



**GEORGETOWN UNIVERSITY**  
**School of Nursing & Health Studies**  
*Department of Advanced Nursing Practice*

**Nurse-Midwifery/WHNP Programs**

**STUDENT HANDBOOK**  
**Academic Year 2016 -2017**

*Previously published handbook rules and regulations are superseded by this document.*

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## Introduction

Welcome to our learning community at Georgetown University! We are so pleased to share your journey with you as you grow and develop into an excellent midwife and women's health nurse practitioner. Graduate school, like labor, is hard work and can be intense at times. Your faculty and staff are ready to assist you with practical strategies and emotional support throughout your education and your professional transition. We are invested in your success and we know you can do this work. The policies in this handbook are a common reference for students and faculty alike, designed to clarify expectations and to assure a quality educational experience. On behalf of all of the faculty and staff, welcome to the Circle of Midwifery and Women's Health.

This handbook provides information specific to Nurse-Midwifery/Women's Health Nurse Practitioner (WHNP) students and supplements the current *Georgetown University Graduate School Bulletin*. This handbook establishes the guidelines for the Nurse-Midwifery/WHNP academic program and the WHNP Program. Each clinical course will also have a syllabus that delineates expectations of the student for that specific semester. Students are expected to understand and abide by the standards delineated in this handbook and the *Graduate School Bulletin*, which can be accessed online at: <https://georgetown.app.box.com/s/v9lelcvn5uxascuc2mgy21r35w9cah91> and the *Graduate Nursing Student Handbook*, which can be accessed online at: <https://nhs.georgetown.edu/nursing/resources>

The Georgetown University Nurse-Midwifery Program is accredited by the Accreditation Commission for Midwifery Education (ACME), through 2022. The combined Nurse-Midwifery/Women's Health Nurse Practitioner Program and the WHNP Program are accredited by the Commission on Collegiate Nursing Education (CCNE), through 2023.

### Certification Examinations

#### **Midwifery: American Midwifery Certification Board (AMCB)**

Upon successful completion of the program, all graduates of the Nurse-Midwifery program are eligible to take the certification examination required for midwifery licensure by all states and an essential qualification in most settings. In order to take this examination, a graduating student must be recommended, without reservation, by the faculty. This computerized exam is offered in varying locations. Once approved by the AMCB, the applicant may schedule the exam at a center of his or her own choosing.

More information, along with application forms and instructions are available from AMCB online ([www.amcbmidwife.org](http://www.amcbmidwife.org)).

#### **Women's Health Nurse Practitioner: The National Certification Corporation (NCC)**

All graduates are eligible to the certification examination required for WHNP licensure by all states. In order to take this exam, a transcript as well as a letter from the Program Director is needed to sit the exam. The Women's Health Nurse Practitioner examination is offered by the National Certification Corporation. Detailed information can be accessed at: <http://www.nccwebsite.org/>.

*It is strongly recommended by the faculty that students take these certifying exams as soon as is feasible after completing their program. Evidence based research shows that the pass rates are higher for those that take the exams soon after graduation while the information and clinical application are still fresh.*

## **Program Overview**

### **Philosophy:**

The Faculty of the Georgetown University School of Nursing & Health Studies, Nurse- Midwifery & Women's Health Nurse Practitioner Program, agrees with and supports the philosophy of Georgetown University and its School of Nursing & Health Studies (<http://nhs.georgetown.edu/mission-values>). The Faculty further agrees with and supports the philosophy of the American College of Nurse-Midwives (<http://www.midwife.org/Our-Philosophy-of-Care>).

In addition, we believe that each woman and family has the right to health care, which, through the provision of education and respect, fosters participation in decision-making. Such care, based on respect for diversity and competent clinical management, should promote optimal wellness and human potential throughout the life cycle.

We believe that midwives and WHNPs are collaborative members of health care delivery teams. In order to promote health and human dignity, midwives and WHNPs have the responsibility to design systems and effect change within health care locally, nationally, and internationally.

We believe in the *active engagement* of students in the teaching-learning process and that learning occurs best in an academic and clinical environment that is supportive of the intellectual, professional, and ethical development of the individual. We view clinical settings and health care systems as the laboratories for application and testing of theory.

We believe that *accurate self-assessment is essential* for the protection of clients and the promotion of life-long learning.

We believe that Midwifery and WHNP faculty should emulate the highest standards for teaching and practice. In addition, the faculty role includes service to the community, scholarship, and commitment to advancing the professions of midwifery and nursing. The faculty appropriately assumes and models leadership roles in the academic as well as local, national, and international arenas.

*Revised & Approved August 2016*

## **Mission And Goals:**

Since its founding in 1972, the Georgetown University Nurse-Midwifery Program has been dedicated to the mission of educating nurse-midwives who are competent providers of primary health care and leaders in maternal-child health. This dedication was extended through the addition of the Women's Health Nurse Practitioner Program in 2008. In continued commitment to this mission, the Nurse-Midwifery/WHNP Program and the WHNP Program affirms as its goals:

To attain excellence in the education of midwives & WHNPs who meet or exceed basic competencies as beginning practitioners who blend the appropriate use of technology with a humanist approach while continuing to provide excellence in caring and social responsiveness;

To promote freedom of thought and inquiry in order to prepare graduates who will contribute to the body of knowledge of midwifery and women's health through disciplined scientific inquiry;

To educate midwives & WHNPs with the knowledge, skills, and values which enable them to give excellent care;

To prepare midwives & WHNPs to work collaboratively as autonomous and accountable decision makers with other professionals to develop effective health care delivery systems and to influence health policy;

To develop an active community of scholars in which faculty and students commit to life-long learning;

To build a moral community of midwives & WHNPs who will responsibly serve the health care needs of the nation's capital, the nation, and the global community with sensitivity to cultural differences and issues of justice, and with particular concern for vulnerable populations.

*Revised and approved: August 2016*

The components of the Nurse-Midwifery/WHNP Programs are designed to develop the individual who has obtained the skills, knowledge and abilities of the profession of nursing into a primary care provider in the professions of Midwifery and WHNP. The required courses for attainment of a Master of Science degree from Georgetown University Graduate School of Arts and Sciences are listed in this handbook. Following is an in-depth description of the requirements specific to this graduate program.

## **Terminal Objectives:**

The terminal objectives of the Nurse-Midwifery/WHNP Programs are that the student will:

- Integrate ethical principles and clinical excellence in midwifery and/or WHNP practice.
- Be a competent, safe, beginning practitioner.
- Continue to develop the role of the midwife & WHNP and promote the profession of midwifery & WHNP.
- Use research skills and a scholarly approach to assist in the development and validation of midwifery and nursing science.

- Integrate theoretical and scientific concepts that influence leadership in midwifery & WHNP practice roles consistent with education, practice and research.
- Participate in the process of health policy development for continued improvement of health care systems.
- Engage in life-long learning and the professional development of self and others.
- Practice in a manner that honors and respects the cultural beliefs, attitudes and behaviors of the women and families served.

*Revised and approved: August 2016*

## **Curriculum Overview**

### **Curriculum**

The courses required to complete the Nurse-Midwifery/WHNP and WHNP only programs are listed in this section. There is some flexibility among semesters for the core courses, however, not all courses are offered each semester. The clinical courses must be completed in sequence. Each Nurse-Midwifery and WHNP clinical course is different but builds on the information in the previous clinical course. Safety is always an important issue and upon completion of the program students must be able to be designated as a “safe, beginning practitioner.” Because clinical experiences are vital to the midwifery and WHNP professions, the student must perform at an acceptable level in the clinical portion of a course in order to pass the clinical component of that course. This determination is based upon the student’s performance in clinical settings in relation to the clinical objectives of that course. Please see the appendices for more information regarding competencies in each profession.

For more details on the curriculum, visit (copy & paste link into your browser if clicking on this link doesn’t work): <https://online.nursing.georgetown.edu/academics/nurse-midwifery-womens-health-nurse-practitioner/>

### **Course Content**

All courses are described in the Graduate School of Arts & Sciences Catalogue. The Nurse-Midwifery and WHNP clinical course descriptions are repeated and further described herein:

**NURO 528: Advanced Health Assessment - (3) Credits** This course focuses on providing students with advanced knowledge and skills in the health assessment of individuals across the lifespan within the context of the advanced practice role. Emphasis is placed on the collection, interpretation, and synthesis of relevant historical, genetic, biological, cultural, psychosocial, and physical data for the development of a comprehensive and holistic health assessment. Evidence based practice concepts related to health promotion/disease prevention are introduced. Critical thinking and diagnostic reasoning skills are developed.

**NURO 510: Introduction to Women’s Reproductive Healthcare- (3) Credits (Formerly known as NURO 501: Introduction to Reproductive Health Care of Women)** This course introduces the learner to the midwifery management process as the organizing framework for clinical practice in well woman gynecology and care of the pregnant woman. Evidence-based care processes are considered within the midwifery management process. Topics include women’s reproductive anatomy, physiology and pathophysiology and common variations experienced by the woman with a healthy pregnancy and during normal life processes. Cultural influences and psychosocial factors influencing adaptation to pregnancy, motherhood, and reproductive life issues are explored. Psychomotor skills include physical assessment skills specific to midwifery care of pregnant women, and skills for gynecological assessment. Emphasis is on the independent management of healthy women’s healthcare needs. Collaborative care and referral to medical management are introduced. Management approaches for selected women’s healthcare scenarios are taken up including well woman gynecologic care, sexually transmitted infections, contraceptive methods, preconception care, and preparation for childbirth and breastfeeding. Pharmacotherapeutic agents and prescribing responsibilities used in the management of well woman care, preconception and pregnancy, are considered throughout the course.

**NURO 511: Ambulatory Care of Women I - (1) Credit Includes approximately 16 hours a week in an ambulatory setting (Min. 224 hours)** The course encompasses supervised clinical practice in the NM/WHNP management of women needing prenatal care, routine primary care, care for common gynecologic problems, or contraception. An on-campus intensive prepares students for this clinical course and includes an introduction to microscopy skills, contraceptive techniques, and sensitive, thorough abdominal and pelvic examination skills.

**NURO 502: Primary Care of Women - (2) Credits** This course focuses on the integration of primary care into midwifery practice in women’s healthcare settings. Using principles of health promotion and disease prevention within the midwifery model of care, the course provides the learner with knowledge and skills for primary care of women across the adult lifespan. Adaptation of midwifery management to low and high resource settings is considered.

