

Assessment of Student Attainment of Midwifery Program Goals and Midwifery Core Competencies Plan

In each of the following lab sections of the midwifery courses the students will be assessed using Objective Structured Clinical Examination (OSCE) during a face to face standardized patient(s) experience each semester. Students will also be evaluated by the faculty and preceptor in the assigned clinical environment each semester. Students not achieving the benchmark level of competency will be required to meet with faculty to develop a plan for remediation.

NRSG 7300 Lab Women's Health I (Midwifery Section) Gynecology

NRSG 7310 Lab Women's Health II (Midwifery Section) Antepartum

NRSG 7330 Lab Midwifery Postpartum and Primary Care

NRSG 7340 Lab Midwifery Intrapartum and Newborn Care

NRSG 7500 Lab Midwifery Practicum

Rationale

During the clinical years midwifery students need to develop the clinical competencies required for graduation and entering the workforce as a midwife. These competencies are evaluated in many different ways: by faculty and preceptor observation during clinical rotations; by oral examinations; by written examinations; and Objective Structure Clinical Examinations (OSCE) each semester and the school's final exit examination. In order to develop many of these competencies and meet the objectives required for graduation, the school needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical terms. For these reasons, as well as others discussed below and to meet accreditation standards, the school has developed this patient encounter and procedure log.

One of the competencies students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care, and learning how and what to document is an important part of midwifery education. Keeping this log becomes a student training exercise in documentation. The seriousness and accuracy with which students maintain and update their patient log will be part of their evaluation during the core rotations.

Not only by the number of diagnoses they log, but also by how conscientious and honest they keep this log and document their patient encounters. All of these features of documentation - seriousness, accuracy, conscientiousness and honesty - are measures of professionalism and speak to the adoption by the student of the essential elements of the GC and ACNM Midwifery Philosophy and Standards.

Responsibility

Clinical Faculty Responsibility

- Review students' patient encounters regularly, at a minimum for mid-term and end of rotation (If, for example, the clinical faculty notices you are not experiencing adequate numbers in any of the assigned competency areas, steps can be taken early in the clerkship to remedy the situation)
- Discuss encounters with the students
 - Identify if students are meeting course objectives
 - Identify areas needing supplementation
 - Identify learning needs
 - Address difficulties in meeting clinical objectives

Student Responsibility

- Document all meaningful patient encounters.
- Document all procedures.
- Document information in a timely manner. You are strongly encouraged to enter data on a daily basis and are required to do so on a weekly basis. Failure to do so is considered unprofessional behavior and will be noted by your clinical faculty. Completion of encounter/procedure logs is a barrier requirement for all required clinical courses. Failure to complete logs will result in an unsatisfactory/F for the course.

What to Document

- Patients \neq Encounters
- Record only clinically relevant interactions (If you talk to the patient or touch the patient, you should log the encounter)
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed) - Elicitation of information from the patient about his/her illness and/or treatment (taking a history); performance of one or more physical examination maneuvers (doing a physical exam); and/or performance of a medical/surgical procedure.

Outpatient Guidelines

- You must talk to or lay hands on the patient to record the encounter
- Don't record observed H&Ps
- **Exception:** observation of a procedure

Encounter Information

Make sure the date you enter is the date you actually saw the patient. Be sure to pick the correct clinical preceptor/course and your faculty. All categories are in drop down menu form except for specific location and notes. Students will use these areas to type in specific information.

Enter Patient information (see below) and up to six diagnoses from the list. If the problem was not on the list, there are "Other xxx problems" for every category. Use these, but only if you cannot find something that fits.

Select the Level of Care that indicates most accurately your interaction and involvement with the patient during this encounter based on the course syllabus.

- Minimal: Min.Pt. contact -The student has minimal contact with patient which amounts to less than doing an Hx or PE. An example might be your faculty calls you into the exam room to listen to an interesting murmur.
- Moderate: Hx and/or PE - The student performs either a problem-focused or complete Hx and/or PE but has no role in the diagnosis or treatment of the patient.
- Full: Hx and PE + (DDx and/or Tx) -The student performs a history and physical exam and is involved in the diagnosis and treatment of the patients under supervision of the resident or attending physician. This includes ongoing management of hospitalized patients.

Procedure Information

There is a long list of procedures to pick from. You must pick both the procedure and the level of care (observed, assisted or performed) you had with the procedure. You may add multiple procedures. As with the encounter logs, all categories are in drop down menu form except for specific location and notes. Students will use these areas to type in specific information.

Use the Notes section to remind yourself of some interesting aspect of the encounter or to specify a diagnosis when you had to select other from the problem list because the real problem was not there.