SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY
SCHOOL OF HEALTH PROFESSIONS (SOHP)

Midwifery Student Clinical Handbook

NOTE: The SUNY Downstate Midwifery Program reserves the right to make modifications to clinical experiences, policies, and procedures.

Overall Guidelines

1. The Midwifery Program faculty strongly believes that all midwifery students have an equal right to clinical placements.
2. Once a site has been notified that a student will attend their site, the student may not cancel the placement. Such cancellation is disruptive to the administration of the program and the clinical site assignment process. It has put individual students at a disadvantage.
3. Each site has a different onboarding process. This includes presentation of many documents. Screenings for health clearance, criminal background checks, forensic drug screenings (urine toxicology), orientation meetings, etc. may take several weeks for processing prior to beginning clinical rotations. Students are responsible for contacting their assigned site as soon as they receive contact information from the Program to determine specific requirements of that facility.
4. Student Health forms are maintained by Downstate Student Health Service (SHS) in a secure and confidential setting. The SUNY Downstate Midwifery Program does not have access to student health forms. Students are required to provide a copy of their medical clearance from the Student Health Services prior to the start of each experience. Most sites, however, will require more than the SHS clearance but will actually want copies of your physical examination and all blood work, including titers as appropriate. Some sites may also require additional health screening such as urine toxicology. Therefore, students must keep copies of these documents throughout their time in the program and be prepared to submit them to any clinical site that requires them.
5. Students are responsible for all costs related to clinical rotations, including but not limited to: medical screenings, malpractice and medical insurance, criminal background checks, drug screening, fingerprinting, and transportation to and from clinical sites. In some cases, housing will be an additional expense although students will only be assigned to sites on their request or agreement that require housing.
6. Students must complete all required didactic and clinical courses in sequence except in special circumstances as approved by faculty.

7. Students with special needs/circumstances who may need appropriate and reasonable accommodations must contact the Disability Coordinator in the Office of Student Affairs as soon as possible after matriculation or when the need arises regarding any condition that may affect their ability to carry out the responsibilities of the clinical assignment. Students are also referred to the Technical Standards in the Midwifery Program Student Handbook for specific physical, emotional, and cognitive requirements to become a midwife.
8. Students must adhere to all policies, procedures and clinical guidelines of the site to which they are assigned for any given clinical rotation.
9. Students are often required to travel outside their immediate residential neighborhood to complete a clinical placement. Students may have to travel up to 2.5 hours each way for clinical experiences. Please remember each clinical rotation lasts 10 weeks only.
10. Students may **not** contact any clinical site which has an Affiliation Agreement (contract) with Downstate in order to pursue a clinical placement unless this site has indicated that they accept/ prefer student outreach. This preference is spelled out clearly in the Clinical Tracker spreadsheet, column G.
11. For the few sites that prefer students to contact them directly, students must adhere to the guidelines stated in the "system for students finding their own sites" document (see below) and the associated Clinical Tracker spreadsheet.
12. If a student would like to identify a potential new site, the student must notify a member of the midwifery faculty and provide contact information about the facility. The Program's Clinical Coordinator will contact the site to pursue it as a possible clinical placement. If a student has a site in mind, the student should notify the faculty as soon as possible upon entering the Midwifery Program as completing contracts can be a lengthy process.
13. Site assignments are made as soon as possible before the start of a semester in which a student will do a clinical rotation. Sites are assigned via a stratified lottery as they become available. Stratification includes factors such as a site requesting a particular student; language facility requested by the site; whether a site requires call from home; whether a site is located in a place that requires that the student have a car to get there within the upper limit for travel time. Other factors that may affect placements include but are not limited to low staffing, staff on maternity leave, site commitment to other programs, pandemics or other natural disasters, orientation of new staff, or other difficulty renewing a contract/addendum within a given timeframe.

14. Some sites have informed the program that they require student interviews before beginning the clinical experience. The faculty must accept the site's right to refuse a placement if the Service Director or designee determines that the student would not match well with the site. Because of the lottery, some sites that request interviews will be given a few student names picked through the lottery to interview and it will be up to the site to choose.
    1. Students will not be permitted to have clinical placements in a private midwifery practice that has employed or is employing them in any capacity.

