

Preceptor Guidelines for Licensed Midwives in Texas
Approved by the Texas Midwifery Board on November 9, 2015

The professional standards and quality of care maintained and provided by licensed midwives in the state of Texas are directly related to both the quality of the clinical experience and training they receive during their apprenticeship, and the experience level of their preceptor. These guidelines were written to ensure that midwifery apprentices in Texas are being properly trained and supervised during their apprenticeships by qualified preceptors. In setting standards for preceptors, we set standards for licensed midwives and the practice of midwifery as a whole. By ensuring apprentices have experienced well-trained preceptors and appropriate guidelines for their apprenticeships, we can better support and maintain the rules and standards of care already in place for licensed midwives in Texas. This will contribute significantly to the future of safe high quality midwifery care, and good outcomes for clients under the care of licensed Texas midwives.

Definitions:

Preceptor (midwife): A licensed midwife who meets qualifications to provide clinical training and supervision of an apprentice.

(Midwifery) student: An individual enrolled in an academic program for the purpose of learning midwifery. May or may not also be in an active apprenticeship.

Apprentice: A midwifery student in a clinical setting under the supervision of a specific preceptor or preceptors.

Apprenticeship: A current active relationship and agreement between a specific preceptor and a specific apprentice to provide the apprentice with the clinical experience required to become a licensed midwife. An apprenticeship should last a minimum of 24 months.

(A midwifery student in an apprenticeship may correctly refer to herself as either a student, a midwifery or midwife student, a midwifery or midwife apprentice or an apprentice. For clarity, in this document we will refer to midwifery students in an apprenticeship exclusively as apprentices.)

Direct Supervision: The preceptor is physically present in the same room during the provision of care by the apprentice.

Indirect Supervision: The preceptor is not physically present in the same room during the provision of care by the apprentice, but is physically present on the same premises and immediately available.

Remote Supervision: The preceptor is not physically present on the same premises, but is immediately available by phone and physically available within one hour. Apprentice care given under remote supervision must be reviewed by chart and orally within 12 hours. The supervisor is fully responsible for all outcomes.

Qualifications to be a preceptor:

A midwife who wishes to precept should have been in practice for three continual years AND attended a minimum of 50 births immediately preceding accepting an apprentice. A minimum of 25 of those 50 births should be “continuity of care and primary at the birth” as defined by NARM, and the additional 25 may be in any capacity.

A midwife should be able to run her practice and care for all her clients without the help of an apprentice.

A midwife should have enough time to invest in training her apprentice in addition to running her practice.

A midwife should have a plan to take her apprentice through all phases of her training, including her primaries under supervision, unless it is agreed up front that the student will get part of her training elsewhere. This plan should be in writing. This plan may include a financial incentive for the preceptor’s clients to use an apprentice under supervision for their care. This plan should be accompanied by a willingness and positive expectation on the part of the preceptor to allow her potential clients to choose her apprentice as primary under supervision for their care.

A midwife should prepare herself with a minimum of 8 hours of preceptor training prior to taking an apprentice.

A preceptor should re-take or take an additional four hours of preceptor training every two years.

The following are some ways a preceptor can acquire training:

A preceptor should attend live preceptor training CEU workshops if available in her area. *(Roxanne Anderson will be offering a live 8 hour workshop specifically for this purpose in the Dallas area and potentially other areas of the state in 2016. More than one experienced preceptor will be presenting, and areas covered will include curriculum comparisons, sign-offs, phases of NARM, how to supervise your apprentice primaries, teaching methods, learning styles, communication and ethics.)*

A preceptor may take part or all of The Association of Midwifery Educators 6-part online preceptor course: “Preceptors: Providers of Essential Midwifery Education” Part 1: Preceptors: Providers of Essential Education, Part 2: Creating a Successful Preceptorship: The Essential Elements, Part 3 Precepting: Teaching and Meeting Challenges, Part 4: Ethics and the Preceptor/Student Relationship, Part 5: Inclusion and Cultural Awareness, and Part 6: NARM Requirements for CPM certification. Total 9 hours/CEUs.

A preceptor may take, Navigating Ethical Student/Preceptor/Client Relationships offered online by Mercy in Action, worth 4 MEAC CEUs.

A preceptor should purchase and read “Training Midwives- A Guide for Preceptors” by Daphne Singtree and available from Eagletree Press.