**NURO 503: Ambulatory Primary Care of Women – (1) Credit Includes 48 hours of supervised clinical in an ambulatory primary care setting. The 48 hours are included in the total number of ambulatory clinical hours for the program.** The course encompasses supervised clinical practice in the NM/WHNP management of women needing routine primary care, care for common gynecologic problems, or contraception. An on-campus intensive prepares students for this clinical course and includes an introduction to microscopy skills, contraceptive techniques, and sensitive, thorough pelvic examination skills as well as primary care exam skills as they relate to women’s primary health.

**NURO 671: Women’s Reproductive Healthcare II – (3) Credits (Formerly known as NURO 675: Reproductive Health Care of Women II)** This course will build upon the foundational knowledge achieved in NURO 510: Introduction to Reproductive Health Care of Women I. Experience and skill in caring for the pregnant woman with complex antepartum conditions will be acquired during this term, as well as continued expertise in caring for the normal antepartum client. For each of the antepartum conditions explored, emphasis is placed on the midwifery management process throughout, and when it is appropriate for the CNM/WHNP to independently manage, consult, collaborate, or refer.

**NURO 672: Ambulatory Care of Women II - (1) Credits Includes approximately 16 hours per week in an ambulatory setting (Min. 224 hrs)** This course will provide students with the opportunity to apply concepts of complex antepartum and gynecologic conditions, advanced women's health procedures, and to continue to gain experience in primary care of women in the ambulatory setting. Psychomotor skills include physical assessment skills specific to NM/WHNP care of pregnant women with complex antepartum, gynecologic, and primary care conditions. Emphasis is on growing independent NM/WHNP management of the woman with complex antepartum conditions, and appropriate decision-making concerning collaborative care and referral to medical management. Knowledge of appropriate prescribing of pharmacotherapeutic agents is applied.

**NURO 683: Midwifery Care: Labor, Birth and Newborn - (3) Credits (Nurse Midwifery Only) (Formerly known as NURO 682: Labor, Birth, and Newborn Care)** This course develops the knowledge base of the principles of midwifery care for the laboring woman and her family, linking psycho-physiologic processes to the maternal and fetal experiences of labor and birth. Concepts of normal birth and its variations and connection to midwifery hallmarks of care lead to thoughtful analysis of management options in a variety of birth environments. The knowledge base for assessment of maternal physical and emotional changes of the postpartum period, breastfeeding, early attachment and parenting behaviors is explored. The neonate's transition to extra-uterine life, assessments for newborn health, gestational age and attachment behaviors are described. Fundamentals of emergency response to obstetric emergencies and perinatal care of complex clients in the antepartum, intra-partum, postpartum and newborn periods are presented.

**NURO 684: Full Scope Midwifery Care I - (2) Credits (Nurse Midwifery Only) Includes approximately 24 hours per week plus on-call time in an intrapartum, postpartum, newborn and ambulatory care site as appropriate.** The student builds on primary care and management skills acquired in NURO 671 Reproductive Healthcare of Women II and begins to care for the family in the perinatal period. The clinical care of the childbearing woman during labor, birth and postpartum and her fetus/newly born infant is added. The midwifery management process continues to be the organizing framework for clinical practice. Upon completion of this course, the student will begin to manage the care of women during the intrapartum and postpartum periods and to provide primary care of newborns using the midwifery management process

**NURO 721: Integrated Midwifery Care of Women - (2) Credits (Nurse Midwifery Only) (Formerly known as NURO 720: Integrated Healthcare of Women)** This course guides the learner in comprehensive synthesis of the skills and knowledge base acquired throughout the program's core clinical courses and graduate core courses. Comprehensive review and introduction of selected advanced concepts adds breadth and depth to the learner's knowledge base. Learners will demonstrate their ability and readiness to assume the role and professional responsibilities of a beginning-level CNM/CM and WHNP.

**NURO 722: Full Scope Midwifery Care II - (4) Credits (Nurse Midwifery Only) Includes approximately 32-40 hours per week plus on-call time in a well-woman, gynecologic, primary care, intrapartum, postpartum, newborn and ambulatory care site as appropriate** This course guides the learner in comprehensive synthesis of the skills and knowledge base acquired throughout the program's core clinical courses and graduate core courses. With a supervising CNM/CM preceptor, the learner functions as a full-scope midwife/WHNP in a women's health

clinical setting. Learners will demonstrate their ability and readiness to assume the role and professional responsibilities of the beginning-level CNM/CM. This course fulfills the clinical hours and competency requirements for the CNM/WHNP dual certification.

**NURO 724: Integrated Health Care of Women WHNP- (2) Credits (WHNP Only)**

This course guides the learner in comprehensive synthesis of the skills and knowledge base acquired throughout the program's core clinical courses and graduate core courses. Comprehensive review and introduction of selected advanced concepts adds breadth and depth to the learner's knowledge base. Learners will demonstrate their ability and readiness to assume the role and professional responsibilities of the beginning-level Women's Health Nurse Practitioner (WHNP).

**NURO 725: Ambulatory Care of Women III WHNP- (4) Credits (WHNP Only) Includes approximately 16 hours per week in an ambulatory setting providing well woman, gynecologic, prenatal, post-partum and primary care as available at clinical site (Min. 240 hrs)**

This course guides the learner in comprehensive synthesis of the skills and knowledge base acquired throughout the program's core clinical courses and graduate core courses. With a supervising preceptor practicing in women's health, the learner functions as a full scope WHNP in a women's health clinical setting. Learners will demonstrate their ability and readiness to assume the role and professional responsibilities of the beginning-level WHNP. This course fulfills the clinical hours and competency requirements to be eligible to sit for WHNP certification.

**NURO 733: Advanced Women's Health Care Seminars- (2) Credits (Formerly known as**

**NURO 731: Seminars in Advanced Women's Healthcare)** This course focuses on complex issues in the gynecologic care of women. Pathophysiology, diagnosis and management of gynecologic conditions are the focus of this course. The midwifery role in collaborative management and appropriate referral will be the basis of the seminars. In the clinical setting, students will build on their knowledge of well-woman gynecological care and skills to include a wide scope of ages, psycho-social needs, specific acute and chronic health issues, as well as the need for specialized procedures and case management.

**GEORGETOWN UNIVERSITY  
SCHOOL OF NURSING & HEALTH STUDIES  
Nurse-Midwifery & Women's Health Nurse Practitioner  
Part Time Course of Study**

Course Number, Title, Credit	Credits
<b>Term 1</b>	
NURO 546: Physiology/Pathophysiology	3
NURO 530: Research Methods & Biostatistics for Healthcare Providers	4
<b>Total Credits-Term 1</b>	<b>7</b>
<b>Term 2</b>	
NURO 544: Advanced Concepts of Pharmacology	3
NURO 518: Health Care Ethics	2
<b>Total Credits-Term 2</b>	<b>5</b>
<b>Term 3</b>	
NURO 528: Advanced Health Assessment	3
NURO 540: Research Evidence and Best Practices in Healthcare	3
<b>Total Credits Term 3</b>	<b>6</b>
<b>Term 4 – On Campus Intensive (OCI)</b>	
NURO 510: Introduction to Women's Reproductive Healthcare [Previously known as NURO 501]	3
NURO 511: Ambulatory Care of Women I (Clinical Course)	1
NURO 502: Primary Care of Women	2
NURO 624: Foundations of Health Systems and Policy	3
<b>Total Credits-Term 4</b>	<b>9</b>
<b>Term 5</b>	
NURO 671: Women's Reproductive Healthcare II (Previously known as NURO 675)	3
NURO 672: Ambulatory Care of Women II (Clinical Course)	1
NURO 503: Ambulatory Primary Care of Women (Clinical Course)	1
NURO 733: Advanced Women's Health Care Seminars (Previously known as NURO 733)	2
<b>Total Credits-Term 5</b>	<b>7</b>
<b>Term 6 – On Campus Intensive (OCI)</b>	
NURO 683: Midwifery Care: Labor, Birth & Newborn (Previously known as NURO 682)	3
NURO 684: Full Scope Midwifery Care (Clinical Course)	2
NURO 710: Care of the Family in Crisis	1
<b>Total Credits-Term 6</b>	<b>6</b>
<b>Term 7 – On Campus Intensive (OCI)</b>	
NURO 721: Integrated Midwifery Care of Women (Previously known as NURO 720)	2
NURO 722: Full Scope Midwifery Care II (Clinical Course)	4
NURO 538: Professional Aspects of Advanced Practice Nursing	3
<b>Total Credits-Term 7</b>	<b>9</b>
<b>TOTAL PROGRAM CREDITS</b>	<b>49</b>

**GEORGETOWN UNIVERSITY**  
**SCHOOL OF NURSING & HEALTH STUDIES**  
**Women's Health Nurse Practitioner (WHNP Only)**  
Part Time Course of Study (7 Terms)

Course Number, Title, Credit	Credits
<b>TERM 1</b>	
<b>NURO 518: Health Care Ethics</b>	2
<b>NURO 548: Advanced Physiology &amp; Pathophysiology</b>	4
<b>Total Credits-Term 1</b>	<b>6</b>
<b>TERM 2</b>	
<b>NURO 530: Research Methods &amp; Biostats for Health Care Providers</b>	4
<b>NURO 544: Advanced Concepts in Pharmacology</b>	3
<b>Total Credits-Term 2</b>	<b>7</b>
<b>TERM 3</b>	
<b>NURO 528: Advanced Health Assessment</b>	3
<b>NURO 540: Research Evidence and Best Practices in Health Care</b>	3
<b>Total Credits-Term 3</b>	<b>6</b>
<b>TERM 4 – On Campus Intensive (OCI)</b>	
<b>NURO 510: Intro to Women's Health</b>	3
<b>NURO 511: Ambulatory Care of Women</b>	1
<b>NURO 624: Foundations of Health Systems and Policy</b>	3
<b>Total Credits-Term 4</b>	<b>7</b>
<b>TERM 5</b>	
<b>NURO 502: Primary Care of Women</b>	2
<b>NURO 503: Ambulatory Primary Care of Women</b>	1
<b>NURO 539: Professional Role of the APRN</b>	2
<b>Total Credits-Term 5</b>	<b>5</b>
<b>TERM 6</b>	
<b>NURO 671: Women's Reproductive Health II</b>	3
<b>NURO 672: Ambulatory Care of Women II</b>	1
<b>NURO 733: Seminars in Advanced Women's Health</b>	2
<b>Total Credits-Term 6</b>	<b>6</b>
<b>TERM 7 - On Campus Intensive (OCI)</b>	
<b>NURO 710: Care of the Family in Crisis</b>	1
<b>NURO 724: Integrated Healthcare of Women</b>	2
<b>NURO 725: Ambulatory Care of Women III</b>	4
<b>Total Credits-Term 7</b>	<b>7</b>
<b>TOTAL PROGRAM CREDITS</b>	<b>44</b>

## Academic Expectations and Policies

All graduate students at Georgetown University are expected to maintain high standards of integrity in the pursuit of their educational and professional goals. This includes an expectation to abide by the University Honor Pledge: *“In the pursuit of the high ideals and rigorous standards of academic and professional life, I commit myself to respect and uphold the Georgetown University Honor System: to be honest in any academic endeavor, and to conduct myself honorably as a responsible member of the Georgetown community, as we live and work together.”*

Please refer to the Academic Misconduct *Graduate Nursing Student Handbook*, which can be accessed online at: <https://nhs.georgetown.edu/nursing/resources>

## Clinical Expectations and Policies

Clinical experiences are available at a variety of sites. Students will be assigned to sites by the Clinical Placement Team, in partnership with the students. The Clinical Faculty Director will approve all sites. Clinical assignments may be rotated and/or changed at the discretion of the Clinical Faculty Director to meet individual student learning needs or site requirements. Individual requests for site, type of experience and scheduling will be considered but **cannot be guaranteed**. Expenses for clinical experiences are to be covered by the student and should be anticipated and planned for in advance.

