal death _____

Postpartum Period

Assessment Skills

Determines signs of placental separation _____
Assesses placenta for size, structure, completeness, cord insertion, and number of vessels, and color _____
Assesses uterus from birth throughout the immediate postpartum period for height, size, consistency, and retained clots _____
Identifies bladder distention and consults or refers if indicated _____
Assesses and estimates blood loss _____
Assesses lochia: amount, odor, consistency, color _____
Recognizes postpartum hemorrhage _____
Recognizes symptoms of shock _____
Assesses perineum and cervix for lacerations _____

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Identifies potential perineal infection or suture breakdown _____
Identifies abnormal uterine size after delivery of placenta _____
Identifies signs of uterine infection _____
Identifies need for Family Planning counseling and refers as indicated _____

Intervention Skills:

Appropriately assists with placental delivery _____
Demonstrates competency in repair of 1st and 2nd degree perineal lacerations _____
Demonstrates plan for referral for extensive lacerations _____
Takes appropriate action for postpartum hemorrhage (fundal massage, bimanual compression, expression of clots, activating emergency transport plan) _____

Demonstrates correct maternal positioning for treatment of shock and activates emergency transport plan _____
Instructs the mother on postpartum conditions requiring medical evaluation (i.e. excessive bleeding, increasing pain, severe headaches or dizziness or inability to void) _____

Develops guidelines for emergency transport of mother or baby _____
Performs maternal exam at 12-24 hours _____
Performs Postpartum evaluation at 2-6 weeks _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Postpartum situations:

Abnormal uterine involution _____
Maternal fever _____
Signs of uterine infection _____
Signs of breast infection _____
Hemorrhage _____
Third and fourth degree lacerations _____
Signs and symptoms of shock _____
Activates emergency transport plan _____

Newborn Care

Assessment Skills:

Recognizes signs and symptoms of respiratory distress, possible infection, seizures or jaundice in newborns _____
Determines APGAR scores at one and five minutes _____

Performs newborn assessment and evaluation to minimally include:

General appearance _____
Alertness _____
Flexion of extremities and muscle tone _____
Sucking _____
Palate: visualization and palpation _____
Skin color, lesions, birthmarks, vernix, lanugo, and peeling _____
Measurements of length, head and chest circumference _____
Weight _____
Head: molding, fontanelles, hematoma, caput, sutures _____

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Eyes: jaundice of whites, pupils, tracking, spacing _____
Ears: positioning, responds to sound, appear patent _____
Observe chest for symmetry _____
Listen to and count heart rate and respirations _____
Fingers and toes, normal structure and appearance, creases, prints _____
Genitalia: normal appearance, testicle descent in males _____
Takes and records temperature _____
Takes and records femoral pulse _____
Assesses baby for jaundice _____
Gestational age assessment and refers for less than 36 weeks gestation _____
Performs newborn exam at 24-48 hours _____

Intervention Skills:

Assures that the baby's airway is clear, uses suction when indicated _____
Promotes temperature regulation of newborn _____
Supports the establishment of emotional bonds among the baby, mother, and family _____
Cuts, clamps, and cares for cord _____
Collects cord blood when indicated _____
Documents administration of eye prophylaxis _____
Performs or refers for the state required Newborn Screening test _____
Completes Infant Hearing Loss Screening Form _____
Educates mother/parents regarding cord care _____
Assists mother in establishing breastfeeding _____
Provides breastfeeding instruction information _____
Instructs mother in normal and abnormal feeding patterns _____
Assists with breastfeeding positioning and milk expression _____

Identifies and takes appropriate action including consultation ,referral or immediate transport when indicated and according to LMW Protocols in the following Newborn situations:

Apgar score of less than 5 at one minute or 7 at 5 minutes _____
Jaundice at 0-24 hours _____
Meconium staining on the skin _____
Abnormal heart rate _____
Birth weight less than 5 lbs or greater than 10 lbs _____
Abnormal voiding or stool pattern _____
Temperature over 100 or less than 97.7 _____
Abnormal cry _____
Abnormal feeding patterns (vomiting, poor suck, lethargy) _____
Jaundice at 24-48 hours _____
Abnormal respiratory pattern (tachypnea or apnea) _____
Signs of bleeding (i.e. petechia, bruises) _____
Rupture of membranes more than 24 hours before birth _____

Education and Counseling Skills

Interaction, Support and Counseling Skills:

Understands and applies principles of informed choice _____

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Exhibits communication skills with women, peers, other health care providers _____

Functions as women's advocate during pregnancy, birth, and postpartum period _____

Assesses maternal support system _____

Consults with other health care professionals regarding problems _____

Basic Prenatal Education

Understands and can demonstrate knowledge of:

Emotional and physical changes during pregnancy and postpartum _____

Signs of labor _____

Fetal development _____

Preparing home and family members for birth, as is culturally relevant _____

Preparation for breastfeeding _____

Effects of smoking, drugs, and alcohol consumption _____

Signs and symptoms that necessitate an immediate call to the midwife _____

Preparation for the postpartum period _____

Exploration of fears, concerns, and psycho-social status with family, as appropriate _____

Benefits of exercise _____

Sexuality education appropriate to pregnancy and postpartum _____

Information about required prenatal tests and lab work _____

Circumcision information, as culturally appropriate _____

Information regarding eye prophylaxis _____

Information regarding vitamin K _____

Information regarding the Lay Midwife Newborn Care Kit provided by the Division _____

Information regarding the state required PKU for newborn screening _____

Information regarding the Newborn Screening test _____

Information regarding Screening for Infant Hearing Loss _____

Record Keeping and Forms

Demonstrates knowledge on completion of the Birth Certificate _____

Demonstrate knowledge on completion of the Acknowledgement of Paternity

Affidavit _____

Demonstrate knowledge of Licensed Midwife Caseload Log and Division submission requirements _____

Demonstrate knowledge of Complication Report and Division submission requirements _____

Understand components of Emergency Back-up Plans _____

Understand components of Lay Midwife Disclosure Form _____

Understand the Lay Midwife record keeping requirements _____

Understand the Division record audit requirements _____

Understand requirements for CLIA certification to perform laboratory tests _____

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By signing this form for the Documentation of Acquisition of Clinical Knowledge and Skills, I recognize that I have completed the orientation process for each of the skills listed. I have demonstrated knowledge, understanding and competency in the skills and procedures as verified thru demonstration or discussion by my supervising preceptor(s). I have demonstrated knowledge of and adherence to the Rules and Regulations Governing the Practice of Lay Midwifery in Arkansas.

Signature of Preceptor

date

Signature of Apprentice

date

***Notarize here if you are an Apprentice applying for the Lay Midwife License**

Notary seal for verification of signatures:

Signature of Notary

date signed

date of expiration

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Preceptor Verification Form for Licensed Midwife Application

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health. This preceptor is responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences and skills. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences or skills, that preceptor must have a Preceptor-Apprentice Agreement on file with the Department. The following information must be filled out for any preceptor who signs any portion of the Application as documentation of clinical experiences or skills. Preceptors must be licensed in a state as an LM or CNM, or must have the credential Certified Professional Midwife. Number of births listed below means the number supervised for THIS APPRENTICE, not the total experience of the supervising midwife. Fill out all lines for documentation of clinical experiences, indicating zero if none supervised, before signing.

Primary Preceptor:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Additional Preceptors whose signatures are on any of the application forms:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

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Additional Preceptors whose signatures are on any of the application forms:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____