System for Students Finding Their Own Sites

1. It will not be mandatory for students to find their own sites. It will be voluntary.
2. Students may still use the current system—which is to seek out a site but not necessarily for themselves and pass the information to the program faculty for follow-up (e.g., contract execution) or let us know about sites that you are aware of for possible student placements and provide the information for us to contact these sites.
3. We will use the living document where students can input what they have done regarding finding a site.

The following components of this structure will be evaluated no less frequently than at the end of each academic year once this structure has been implemented.

4. Students can look for a site anytime in the program—when they first enter or a semester before each clinical rotation. We suggest asking the site whether or not they will take you for your entire 3 clinical rotations (ambulatory (AP and GRSH); Intrapartum/Postpartum/Neo; Integration) or whether you are asking for one of these rotations.
5. The document will note sites that do not want students to contact them directly. (Faculty members are currently gathering data about this.) Students are not to contact these sites. We will note that in the document once the information is gathered.
6. The lottery system will still be used. Priority lottery will be given to students who choose not to contact sites for their own experiences. Once those students (i.e., who opt out of the option to seek their own site) are placed through the lottery, the remaining students (i.e., those who sought a site but have not yet found one—even if they are still in the process of seeking a site) will be included in the lottery. The lottery cannot include sites that have stated they

want students to contact them directly for administrative purposes (impossible to administer).
7. Once a student who has contacted a site or sites has been chosen by a site, they will no longer be in the lottery. Those students who contacted sites and were placed via lottery must accept the site they sought if that comes through after their lottery-assigned placement. Their lottery-assigned placement will then go to another student.
8. Information about whom to contact at any new sites must be forwarded to the faculty for facilitation of the contract and other discussions. This includes the name of the Service Director and the person who negotiates the contract at the site. The faculty also needs the address, phone numbers and emails of contact people at the site. Accepted by Faculty on 11/28/22

Clinical Placements outside the N.Y. Metropolitan Area:

Although most clinical placements are in the NY metropolitan area, the Midwifery Program maintains a limited number of contracts with facilities outside the metropolitan area. The program is willing to refer to the SOHP affiliations coordinator new sites outside the metropolitan area according to the criteria below. The Downstate legal department is responsible for negotiating and executing new contracts. Students requesting such placements must notify a faculty member **as soon as possible upon enrollment in the Midwifery Program** regarding their specific needs. Each request will be considered individually. The student must have a compelling reason to seek a placement outside of the New York metropolitan area. For example, previous residence outside the metropolitan area or special interest/circumstances (e.g., relocation of family).

A. On rare occasions, students are given the opportunity to extend clinical experiences, for the purpose of meeting requirements to receive a passing grade. In the event of failure, a repeat experience must take place at a different facility**.** The faculty arranges for a repeat experience but students must understand that a new placement may not be readily available. Registration and repetition of the course cannot be guaranteed within the same semester and is typically completed in the following semester.

B. Students may request a withdrawal from a clinical placement for extenuating life circumstances or medical conditions according to the policies outlined in the SUNY Downstate Student Handbook. If the withdrawal is temporary, all missed clinical time must be made up within the published semester dates. If these additional days cannot take place during the published semester dates, and the student did not withdraw from the course, a grade of IP is submitted. Because of insurance requirements, students may not attend clinical unless they are currently registered for at least one clinical course. Therefore, students may not make-up missed clinical days during the semester break designated on the Downstate Calendar. In addition, they must register for an independent study course in order to make up missed clinical days in the semester following the clinical experience unless they will be registered for another clinical course that semester. Upon successful completion of all fieldwork requirements, the IP grade is changed to a P grade for the course.