Clinical sites and preceptors serve our students on a voluntary basis. At times, changes within a practice may necessitate an unanticipated change in schedule or loss of the site for clinical experience. The faculty will make every effort to have the student reassigned, but a delay in completion of clinical experience is possible. Students may be required to make up clinical time during breaks or weekends. On a rare occasion, due to circumstances out of the control of the program and the student, that clinical progression may be interrupted and graduation from the program may be delayed. Students will work with Academic Affairs regarding options should this occur, which may include leaves of absence, altered plan of study, and/or a grade of Incomplete in a course. In the event that this occurs in the last term of the program, the student may be granted “continuous enrollment” status, which is associated with a minimal fee.

### Policies and Protocols

1. Attendance and punctuality are expected at all clinical experiences. Any change in the planned schedule must be discussed with the course coordinator and clinical faculty advisor (CFA) at least 48 hours prior to the scheduled clinical experience except in case of illness. The student is responsible for notifying the clinical preceptor, the course coordinator, and the CFA of any emergent change.
2. A student may be transferred to a different clinical assignment at any time during the program if a site is not able to provide adequate learning opportunities or if deemed inappropriate by faculty. Such transfers may result in interruption or delay of course or clinical progression in the program and may alter the student’s plan of study.
3. Students will be supervised by a designated primary preceptor at **ALL TIMES**. In the event that

a primary preceptor is unable to attend a clinical session or is off-site, the student **must leave the clinical environment** unless another preceptor, designated by the primary preceptor, is available to precept the student for the day. Contact the course coordinator, CFA, Clinical Faculty Director or Program Director if further clarification is required.

4. Students must obtain approval regarding patient management from the designated clinical preceptor **BEFORE PATIENTS LEAVE OR ARE DISCHARGED** from the clinical setting. The preceptor has the ultimate responsibility for all patient care decisions. The preceptor must confirm all pertinent elements of the history and the preceptor must confirm all pertinent elements of the physical exam (including any abnormal findings as well as the breast exam, fundal height, Leopold's, fetal heart tones, speculum exam, and bimanual pelvic exam) for each visit or patient encounter. **The preceptor must be present for and supervise all procedures and births.** Additionally, the preceptor must review, approve and co-sign all documentation in the clinical setting.

5. Students who are employed by an agency where they are also assigned for supervised clinical experience **will not** assume the role of the student unless formally relieved of all employer-employee responsibilities. In the event that a student does begin a clinical rotation at a location where they are employed, the student, preceptor, CFA and employer will ensure clear distinctions between the student role and the employee role.

6. Students will complete and maintain current and accurate records for all clinical experiences on the designated forms and using the computerized clinical tracking system, Typhon. Students are responsible for paying the one-time registration fee for Typhon, which is currently \$80 (this is subject to change by Typhon). CertifiedBackground.Com is available to each student for submission and management of professional documentation such as: nursing licenses, CPR, and/or NRP certifications, personal background checks, immunization and health screening records as well as urine drug screens. It is the **student's responsibility** to provide records in a timely manner and to remain current with their documentation. Some clinical sites have additional requirements from students, such as drug screening within 30 days, and additional criminal background checks. In the event that additional documentation is required by a clinical site, it is the student's responsibility to complete the required documents prior to beginning clinical.

7. Students who may experience an exposure, i.e. needle stick, blood, body fluid splash must follow the institution protocol for accidental exposures, notify the preceptor and Clinical Faculty Advisor (CFA) immediately. Detailed instructions can be found in the Georgetown University School of Nursing & Health Studies EXPOSURE POLICY located at: <http://nhs.georgetown.edu/students/graduate/forms>

### **Communication**

1. Students must notify faculty if they will be late or absent from class or a clinical session as well as if there is an adverse event in the clinical environment.
2. Please see appendix D for a communication and support tree.

## Student Employment

The faculty recognizes that many students need to continue outside employment while completing their education. Regrettably, clinical placements and class offerings may not be able to accommodate students' work schedules, and may not be available in enough time for students to plan their work schedules. **The program is unable to alter class schedules or clinical rotations to accommodate students' work schedules.**

Students must be prepared **not to be employed** during the final semester of study. The demands of the course (40-50 clinical hours plus class time) typically do not allow for outside employment.

During any clinical experience, students must take responsibility for notifying the Course Coordinator, Clinical Faculty Advisor, Academic Affairs Advisor and the Program Director in the event of an adverse clinical outcome, regardless of the student's role in the outcome, or if there are any accidents e.g., needle sticks, facial splash of blood or bodily fluids, falls. **Whether during usual business hours or nights, weekends or holidays, a faculty member (in addition to the clinical preceptor) must be notified prior to the student documenting the event or participating in any meetings regarding the event.** Students are reminded that the adverse clinical outcome should be documented only on an appropriate Georgetown University incident reporting form and **should not be recorded for any assignment or discussed on any social media, including 2GU.**

## Vacations & Holidays

Classes and clinical assignments are not routinely scheduled during recesses, with the following exceptions:

- The requirements to sit for the WHNP certification examination include a minimum of 600 hours of ambulatory clinical experience. Any student needing more clinical hours may be required to obtain that experience during breaks or holidays.
- Any student who has not met the required clinical competencies, regardless of number of hours spent or clinical experiences obtained, will be required to add clinical time during weekends, or semester breaks. This will be under the direction of the Program Director and at the convenience of clinical preceptors.

## Weekends, Nights and "Call" Expectations

Clinical rotations for NURO 683/684 Labor, Birth & Newborn Care, and NURO 721/722, Integrated Midwifery Care of Women, are most likely to require night and/or weekend hours.

Students must be available for schedules agreed upon by the clinical preceptor and have transportation readily available to travel to clinical sites. Students should observe the following guidelines for "call" and night/weekend work:

- During NURO 721/722 a student is expected to follow a full time, full scope schedule. In most cases this will be between 40 and 50 hours per week.

- Students need protected study time each week and must attend class time/synchronous sessions.
- Students may not be on call during class time/synchronous sessions. The student must also stop being on call before class time/synchronous sessions to allow for adequate rest before class meetings.
- No more than 16 hours of active, continuous work in a 24-hour period. After 16 hours of continuous patient care, the student must obtain adequate rest before continuing the call shift.
- Students should not be expected to exceed the schedule of a full-time midwife in the NURO 721/722 site practice.

Students in NURO 683/684 and NURO 721/722 must comply with the distance requirement for on call midwives that is in place for staff midwives at the clinical site (i.e., no more than 20-30 minutes away from site while on call).

### **Dress Requirements**

Students are expected to comply with any specific dress code of the agencies to which they are assigned. Scrub clothes are provided for labor and delivery at some but not all hospitals. Students should purchase a set of scrub clothes prior to the start of NURO 684 Full Scope Midwifery Care. A white laboratory coat should be worn in clinical situations when indicated by the course coordinator or preceptor. Name pins or site-specified ID badges will be worn at all times in all clinical areas. Additionally, students will carry their official Georgetown ID card at all times in the clinical setting.

PLEASE SEE APPENDIX A FOR A COMPLETE LIST OF STUDENT RESPONSIBILITIES.

## Additional Student Expenses

In addition to the expenses of tuition, room, board and textbooks, students are responsible for additional fees associated with the program. These include:

Item	Cost	Comment
Typhon clinical tracking system	\$80.00	Prior to start of clinical term.  One price includes all terms.
Maintenance of Cardiopulmonary Resuscitation (CPR) certification	Prices vary	Current CPR certification must be maintained in order to work in all clinical settings. It is the student's responsibility and must be active by the time the first clinical course (NURO 510/511) starts.
American College of Nurse-Midwives (ACNM) membership	\$141.00 + affiliate dues	For NM/WHNP students only
Attendance at ACNM Annual Meeting	Registration \$250-\$315 for students + Travel & Hotel	Expected of all NW/WHNP Dual Degree Students
Nurse Practitioners in Women's Health (NPWH) membership	Registration \$55 for students	Expected of WHNP only students. Optional for NW/WHNP Dual Degree Students.
Or Attendance at NPWH	\$125 for students +Travel	Expected of WHNP only students. Optional for dual degree students.

Premier Women's Healthcare Conference	& Hotel	
Certification in Neonatal Resuscitation	Price varies but start at \$125 + text-book  Approx fee:  \$200	<p><b>Required for NW/WHNP Dual Degree Students:</b> Current certification in NRP PRIOR the NURO 683/684 &amp; throughout NURO 683/684 NURO721/722 courses:</p> <p>There are TWO elements to NRP training, didactic content and skills training:</p> <ul style="list-style-type: none"> <li>• The didactic portion of NRP certification is available online at the American Academy of Pediatrics' <a href="#">Neonatal Resuscitation Program</a> website. (Local skill trainers listed at site.)</li> <li>• Estimated course fee is \$125 plus additional fee for textbook (may be available through the library).</li> <li>• Can be arranged in DC in conjunction with the NURO 683/684 OCI if not available in your location, but will require an extra day on campus and early arrangements. (sign up early!)</li> </ul>
Certification in Electronic Fetal Monitoring	Price varies  \$100    \$70.00   \$70.00	<p><b>Required of all students.</b> This should be completed PRIOR to the NURO 510/511 course. Students with documentation of current EFM proficiency through other venues can submit documentation to their NURO 511 faculty. Credit may be awarded if it is deemed equivalent. Recommended:</p> <p>The GE Healthcare On-Line Fetal Monitoring Course:  <a href="http://www.acog.org/About%20ACOG/ACOG%20Districts/District%20II/GE%20Healthcare.aspx">http://www.acog.org/About%20ACOG/ACOG%20Districts/District%20II/GE%20Healthcare.aspx</a></p> <p>OR</p> <p>*AWHONN's Intermediate or Advanced Fetal Heart Monitoring Program Online Course:  <a href="http://www.awhonn.org/?FHMIntermediateCours">http://www.awhonn.org/?FHMIntermediateCours</a></p> <p>*The AWONN Introductory course is NOT acceptable.</p> <p>NCC <a href="#">Fetal Assessment in Labor</a> AND <a href="#">EFM Monograph</a></p> <p><i>Please look carefully at the course objectives for all of the options above. DO NOT select a course on price alone. Consider your individual experience with EFM and learning needs and choose the course accordingly.</i></p>

Nursing license(s)	Price varies	May be required in more than one state depending on clinical site availability- please see nursing license policy**.
Travel, lodging, and meal expenses for on campus intensives (OCIs).	Price varies	There are a total of 2 OCI's for WHNP only students and 3 OCIs for NM/WHNP students during the course of the program.
Costs related to travel to and from clinical sites	Price varies	Travel is the responsibility of the student.
Living costs during NURO 721/7222	Price varies	Clinical and didactic responsibilities preclude full time employment. Midwifery Students should plan for inability to income produce at a full time level during the last term.

