

**POLICY & INFORMATION
HANDBOOK**

Midwifery Education Program

Last Updated: 01/2/19

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MIDWIFERY EDUCATION PROGRAM POLICY & INFORMATION HANDBOOK

INTRODUCTION

Welcome to the Midwifery Education Program (MEP). This **Policy and Information Handbook** is designed to assist students in adjusting to being a midwifery student and to inform students of the policies and procedures of the MEP.

Periodically, program policies and procedures may change. It is the student's responsibility to become familiar with the policies and procedures of their university of registration in addition to the policies and procedures in this book. The MEP is a consortium consisting of McMaster University, Laurentian University and Ryerson University

Some MEP policies and procedures may differ from those in your University. Please review both volumes to guide you throughout your program. If you have concerns or are unsure of proper procedures, please contact your Program Manager.

Each site is responsible for contributing to the annual review of the Policy and Information Handbook for use by all students, faculty and staff. The handbook will contain the consortium-wide policies. The handbook will be posted electronically on the site-specific learning management system (LMS).

In addition, each site will maintain a site-specific handbook with policies and information that pertain to their university.

PROCESS

The Program Managers shall review the handbook for inconsistencies, applicability, change of organizational goals and structure, new policies, as well as any change of legislation affecting the MEP. The review shall normally be conducted once per year. Proposals for changes to the P&I handbook may be made by any of the standing committees, faculty members, students or staff. Such proposals will be submitted to the Management Committee for approval. The final approval of any proposal must be made no later than the June Management Committee meeting each year.

A revised version of the handbook will normally be posted electronically (on site-specific LMS) each Fall. Notification of the section changes will be posted.

PROGRAM GOALS

The Baccalaureate Program shall prepare students to:

- practise competently and safety as beginning practitioners in any Ontario maternity care setting
- work collaboratively with other health care professionals while practising independently within their own scope of practice
- contribute to developing new knowledge, utilize research and demonstrate a capacity of lifelong learning
- seek opportunities for professional development as teachers and leaders of the profession.

MIDWIFERY EDUCATION PROGRAM POLICY & INFORMATION HANDBOOK

OUTCOME EXPECTATIONS

At the completion of the midwifery program, students shall be able to:

1. Exhibit values and attitudes consistent with client-centred care; advocate for client choices and preferences and work in partnership with clients and their families.
2. Provide safe, competent and ethical midwifery care that includes counselling, teaching and support for clients and their families within varied cultural, ethnic and socioeconomic populations.
3. Promote childbirth as a normal part of women and transpeople's health with an understanding of its cultural and social meanings.
4. Promote understanding of and participation in health care by clients and their families.
5. Collaborate effectively with other health care providers; consult and refer appropriately.
6. Exhibit critical thinking skills that can be used throughout one's professional career.
7. Understand and appropriately apply research findings within clinical practice.
8. Be accountable for one's own actions and participate in self and peer assessment.
9. Contribute to the development of the midwifery profession.

PROTECTION OF STUDENT PRIVACY

In accordance with Section 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), information from time to time is collected under the authority of The Laurentian University of Sudbury Act, 1960, the McMaster University Act, 1976 and the Ryerson University Act, 1977. Personal information is needed for the administration of the MEP Consortium and will be used only in connection with the MEP Consortium. All information that is collected will be used, stored, and destroyed in accordance with each University's *Policies and Procedures for the Collection and Storage of Personal Information*. If you have questions about the collection, use and disclosure of this information by the University please contact the Program Administrator at your MEP site: Laurentian, McMaster or Ryerson University

SECTION I - PROGRAM STRUCTURE

PROGRAM COMMITTEES – STUDENT INVOLVEMENT

The MEP recognizes that its success is dependent on the commitment of its students. We encourage students to participate in committees and activities that promote development of the Program. Students are invited to choose a representative from their site to sit on the **following Program Committees**:

Admissions Committee

The Admissions Committee is responsible for reviewing the admissions policies and procedures.

Curriculum Committee

The Curriculum Committee reviews and approves course descriptions and outlines. It recommends changes to course content, course stream, unit/credit weighting and grading policies.

Management Committee

The Management Committee oversees the management of the Program. It develops and approves policies as recommended by the standing committees and administrative staff. When necessary, it will seek the approval of the Universities on policies and procedures.

The Program's **Academic Review Committee, Placement Committee, and Faculty Council** do not have student representatives; however, it is important for students to be aware of the role and function of this committee:

Academic Review Committee

The Academic Review Committee reviews and makes decisions concerning students' progress, academic standing, withdrawals, leaves of absence and readmission to the program. To protect students' rights to privacy and confidentiality, this committee will consist of Program Faculty and Program Administrators.

Faculty Council

The Faculty Council consists of faculty members across the three sites. The Council meets quarterly to discuss curriculum, faculty workload and other issues relevant to the midwifery profession and education program.

Placement Committee

The Placement Committee is a standing committee of the MEP Consortium, and is responsible for ongoing review and coordination of student midwifery placements across the three sites.

Members of the committees are obliged to respect the confidentiality of faculty, staff and other students and professional behaviour must be observed at all times and in all circumstances. Members must also refrain from discussion of issues discussed at the committee meetings in public forums such as electronic networks and/or social networking sites, e.g., Facebook, MSN, Myspace, Twitter, Youtube, Yahoo groups, LMS, blogs.

OPERATING PROCEDURES FOR MEP STANDING COMMITTEES

STRUCTURE

Standing Committees are permanent committees designed to deal with a particular issue of the consortium. Each committee must have a Terms of Reference, including: Role, Composition, Process, Meetings/Quorum. Proposals for new committees must include a Terms of Reference and be approved by the Management Committee. The Management Committee may collapse a standing committee that no longer serves its useful purpose.

ROLE OF THE CHAIR

It is the responsibility of the Committee Chair to ensure that the committee is fulfilling its role as outlined in the Terms of Reference for that Committee. The Chair will bring matters of interest to the Faculty Council for discussion prior to submitting them to Management Committee. If the committee is assigned a task from Management Committee, the Chair will produce progress reports on a regular basis until the task is completed. The Chair will forward draft policies to Management Committee for approval before circulating them or using them outside of the committee. When appropriate, the Chair will be invited to attend a Management Committee meeting to address an agenda item.

REPORTING TO THE MANAGEMENT COMMITTEE

The Administrator for each committee will report to the Management Committee at their scheduled meetings. Reports and requests of the committee may be forwarded through the Administrator.

COMMITTEE MEMBERS

Members of each committee will attempt to attend all meetings.