Clinical Evaluations

A student's self-evaluation of clinical experiences must be completed in the "the electronic database (currently Exxat)" and submitted to the clinical preceptor for review and comments at the end of daily or weekly clinical experiences. **The student must complete both the numeric and comments sections of the self-evaluation form *before* submitting it to the clinical preceptor**. ***Substantive evaluative comments on the day's or week's performance are required.*** These should address both strengths and areas for improvement and should reflect a cumulative evaluative approach. A student-preceptor conference immediately following each clinical experience is desirable. Self-evaluation is a critical component of the midwifery learning process. The deadline for submitting to Exxat is at the end of the week of the clinical experience. This must be adhered to except in special circumstances, and these should be emailed to the faculty person who is the site liaison.

Students will complete a mid-experience and final evaluation for all clinical courses. As with daily or weekly evaluations, students will complete the self-evaluation component of these evaluations in Exxat before submitting them to their clinical preceptors. The preceptor's component will be completed by an

appropriate person at the clinical site(s), if they are listed in Exxat or input by the student, at the mid-experience or end of the clinical courses in ambulatory care, primary care, and intrapartum/postpartum care, as well as Integration of Clinical Studies. The student MUST schedule a mid-experience and final meetings with the designated Program Faculty Liaison.

A student whose clinical progress during a course is unsatisfactory will be counseled. The student may be required to submit a learning contract, with strategies and a timetable for achieving the clinical competencies, for approval by the clinical preceptor and Course Coordinator(s) and/or Program Faculty Liaison or such a learning contract will be developed by the faculty in coordination with the preceptor and student. The student's unsatisfactory progress, counseling, learning contract and subsequent clinical progress will be documented by a faculty member and placed in the student's program file. The student will have the opportunity to demonstrate improvement during the remainder of the course. In exceptional circumstances special consideration may be given, at the discretion of the faculty, regarding extending the clinical experience. Additional clinical hours *may* be arranged *when and where available before the end of the rotation.* If the student fails to achieve the clinical course competencies by the end of the rotation, the student will fail the clinical component of the course and policies VI, A: 8-10 will apply. The final grade that will appear on the student's transcript will be submitted only after successful completion of all course competencies documented by submission of daily, mid-semester and final evaluations. In some cases, a student may only need a few weeks to complete a clinical course or the clinical component of a course and may receive an interim grade (In Progress (IP) or Incomplete (I)) for the course and register (and pay for) an Independent Study (NRMW 5700) to complete the clinical requirements following the end of the semester but before the start of the next semester. If these requirements are satisfactorily met, the student will receive a passing grade in both the Independent Study and original course. Exceptions to this policy may be made on an individualized basis.

A student who is unable to meet the clinical competencies of a course fails the course.

A student who has completed all course requirements and desires additional clinical experience may request faculty approval to register for an Independent Study course during a subsequent semester, subject to availability of an appropriate clinical site. Independent study credits do not apply towards those

required for attainment of the certificate or degree, however students must pass these courses in order to graduate.

Once a student begins the clinical course sequence (antepartum; gynecologic, reproductive, and sexual health; primary care; intrapartum; postpartum; and integration) faculty recommend that there be no gaps other than a summer semester in this sequence of courses. If the student must decelerate or postpone a clinical course, the student must take a *minimum* of a 1-credit Independent Study to continue clinical work. However, this will only be permitted if an appropriate clinical site is available for the student, not to replace a site for a student who needs a site to complete clinical requirements. The Independent Study *will not* count toward the credit requirement for graduation; however, students must pass these courses in order to graduate. If the student must take a leave of absence, a plan will be developed for remediation as necessary in clinical work when the student returns.

The following criteria are used to determine as student's completion of each clinical rotation the order presented demonstrates the importance of each criterion. The faculty, however, reserves the right to adjust these in individual situations to best meet the needs of each student and assure each student clinical competence

1. competencies
2. preceptor assessment
3. number of hours in the rotation
4. numbers of experiences

A times circumstances arise that are beyond the control of the program such as a pandemic or preceptor illness. If and when these occur adjustments will be made as necessary.

See the following sections:

- **Student Responsibilities in Clinical Sites**
- **Preceptor Responsibilities in Clinical Sites**
- **Guidelines for Resolution of a Problems in the Clinical Experiences**

Student Responsibilities in Clinical Sites

1. Always remember that although you are a part of health care team in your site, you are also a temporary member of that team hence, a visitor. Be polite to all personnel in the site.