**\*\* Nursing License Requirements:** *Students must be licensed as a Registered Nurse in the appropriate jurisdiction in which they will have their clinical assignments. To maximize options for clinical assignments, and minimize potential delays in starting clinical, students are encouraged to obtain licenses in any state within 100 miles of their own, as well as any state to which they would be willing to temporarily relocate to complete clinical rotations. Students are advised to obtain these licenses in consultation with the clinical placement team, as some states may not be approved for clinical placement.*

*Active duty military students who will obtain clinical experiences at military facilities may be exempt from this licensure requirement. An affiliating agency may have more specific requirements of students using that site. Current CPR Certification must be maintained in order to work in all clinical settings.*

## **Receipt of Nurse-Midwifery/WHNP Programs Student Handbook**

I acknowledge that I have received the Georgetown University Handbook Supplement for Nurse-NM/WHNP Programs, Academic Year 2016-2017. I realize that I am responsible for reading, understanding, and abiding by the information in this handbook. If I do not understand or have questions regarding any information within the handbook, I will seek clarification.

Student Name: (Print) \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date \_\_\_\_\_

**[Students will not be eligible to work in clinical settings, if they have not signed and returned this sheet].**

## Appendix A

### Student Responsibilities

#### Course Work

- Attendance is required at all scheduled class meetings and relevant OCIs. Students who miss class or laboratory practice sessions, as a result of **significant illness or family emergency**, must contact the course coordinator and course instructor as soon as possible. Faculty, based on university policy, will make the final determination as to whether this absence will be excused. **Family obligations, vacations and other travel, social commitments and commitments to outside employment are NOT considered excused absences.**
- Punctuality is expected for all classes. Course coordinators and course instructors are to be notified as soon as possible if the student is going to be late for class.
- Students will come to class prepared and able to discuss pertinent issues with faculty, colleagues and guest lecturers.
- When attending an on campus intensive (OCI) and/or attending a synchronous class session on-line, professionalism and civility is expected. This means being courteous and respectful to fellow students and faculty, dressing professionally, and making sure that children, other family members, pets, or co-workers will not interrupt or disturb you during class or the synchronous session. This includes use of professional, scholarly language in class discussion -- this includes the language used in the chat box in the online classroom.
- All announcements, course related materials and examinations will be available on 2GU or Blackboard, the University's electronic course management systems. All written assignments will be submitted via 2GU.
- Students are responsible for meeting all content objectives in the course syllabi. **Students should be prepared for the large volume of independent study that is required in the clinical courses (see section B. Educational Approaches, above).**

#### Class Preparation And Participation

Each course will describe the percentage of the overall grade that is comprised by student participation in class. At all times, students are expected to be prepared to discuss the material or topics of the class day. The success of the seminar discussions is largely dependent on each student's level of preparation; willingness to respectfully share and challenge opinions; and ability to wrestle with ideas and concepts, and ask questions in a safe and supportive environment. This is the class climate we wish to establish in our synchronous sessions and on- line conversations.

## Written And/Or Oral Assignments

Each course will describe the percentage of the overall grade that is comprised by student written and oral presentations. Presentations are expected to be professional using handouts and Power Point software, as appropriate. Students may be evaluated by both faculty and peers.

Written assignments must demonstrate graduate level grammar, composition and documentation. Accepted medical terminology is required and approved medical abbreviations may be acceptable, but common social networking terms and abbreviations are not acceptable. All written work is to be submitted in APA format. It is strongly suggested that each student own the Publication Manual of the American Psychological Association, 6th ed. (Washington, DC: American Psychological Association, 2009) or refer to the APA Web site at <http://www.apastyle.org/faqs.html>. If faculty determines that writing assistance is needed, the student may be referred to the University Writing Center.

## Written And Computer-Based Examinations

All examinations are given under the honor system. This means that students will neither give nor receive assistance in taking exams. Examination content may not be copied or shared at any time and examination content may not be discussed with other students who have not yet taken the exam or with future students. Students will report to a faculty member any observed violations of the honor code, e.g. other student/s giving or receiving examination assistance (*Georgetown University Graduate School Bulletin*). All concerns of violation of academic integrity will be reported to the Graduate School.

- Online testing will include the use of a lockdown browser for all exams, tests and quizzes. Online students will take exams from their personal computers. When using home computers, students are reminded that the honor code applies, and cutting/pasting of questions is strictly forbidden. Students must appear on camera for the entirety of the exam, and in the event of a technical problem, the exam may have to be rescheduled for a later date. ***Please refer to the Graduate Student Handbook under “Online Examination Procedures” for detailed instructions regarding secure online testing.***
- Examinations may include multiple choice, short-answer and extensive case management questions. Assistance with test taking strategies is available through the Reading and Study Skills section of the Counseling and Psychiatric Service (CAPS) (202-687-6985).
- Exams will be time-limited at the discretion of the instructor. The final comprehensive examination (“comps”) for NURO 721 (for Midwifery students) or NURO724 (for WHNP only students) is a timed exam, similar to the AMCB and NCC certification examinations.
- Course grades will be calculated according to the syllabus distributed at the beginning of the semester.

## Memorandum of Understanding (MOU)

NM/WHNP students are expected to assume responsibility for their own learning.

When specific learning needs are identified by the student, preceptor or faculty, a Memorandum of Understanding (MOU) may be developed to facilitate successful completion of a clinical course. An MOU is a document that explicitly outlines specific areas within the course competencies that challenge a student and provides a plan for achieving those goals and demonstrating those competencies. It offers resources and establishes a timeline for remediation. Additionally, an MOU also reaffirms the course syllabus by describing the consequences of not achieving the course competencies which is a clinical fail.

## On Campus Intensives (OCIs)

Students will come to campus either two (for WHNP only) or three (for Midwifery students) times during the course of their programs for an On Campus Intensive (OCI). More information is provided about this experience for online students in the *Graduate Nursing Student Handbook*. Successful completion of the OCI is required before the student will be allowed to start their clinical rotation. If a student withdraws from a course after completion of the OCI, returning to campus to repeat the OCI upon reenrollment may be required, at the discretion of the faculty. Students who do not have a fully secured clinical placement for the upcoming clinical course may not be approved to attend the OCI for the upcoming clinical course unless an exception is granted by the Clinical Faculty Director or Program Director.

Midwives and WHNPs are avid supporters of women who are breastfeeding. We have to balance the learning needs of the class with support for breastfeeding mothers. This is primarily a concern at the OCIs. Students who are nursing mothers are welcome to bring their baby up to one year old to the OCIs with a *support person* who:

- Is available to care for the baby when not nursing
- Can take the baby if the baby becomes disruptive to the class
- Can take the baby during essential performance components.

Some breastfeeding students have pumped instead. There are periodic breaks during the OCI that can be used for pumping. Some students have pumped discretely during lecture/discussion times. For those who desire privacy for pumping, there is a designated breastfeeding room in St. Mary's Hall open from 9am to 5:30pm, as well as flexible private spaces available. There is a refrigerator for breast milk storage located in Nurse-NM/WHNP faculty office.

## Travel

Students are responsible for arranging travel to clinical sites. If a student is required to travel significant distances and/or temporarily relocate for clinical rotations, the student must continue to attend all synchronous sessions and meet all clinical course requirements.

Students should refer to the *Graduate Nursing Student Handbook* for the policy on travel to campus for On Campus Intensives.

## **Licensure & CPR/NRP Certification**

Students must be licensed as a Registered Nurse in the appropriate jurisdiction in which they will have their clinical assignments. To maximize options for clinical assignments, and minimize potential delays in starting clinical, students are encouraged to obtain licenses in any state within 100 miles of their own, as well as any state to which they would be willing to temporarily relocate to complete clinical rotations. Students are advised to obtain these licenses in consultation with the clinical placement team, as some states may not be approved for clinical placement.

Active duty military students who will obtain clinical experiences at military facilities may be exempt from this licensure requirement. An affiliating agency may have more specific requirements of students using that site. Current CPR Certification must be maintained in order to work in all clinical settings.

Current NRP certification (Neonatal Resuscitation Program) is required **for Midwifery students** and must be completed in order to satisfy all the clinical requirements of NURO 671/672 course and prior to starting NURO 683/684. NRP certification may be obtained at anytime during the program and must include all 9 modules. Currency in NRP certification must be maintained throughout the remainder of the program. This is the student's responsibility. The didactic portion of NRP certification is available on-line through the American Academy of Pediatrics. If the student has difficulty locating skills testing with a local NRP provider, this may be able to be arranged in conjunction with the NURO 683/684 On Campus Intensive (OCI). The student should notify the NURO 671/672 faculty of this need early in the semester. Documentation of successful completion of NRP must be submitted in NURO 671/672 to successfully complete the course.

Successful completion of an approved course in Electronic Fetal Monitoring (EFM) is **required by the start NURO 510/511**. Approved programs are available on line and must be either *intermediate or advanced*. Approved programs include those provided by AWHONN and GE Healthcare. Local courses that are AWHONN approved also meet the requirement. Students who are NCC Certified in EFM do not need any additional education so long as their NCC certification in EFM is current throughout the program. Documentation of successful completion of EFM education is required in order to progress through the program. EFM education provided by employers does not meet this requirement unless it is AWHONN-approved. The Course Coordinator of will review any course that a student believes is equivalent.