AGENDA & MINUTES

It is essential that committees communicate with each other regarding agenda items and decisions. Each committee meeting shall have a formal agenda and minutes. Agenda items not dealt with should be brought forward for the next meeting. Minutes shall be recorded and circulated to members of the committee and the Administrator at each site. Minutes should indicate the decision made on an issue, and the name of the person responsible for any action to be taken. The agenda, minutes and attachments should be circulated at least **one week** prior to the meeting. Approved minutes will be posted electronically (on site-specific LMS).

MEETINGS

Each committee will circulate in September of each year, a notice of meeting dates for the upcoming year.

QUORUM

Each committee must stipulate a quorum guideline in the committee's Terms of Reference.

Approved by Management Committee – May 19, 2004

Approved by Management Committee – March 17, 2010

Revised Management Committee – Sept 2014

Revised and approved by Management Committee – Sept 19, 2018

COMMITTEES – TERMS OF REFERENCE

ACADEMIC REVIEW COMMITTEE

Terms of Reference

ROLE

The Academic Review Committee is a standing committee of the MEP and is responsible for the following:

- Review and make a recommendation of the status of students at the end of each academic term who are potentially not in good standing
- Review the academic performance and make a recommendation of a course of action, i.e., repeating a course for students on probation
- Review and recommend the grade of Provisional Satisfactory in a clinical course and approve a remedial plan
- Review situations where the Tutor's assigned grade differs from the preceptor's recommended grade. The ARC may make recommendations about evaluation procedures, etc. based on its review of such situations
- Review the status of students who withdraw from a required course, e.g., their academic standing, total length of time in the program, anticipated time of return
- Review and decide the course of action for any student who is withdrawn from a clinical placement for reasons of clients' or others' safety and/or for violation of the Midwifery Act. This could include a decision to dismiss a student from the MEP.

COMPOSITION

- The Director or designate from each site.
 - The Director or designate from each will prepare a list of students to be reviewed and lead the discussion for their site. For the clinical courses, the list of students for review will be prepared by the course coordinator.
- The Program Administrator from each site
- Faculty member(s) (Tutor, Course Coordinator, Placement staff), as necessary will be invited to attend.

PROCESS

The Director in each site will prepare a list of students to be reviewed based on grade reports or other information submitted to their office. Students may be invited to submit explanatory materials in writing relevant to their situation. The decisions of the ARC will be recorded. Students will be notified in writing of the outcome of a review.

The functions of the ARC do not include the mediation of disputed grades. A student who is dissatisfied with the end of session result can invoke the grievance/appeal process at their home university.

MEETINGS/QUORUM

The Committee must meet at least once in each academic term which will normally be at the end of the examination period. Ad hoc meetings may be called if necessary.

For a review to take place, at least one Director and two other faculty members must attend. At least two sites must be represented. Each Program Administrator is expected to attend meetings or portions of a meeting when students from their site are being reviewed.

ADMISSIONS COMMITTEE

Terms of Reference

ROLE

The Admissions Committee will develop and review policies and procedures related to admission issues in common across the program. It will provide a forum for collecting, sharing and evaluating admissions related data from individual sites as required.

COMPOSITION

The Admissions Committee will consist of the following members as appointed by the Management Committee.

- Three Faculty (one from each site - usually the faculty participating on the site admission committees)
- Ad hoc members as required and appointed by the committee to fulfil specific needs of the committee
- The committee members representing each of the consortium universities will be appointed by the site Director. The terms for faculty and student members are for two years. The term for members will be renewable.

The chair of the Admissions Committee will be a faculty committee member appointed by the Management Committee. The Management Committee will elect a new chair every two years. The term of the chair will be renewable. The Admissions committee is encouraged to nominate an individual to the Management Committee for the role of chair.

PROCESS

The Midwifery Education Program Consortium Admissions Committee advises and is advised by site-specific admission committees. Policies and recommendations will be forwarded to the Management Committee for approval.

Each site will have an admissions committee which should consist of a minimum of four (4) members comprised of the following members:

- Administrator (1)
- Midwifery Student (1)
- Faculty Member (1)
- Others to include members from the Registrar's Office, Alumni, Preceptors, Consumers, Admissions Coordinator

MEETINGS

The Admissions Committee will meet on an ad hoc basis at the request of any of the sites.

QUORUM

Quorum for the Admissions Committee will be as follows:

- Committee members from each site

CURRICULUM COMMITTEE

Terms of Reference

ROLE

The Curriculum Committee is a standing committee of the MEP and is responsible for ongoing review and updating of the curriculum. This includes overseeing development of new courses, reviewing and revising existing courses and recommending changes to course content, evaluation methods, unit/credit weighting and grading policies. The committee reviews and approves course outlines and objectives and the tools used in the evaluation of courses and teaching personnel. The Course Coordinators Subcommittee is responsible for reviewing course evaluation reports and coordinating content and curriculum changes across courses. It makes recommendations to the Curriculum Committee.

COMPOSITION

Members of the Curriculum Committee are appointed by the Management Committee, and will include the following:

- Chair (Faculty Member) – also responsible for chairing Course Coordinators meetings.
 - The chair of the Curriculum Committee will be a faculty committee member appointed by the Management Committee. The Management Committee will elect a new chair every two years. The term of the chair will be renewable. The Curriculum committee is encouraged to nominate an individual to the Management Committee for the role of chair.
- Administrator
- Two (2) student reps from each site (including a senior level student from each site)
- Three (3) Faculty Midwife Members (one from each site)
- At least one other Faculty Member (representing Science and Social Science)

The committee members representing each of the consortium universities will be appointed by the site Director. The terms for faculty and student members are for two years. The term for members will be renewable.

The Course Coordinators Subcommittee is composed of the current (and, if appropriate, future) coordinators of all courses offered by the Midwifery Education Program. When appropriate, the Placement staff will be invited to attend.

PROCESS

The Curriculum Committee will work in consultation with faculty and students at each university and bring forward proposals for revisions or changes to course content/curriculum or relevant program policy to Management Committee for approval. Proposals are normally reviewed by Faculty Council prior to submission to Management. Agenda items can be brought forward by faculty members or Faculty Council, by Management Committee, by students or student organizations through the student representatives or directly to the chair.

The Course Coordinators Committee will identify significant issues needing follow-up from course evaluations, including both tutorial and clinical components of clinical courses; overlap in content; and integration of any curriculum changes.

MEETINGS/QUORUM

The Curriculum Committee will meet twice per term (except in the summer) normally in October, November, February, March and May. Course Coordinator meetings are to be held biannually, normally in January and June. Meetings are normally held on the second Wednesday of the month.

Meetings will only take place if there is representation by one faculty and one student from each site.