2. Consider your clinical assignment in the same way you would consider a job. You are expected to be on time and call, text, or email if you cannot make a session, depending upon what you have been told to do on orientation to the site (see #5). Remember, of course, that *every* session is valuable.

3. Dress neatly, modestly, and professionally. No jeans. No sneakers in outpatient settings.

4. Negotiate a clinical schedule with the designated preceptor according to the guidelines provided by the course coordinator.

5. Know the expected procedure for notifying the site if you will have to miss a day. Find out *who* to call, text, or email (e.g., your preceptor, the service director), *when* to call, text, or email (e.g., the morning of the session or the evening before, if possible), and *where* to call, text, or email (e.g., home, cell, the floor or clinic). Make sure you always have the necessary phone numbers and emails.

6. Read the practice guidelines for your site. Ask to see them if they are not offered to you.

7. Always let your preceptor know what you are doing and where you are. Do not leave the site or floor without notifying your preceptor. Do not see a patient unless your preceptor knows you are seeing the patient. Do not ever discharge a patient or conclude an outpatient visit without consulting your preceptor. If a patient goes home without the preceptor's knowledge, you have made an error in judgment.

8. See Guidelines for Managing a Problem in a Clinical Site, should a problem arise. Although we do not anticipate problems, we recognize that they sometimes occur.

9. Present each patient to the preceptor after the history and physical are completed. (At the beginning, the preceptor may require that you present after the history and again after the physical.) Once you have developed a problem list, differential diagnosis, and plan, discuss these with the preceptor and collaboratively determine a midwifery management plan based on a variety of options that you have considered. Remember, ultimately, the management plan is up to the preceptor.

10. Complete the electronic evaluation form(s) after each session (or weekly in Integration). Complete daily electronic logs in patient rotations.

11. Communicate with the faculty liaison to the site for weekly update reports and additionally for concerns or problems relating to clinical, interpersonal, or professional issues. (For example, if a poor clinical outcome occurs, the student must notify the Faculty Liaison and Program Chair as soon as possible.)

12. Complete the electronic site evaluation form at the completion of each clinical rotation

Preceptor Responsibilities in Clinical Sites

1. The preceptor should orient the student to the clinical site and provide a copy of the site's clinical management guidelines for the student to review.

2. The preceptor should choose appropriate patients for the student to see.
   a. Female patients or those with female organs

   IN PRIMARY CARE

   b. Patients with common primary care problems
   c. Patients who have acute or chronic health needs, but are not severely ill.

   IN ANTEPARTUM

   d. Patients in all trimesters
   e. Patients presenting for a new prenatal visit and patients presenting for revisits,

IN GYNECOLOGIC, REPRODUTICE, SEXUAL HEALTH (GRSH)

f. Patients presenting for annual or follow-up visits or health issues or needs relating to GRSH, including 4-8 weeks postpartum patients

g. Patients requesting any method of family planning

h. Patients presenting for termination of pregnancy

IN INTRAPARTUM/POSTPARTUM/NEONATOLOGY

i. Any person presenting for triage in labor or during pregnancy

j. Any person in labor: natural, augmented, or induced

k. Any person having a normal spontaneous, vaginal birth

l. Any person in the immediate postpartum period through discharge

m. Any person needing postpartum discharge

n. Any normal newborn for physical examination in the birthing room or before discharge

3. The preceptor will collaborate with the student regarding the care for each patient seen. The student is expected to present the patient after completing the history and physical examination and discuss management options. The preceptor will approve of all care to be implemented. The preceptor will sign off on the chart *before* the patient is discharged.

4. The preceptor and student will conduct a post-conference after each clinical session.

5. The preceptor will review and corroborate (or not) the students' self-evaluation forms with comments in the SUNY Downstate electronic data base (preferably within 48 hours).