## **Professional Organization Responsibilities**

As a prelude to accepting the responsibilities of a professional provider, it is required that all Midwifery students be members of the American College of Nurse-Midwives. Student membership is available and offers the *Journal of Midwifery and Women's Health* as well as opportunities to participate in both local and national committees and events. Local affiliates of the ACNM meet on a regular basis. Membership and ongoing participation in at least one of the local affiliates is strongly encouraged. Membership in the Nurse Practitioners in Women's Health (NPWH) organization is required for WHNP only students (also recommended for dual program

students).

**Professional Issues Activities Assignment:** All students are required to submit evidence of participation in professional activities during their time in the program. Documentation of these activities is required during the NURO 721 Integrated Midwifery Care of Women (for Midwifery students) or NURO724 Integrated Healthcare of Women (for WHNP only students) course. Approved activities are outlined by the program here and must be documented using the Professional Issues Activities Assignment Documentation of Activity Form (activities outlined and document available here: <https://georgetown.box.com/s/sx355dmgn0n5tu2plu9hy3fd7n8swvgf>). Points must be completed by the end of the NURO 721/NURO 724 course in the last semester of the program.

The bulk of the required Professional Activities points can be earned by attending the ACNM Annual Meeting (see <http://www.midwife.org/> for future dates) or the NPWH Premier Women's Healthcare Conference (see <http://www.npwh.org/> for future dates). If attending one of these conferences is not possible for financial or personal reasons, students may complete the required points in a variety of other ways. Students should be aware that attendance at ACNM Annual Meeting, NPWH Premier Women's Healthcare Conference, or any other professional activity is not an excused absence from class. Students are expected to make arrangements in advance with their faculty if they will miss class while at the ACNM Annual Meeting or NPWH Premier Women's Healthcare Conference.

## **Student Representative To The Faculty**

When each cohort of students begins their clinical coursework they will select a cohort representative. Representatives may be selected by informal conversation or by more formal means, as needed. Each cohort may have only one representative at a time, but the representative may change each term. Duties of the Student Representative include:

- Attending the student portion of the NM/WHNP Faculty Meetings, as the student's schedule allows
- Serving as a liaison to the faculty, to bring cohort concerns to the attention of faculty and to pass on information from the faculty to the respective student cohort, as requested
- Coordinating communication with other cohorts' Student Representatives as needed. Student representatives are cautioned that they should use official means of communication *only* to communicate with their cohort for this purpose (i.e., Georgetown email, not Facebook or other social media or personal email addresses).

## **Student Clinical Experience Records**

Students are expected to assume responsibility for completing and maintaining current and accurate records for all clinical experiences in the Typhon system and on the appropriate designated forms. Each student is responsible for maintaining cumulative clinical experience records during the entire course of study. These records are not considered confidential or secure, and should not overtly identify a client by name or include any non-essential information.

**Students may not copy and paste any information from an electronic medical record**

**(EHR/EMR).** Blank Typhon log sheets will be provided to students for use throughout the program. The records must be available for review by program faculty, and should be available during every meeting of the student and CFA.

The American Midwifery Certification Board requires documentation that each student has successfully completed the core competencies for basic midwifery practice while attending an accredited educational program. The following numbers are the Accreditation Commission for Midwifery Education’s (ACME) recommended guidelines for clinical experiences. However, it is strongly encouraged that students strive to exceed or even double these minimums. Competence in each skill and clinical reasoning is essential for completion of the program. Therefore, numbers of experiences are used only as guidelines, and students meeting minimum numbers may not be meeting competencies to pass a course or successfully graduate. Until competence is accomplished, as determined by the Program Director (in coordination with the preceptor, CFA and/or other faculty), a student will not complete the program.

The suggested minimum experience numbers are:

Minimum Experiences	Double Minimum Experiences
10 Preconception care visits 15 New antepartum visits 70 Return antepartum visits 20 Labor manage experiences 20 Births 20 Newborn assessments 10 Breastfeeding support visits 20 Postpartum visits (0-7 days) 15 Postpartum visits (1-8 weeks) 40 common health problems 20 family planning visits 40 gynecologic visits including 20 perimenopausal/postmenopausal visits	20 Preconception care visits 30 New antepartum visits 140 Return antepartum visits 40 Labor manage experiences 40 Births 40 Newborn assessments 20 Breastfeeding support visits 40 Postpartum visits (0-7 days) 30 Postpartum visits (1-8 weeks) 80 common health problems 40 family planning visits 80 gynecologic visits including 40 perimenopausal/postmenopausal visits

Competence in all areas of the *Core Competencies for Basic Midwifery Practice* (see Appendix B) and meeting the *Guidelines for Women’s Health Nurse Practitioner Practice and Education* (see Appendix C) are essential. The Program Director, with support from faculty and preceptors, will assure the competency and safety of all students prior to completion of the program in order to recommend that the student be eligible to sit for the American Midwifery Certification Board (AMCB) examination and National Certification Council (NCC) examination.

The NCC requires a minimum of 600 ambulatory clinical hours in order to qualify to sit for the WHNP examination. Careful documentation of hours spent in clinical rotations as well as the focus

of the clinical time are required. This includes prenatal, postnatal, gynecologic, primary care and pharmacologic content.

The required documentation maintained by the individual student consists of:

Typhon recording of clinical visits and hours via computer. Orientation to this methodology will be offered online and via video tutorial before the beginning of the first clinical course. Clinical encounters must be entered into the Typhon system within a maximum of 14 days of the actual encounter in order to receive credit for that encounter or clinical hours. All hours and clinical case logs must be current by the beginning of the last week of each clinical semester. **Students must keep Typhon records up to date; failure to do so may result in inability to attend clinical.**

Clinical Evaluation Tools (CET) for each clinical course. These will be maintained in Typhon. All CETs must be entered into the Typhon system within 14 days of the actual clinical week and must be current by the beginning of the last week of each clinical semester. Students must keep Typhon records up to date; failure to do so may result in inability to attend clinical.

## **Clinical Evaluation Tools (CET)**

Each Nurse-Midwifery/WHNP clinical course is different but builds on the information in the previous clinical course. Safety is always an important issue and upon completion of the program students must be able to be designated as a “safe, beginning practitioner.” Because clinical experiences are vital to the midwifery profession, the student must perform at an acceptable level in the clinical portion of a course in order to pass the clinical component of that course. This determination is based upon the student’s performance in clinical settings in relation to the clinical objectives of that course. Student performance in the clinical setting is evaluated by both the student and the preceptor, as documented on the Clinical Evaluation Tool (CET). Self-evaluation is an important component of education; it assists the student to develop a life-long pattern of responsibility for professional learning and keeps the individual student aware of her/his own progress at all times.

- In order to assure that self-evaluation is incorporated in this program, the student assumes responsibility for completing and maintaining current and accurate records for all clinical experiences on the CETs. At the end of each clinic week, the student and preceptor complete the CET. Preceptors evaluate both the student’s clinical performance and the individual’s ability for accurate self-evaluation. At the discretion of the preceptor, CFA, and/or course faculty members, the student may be required to complete CETs after each clinical day. All CETs must be reviewed, verified and signed by the preceptor each week.
- CETs are to be used in conjunction with the appropriate clinical objectives for each course. Each item on the CET is rated on a scale of 0-4, with 0 being “unsafe or unethical,” 1 being “unsatisfactory” and 4 being “Safe Beginning NM/WHNP Practice.” **While no letter or number grade is reported for the overall clinical experience, by the end of the term the expected average score of the CET rankings is greater than 3. A learning contract is to be considered with a score of 1 on any single objective or if the average score is less than or equal to 2 at midterm.** Students are graded as pass or fail in the clinical

component of the course. Students may be required to perform additional clinical hours in order to demonstrate competency expected for each level of the program. If it is determined by faculty that additional time and clinical experiences are required for a student to meet the competencies for a clinical course, this may interrupt or delay progression in the program or alter the student's plan of study.

- All evaluation materials in the modules will be available to students for each course and will be posted on 2GU.
- At midterm and prior to the final exam, students will provide forms to their preceptors for a summary evaluation of their clinical progress. It is expected that this evaluation will be discussed at a meeting of the CFA and/or preceptor and the student and will be signed by the preceptor and student prior to submission.
- Students must be performing at an acceptable level in the clinical portion of a course in order to pass the course. This determination is made by the preceptor and the CFA in coordination with other faculty as needed.
- **During NURO683/684, a student is expected to achieve a beginning level of competence with a minimum experience of 10 births, 10 labor managements, 10 postpartum assessments (0-7 days), 10 breastfeeding support visits, and 10 newborn assessments. Students who do not achieve these minimum experiences may receive a grade of Incomplete in the course, at the discretion of the Course Coordinator (in consultation with the CFA and preceptor and PD). Competence in these clinical areas will evolve toward independent practice in NURO 721/722.**

## Grading Of Nurse-Midwifery Clinical Courses

- A final course grade of B (83.00%) or better is required in all specialty courses in order to continue in the Nurse-Midwifery/WHNP programs. The components of the final grade for each specialty course are described in the course syllabus. Clinical performance is graded pass/fail, and is determined by the Clinical Faculty Advisor in coordination with the preceptor and other faculty as needed, based on clinical performance documentation. The current grading system for the graduate program is above.
- Students who are unable to consistently perform in the clinical area at a minimal standard of safety will not be permitted to pass the clinical portion of a course and thus will receive a grade of "C" in the course, regardless of the didactic (theory) grade earned in the course. When indicated, written notification of the risk of failure, including documentation of deficits, will be provided. An individualized memorandum of understanding (MOU) will be developed if appropriate to the situation, and agreed to by both the student, the Clinical Faculty Director, the Program Director and the Student Advisor. This written document, signed by all parties, will identify specific problems, plans for resolution, and a time frame for evaluation. If resolution is not achieved within the time frame, the student may be considered ineligible to continue in the program. Issues of patient endangerment or professional or academic integrity may be determined to be ineligible for remediation and

may be cause for dismissal from the program.

- A student who is in good standing in a course but unable to complete all the clinical or theoretical objectives of a course within the allotted time frame of the term may, at the discretion of the course coordinator, be eligible for an incomplete in the course. This allows extra time for successful mastery of course objectives. However, this option can delay progression in the program. If the student has not completed the course requirements within the time frame of the University semester, a grade of Incomplete (“I”) may be given in accordance with University policy. Please see the *Georgetown University Graduate School Bulletin*. The policy of the Graduate School applies to all clinical and non-clinical courses.

## Appendix B

### *ACNM Core Competencies for Basic Midwifery Practice*

December 2012

The Core Competencies for Basic Midwifery Practice include the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the Accreditation Commission for Midwifery Education (ACME), formerly the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA).