*Curriculum Meeting – October 2006
Revised and Approved by Management Committee –September 19, 2018*

FACULTY COUNCIL

Terms of Reference

ROLE

Faculty Council is a standing committee of the MEP and provides a forum for discussion of curriculum, faculty work life and other issues relevant to the midwifery profession. The committee will:

- Formulate recommendations for changes to course content or delivery methods
- Formulate recommendations and policies for faculty work life
- Propose new activities or revisions to present activities of the MEP
- Formulate positions on MEP operations or policies
- Examine implications of proposed changes to courses or program operation with particular attention to coordination across courses and sites
- Provide feedback to external groups or committees on issues brought for discussion
- Formulate recommendations for external organizations, e.g., CMO, AOM, CAM

COMPOSITION

The council will be comprised of faculty members with regular appointments at any of the three sites of the MEP. In addition, any instructors whose contracts provide for participation in committees of the MEP will also attend.

The role of the chair is assigned to the Director at each of the consortium universities on a rotating basis.

PROCESS

The Council may make recommendations to standing committees of the MEP. For some issues, recommendations will be made to external organizations, e.g., College of Midwives of Ontario. The area where faculty have decision-making authority is with faculty work life, if the decisions do not have an impact on another's work. Agenda preparation, chairing the meeting and taking minutes are assigned on a rotating basis.

The written minutes will be distributed to all regular faculty members, instructors and to each Program Administrator.

MEETINGS/QUORUM

The Faculty Council will normally meet quarterly and will be held by teleconference/webconference. Special meetings, over and above usual meeting times, may sometimes be arranged.

The purpose of faculty council is to build consensus and feed recommendations to the various other consortium committees. There is not a formal definition of quorum for faculty council meetings. If a decision is required by faculty council, then all sites must be present.

MANAGEMENT COMMITTEE

Terms of Reference

ROLE

The Management Committee is the final decision-making body for the MEP. The Committee approves policies as recommended by the standing committees and administrative staff. The Committee may assign tasks or assignments to committees as it deems appropriate or within the mandate of that committee. The Management Committee is responsible for ensuring that any policy approved is within the guidelines of each of the governing universities in the consortium. When necessary, the committee will seek the approval of the Universities' governing bodies on policies and procedures. The Management Committee may collapse a standing committee that no longer serves its useful purpose.

COMPOSITION

The Management Committee will consist of **one of each of the following persons** from Laurentian, McMaster and Ryerson Universities:

- Director
- Administrator
- A student (selected by the students within the program)

The Management Committee will elect a new Chair every two years as defined by the consortium agreement. The Term of the Chair will be renewable.

PROCESS

The Management Committee will entertain proposals from any standing committee. Each committee will submit its request in writing to the Administrator responsible for the Management Committee at least one week prior to the Management meeting. The Management Committee may (with recommendations) refer proposals back to the committee for revisions and resubmission. Final approvals will be made once the Management Committee is satisfied that each university's procedures and policies have been met.

MEETINGS/QUORUM

The Management Committee will meet bi-monthly (suggested months – February, April, June, September, November). Meetings will be held by teleconference/webconference unless other arrangements are deemed necessary. Meetings will only take place if there is representation by faculty and/or staff from each site.

Approved by Management Committee – March 17, 2010

Approved by Management Committee – September 2014

PLACEMENT COMMITTEE

Terms of Reference

ROLE

The Placement Committee is a standing committee of the MEP Consortium, and is responsible for ongoing review and coordination of student midwifery placements across the three sites. The committee aims to uphold the agreed upon goals of student placements in midwifery practices: that each site conducts its own placement allocation process, that there is equitable distribution of placements among the three university sites, that all eligible students receive placements, and that a transitional process is in place for eligible students.

Responsibilities of the committee include:

- Coordination of placement allocation processes and timelines across the sites
- Development and revision of consortium policies and procedures related to midwifery placements
- Coordination of communications to students and midwifery practice groups about midwifery placement related issues
- Annual review of the allocation of midwifery placements to each university to ensure equitable distribution between sites
- Development of a plan to manage any placement shortfalls experienced by a site

COMPOSITION

Members of the Placement Committee are selected by each site, and will include the following:

- One faculty member from each site
- One staff member from each site responsible for placement allocation
- Program Manager from each site

The chair of the Placement Committee will be a faculty committee member appointed by the Management Committee. The Management Committee will elect a new chair every two years. The term of the chair will be renewable. The Placement committee is encouraged to nominate an individual to the Management Committee for the role of chair.

The committee members representing each of the consortium universities will be appointed by the site Director. The terms for faculty and student members are for two years. The term for members will be renewable.

PROCESS

The committee will work in consultation with the faculty and staff at each site to identify issues related to placement allocation and to develop processes to address potential concerns. Committee meetings will be held to review the most recent placement allocation process(es), to plan for upcoming placement allocation, to review placement numbers and boundaries, and to make recommendations regarding placement site affiliations if change is needed.

MEETINGS/QUORUM

The Placement Committee will meet twice per year – once in the fall and once in the spring.
Quorum for decision-making is at least two members from each site.

March 4, 2016

Revised and Approved by Management Committee –September 19, 2018

SECTION II - PROGRAM REGULATIONS AND REQUIREMENTS

CHANGE OF PERSONAL INFORMATION

It is essential for the program to have your current address, your home telephone number, cellular number and pager number at all times. Report changes immediately following your site specific procedures

NAME CHANGES

Requests for legal name changes must be accompanied by appropriate documentation and submitted to the Registrar's office at the student's home university. The MEP will accept name changes only when they have been approved by the University Registrar's office and officially changed on the student record. The Program reserves the right to continue to use the student's original name for online birthlog database records and site-specific email address.

COMPUTER AND INTERNET/EMAIL ACCESS

Email is the primary mode of communication within the MEP. Students must use the email addresses supplied by their home university and the MEP and have access to a computer with internet service. It is each student's responsibility to check their email accounts on a daily basis. The program will not supply printed materials in addition to those sent by email.

Approved by Management Committee – November 15, 2000

LEARNING MANAGEMENT SYSTEM (LMS)

PURPOSE

McMaster, Ryerson and Laurentian University rely on different learning management systems for posting course materials for clinical courses taught within the MEP. Please refer to your site-specific policies to access the appropriate LMS.

OVERVIEW

The LMS will be managed by administrative staff and/or faculty responsible for maintaining the contents, users and/or permissions.

The LMS will contain the course contents for all clinical and non-clinical courses.

The clinical course template will include the following:

- Course Outline
- Tutorial Material
- Assignment Information
- Exam Information
- Evaluation Information

Other content may be added as required by the tutor.

All course material will be posted on the LMS by the following dates:

- August 1st for Fall Courses
- December 1st for Winter Courses
- April 1st for Spring Courses

The clinical course contents will be deleted 30 days after the end of the semester, except for course outlines. The most recent course outline will remain on the LMS.