When taking an apprentice:

A preceptor should expect to spend time interviewing apprentices before finding one who is a good match for her personally and for her practice. A preceptor should also expect that more than one apprentice may interview her as a potential preceptor as well, and be willing to answer questions as a part of that process.

It is suggested that the preceptor and the apprentice have a mutually agreed upon “trial period” to see if a long term relationship is possible.

A preceptor should communicate and agree up front with her apprentice about cost of the apprenticeship (if any), and cover in detail what financial realities are a part of the apprenticeship itself that the apprentice will have to assume (transportation, fuel, cell phone, babysitting, academics, NARM fees, etc.).

A preceptor should communicate clearly her expectations for her apprentice’s availability and being on call. The apprentice should be able to show her ability to meet those expectations before the apprenticeship starts (a reliable vehicle she has full time access to, a lifestyle that allows her to leave what she is doing and come quickly, a cell phone, etc.).

A preceptor should create a written agreement together with her apprentice, outlining the mutual expectations and responsibilities in the relationship.

A preceptor should expect her apprentice to bring her own expectations for her preceptor and the apprenticeship to the table when the two of them are creating their individual agreement.

The agreement that is mutually agreed upon may be signed by both parties with both parties keeping a copy.

A preceptor and her apprentice should follow the Preceptor Bill of Rights and the Student Bill of Rights in the book “Training Midwives.”

A preceptor should keep a file that holds her apprentice’s paperwork, meet with her regularly to discuss progress, and chart these discussions.

A preceptor should go over TDSHS Apprentice Student policy with her apprentice (1 page) give her a copy, and ensure she understands all aspects of it. The two of them should follow those guidelines.

A preceptor should sign and have her apprentice sign the TDSHS/ Texas Midwifery Board Supervising Midwife/Apprentice Complaint Disclosure (2 pages). As part of this process the preceptor should provide her apprentice with a current printed copy of the Rules and Statutes pertaining to midwifery in Texas and encourage her to become familiar with it.

A copy of these signed policies and forms should be given to the apprentice, and the original kept in the student’s file, along with the other information the policy requires the preceptor to keep a record of (apprentice’s name, address, phone number, course affiliation).

If the apprentice is going to be working with multiple preceptors, there should be a form signed by each of the preceptors and the apprentice and copies kept both by the apprentice and her preceptors.

A preceptor should explain HIPAA to her apprentice and how it applies to her discussions about clients and births attended to others in the community.

The preceptor should have a discussion with her apprentice about internet and social media use during the apprenticeship, and what is appropriate to post about clients, births and her training, and what terms are correct. The preceptor should take equal responsibility along with her apprentice to ensure that her apprentice is not misrepresenting herself publically – in writing, on business cards, on the internet (Facebook, Instagram, Twitter, personal blogs, etc.) - or in person as anything other than an apprentice (student) while in an apprenticeship with her.

A preceptor should require her apprentice to get her healthcare provider CPR/NRP training within three months of beginning her apprenticeship (during Phase 1, and before beginning Phase 2) and keep copies of her certification in her file. The preceptor should ensure the apprentice takes one of the approved healthcare provider CPRs, and that she keeps her CPR/NRP current for the duration of her apprenticeship.

There are three acceptable CPRs: American Heart Association: Basic Life Support for the Healthcare Provider, Red Cross: Basic Life Support for Health Care and Professional Rescuers, and National Safety Council: Basic Life Support for Health Care and Professional Rescuers

A preceptor should only take apprentices who are enrolled and actively studying in an academic program (students).

A preceptor should ensure her apprentice completes the academic program she is enrolled in during the course of the apprenticeship.

A preceptor should be familiar with the educational course her apprentice is taking, as well as all NARM phases and forms.

A preceptor should treat her apprentice as an equal in spite of their differing roles.

A preceptor should sign off on her apprentice's birth experience as soon as possible after it is completed.

A preceptor should make time to "process" verbally and discuss births afterwards with her apprentice during every phase, to ensure she is learning appropriately from the births she is attending. Generally this should happen within a week of each birth, but always sooner versus later. This is especially important after difficult births, transports, and the apprentice's primaries under supervision.

A preceptor should follow the Texas regulations already in place that she must provide verification of completed skills (signatures for work completed) within 30 days of a request (see TDSHS Apprentice/Student policy).