Midwifery practice is based on the Core Competencies for Basic Midwifery Practice, the Standards for the Practice of Midwifery, the Philosophy of the ACNM, and the Code of Ethics promulgated by the ACNM. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), assume responsibility and accountability for their practice as primary health care providers for women and newborns.

The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the Standards for the Practice of Midwifery.

Midwifery education is based on an understanding of health sciences theory and clinical preparation that shapes knowledge, judgment, and skills deemed necessary to provide primary health care management to women and newborns. Midwives provide health care that incorporates appropriate medical consultation, collaborative management, or referral. Each education program is encouraged to develop its own method of addressing health care issues beyond the scope of the current core competencies, and each graduate is responsible for complying with the laws of the jurisdiction where midwifery is practiced and the ACNM Standards for the Practice of Midwifery.

*ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report, *Primary Care: America's Health Care in a New Era*,<sup>1</sup> the Philosophy of the ACNM,<sup>2</sup> and the ACNM position statement, "Midwives are Primary Care Providers and Leaders of Maternity Care Homes."<sup>3</sup>*

Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with patients, and practicing within the context of family and community. As primary health care providers, CNMs and CMs assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering and dispensing of pharmacologic agents. The concepts, skills, and midwifery management processes identified below form the foundation upon which practice guidelines and educational curricula are built. The core competencies are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings for midwifery

care, including hospitals, ambulatory care settings, birth centers, and homes.

## **I. Hallmarks of Midwifery**

The art and science of midwifery are characterized by the following hallmarks:

- A. Recognition of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
- B. Advocacy of non-intervention in normal processes in the absence of complications
- C. Incorporation of scientific evidence into clinical practice
- D. Promotion of woman- and family-centered care
- E. Empowerment of women as partners in health care
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of continuity of care
- H. Health promotion, disease prevention, and health education
- I. Promotion of a public health care perspective
- J. Care to vulnerable populations
- K. Advocacy for informed choice, shared decision-making, and the right to self-determination
- L. Integration of cultural humility
- M. Incorporation of evidence-based complementary and alternative therapies in education and practice
- N. Skillful communication, guidance, and counseling
- O. Therapeutic value of human presence
- P. Collaboration with other members of the interprofessional health care team

## **II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs**

The professional responsibilities of CNMs and CMs include but are not limited to the following components:

- A. Promotion of the hallmarks of midwifery
- B. Knowledge of the history of midwifery
- C. Knowledge of the legal basis for practice
- D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
- F. Support of legislation and policy initiatives that promote quality health care
- G. Knowledge of issues and trends in health care policy and systems
- H. Knowledge of information systems and other technologies to improve the quality and safety of health care
- I. Broad understanding of the bioethics related to the care of women, newborns, and families
- J. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
- K. Ability to evaluate, apply, interpret, and collaborate in research

- L. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
- M. Development of leadership skills
- N. Knowledge of licensure, clinical privileges, and credentialing
- O. Knowledge of practice management and finances
- P. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level
- Q. Support of the profession's growth through participation in midwifery education
- R. Knowledge of the structure and function of ACNM

### **III. Components of Midwifery Care: Midwifery Management Process**

The midwifery management process is used for all areas of clinical care and consists of the following steps:

- A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
- B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
- C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
- D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the condition of the woman, fetus, or newborn.
- E. In partnership with the woman, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.
- F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.
- G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

### **IV. Components of Midwifery Care: Fundamentals**

- A. Anatomy and physiology, including pathophysiology
- B. Normal growth and development
- C. Psychosocial, sexual, and behavioral development
- D. Basic epidemiology
- E. Nutrition
- F. Pharmacokinetics and pharmacotherapeutics
- G. Principles of individual and group health education
- H. Bioethics related to the care of women, newborns, and families
- I. Clinical genetics and genomics

### **V. Components of Midwifery Care of Women**

Independently manages primary health screening, health promotion, and care of women from the

peri-menarcheal period through the lifespan using the midwifery management process. While the woman's life is a continuum, midwifery care of women can be divided into primary, preconception, gynecologic, antepartum, intrapartum, and post-pregnancy care.

- A. Applies knowledge, skills, and abilities in primary care that include but are not limited to the following:
  - 1. Nationally defined goals and objectives for health promotion and disease prevention
  - 2. Parameters for assessment of physical, mental, and social health
  - 3. Nationally defined screening and immunization recommendations to promote health and to detect and prevent disease
  - 4. Management strategies and therapeutics to facilitate health and promote healthy behaviors
  - 5. Identification of normal and deviations from normal in the following areas:
    - a. Cardiovascular and hematologic
    - b. Dermatologic
    - c. Endocrine
    - d. Eye, ear, nose, and throat
    - e. Gastrointestinal
    - f. Mental health
    - g. Musculoskeletal
    - h. Neurologic
    - i. Respiratory
    - j. Renal
  - 6. Management strategies and therapeutics for the treatment of common health problems and deviations from normal of women, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
  
- B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following:
  - 1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including:
    - a. Non-modifiable factors such as family and genetic/genomic risk
    - b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle
  - 2. Health and laboratory screening
  - 3. Fertility awareness, cycle charting, signs and symptoms of pregnancy, and pregnancy spacing
  
- C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:
  - 1. Human sexuality, including biological sex, gender identities and roles, sexual orientation, eroticism, intimacy, and reproduction

2. Common screening tools and diagnostic tests
  3. Common gynecologic and urogynecologic problems
  4. All available contraceptive methods
  5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral
  6. Counseling for sexual behaviors that promote health and prevent disease
  7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility
  8. Identification of deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated
- D. Applies knowledge, skills, and abilities in the perimenopausal and postmenopausal periods that include but are not limited to the following:
1. Effects of menopause on physical, mental, and sexual health
  2. Identification of deviations from normal
  3. Counseling and education for health maintenance and promotion
  4. Initiation or referral for age/risk appropriate periodic health screening
  5. Management and therapeutics for alleviation of common discomforts
- E. Applies knowledge, skills and abilities in the antepartum period that include but are not limited to the following:
1. Epidemiology of maternal and perinatal morbidity and mortality.
  2. Confirmation and dating of pregnancy
  3. Promotion of normal pregnancy using management strategies and therapeutics as indicated
  4. Common discomforts of pregnancy
  5. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
  6. Health risks, including but not limited to domestic violence, infections, and substance use/abuse
  7. Emotional, psychosocial, and sexual changes during pregnancy
  8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
  9. Deviations from normal and appropriate interventions, including management of complications and emergencies
  10. Placental physiology, embryology, fetal development, and indicators of fetal well-being
- F. Applies knowledge, skills, and abilities in the intrapartum period that include but are not limited to the following:
1. Confirmation and assessment of labor and its progress

2. Maternal and fetal status
  3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
  4. Facilitation of physiologic labor progress
  5. Measures to support psychosocial needs during labor and birth
  6. Labor pain and coping
  7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
  8. Techniques for
    - a. administration of local anesthesia
    - b. spontaneous vaginal birth
    - c. third stage management
    - d. performance of episiotomy repair of episiotomy and 1st and 2nd degree lacerations
- G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following:
1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
  2. Management strategies and therapeutics to facilitate a healthy puerperium
  3. Discomforts of the puerperium
  4. Self-care
  5. Psychosocial coping and healing following pregnancy
  6. Readjustment of significant relationships and roles
  7. Facilitation of the initiation, establishment, and continuation of lactation where indicated
  8. Resumption of sexual activity, contraception, and pregnancy spacing
  9. Deviations from normal and appropriate interventions including management of complications and emergencies

## **VI. Components of Midwifery Care of the Newborn**

Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery management process and consultation, collaboration, and/or referral to appropriate health care services as indicated.

- A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:
1. Effect of maternal and fetal history and risk factors on the newborn
  2. Preparation and planning for birth based on ongoing assessment of maternal and fetal status
  3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:
    - a. Establishment of respiration
    - b. Cardiac and hematologic stabilization including cord clamping and cutting
    - c. Thermoregulation

- d. Establishment of feeding and maintenance of normoglycemia
- e. Bonding and attachment through prolonged contact with neonate.
- f. Identification of deviations from normal and their management.
  
- g. Emergency management including resuscitation, stabilization, and consultation and referral as needed
  
- 4. Evaluation of the newborn:
  - a. Initial physical and behavioral assessment for term and preterm infants
  - b. Gestational age assessment
  - c. Ongoing assessment and management for term, well newborns during first 28 days
  - d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated
  
- 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:
  - a. Teaching regarding normal behaviors and development to promote attachment
  - b. Feeding and weight gain including management of common breastfeeding problems
  - c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment
  - d. Provision of preventative care that includes but is not limited to
    - (1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines
    - (2) Testing and screening according to local and national guidelines
    - (3) Need for ongoing preventative health care with pediatric care providers
  - e. Safe integration of the newborn into the family and cultural unit
  - f. Appropriate interventions and referrals for abnormal conditions:
    - (1) Minor and severe congenital malformations
    - (2) Poor transition to extrauterine life
    - (3) Symptoms of infection
    - (4) Infants born to mothers with infections
    - (5) Postpartum depression and its effect on the newborn
    - (6) End-of-life care for stillbirth and conditions incompatible with life
  - g. Health education specific to the infant and woman's needs:
    - (1) Care of multiple children including siblings and multiple births
    - (2) Available community resources

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## Appendix C

### Role Definition

#### *The Women's Health Nurse Practitioner: Guidelines for Practice and Education*

The Women's Health Nurse Practitioner (WHNP) provides primary care to women across the life cycle with emphasis on conditions unique to women from menarche through the remainder of their life cycle within the context of socio-cultural environments – interpersonal, family, and community. In providing care, the women's health nurse practitioner considers the inter-relationship of gender, social class, culture, ethnicity, sexual orientation, economic status, and socio-political power differentials. The role of the WHNP is to provide evidence-based assessment, diagnosis, treatment and management in wellness promotion, care of women's common primary care non--gynecologic problems, gynecologic care, male sexual and reproductive health care, and normal and high risk prenatal and postpartum care. The WHNP uses leadership and collaboration to provide comprehensive care in a variety of settings to improve health outcomes and to meet the specific needs of each patient. As a licensed healthcare provider, the WHNP is subject to the scope of practice rules and regulations established by and pursuant to the nurse practice act in the state in which she/he works.

#### **Certification**

National certification provides evidence to the patient, the community and other healthcare providers that the WHNP has mastered the population-focused knowledge required to perform the duties of the role competently. It is designed to assess the APRN core and role competencies across at least one population focus of practice. The National Certification Corporation is the recognized certifying body for WHNPs. The NCC WHNP certification examination is an evaluative process designed to confirm knowledge of the APRN core and role competencies, and validate knowledge of the clinical competencies in the women's health/gender-related population focus. Most states mandate national certification, in order for a clinician to be recognized as an APRN. Some government agencies and insurance programs also require national certification for a clinician to qualify for reimbursement. AWHONN and NPWH jointly encourage all graduates of WHNP programs to attain and maintain national certification as a WHNP.