The consortium universities may also choose to share the following content using the site-specific LMS (please refer to your site-specific policies):

- Sessional Dates
- Forms
- News and Information
- Policy and Information Handbook
- Committees – containing approved minutes to the consortium standing committees

Approved by Management Committee – September 19, 2018

CONFLICT OF INTEREST

Conflict of interest may be described as 'any situation in which a person has one or more loyalties or obligations'. Examples of conflict of interest situations include those which may provide students with access to confidential information about a midwifery practice or other students who have been in a practice, or impede the ability of a preceptor or faculty member to provide an unbiased opinion or judgement. There are situations within the MEP in which faculty, students, and preceptors may have a potential conflict of interest. Awareness, appropriate planning, and intervention can prevent problems from developing.

CLINICAL PLACEMENTS

The midwifery community in Ontario is still relatively small. It is important to the MEP that pre-existing relationships do not unduly advantage or disadvantage the admission, teaching or evaluation of a student. Students are strongly encouraged to consider carefully their selection of placements and avoid situations where there is a high likelihood that a previous relationship could compromise an objective and fair teaching and evaluation process. Note that having been in a prior midwifery or third year placement at a practice is in itself not considered a conflict of interest. Midwifery practices are provided an opportunity during the placement process to identify such situations as well. Whenever a student or practice identifies a potential conflict of interest, placement staff will take the information into account in the final allocation of placements. Declaration of conflicts should be considered carefully and are subject to the provisions of the Human Rights Code. In a large practice there may be a midwife or small number of midwives who know the student and declare a conflict, but many others who do not. In this case, only the individual midwives should declare a conflict. The information about potential conflicts of interest is confidential and will not be shared with other students or practices.

STUDENT EMPLOYMENT IN MATERNITY CARE

It is often not appropriate to continue employment within midwifery practices or related agencies once enrolled in the program. This is particularly the case when clinical placements begin. There are potential conflicts of interest that can arise from employment, especially when it is closely associated with midwifery care, e.g., being a doula or monitrice for labouring women, being a second attendant in a midwifery practice, providing childbirth education classes, working as a maternity nurse. **If employment is undertaken**, the student must make clear that employment activities are separate and distinct from the clinical activities of a midwifery student and may not represent herself/himself unfairly as a midwifery student, e.g., using their student status in advertising materials, wearing a name tag issued by the university (or affiliated hospital).

THE MIDWIFERY ACT(1994)

The Midwifery Act (1994) sets out the Scope of Practice and the Controlled Acts for Midwives. Under the law, a student may only perform the controlled acts for midwifery when working as a student midwife in a clinical placement authorized by the program. The university's liability insurance coverage extends only to those placements. When employed outside of the program, the student is not legally permitted to perform any of the controlled acts authorized for midwives unless permitted by law to do so as a health care professional under legislation governing that profession, e.g., medicine, nursing. If a student violates the Midwifery Act, their actions shall constitute grounds for dismissal from the program.

Approved as amended by Management Committee – September 19, 2018

COMPLAINT RESOLUTION MECHANISM

Students are encouraged to resolve complaints informally before using the formal procedures contained in the University Student Appeal Procedures.

Informal Mechanisms:

1. Take concern to the person who is directly involved in the complaint as soon as possible after the event and preferably in private. Experience shows that the great majority of problems and complaints can be resolved through informal mechanisms.
2. Consult an advisor/mentor if a sounding board is needed. This person will not have a formal role in the resolution of the complaint. Review the policies at the home university to determine options in the event that the informal complaint resolution is unsuccessful.
3. If the issue remains unresolved with an instructor, bring the issue to the attention of the Course Coordinator, if that is a different person than the instructor.

4. If the issue remains unresolved, bring the issue to the attention of the Program Director at the home site. *The Director may defer to a Director at one of the other sites in order to remain at arm's length if the matter is later formally appealed.* The Director may meet and/or convene a meeting that includes the individual, a support person chosen by the individual and the persons involved in the complaint in order to facilitate a resolution. *[Note: Steps 2 and 3 are part of the informal inquiry process referred to in the McMaster University Student Appeal Procedures.]*

Formal Mechanisms:

Please consult your university calendar for the Student Appeal Procedures

STUDENT ABSENCE FROM INTENSIVES

All students are required to attend all days of course intensives. Absence that results from **unavoidable** circumstances will be subject to the following:

1. Any absence will require make up work.
2. For an absence of one day, the make up work must be negotiated with the faculty member(s) responsible for the content of the day missed and must be satisfactorily completed prior to a date set by the Course Coordinator.
3. For an absence of more than one day, the student must negotiate, with the faculty member(s) responsible, for the content of the missed days AND develop a contract (including completion dates) to perform all the make up work. The contract must be approved by the Intensive Coordinator before the work is initiated.
4. The make up work must be reviewed and deemed to be satisfactorily in progress by the Intensive Coordinator prior to a date specified by the Coordinator.
5. Until the make up work is satisfactorily completed, the student may not be able to proceed with specified clinical activities.
6. Students who do not meet the terms of items 2 or 4 above will be required to withdraw from the course.

Approved by Management Committee – September 12, 1997

LEAVES OF ABSENCE

Requests for a leave of absence (away from midwifery program studies for one or more terms up to a year) from the MEP will be evaluated individually. The MEP is a limited enrolment program and a vacancy created by a student on leave cannot be filled. Leaves for a midwifery student may be granted due to illness or for compassionate/personal reasons. Poor academic standing is not a valid reason for a leave to be granted. Students may not normally be granted a leave of absence in order to enrol in another program or pursue other course work.

RETURNING FROM A LEAVE OF ABSENCE

A leave of absence will normally be granted for a maximum period of one (1) year. The student returning to a non-clinical course must notify the Program in writing, of their intention to resume studies at least three (3) months before the end of the leave period. Students who are returning to a clinical course must notify the program in writing at least six (6) months prior to returning. If students fail to notify the Program at the specified time, it will be assumed that they have withdrawn. Normally only one leave of absence will be granted per student during their midwifery education. Students may request or be required to undertake a period of skill refreshment prior to entering clinical placements (see policy of Clinical Skills Refresher).

PROCESS:

1. Students must make written application to their site Director with a copy to the site Program Manager/Administrator.
2. The written application must outline the length of the leave (provisional dates) and the reason for the request and an outline/plan for completion of the program.
3. The site Director will respond to the student's request in writing with a preliminary approval (or denial) of the request.
4. The Academic Review Committee will determine the need and nature of conditions for the student's return to the program, (a clinical refresher period prior to commencing a clinical course or additional courses or partial courses to reflect curriculum revisions). Any required conditions will be communicated to the student in writing by the student's site Director.
5. A request for leave of absence that is not granted under the terms of this policy can be pursued through a petition for Special Consideration.