6. The preceptor will review the students' mid-module self-evaluation and comment as indicated.

7. The preceptor will complete students' final evaluation ~~form~~ upon completion of the clinical experience.

8. All evaluations (daily, weekly (in Integration only), mid and final) should be completed on the EXXAT app.

9. The preceptor will communicate any concerns regarding the students' learning needs, behaviors, and progress to the SUNY Downstate midwifery faculty liaison in a timely manner.

Examples of issues that should be communicated to academic faculty include, but are not limited to:

- Student appears stressed and overwhelmed
- Student is not communicating clearly, thoroughly or frequently with preceptors, staff or patients
- Student is not meeting deadlines on evaluation forms
- Student is not meeting the attendance policy (arriving late, leaving early, taking excessive sick days, etc.)
- Student appears to rationalize difficulties or becomes defensive when given feedback
- Student does not incorporate constructive feedback
- Student does not perform tasks safely or demonstrates poor judgment
- Student does not initiate self-directed learning
- Student fails to meet expectations for professional behavior, safety, judgment, and/or ethics
- Student does not adhere to the policies and procedures of the site
- Student has difficulty implementing the midwifery management process into patient care

At any time during a student's experiences, if the student is in danger of not being able to meet the competencies by the end of the clinical experience, the clinical preceptor and the faculty site liaison will meet to discuss the best way to move forward to help the student succeed. Usually, a Learning Contract will be developed. This can be written by the faculty, the preceptor, or the student. It must specifically delineate measurable criteria and expectations. The faculty site liaison, the preceptor or Education or Service Director at the site, and the student must sign and date the contract, signifying that all understand the serious concern with the student's skills/judgements/behaviors. The consequences of failing to meet the contract's objectives should be clearly communicated as part of the contract.

GUIDELINES FOR RESOLUTION OF A PROBLEM DURING CLINICAL EXPERIENCES

Problems in the clinical area may relate to a great variety of issues including, but not limited to your learning style, trauma, racism, and other forms of discrimination. These may be directed toward you, a staff member, or patient. None of these are acceptable. However, as most clinical problems can be resolved with communication, the following guidelines are to be followed:

1. Discuss the problem with your preceptor first. For example, if your preceptor(s) are not giving you enough guidance, or are not letting you manage on your own, raise this issue with them and see if it can be resolved it. This is an important skill to be developed, that will stand you in good stead in any midwifery employment setting.

2. Of course, some issues like racism or trauma, regardless of to whom it is directed, are often difficult to discuss directly. If you are unable to approach your preceptor(s) or you have spoken to your preceptor(s) without adequate resolution, you have several choices regarding the next step:

A. You can speak to the Course Coordinator, OR
B. You can speak to your Program Site Faculty Liaison, OR
C. You can speak to your individual faculty advisor OR
D. You can speak to the site Service Director

You should be aware that once you approach faculty, unless you specifically ask the faculty member to keep the problem/discussion confidential, the faculty may approach the preceptor(s), the site Service Director, or may discuss the problem with another faculty.

You may also request a meeting with more than one of these faculty members, and/or with one or more of these faculty members *and* your clinical preceptor(s) and/or the site Service Director. The faculty member may also initiate a meeting with you and other faculty members, and/or your clinical preceptor(s) and/or the site Service Director.

3. If you feel that steps 1 and 2 do not resolve the problem, then you can approach the Program Chairperson. Again, remember, that unless you ask for confidentiality, the Program Chairperson may discuss the problem with other faculty and/or your clinical preceptor(s) and/or the site Service Director. The Program Chairperson may also discuss the issue with the Dean of the School of Health Professions, the Vice President or Associate Vice President of Student Affairs, and/or the Office of Diversity and Inclusion (ODI).

The goal of conflict resolution is to create a win-win situation. Changing your preceptor (s) is not a win-win solution. Except in extreme situations, such as those involving trauma, racism, or other forms of discrimination, it is unlikely that your preceptor or clinical site will be changed; usually neither is a viable option.

In almost all cases, resolution will be achieved by following the above steps. We suggest starting with step #1 early in your identification of the problem—each clinical rotation is short and we do not want you to be unhappy, feel traumatized, feel discriminated against, or feel that you are not meeting your goals.