#### **Guideline I. Health Assessment, Diagnosis, Management, and Evaluation**

The WHNP provides health care to women across the life span, with emphasis on reproductive-gynecologic and well-woman health. The WHNP provides health care that includes health promotion, disease prevention, and the identification and treatment of disease. The WHNP provides and manages pharmacologic and nonpharmacologic therapy. The WHNP uses critical thinking and diagnostic reasoning skills in clinical decision-making to help women achieve, maintain, and restore health. The WHNP uses the processes of assessment, diagnosis, management, and evaluation to provide evidenced-based care to address the physical, psychosocial, and cultural needs of women. The WHNP understands the unique contribution of each member of the healthcare team, works independently or collaboratively with other team

members, and refers patients to other team members to meet the needs of each patient. The comprehensive nature of WHNP practice requires that the WHNP demonstrate core competencies in providing obstetrical care, gynecological care, reproductive and sexual health care, male reproductive health care, and gender focused primary care. WHNPs will need to continue to develop new skills and competencies as new technologies and interventions emerge in order to meet women's health needs. Such knowledge and skills are obtained within a framework that is consistent with statutory and regulatory guidelines, a demonstrated process for knowledge and skills acquisition, and incorporation of quality improvement and safe practice standards. Specialization in distinct areas may further define an individual's practice..

The WHNP should demonstrate the following competencies:

***GENERAL Assessment***

1. Obtain a comprehensive general health history.
2. Screen for psycho/social/cultural/genetic/lifestyle factors that may impact health care and health outcomes.
3. Screen for health risks and health promotion needs.
4. Perform a comprehensive physical examination.
5. Obtain a problem-focused health history.
6. Perform a problem-focused physical examination.
7. Identify deviations from normal findings in history and physical examination. Order or perform screening and diagnostic tests based on findings from history and physical examination.

***Diagnosis***

1. Interpret screening and diagnostic tests.
2. Develop and analyze differential diagnoses on the basis of clinical and laboratory data.
3. Diagnose gynecologic, obstetric, female/male reproductive and sexual health, and common non-gynecologic primary care health conditions

***Management***

1. Develop plan of care based on assessment findings and diagnoses.
2. Provide health promotion/ disease prevention education/counseling, and anticipatory guidance.
3. Prescribe pharmacologic therapies.
4. Initiate non-pharmacologic therapies.
5. Collaborate with other healthcare professionals in meeting identified health needs.
6. Participate in care coordination for women with complex healthcare needs.

**Gynecology, Sexual And Reproductive Health**

The WHNP recognizes and provides advanced management for gynecologic, sexual, and reproductive health problems affecting women across the lifespan. The WHNP approaches evaluation and management with attention to the impact of gender on health.

***Assessment***

1. Obtain a comprehensive gynecologic, sexual, and reproductive health history.
2. Perform a comprehensive gynecologic, sexual, and reproductive physical examination.
3. Obtain targeted non-gynecologic health history to identify health conditions that may

- impact gynecologic, sexual, and reproductive health.
4. Perform targeted non-gynecologic physical examination to identify health conditions that may impact gynecologic, sexual, and reproductive health.
  5. Screen for psycho/social/cultural/genetic/lifestyle factors that may impact gynecologic, sexual, and reproductive health.
  6. Screen for sexual abuse and assault.
  7. Screen for gynecologic, sexual and reproductive health risks, and health promotion needs.
  8. Order or perform reproductive health screening tests based on age and risk factors.
  9. Obtain a problem-focused gynecologic, sexual, and reproductive health history.
  10. Perform a problem-focused gynecologic, sexual, and reproductive physical examination.
  11. Perform or order screening and diagnostic tests for sexually transmitted infections and HIV.
  12. Identify deviations from normal findings in history and physical examination.
  13. Order or perform diagnostic tests based on findings from history and physical examination.
  14. Perform gynecologic diagnostic procedures (e.g., biopsies: vulvar, cervical, endometrial).
  15. Obtain a targeted health history, perform targeted physical examination, and order initial lab and diagnostic tests for infertility evaluation.
  16. Obtain a targeted health history, perform targeted physical examination, and order initial lab and diagnostic tests for sexual dysfunction evaluation.

### ***Diagnosis***

1. Interpret screening and diagnostic tests.
2. Develop and analyze differential diagnoses on the basis of clinical and laboratory data.
3. Diagnose gynecologic, sexual, and reproductive health conditions.
4. Identify and/or diagnose non-gynecologic health conditions that may impact gynecologic, sexual, and reproductive health.
5. Identify and/or diagnose psychological factors and conditions that may impact or may be impacted by gynecologic, sexual, and reproductive health.
6. Identify specific benefits/risks /contraindications for contraceptive choices.
7. Identify potential genetic risks to gynecologic and reproductive health.

### ***Management***

1. Develop plan of care based on assessment of findings and diagnoses.
2. Prescribe pharmacologic therapies.
3. Initiate non-pharmacologic therapies.
4. Provide anticipatory guidance and other health education related to gender-specific developmental milestones (e.g., adolescence, menarche, pregnancy, menopause).
5. Provide sexual and reproductive health promotion/disease prevention education /counseling.
6. Guide woman/couple in developing a reproductive life plan.
7. Provide preconception counseling.
8. Refer for genetic counseling and testing based on assessment and woman's couple's desires.
9. Provide education on contraceptive method choices and specific instructions on chosen method.

10. Provide education on fertility awareness for conception or contraception.
11. Provide pregnancy options counseling.
12. Place and remove intrauterine contraception and contraceptive implants.
13. Fit diaphragms and cervical caps.
14. Provide education /counseling about and management of menstrual disorders.
15. Provide education /counseling about and management of menopausal symptoms.
16. Fit vaginal pessaries.
17. Perform cervical polypectomy.
18. Perform or refer for colposcopic evaluation.
19. Provide or refer for sexual assault examination, treatment, and counseling.
20. Collaborate in and/or refer for management of non-gynecologic conditions that may impact gynecologic, sexual, and reproductive health.
21. Collaborate in and/or refer for management of psychological factors and conditions that may impact or may be impacted by gynecologic, sexual, and reproductive health.
22. Collaborate in and/or refer for infertility treatment.
23. Inform lesbian and transgender individuals/couples of reproductive assistance options and make referrals.
24. Collaborate in and/or refer for sexual dysfunction treatment.
25. Collaborate with other healthcare professionals in meeting identified health needs.
26. Participate in care coordination for women with complex healthcare needs.

## **Male Sexual And Reproductive Health**

The WHNP recognizes and provides basic management and/or referral for common male reproductive and sexual health problems. The WHNP approaches evaluation and management with attention to the impact of gender on health.

### ***Assessment***

1. Obtain a comprehensive reproductive and sexual health history.
2. Perform a comprehensive reproductive and sexual health physical examination.
3. Obtain a targeted health history to identify health conditions that may impact sexual and reproductive health.
4. Screen for psycho/social/cultural/genetic/lifestyle factors that may impact reproductive and sexual health.
5. Screen for sexual abuse and assault.
6. Screen for reproductive and sexual health risks and health promotion needs.
7. Obtain a targeted health history, perform targeted physical examination, and perform or order screening and diagnostic tests for sexually transmitted infections and HIV.
8. Obtain a targeted health history, perform targeted physical examination, and order initial lab and diagnostic tests for infertility evaluation.
9. Obtain a targeted health history, perform targeted examination, and order initial lab and diagnostic tests for sexual dysfunction.

### ***Diagnosis***

1. Interpret screening and diagnostic tests.
2. Develop and analyze differential diagnoses on basis of clinical and laboratory data.
3. Diagnose male reproductive and sexual health conditions.

4. Recognize and/or diagnose other health conditions that may impact reproductive and sexual health.
5. Recognize and/or diagnose psychological factors and conditions that may impact or be impacted by reproductive and sexual health.
6. Identify potential genetic risks for reproductive health.

### ***Management***

1. Develop plan of care based on assessment findings and diagnoses.
2. Prescribe pharmacologic therapies.
3. Initiate non-pharmacologic therapies.
4. Provide reproductive and sexual health promotion/disease prevention education /counseling.
5. Guide individual /couple in developing a reproductive life plan.
6. Provide preconception counseling.
7. Refer for genetic counseling and testing based on assessment and individual /couple's desires.
8. Provide education on contraceptive method choices and specific instructions on chosen method.
9. Provide or refer for sexual assault examination, treatment, and counseling.
10. Collaborate in and/or refer for infertility treatment.
11. Inform gay and transgender individuals/couples of reproductive assistance and adoption options, and make referrals.
12. Collaborate in and/or refer for sexual dysfunction treatment.

### **Non-Gynecological Primary Care**

The WHNP provides primary health screening, health promotion and care for women from menarche through senescence that includes basic management and/or referral for common non-gynecologic health problems. The WHNP approaches evaluation and management of primary health concerns of women with attention to the impact of gender on health.

### ***Assessment***

1. Obtain a problem-focused health history based on presenting complaint/s.
2. Perform a problem-focused physical examination.
3. Identify deviations from normal findings in history and physical examination.
4. Order or perform diagnostic tests based on findings from history and physical examination.
5. Screen for psycho/social/cultural factors that may impact overall health.
6. Screen for health risks and health promotion needs
7. Screen for intimate partner violence.
8. Order or perform health screening tests based on age and risk factors.

### ***Diagnosis***

1. Interpret screening and diagnostic tests.
2. Develop and analyze differential diagnoses on the basis of clinical and laboratory data.
3. Diagnose common non-gynecologic primary health conditions.
4. Identify and/or diagnose psychological factors and conditions that may impact health.

5. Identify women at risk for or currently in violent or abusive relationships.

### ***Management***

1. Develop plan of care based on assessment findings and diagnoses.
2. Provide health promotion/disease prevention education and counseling.
3. Provide recommended vaccinations.
4. Prescribe pharmacologic therapies and initiate non-pharmacologic therapies for common, uncomplicated non-gynecologic primary health conditions.
5. Guide women at risk for or in violent or abusive relationships in developing a safety plan to identify community resources.
6. Provide consultation for other healthcare providers concerning impact of non-gynecologic primary health conditions on reproductive and sexual health.
7. Collaborate with healthcare team in management of reproductive and sexual healthcare needs for individuals with complex non-gynecologic primary health conditions.
8. Refer for further diagnostic workup and ongoing management for non-gynecologic primary care conditions as needed.