*Approved as amended by Management Committee – December 19, 2007
Approved as amended by Management Committee – June 16, 2010
Revised and Approved by Management Committee – November 20, 2013*

LEAVE OF ABSENCE FOR ILLNESS

If a leave of absence is requested because of illness, the student must provide:

- a) a medical certificate from their physician stating that a leave is necessary, and
- b) a medical certificate upon returning to the Program stating that the student is able to resume their studies, including the ability to participate in clinical activities.

COMPASSIONATE OR MEDICAL LEAVE FROM PLACEMENTS

If a student needs a leave of up to two weeks for compassionate, personal or medical reasons, arrangements may be approved by the tutor, including a determination of the need for any make up time taken in consultation with the preceptor. The Course Coordinator and Placement staff should be informed and involved as needed by the tutor and/or Director at the student's site. The tutor should ensure that the

practice is informed about the situation and its implication for the placement. Supporting documentation may be requested.

If the requested leave is to extend beyond two weeks, the tutor should direct the request to the Program Director of the student's university. The Course Coordinator and Placement staff should be informed and involved as needed by the tutor and/or Director. The tutor should ensure that the practice is informed about the situation and its implication for the placement. Supporting documentation may be requested.

*Approved by Management Committee – April 15, 2009
Revised and Approved by Management Committee – November 20, 2013*

REQUIREMENTS FOLLOWING A LEAVE OF ABSENCE

Due to the nature of the MEP's curriculum, students may find that they are unable to complete a missed course until the course is repeated in the following year.

If a leave of absence creates a significant gap in a student's clinical learning, the student may be asked to meet specific requirements to refresh their clinical skills before resuming a clinical placement.

It is the responsibility of the student to provide the program with copies of current CPR, NRP, police records check including vulnerable sector screening, TB screening and mask-fit testing, as applicable prior to returning from a Leave of Absence.

CLINICAL SKILLS REFRESHER

1. Following Return from Leave of Absence

- a. Absence less than 1 year (<365 days):

A student who has been absent for less than one year may request a refresher of two (2) to four (4) weeks. The Director at the student's site must receive the request, from the student, in writing at least three (3) months prior to the start of the planned clinical placement.

- b. Absence of 1 year or more (≥365 days):

When a student returns from a leave of absence of one year or more, the student is required to complete a maximum four (4) week refresher period prior to the start of their clinical placement.

2. Relocating during Complications and Consultation, Maternal and Newborn Pathology, and Clerkship

A student, whose placement during Complications and Consultation, Maternal and Newborn Pathology, and Clerkship is in more than one practice, may request an orientation period when relocating to a new practice. The Director at the student's site will consider such requests from a student.

3. At the determination of Academic Review Committee:

Refresher/orientation periods of two (2) to four (4) weeks may be required by the Academic Review Committee at its discretion.

Pertaining to any refresher

Ideally, the refresher will be done in the practice where the student is placed after their leave of absence. If this is not possible, an alternate early placement may be arranged.

The student is required to bring their last clinical evaluation and learning plan from their last clinical placement. In the initial session, the preceptor and student will develop a learning plan that is reviewed with the tutor or faculty designated to oversee the placement. The learning plan is developed to bring their skills to the level of the course the student will be entering. The student is responsible for sending their learning plan for approval by the tutor (or designate). The student is to be given appropriate clinical experiences to assist the student in reaching the course entry-level skills when the student begins their clinical placement.

Revised and Approved by Management Committee – January 31, 2001
Revised and Approved by Management Committee – May 29, 2007
Revised and Approved by Management Committee – June 16, 2010
Revised and Approved by Management Committee – November 20, 2013

READMISSION TO THE MIDWIFERY EDUCATION PROGRAM

If a student voluntarily withdraws from the program and wishes to return, a written request for Readmission to the MEP must be submitted to the Director at the student's home university.

To be considered for readmission by the ARC a person must have been

1. registered within the last five years
2. in good academic standing at the time of the withdrawal.

The course plan for a student who is readmitted will be determined by the Academic Review Committee. The Academic Review Committee will determine the need and nature of conditions for the student's return to the program, (a clinical refresher period prior to commencing a clinical course or additional courses or partial courses to reflect curriculum revisions). Any required conditions will be communicated to the student in writing by the Director.

If more than five (5) years have passed since the person's last registration in the Program, the individual will be required to apply through the regular Admissions process.

Approved by Management Committee – June 21, 2000

PROFESSIONAL BEHAVIOUR

CONFIDENTIALITY

Students are obliged to respect the confidentiality of clients, preceptors, practices, faculty, staff and other students. Omitting client's names is not sufficient to protect the confidentiality of details of birth experiences as friends and family members may be able to recognize their birth stories.

Students are expected to adhere to the MEP Guide to Professionalism as well as all student codes of conduct in effect in their home university.

Approved by Management Committee – March 3, 2011

Students are responsible for being compliant with Canadian¹ and provincial privacy and confidentiality laws.²

¹ (PIPEDA). <https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>

² (FIPPA) <https://www.ontario.ca/laws/statute/90f31>

Approved by Management Committee – February 20, 2019

STATEMENT ON THE USE OF ELECTRONIC and SOCIAL NETWORKING PLATFORMS FOR STUDENT COMMUNICATION

1. Students are obliged to respect the confidentiality of clients, preceptors, practices, faculty, staff and other students in all circumstances. Students must also refrain from discussion of issues related to clinical care as midwifery students in public forums such as electronic networks and/or social networking sites, e.g., Facebook, MSN, Myspace, Twitter, Youtube, Yahoo groups, LMS, blogs. Client confidentiality and respect for privacy and professional boundaries must be observed at all times and in all circumstances and these platforms are not appropriate places for sharing information about clients' birth experiences etc.
2. Omitting clients' and preceptors' names is not sufficient to protect confidentiality of details of birth experiences as friends and family members may be able to recognize the birth stories.

Approved by Management Committee – September 19, 2018

PLACEMENT REQUIREMENT

Students are responsible to meet the following requirements and to keep them up-to-date throughout the program. Failure to do so may prevent the student from participating in clinical placements.

HEALTH INFORMATION AND IMMUNIZATION RECORD

Students may be required to fulfill additional requirements as outlined by the healthcare institutions where placements take place.

First year students must fill out a "Health Information and Immunization Record" form and submit proof of up-to-date immunization as per the requirements of their university. Students are responsible for ensuring that their immunizations remain up-to-date throughout the program. Failure to do so may prevent the student from participating in clinical placements. The immunization requirements are based on the requirements of the Ontario Hospital Association/Ontario Medical Association/Ontario Medical Association Communicable Disease Surveillance protocols for Ontario Hospitals and the Public Hospitals Act (Ontario). The MEP is responsible to ensure that all students who participate in clinical placements meet immunization and health requirements. For more information, see the Ontario Hospitals Association website.

