

### **Overview of NCM Course Syllabi**

Syllabi can be found on your NCM disc and on NCM's website: <http://www.midwiferycollege.org/AcademicProgram/Pages/ASMacademics.html>

Each course syllabus gives the following information that the student & preceptor will need to complete and evaluate each course

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**Course Title:** Module and Name of the Course

**Credits:** Number of credits for the course. This will also give an idea of how long the course should take to complete based on the following conversion: *One Academic credit equals approximately 15 hours of formal time plus 30 hours of additional study or homework. Formal time is defined as the amount of time taken to answer the Learning Objectives to the level of 80% and to complete any learning activities to the preceptor's satisfaction, including any time spent face to face with the preceptor. Informal time includes any time spent actively reading relevant sources and textbook/s, researching Learning Objectives, and studying for examinations.*

**Course Description:** A basic overview of the topics to be covered and a list of the NARM Skills and MANA Core Competencies attached to the course.

#### **Learning Activities:**

- A. Student reads appropriate sections from the Learning Materials/Resources.
- B. Student answers the questions listed in the Learning Objectives by researching the Learning Materials/Resources for the course and correctly cites the sources and page numbers for each of their answers.
- C. Student presents answers the questions listed in the Learning Objectives for review by preceptor.
- D. Student participates in preceptor elaboration/discussion of Learning Objectives.
- E. In the case that the required texts are more than 5 years old, the student must research, prepare & present a summary of current best midwifery care/practices appropriate to the topic of the course from a current journal article/study, less than 5 years old.
- F. Recommended Role-playing and/or Clinical Interactions  
*Note: The clinical requirement of NARM /Clinical Skills is completed at any time throughout the ASM apprenticeship during actual clinical practice and is NOT a requirement to complete this academic course.*

#### **Learning Materials / Resources:**

*Recommended texts and resources are listed on each individual syllabus. Please use textbooks less than 5 years old or most recent edition.*

#### **Evaluation Tools / Methods:**

*Minimum passing grade for all courses is a cumulative 80% / B-. Students and preceptors are encouraged to work together until the student masters the information.*

Final grade for the course is based on preceptor evaluation of the following:

- A. Learning Objectives count for 80-90% of the final grade depending on whether or not a summary of current best midwifery practices is required (see Evaluation Tools/Methods part B and Learning Objective A below).  
The preceptor evaluates each answer based on three elements:
  - 1. Answers should reflect a thorough review of current literature regarding best current practices in midwifery care.
  - 2. Each answer should be formed in the student's own words or paraphrased from the text. The answer should be minimal, not a re-write of the entire text, but enough to show appropriate comprehension of the learning objective.
  - 3. Student identification of sources and page numbers for each of the Learning Objectives. (Preceptor should do a random check to determine that sources cited are correctly identified.)
- B. Summary of best midwifery practices from a current journal article / study counts for 10% of the final grade. This is not required if the resources used to answer the Learning Objective questions are 5 years old or less.
- C. Exam counts for 10% of the final grade.

#### **Learning Objectives:**

- A. The student must research, prepare & present a summary of an aspect of current best midwifery care/practices appropriate to the topic of the course from a current journal article/study. *This not required if the texts used to answer the learning objective questions are less than 5 years old.*
- B. Student answers the Learning Objective questions listed on the syllabus and cites the sources and page numbers (accounts for 80%-90% of the final grade-see evaluation methods above).

## Instructions for Clinical Record Forms

**General Instructions:** Write Student name on each form. Please list clinicals in Chronological order and print clearly. The Preceptor must sign, not initial, every line. Please continue to use each form until it is complete.

**Trimester Reporting to NCM:** Student submits photocopies of updated forms at the end of each trimester to document progress, and retains the original forms to continue filling-in. All clinical submissions must be accompanied by a Student-Preceptor Evaluation Form for each preceptor.

**Guidelines for Verifying Documentation of Clinical Experience:** The Student and Preceptor must follow the guidelines in NARM's Candidate Information Bulletin online, including but not limited to the following: Student's and Preceptor's care at the encounter must be reflected on the client's chart via name or initials, in case of audit. The Student must have access to the original client charts for all births and procedures documented. The original client charts shall be kept by the preceptor. Client confidentiality must be protected by identifying them on these Clinical Record Forms with a unique client code under "Client # or Code," to reference the client chart, using one code for each client pregnancy.




**Order of Completion:** At least 18 of the 20 Births as Assistant (Form #3) must be completed prior to beginning Births as a Primary Midwife under Supervision (Form #9). The rest of the forms do not need to be completed in any specific order and it is up to the discretion of the preceptor as to whether the student is competent enough to act as Primary Midwife under Supervision at clinicals. All forms need to be completed prior to applying for permission to take the NARM Exam.

**Credit:** The Preceptor will only sign off a clinical when the student has demonstrated the minimum required skill competency level (Active Participation vs. Mastery) to the preceptor's satisfaction, as appropriate for the individual skills as defined on each clinical record form for each entire clinical experience. With the exception of 10 Birth Observes, work done prior to enrollment, or with someone who is not the student's official NCM preceptor at the time the work was done will not be eligible to satisfy program requirements. Students may submit additional clinicals beyond NCM requirements. ~~These extra clinicals and clinical contact hours will be listed on the student transcript, however credit is only given for required clinicals.~~

**Birth Experience in Specific Settings:** Of all the births a student attends during training (as Observer, Assistant, or Primary Midwife under Supervision), at least 2 must be planned hospital births (these cannot be intrapartum transports but may be antepartum referrals) and 5 must be home births.