### **Obstetrics**

The WHNP provides care across the childbearing continuum, including, but not limited to, prenatal and postpartum care.

### **Prenatal Care**

#### ***Assessment***

1. Obtain a comprehensive initial prenatal visit health history.
2. Perform a comprehensive initial prenatal visit physical examination.
3. Identify psycho/social/cultural/genetic/lifestyle factors that may impact prenatal care, pregnancy, and pregnancy outcome.
4. Identify preexisting health conditions that may impact/be impacted by pregnancy.
5. Identify previous obstetric complications that require specific monitoring or management in current pregnancy.
6. Identify deviations from normal findings in history and physical examination.
7. Identify health promotion/education needs.
8. Order or perform routine prenatal screening tests, initially and at the recommended intervals during pregnancy.
9. Order or perform other lab and diagnostic tests as indicated by history and physical examination findings.
10. Obtain interval health history and conduct physical examination at routine prenatal visits.
11. Identify deviations from normal findings in history and physical examination.
12. Identify changes in health promotion/education needs at routine prenatal visits.
13. Triage and evaluate full-term antepartal patients for conditions such as, but not limited to vaginal bleeding, decreased fetal movement, labor and/or rupture of membranes.

### ***Diagnosis***

1. Interpret screening and diagnostic tests.
2. Develop and analyze differential diagnoses on the basis of clinical and laboratory data.
3. Diagnose common discomforts of pregnancy.
4. Identify women at risk for or currently in violent or abusive relationships.

### ***Management***

1. Develop plan of care based on assessment findings.
2. Provide anticipatory guidance for pregnancy, labor and delivery, postpartum care, newborn care, and breastfeeding.
3. Provide recommended vaccines in pregnancy.
4. Guide women at risk for or currently in violent or abusive relationships in developing a safety plan and identifying community resources.
5. Provide health promotion education, including nutrition, alcohol, tobacco, illegal substances, environmental and occupational risks, exercise, travel, work, and sexual activity.
6. Manage common discomforts in pregnancy.
7. Collaborate with the healthcare team in providing obstetric care.
8. Develop a plan for full-term antepartal patients experiencing conditions such as, but not limited to, decreased fetal movement, labor and/or ruptured membranes.

## **High-Risk Prenatal Care**

### ***Assessment***

1. Obtain a comprehensive history and identify high-risk prenatal conditions such as, but not limited to, advanced maternal age, multifetal gestation, obesity.
2. Perform a focused physical exam related to affected body system/s.
3. Identify deviations from normal anatomical changes of pregnancy.
4. Identify pre-gestational and/or gestational high-risk conditions, such as, but not limited to, hypertension, diabetes, and thyroid disease.
5. Identify health promotion/education needs.
6. Screen for high-risk psycho/social factors that may impact pregnancy.
7. Identify deviations from normal psychological adaptation to pregnancy.
8. Order lab and diagnostic tests related to the high-risk condition, to establish baseline and follow-up levels.
9. Order and/or perform fetal evaluation methods including, but not limited to, confirmation of fetal cardiac activity, biometry, non-stress test, biophysical profile, amniotic fluid volume assessment, and basic obstetrical ultrasonography.
10. Order fetal evaluation methods including, but not limited to, specialized ultrasonography, detailed anatomic survey, Doppler flow, additional biometric measurements, and fetal echocardiography.
11. Triage and evaluate antepartal patients who are <37 weeks of gestational age for conditions such as, but not limited to, vaginal bleeding, decreased fetal movement, evaluation of preterm labor, and/or preterm premature rupture of membranes.

### ***Diagnosis***

Interpret screening and diagnostic tests.

### ***Management***

1. Develop plan of care based on assessment findings.
2. Provide anticipatory guidance for pregnancy, labor and delivery, postpartum care, newborn care, and breastfeeding.
3. Provide education and support specific to high-risk condition/s.
4. Provide health promotion education, including nutrition, alcohol, tobacco, illegal substances, environmental and occupational risks, exercise, travel, work, and sexual activity.
5. Manage common discomforts in pregnancy.
6. Collaborate with the healthcare team in providing maternity care.
7. Refer to high-risk specialists for management/co-management of high -risk conditions.
8. Develop a plan in collaboration with high-risk specialists for antepartal patients who are <37 weeks in gestational age, identified to be in preterm labor, and/or have ruptured their membranes prematurely.

## **Postpartum Care**

### ***Assessment***

1. Obtain a comprehensive history of labor and delivery events, including complications that may impact postpartum recovery.
2. Perform a comprehensive physical exam focused on the anatomical changes of the postpartum period.
3. Identify deviations from normal anatomical changes of the postpartum period, such as postpartum infections.
4. Identify pre-gestational and/or gestational complications that need follow-up postpartum.
5. Identify health promotion/education needs.
6. Screen for psycho/social/cultural factors that may impact transition and adaptation to the postpartum period.
7. Identify deviations from normal psychological adaptation to the postpartum period.

### ***Diagnosis***

Interpret screening and diagnostic tests.

### ***Management***

1. Develop plan of care based on assessment findings.
2. Provide education and support regarding infant care and feeding, including breastfeeding.
3. Provide health promotion education, including resumption of physical activity and exercise, sexual activity, contraception, diet and nutrition, and emotional adaptation.
4. Consider consultation as needed with primary care provider, mental health provider, and/or specialists for medical conditions such as, but not limited to diabetes, hypertension, thyroid disease, depression, and fetal loss.
5. Consider referral to social services such as WIC, housing, drug rehabilitation, and child welfare.

## **High-Risk Postpartum Care**

### ***Assessment***

1. Obtain a comprehensive history of labor and delivery events, including complications, and/or high-risk conditions that may impact postpartum recovery and/or increase risk of postpartum complications, including, but not limited to, infections and hemorrhage.
2. Perform a focused physical exam on affected area/s.
3. Identify deviations from normal anatomical changes of the postpartum period, such as postpartum infections.
4. Identify pre-gestational and/or gestational complications that need follow-up postpartum.
5. Identify health promotion/education needs specific to high-risk condition/s.
6. Screen for psycho/social/cultural factors that may impact overall transition and adaptation to the postpartum period.

### ***Diagnosis***

Interpret screening and diagnostic tests.

### ***Management***

1. Develop plan of care based on assessment findings.
2. Consider consultation as needed with primary care provider, mental health provider, and/or specialists for medical conditions such as, but not limited to, diabetes, hypertension, thyroid disease, depression, and fetal loss.

## **Guideline II. Patient Centered Care**

The WHNP designs, provides, and evaluates patient-centered care through demonstration of the following competencies.

1. Promote a physically and emotionally safe and confidential environment for care.
2. Use active listening to elicit the patient's values, preferences, and expressed needs regarding all aspects of care.
3. Establish a collaborative relationship that recognizes the patient as a full partner in decision-making regarding health care.
4. Translate health information to fully inform the patient about healthcare options.
5. Incorporate the patient's values, preferences, and needs into a mutually acceptable, evidence-based plan of care.
6. Advocate for the patient's right to make decisions regarding health and reproductive choices within the context of personal belief systems.
7. Address personal, cultural, and organizational barriers in the practice setting that prevent fully integrating patient-centered care.
8. Collaborate with other health team members to monitor ongoing efforts to be patient-centered.

## **Guideline III. Health Education and Counseling**

The WHNP coordinates and provides health education and counseling in response to the patient's need. The WHNP evaluates the outcome of these interventions to guide revisions to the plan of care accomplished by demonstrating the following competencies:

1. Assess the patient's health education/counseling needs, readiness to learn, health literacy,

- and preferred learning style.
2. Establish a collaborative relationship that supports the patient as a full partner in decision-making regarding health and health care.
  3. Provide education and counseling that is evidence-based and patient-centered, with attention to teaching/ learning principles.
  4. Design and/or provide educational materials appropriate to the language, culture, developmental stage, and health literacy of the patient.
  5. Integrate information and communication technologies for health education with attention to culture, literacy level, language, and learning style of the patient.
  6. Use behavior change, motivational interviewing, self-efficacy, self-management, and other evidence-based theories/models to assist the patient in making changes that favorably influence health.
  7. Evaluate patient learning using content-specific techniques
  8. Evaluate the outcomes of health education and counseling to guide revision of the plan of care as needed.
  9. Provide the patient with information about diagnoses, proposed treatment and procedures, and alternative treatments, with related benefits and risks, to promote informed choice
  10. Provide the patient with information on community and social resources to meet individual needs.

#### **Guideline IV. Professional Role**

The WHNP contributes to the advancement of the profession, the evolving specialty role, and practice by demonstrating the following competencies:

1. Promote the APRN role and support collegiality by working with the inter-professional healthcare team.
2. Maintain awareness of legal, legislative, clinical, and technical developments in the healthcare field through active memberships in professional organizations, and participation in lifelong learning and professional development.
3. Influence the delivery of safe, high quality, and innovative health care by WHNPs through participation in federal, state, and local legislative initiatives, and institutional policy-making activities.
4. Serve as preceptor and mentor to APRN students and as a trusted source of information on women's health to APRNs in other specialties.
5. Participate in the generation, application, and dissemination of research.
6. Translate current evidence into practice for improved health outcomes.
7. Attain and maintain national certification.
8. Provide leadership and advocacy for consumers, nurses, and the inter-professional healthcare team on issues affecting women's health. .

#### **Guideline V. Leadership in Health Care Systems**

The WHNP seeks to improve health outcomes for women by providing leadership within healthcare systems and communities. The WHNP should demonstrate the following competencies:

1. Use nationally accepted evidence-based guidelines and standards to inform policies to promote integrated healthcare systems for the comprehensive care of women.
2. Understand how the healthcare system is organized and financed.
3. Use problem-solving, negotiating, and data-driven decision-making skills to promote high

- quality care within the healthcare system.
4. Manage resources within healthcare systems to promote safe and efficient, cost-effective, patient-centered care.
  5. Provide leadership in the design, implementation and evaluation of community health programs and services to improve women's health.
  6. Participate in legislative and policy-making activities that influence women's health. Serve as a consultant and trusted source of information on women's health for healthcare systems and policy-makers

### **Guideline VI. Quality improvement and Safety**

The WHNP improves health outcomes for women through participation and leadership in continuous quality improvement and safety initiatives as demonstrated by the following competencies.

1. Lead evidence-based quality improvement and patient safety initiatives in the healthcare setting.
2. Model a culture of safety and accountability in the work environment.
3. Participate in the design and implementation of new models of care delivery and coordination to promote highly effective and culturally responsive patient-centered care.
4. Incorporate professional and legal standards and ethical principles into practice. Maintain clinical competence and continue professional development through participation in advanced practice continuing education.

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