First year students must submit a report of a Two-Step Mantoux Test for tuberculosis according to the dates set by each University's policy. If the test is negative, it must have been completed within one year prior to admission. For known positives and for those who test positive, only a chest x-ray is required. Students with a positive test require follow-up from their primary care provider or via their university health services.

Level 2, 3 and 4 students who have had a negative single or Two-Step Mantoux test within the previous 12 months must provide a report of a Single Step Mantoux Test for tuberculosis by University set dates. For known positives and for those who test positive, only a chest x-ray is required. Students with a positive test require follow-up from their primary care provider or via their university health services.

Approved by Management Committee – December 19, 2007

Revised and Approved by Management Committee – March 3, 2011

MASK FIT TESTING

Students must have proof of mask fit testing before the first clinical placement. The program will arrange mask fit testing, at specified times during the program. Mask-fit cards are valid for two years but must be renewed immediately if there has been a change to the shape of the wearer's face (ie shift in weight of 10%, oral surgery, cosmetic surgery). It is the student's responsibility to arrange and pay for recertification of mask fit testing if expired because of a leave of absence or extension of sessional dates. A copy of the renewal certificate must be provided to the program office at the student's university site.

CARDIOPULMONARY RESUSCITATION (CPR)

Cardio Pulmonary Resuscitation (CPR) certification meeting the College of Midwives of Ontario (CMO) standards must be obtained prior to the student's first clinical placement and renewed biannually. The MEP recommends in-person CPR training, but will accept online courses where this is not possible. It is the student's responsibility to arrange and pay for CPR training.

NEONATAL RESUSCITATION (NRP)

Students must be trained in Neonatal Resuscitation prior to the first clinical placement. The program will arrange the initial NRP training. Students are expected to purchase the most current Neonatal Resuscitation textbook and other materials, as necessary. It is the student's responsibility to arrange and pay for yearly NRP training. Proof of annual training must be provided to the program office at the student's university site.

EMERGENCY SKILLS

The program will arrange the initial emergency skills training such as ESW, ALARM or ALSO prior to the final 12 months of placement. Students are required to attend this training. This training is valid for two years.

VEHICLE

Students must have access to a vehicle and hold a G2 or G licence prior to the first clinical placement course and for all subsequent placement courses.

CELL PHONE

Students must have a cell phone for all placement courses.

PHOTO IDENTIFICATION

Students are required to obtain and wear photo identification deemed acceptable by the hospital during placements in hospital settings.

EQUIPMENT REQUIRED BY STUDENTS FOR CLINICAL PLACEMENTS

Students in the MEP are required to have the following equipment before entering Normal Childbearing Clinical placement:

1. Watch that measures seconds
2. Stethoscope
3. Sphygmomanometer
4. Fetoscope
5. Tape Measure
6. Thermometer

In addition, students in the MEP are required to have a baby scale before entering the Complications and Consultation placement.

INTERNET ACCESS FOR CLINICAL TUTORIALS

Students in the courses with webconferencing tutorials must have access to a reliable internet connection in order to participate in weekly webconferencing tutorials.

REQUIRED EQUIPMENT FOR CLINICAL TUTORIALS

Students in the courses with webconferencing tutorials must use a head set with a microphone.

**MIDWIFERY EDUCATION PROGRAM
POLICY & INFORMATION HANDBOOK**

SEC. II

Revised and Approved by Management Committee – June 18, 2008

Revised and Approved by Management Committee – June 16, 2010

Revised and Approved by Management Committee – March 3, 2011

Revised – September 19, 2018

LEVEL I SCIENCE REQUIREMENT

Students in the MEP must meet the Level I Science Requirement in order to graduate from the program. This requirement is met either by receiving transfer credit at the start of the program or enrolling and taking the appropriate science course. All McMaster students will be required to take Anatomy & Physiology (HTH SCI 1D06). Ryerson students are required to take Anatomy and Physiology (BLG 10A/B). Laurentian students will take Human Anatomy and Physiology (BIOL 2105). All students must obtain a 60% in this course in order to proceed to Reproductive Physiology (Level II).

Students who do not obtain a minimum grade of 60% in this course may be allowed to repeat the course (please see the academic regulations). A student who obtains a grade of 0-49% (F) will be required to retake the program course. A student who obtains a grade of 50-59% is eligible to take a “remedial” course. One such remedial course, approved by the program is Biology 230 offered by Athabasca University. A course offered by another university can be assessed for its equivalency by the Course Coordinator, upon request. After repeating the requirement, students must obtain a minimum of 60% in the approved course AND must have the course complete before proceeding to Level II science courses.

*Approved by Management Committee – July 19, 2000
Revised – April 2006*

ASSIGNMENTS AND PAPERS

Students should be aware that their assignments may be reviewed by more than one faculty member and that the instructor/tutor may from time to time consult with other faculty members.

CMA – UNIFORM REQUIREMENTS FOR MANUSCRIPTS

Please read the latest version of the Uniform Requirements for Manuscripts from the Canadian Medical Association Writing Centre.

FORMAT FOR PAPERS - MIDWIFERY COURSES

All MEP students are required to use Vancouver style for written assignments and papers. Refer to Appendix 4 for detailed information about the usage of Vancouver style in the MEP.

SPELLING CONSISTENCY – BRITISH OR AMERICAN

The Curriculum Committee recommends internal consistency in spelling of terms as follows:

Students have the choice of either the British or American spelling, provided that they use the same style consistently within their papers. Student responses on exams will not be graded according to spelling consistency.

Approved by Management Committee – January 1997

GRADING CRITERIA – WRITTEN SUBMISSIONS

This is a general guideline that applies to written submissions in all courses, for all levels of the program. Expectations will increase incrementally as students progress in the program.