**Time Frames:** Directly Supervised Clinical Experience documented on these forms must span at least 2 years. NCM begins counting this two years with the date of the first clinical entered on forms 1-11 that occurred during enrollment and under the direct supervision of an approved preceptor. All clinicals must occur within 10 years prior to the student's passing the NARM exam, and 10 of the experiences reported on NARM Out of Hospital Birth Documentation Form 204 must take place no earlier than 3 years prior to the NARM exam.

**Out of Country Clinicals:** When completing NARM Exam application materials, NCM students are not required to submit Out of Country (OOC) Birth Sites Form 230 listed on Forms 200 and 204.

Student Role:	 <b>Observer</b>	 <b>Assistant</b>	 <b>Primary</b>
	<b>Observer</b>	<b>Assistant to Primary Midwife under Supervision</b>	<b>Primary Midwife under Supervision</b>
Preceptor Supervision Required:	<b>No Direct Supervision Required</b> Any witness can provide verification.	<b>Direct Supervision</b> The preceptor must be physically present and in control at all times during the entire activity, must catalyze the important decision making processes, elicit the student's rationales for her/his decisions, and oversee the student's charting. Preceptors may ONLY sign off experiences which she/he personally directly supervised and witnessed.	<b>Direct Supervision</b> The preceptor must be physically present and in control at all times during the entire activity, must catalyze the important decision making processes, elicit the student's rationales for her/his decisions, and oversee the student's charting. Preceptors may ONLY sign off experiences which she/he personally directly supervised and witnessed.
Student Demonstration necessary to receive credit:	<b>Presence</b> The student's presence at the birth in any capacity.	<b>Active Participation</b> The student must be actively involved in the clinical activity, including, but not limited to charting, hands-on assisting, & participation in management decisions.  <i>As an assistant the student will learn through active involvement to perform the clinical skills of a midwife during all stages of pregnancy, labor, delivery and postpartum mother and newborn care. <u>Student readiness for serving as Primary Under Supervision at a clinical exam or birth is at the discretion of the supervising preceptor, and may require more than the minimum number of experiences as Assistant Under Supervision listed on the forms.</u></i>	<b>Mastery</b> The student must demonstrate competent and confident provision of safe, evidence-based midwifery care for the individual Clinical Skills including: Etiology, sequelae, appropriate management and follow-up for the individual patient, appropriate times and reasons for consult and referral, access to relevant resources and information, complete, thorough and timely record keeping, appropriate, professional, and compassionate management of every task involved, receptiveness and responsiveness to patient's concerns, explanation of midwifery decisions and actions as they relate to possible outcomes and their wider impact, based on the Midwives Model of Care®.
Required Clinical Experiences & Clinical Record Forms:	<b>Form #1:</b> 10 Birth Observes	<b>Form #2:</b> 25 Prenatals Exams as Assistant: (must include a minimum of 3 initial prenatals) <b>Form #3:</b> 20 Births as Assistant <b>Form #4:</b> 20 Newborn Exams as Assistant: <b>Form #5:</b> 10 Postpartum Exams as Assistant:	<b>Form #6:</b> 30 Well Woman/Family Planning <b>Form #7:</b> 20 Initial Prenatals <b>Form #8:</b> 55 Prenatals <b>Form #9:</b> 25 Births as Primary <b>Form #10:</b> 20 Newborn Exams <b>Form #11:</b> 40 Postpartum Exams <b>NARM Skills Form</b> (MEAC Abbreviated Version)

**Form #12: Clinical Requirement Summary Sheet**-Use this form to track completion of all Clinical Requirements and Forms

**NARM Continuity of Care-Practical Experience Form 200** and **NARM Out of Hospital Birth Documentation Form 204**. These forms may be filled with clinicals that have already been entered on NCM Primary Midwife Under Supervision Forms #'s 7-11. (Please use NARM's official versions of these forms and read the instructions carefully, as these will be part of the student's NARM Exam Application). MEAC students are not required to submit Out of Country (OOC) Birth Sites Form 230 listed on Forms 200 and 204.

**MEAC Continuity of Care Documentation Form:** Complete one of these forms for EACH of the 5 births listed on NARM form 200 Continuity of Care. These documentation forms are to be used in lieu of the client charts for the applications of students in MEAC-accredited programs. Please note that the NARM applications office reserves the right to request verification (audit) of any information submitted with student applications, including charts of the continuity of care clients.

**NARM Birth Experience Background Form 102**-Use the births from forms #1, 3 and 9 to fill in this form. Please note: on this form in the line "Number Observed," list the births from Form #1:10 Births as an Observer. In the line, "Number Active Participant," list the births from Form #3: 20 Births as an Assistant Under Supervision. In the lines, "Number Primary Under Supervision" and "Number Primary/Co-Primary" use Form #9: 25 Births as Primary Under Supervision, divided in the following way: In the spaces for "Number Primary Under Supervision," list 20 of these births with a maximum of 2 IP transports. In the spaces for "Number Primary/Co-Primary," list the remaining 5 of these births with a maximum of 1 IP transport.