A preceptor should encourage her apprentice to participate in local midwifery meetings, educational workshops, peer reviews, complaint review in Austin, and conferences during her apprenticeship, and attend with her whenever possible.

A preceptor should encourage her apprentice to go to births with more than one preceptor, and the preceptor should seek to communicate with other preceptors and make arrangements for the apprentice to have this opportunity if at all possible. Cross training is extremely valuable.

A preceptor should not give her apprentice work or responsibilities that are not a part of her practice. This would include but not be limited to, babysitting the preceptor's children or the children of clients, cleaning the preceptor's home, doing personal errands for the preceptor, etc.

If the preceptor midwife plans to have her apprentice do midwifery business/office work as part of her apprenticeship, care should be taken to ensure that this type of duty is not the primary focus of the apprentice's time. No phase of the apprenticeship should be exclusively "office work."

Phases of Apprenticeship

These phases will vary according to the amount of experience the apprentice has when entering the current preceptor/student relationship, how quickly she learns, and how busy the preceptor midwife's practice is, and if the apprentice is attending births with more than one preceptor. They are meant to provide general guidelines that could apply to a variety of apprenticeship circumstances, and the wide range of numbers indicate there is flexibility based on individual situations. The preceptor always has the final say as to what her apprentice is ready for, with the understanding that her goal is to encourage the apprentice to progress regularly and steadily, and become more independent in a timely manner.

These phases and levels of supervision may be followed consistently along with the four phases of the NARM PEP process. The minimum birth numbers reflect the numbers that would need to be completed for each previous correlating NARM phase, and reflect the training of an apprentice with an individual midwife in an isolated area. The maximum numbers show potentially what might be possible for an apprentice working in a busier area, with the opportunity to go to more births during her apprenticeship.

Birth numbers are not the only indicator of experience. Time is also an important element.

Phase 1 – Observe: First 10 births and/or first 1-6 months

Direct Supervision at all times

Definition of a Phase 1 Apprentice: An apprentice whose primary role is to watch and learn.

The apprentice should complete this phase with her preceptor as an essential part of her apprenticeship, regardless of number of births she attended in another capacity, such as doula. Doula births should not count as observes, as the doula's role and purpose is different than that of an apprentice.

Description of Phase 1: The apprentice may help with various tasks, but she is not being actively taught to perform the skills of a midwife. The apprentice should attend and observe every aspect of care her preceptor provides to her clients including interviews, prenatal visits, phone calls, childbirth education,

early labor checks, the complete labor, postpartum, and postpartum visits. She can learn the preceptor's record system and how to appropriately chart client care she is observing. The preceptor should take every opportunity to include, teach and discuss things with her apprentice, and the apprentice should be encouraged to ask questions.

Phase 2 – Assist: 11- 100 births and/or 2-12 months

Direct Supervision at all times

Definition of a Phase 2 Apprentice: An apprentice who is being taught to perform the skills of a midwife.

Description of Phase 2: The apprentice begins to be taught the skills she has been observing, hands on. These may take place in private, in prenatal visits and at births, but always by and with the preceptor. *Just observing a clinical requirement is not assisting.* The apprentice does not provide any client care without the preceptor present. Skills are learned in increasing degrees of responsibility. In the presence of the preceptor and she may (for example) check urine, take maternal and newborn vitals, learn venipuncture, palpate, act as the main assistant at a birth which might include taking FHT in labor (including second stage), administering O2 to mother or newborn, assisting with PPV, doing fundal checks postpartum, assisting with suturing or inserting an IV, learning to assess blood loss, doing a newborn exam, among many other skills. The preceptor should use the NARM skills sign offs as a guide for helping her apprentice perform and eventually master skills appropriate to this level.

An apprentice in Phases 1 or 2 should not be intentionally scheduled, left, sent or allowed to go to a client's home or clinical site (birthing center) to perform prenatal care, postpartum care, or labor assessment or support without the on-site presence of her preceptor, regardless of whether the experience is being signed off. Exceptions are essential emergency care while the preceptor is en route.

Phase 3 – Primary under Supervision (and continued assisting): 30-150 births and/or 12-24+ months

Direct supervision as the preceptor deems necessary, and **Indirect Supervision** at the preceptor's discretion, ***excluding actual births, which must always have Direct Supervision.***

Definition of a Phase 3 Apprentice: An apprentice acting in the role of primary midwife under supervision, providing all aspects of midwifery care.