Unless otherwise specified, all written submissions will be evaluated as follows:

70% content, i.e.:

- ♦ understanding and addressing the assignment
- ♦ presenting summaries of background relevant resources on the subject
- ♦ analysing existing work
- ♦ displaying insight, thoughtfulness, creativity and innovation

30% form, i.e.:

- ♦ grammar
- ♦ organization
- ♦ flow
- ♦ vocabulary
- ♦ diction

LETTER GRADES:

A Outstanding

Content:

- comprehensive knowledge
- a clear and thorough understanding and synthesis of appropriate work in the area
- logical and analytical thought evident
- clear and insightful ideas
- “original”, creative
- ideas are cogently presented
- use of other work is precise and efficient

Form:

- form is excellent
- introduction engages the reader and the conclusion is proficiently presented
- clear and flowing ideas
- extensive and accurate vocabulary
- sentences are varied and engaging
- mechanics of accomplished writing are evident through adept and creative use of form
- the format of the paper leads the reader easily through the writer’s logic

B Very Good

Content:

- thorough knowledge of ideas
- high degree of skill and/or some elements of innovation in satisfying the requirements
- clear ideas about the issue[s]
- firm grasp of the major aspects of the issue[s]
- careful presentation of evidence for arguments

Form:

- accurately documented
- effective introduction and conclusions
- main argument is clear and well developed
- effective paragraphs
- sound examples and use of detail

C Average

Content:

- acceptable level of knowledge of concepts or techniques with some skill in using them to satisfy requirements

Form:

- main points are clear
- adequate use of paragraphs and mechanics of writing
- basic uses of the language

D Bare Pass

Content:

- minimal knowledge of concepts and/or techniques
- superficial or weak arguments leading to poorly substantiated conclusions
- lacking in breadth and depth of researched resources

Form:

- introduction and conclusion vague or cursory
- argument is discernible but inadequately developed
- use of paragraphs and sentences is repetitive and the paper does not read smoothly
- misuse of words
- weak grasp of appropriate language
- limited vocabulary and little sentence variety
- weak grasp of fundamental principles of mechanics; several errors

F Fail

(1)

Content:

- paper consists mainly of a summary of the issue with no evidence of logic, problem-solving or critical thinking
- ideas are unsupported

Form:

- language use limited and often inappropriate
- gross failure to observe the minimum standards of form (syntax, grammar, spelling, punctuation)

OR (2)

- failure to submit the assignment or failure to address the stated assignment

OR (3)

- plagiarism; Plagiarism is considered academic dishonesty and will result in a failing grade
- other aspects of paper will make no contribution to the grade

SUBMITTING WRITTEN ASSIGNMENTS AND LATE SUBMISSIONS

Clinical and pre-clinical courses include written assignments as course requirements. The following policies apply to those courses. If in doubt about whether a specific course includes the following provisions, the student must seek clarification from the course instructor.

1. Assignments submitted electronically will be deemed to meet the submission deadline if the date and time on the posted message is prior to the deadline. ***Because of delays in transmission that can occur, students should seek acknowledgement of the instructor's receipt of the transmission by requesting a confirmation.***
2. A maximum of five (5) grace days per term per course is provided for students to use at their discretion to submit assignments beyond the published deadline. When submitting beyond the deadline, the cover page of the assignment is to include the number of "grace days" being used. All days beyond the published deadline, **including weekends**, are included as grace days.
3. A penalty of five percent (5%) of the assignment total per day will be applied to submissions that exceed the allowable five grace days per term.
4. Students who require an extension for medical or other reasons beyond the due date must speak to the course tutor and provide medical documentation of the reason for an extension following your site-specific procedures

REWRITING ASSIGNMENTS

Rewrites will not be allowed on assignments for which a passing grade has been received. Students may be required or may request to rewrite assignments that receive a failing/unsatisfactory grade. The decision about a rewrite will be made by the Tutor. A maximum of two (2) weeks will be allotted for revisions from the time there is agreement to rewrite. The due date and time for the rewritten assignment will be clearly communicated by the tutor to the student. If a rewrite is permitted, a student is allowed only one (1) rewrite per assignment.

Revised – January 1997

Approved by Management Committee – September 2014

STATEMENT ON THE USE OF NON-MEP LISTSERVES FOR STUDENT RESEARCH

Students are strongly encouraged to familiarize themselves with the proper etiquette for any listserves to which they subscribe. Listserves such as the maternity care discussion group and the midwifery research listserv are primarily for networking between professionals. The agreement on many listserves is that discussion that occurs on the list should not be quoted outside the list. Listserves should not be used as an initial method of research when preparing for classes or working on assignments, e.g., rather than independently conducting a literature search. It is also inappropriate to use listserves to conduct primary research, e.g., to survey practitioners regarding a clinical issue. In limited circumstances, it may be appropriate for students to post specific, refined questions to a listserv after they have first conducted their own literature search, consulted relevant core reference materials, and familiarized themselves with relevant community standards, clinical guidelines, and CMO rules.

Approved by Management Committee – June 18, 2008

POLICY STATEMENTS ON ACADEMIC MISCONDUCT

Laurentian University

The University treats offences of academic dishonesty (plagiarism, cheating, and impersonation) as very serious matters. Penalties for such offences are very strictly enforced. A copy of the complete Policy Statement on Academic Dishonesty is available from the office of the Secretary of Senate. Please refer to the Policy and Information Handbook and your University calendar for policies on academic dishonesty.

McMaster University

Academic dishonesty consists of misrepresentation by deception or by other fraudulent means and can result in serious consequences, e.g., the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university. It is your responsibility to understand what constitutes academic dishonesty. For information on the various kinds of academic dishonesty please refer to the Academic Integrity Policy and the McMaster Office of Academic Integrity.

Ryerson University

All Ryerson students are responsible for familiarizing themselves with Policy 60: Academic Integrity. Policy 60 applies to undergraduate, graduate and continuing education students, regarding all academic activities, on and off campus, within or outside a course, during current or previous enrollment. Policy 60 outlines academic integrity and misconduct, university processes when there is a suspicion of misconduct and consequences. This policy is available by searching for the Ryerson Academic Code of Conduct.

Prevention and education are key goals. Academic integrity learning resources are available to both students and educators through Ryerson University's Academic Integrity Website. Policy 60 defines academic misconduct as "Any behaviour that undermines the University's ability to evaluate fairly students' academic achievements, or any behaviour that a student knew, or reasonably ought to have known, could gain them or others unearned academic advantage or benefit, counts as academic misconduct." Therefore, academic misconduct includes: plagiarism; cheating; misrepresentation of personal identity or performance; submission of false information; contributing to academic misconduct; damaging, tampering or interfering with the scholarly environment; unauthorized use of intellectual property; misconduct in re-graded/re-submitted work; violations of specific departmental or course requirements.

Penalties are outlined in the policy, and may include grade reduction, course failure, and removal from a placement or program of study. Students are expected to have reviewed the policy and to be familiar with the full details.

INVIGILATION POLICY & PROCEDURES

The MEP appreciates the assistance of off-campus invigilation sites for proctoring students who are placed at a distance from the university. It is imperative that the invigilator adheres to the Program's procedures to ensure a fair and consistent process for all students. The following is an outline of the process and guidelines for the invigilator.

PROCESS

Prior to the Exam

- The exam will be couriered to the invigilation site one week in advance of the scheduled exam date.
- The administrator or designated invigilator should book a room or make arrangements for an exam location.

Every effort must be made to safeguard the integrity of the examination.