An apprentice should have a minimum of one year clinical experience and a minimum of 30 births attended during an apprenticeship (not counting time or births in any other role, such as doula) before she is allowed to primary clients under the supervision of the preceptor midwife.

If the apprentice is performing skills or doing primaries for sign-offs, the preceptor MUST be in the room and eyes on (direct supervision) per NARM regulations. As a preceptor you cannot sign off on anything for any purpose that you did not witness directly while being present in the room.

Description of Phase 3:

The apprentice provides all aspects of midwifery care (continuity of care) for clients under the supervision of her preceptor, demonstrates comprehension of events, and is able to communicate the rationale for her clinical decisions to the satisfaction of her preceptor. The preceptor will now move to the role of an observer and advisor while the apprentice is providing the actual care. It is also recommended that apprentices in this phase continue to assist her preceptor at additional births.

At the time the apprentice begins providing care as primary midwife under the supervision of the preceptor, care must be taken to communicate with the client clearly that the preceptor is the actual legal midwife and one ultimately responsible for all the care the apprentice provides. The state required ICA (Informed Consent Agreement) should reflect that, with the preceptor midwife's information and signatures. The client must also give written consent to have care provided by an apprentice under supervision.

During the primary under supervision phase, the preceptor midwife should ensure the apprentice is both appropriately supervised and also allowed to make appropriate decisions as the primary caregiver. It is recommended that apprentices in this phase be allowed to provide every aspect of client care, including taking all phone calls and being responsible for all direct communication with client.

Ideally by the time the apprentice attended 15 births as primary under supervision, the preceptor could potentially be completely hands off and silent as an observer during the apprentice's primary under supervision births.

Phase 4 - Advanced primary under supervision: 50+ births and a minimum of 18 months

Direct Supervision, Indirect Supervision and Remote Supervision at the preceptor's discretion, ***excluding actual births which must always have Direct Supervision.***

Definition of a Phase 4 Apprentice: An experienced apprentice acting in the role of primary under supervision who has completed all birth and skill requirements required for eligibility to sit for the NARM exam, who may be allowed by her preceptor to provide some client care under indirect or remote supervision.

This phase is appropriate for an apprentice finished with her clinical experience but not with her academic program, or for one who is waiting to take the NARM.

Description of Phase 4: An apprentice who has completed all birth and skill requirements required for eligibility to sit for the NARM exam (NARM PEP phases 1-3), including 20 primary under supervision births, who has been in an active apprenticeship for a minimum of 18 months, at the discretion of her preceptor (according to the limits and responsibilities covered in the TDSHS Apprentice/Student policy) in specifically approved situations, may provide some clinical care for primary under supervision clients,

or for her preceptor's clients, under indirect or remote supervision, *assuming it is not being signed off. As a preceptor you cannot sign off on anything for any purpose at any phase that you did not witness directly while being present in the room.*

This care might include routine prenatal visits, early labor checks and postpartum visits. It should not include active labor, the actual birth or the immediate postpartum. The preceptor should always be at the birth and (per Texas Midwifery Board Midwifery Rules) must stay for two hours after the mother and baby are stable. This should include supervision of any suturing. The preceptor should also always be the one to accompany the client to the hospital should there be a transport, no matter the phase or experience level of the apprentice.

Just because an apprentice is in Phase 4 does not imply all supervision is automatically indirect or remote. An apprentice should always get her preceptor's specific permission for each individual situation in order to give care under indirect or remote supervision. The preceptor should always be aware when her apprentice is under her indirect or remote supervision, and should follow the guidelines of being immediately available by phone, physically available within one hour and review care that was given by chart and orally within 12 hours.

Remote supervision is not a scenario that would allow the preceptor to go out of town or go off call when clients are due and have the apprentice to "cover" for her. That role should only be filled by another midwife.

The apprentice still may not refer to herself as anything other than a student or an apprentice during this phase. She may not practice midwifery or take clients apart from a preceptor and her license, who will still be responsible for all the care she provides. She may also not advertise or represent herself as a midwife or accept a fee for midwifery services from a client. (see 6. of TDSHS Apprentice/Student Policy). Her name on any business card or other printed material must be accompanied by the name and qualifications of her preceptor (this applies for all phases of apprenticeship including this one).

An apprentice with less than 18 months clinical experience, regardless of birth numbers, should not be considered for Remote Supervision.