- The exam must be kept in a secured, locked area until the exam time.
- The student(s) should not see the exam until the scheduled time.
- The student should, at no time, receive a copy of the exam to keep.

GUIDELINES

The role of the invigilator is to supervise students at an examination. To this end, the designated invigilator's general responsibilities are to:

Special Instructions

- Be familiar with the exam policy and procedures.
- Ensure that the exam starts and ends on time and in an orderly manner.
- Note any special instructions indicated on the exam itself.
- Ensure that the student does not have texts, dictionaries, notes, calculators, or other material except for those specifically allowed for the exam.
- Ensure that the student's name and/or student ID appear on each page of the exam.
- Refer to site-specific handbook for policy on food and water during exams.

During the Exam

- Ensure that the student is in a location/environment where the student can concentrate and will not be interrupted.
- Be present and remain in the room at all times during the exam period.
- Ensure that all pagers and cell phones are turned off prior to the start of the exam.
- Allow the student to bring into the exam room only those aids/resources that have been specified on the front page of the exam.
- Ensure only one student is permitted to use the washroom at a time.
- Monitor student conduct during the exam and act upon all observed instances of cheating (this includes, but is not restricted to, talking during the exam, rummaging, noise, use of unauthorized aids).
- If the student has a question during the exam, the invigilator should attempt to contact the Tutor at the university. If the tutor is unavailable, the invigilator will make a note of the student's question and enclose this information with the completed exam.
- Ensure that each student submits all required exam materials before leaving the room (this includes any notes the student has made during the exam)

Late Student

- Ensure that the student, who arrives late with good reason, is allowed to write the exam. However, no extra time will be allowed beyond the scheduled completion time.
- Notify the Director/Program Administrator at the university site for further instruction when a student is very late and cannot reasonably be expected to complete the exam in the remaining time.

Following the Exam

- Collect the exam at the end of the allotted time period.
- Make a photocopy of the exam. The program will advise the site when to destroy the photocopy.
- Arrange for a courier pick-up of the original exam using the enclosed prepaid courier envelope.

- Courier the exam to the MEP immediately following the end of the exam time.
- Do not permit the student to handle or view the exam copy any time after the exam is written, including courier preparation.
- Fax the invigilator form to the Program Office.

EXAM MISCONDUCT

- If the invigilator suspects cheating, first identify the nature of the alleged misconduct.
- Allow the student to complete the exam.
- Take immediate steps, as appropriate, to prevent further cheating if this is suspected.
- If a student is seen to have unauthorized materials, such materials should be quietly removed, the details noted in writing, and the names of nearby students recorded. The matter must be reported immediately following the exam to the Director/Program Administrator.

The following constitutes cheating (this is not a comprehensive list):

- Copying material from another student
- Allowing work to be copied during an examination
- Utilizing unauthorized material
- Consultation outside of the exam room during the period of the exam
- Information written on the palm of hand
- Referring to crib notes

Approved by Management Committee – April 21, 2004

Revised – June 28, 2006

Revised – June 16, 2010

EXAMS FOR STUDENTS ENROLLED IN THE FRANCOPHONE PROGRAM

It is the intent of the program to provide all midwifery clinical course exams in the language in which the student is registered. Students in the Francophone stream will be given a bilingual (French/English) exam for all clinical courses. In recognition of the reality that Francophone students are learning in both English and French, all students registered in the Francophone program will be allowed 25% additional time for all clinical course exams.

Approved by Management Committee – January 19, 2005

ADMINISTRATION OF EXAMS FOR CLINICAL COURSES

All students, regardless of site of registration or location in the province, must sit the same course exam at the same time and date, including students with placement dates outside of sessional dates. Students must arrange to be available for each exam period, as listed in sessional dates.

Students are required to write examinations (midterm & final) at their designated exam site. Alternative arrangements for invigilated exams will **not** be made.

Revised and Approved by Management Committee – September 21, 2011

WRITING EXAMS AT ONE OF THE THREE MEP UNIVERSITY SITES

A student who wishes to apply to write their exam at Laurentian, McMaster or Ryerson University (other than their designated exam site) must complete the Exam Change Request Form and return it by fax to the site responsible for coordinating the course. One form must be completed for each exam.

The deadline for a midterm exam is 28 days prior to the exam date and for a final exam is no later than the date of the midterm exam.

For Clerkship only, the Exam Change Request Form must be received by the site responsible for coordinating the course no later than 28 days before the exam date.

A student who changes their exam site may not request reimbursement under the Travel and Accommodation policy.

Revised and Approved by Management Committee – September 21, 2011

Revised and Approved by Management Committee – September 19, 2018

MISSED PRESENTATIONS

In the event that a student misses a presentation which is a graded component of the course grade, a written request for special consideration must be submitted to the Course Instructor. The course instructor will only consider a request from a student who meets one or more of the following criteria:

1. Illness necessitating absence (and substantiated by a medical certificate)
2. Legal obligation such as jury duty, witness, defendant, etc.
3. Personal or family tragedy.

MISSED EXAMINATIONS

A student who misses a scheduled examination may request a deferral. A deferred examination may be granted if the student fails to write an examination for certifiable medical or compassionate reasons. Documentation must be submitted to the Program Manager/Administrator before the end of the examination period. Please consult site-specific handbooks for missed examination policies and requirements.

High academic standards are a crucial component of the MEP. It is essential that students develop the organizational skills to plan their study and research time in order to cope with the unpredictable demands of clinical practice.

EXAM REVIEW

The purpose of this policy is to provide an opportunity for students to review a past marked exam. It is intended to ensure an efficient and cooperative course of action that protects both the student and the university.

- ♦ Marked exams will not be handed out for review in class for clinical education courses. The instructor/tutor will give general feedback to the whole class about questions that were answered well and those that were answered poorly.
- ♦ The instructor will meet individually, either in person or by teleconference, when requested, with a student who receives a failing grade, in order to provide direct feedback.
- ♦ Within 15 business days of the exam, the exams must be returned to the student's home site for placement in the student's file. For scantron exams, the scantron sheets will be returned to the home site by the administration.
- ♦ Exams will be available for review for a period of six months following the end of the academic session in which the course was offered and will not be available after this time.
- ♦ Each student may review their own exam individually at one of the three university sites.
- ♦ The student must request an appointment with either a member of staff or faculty to view an exam.
- ♦ The student may only view one exam at a time. Each exam can only be reviewed once.
- ♦ A maximum of one hour will be booked to review an exam.
- ♦ The student will review the exam under the supervision of a staff/faculty member.
- ♦ The student cannot take notes, copy, or mark the exam in any fashion. The student cannot communicate with anyone else during the viewing. Personal effects must be placed aside.
- ♦ The student will sign and date an observation form that will be attached to the student's exam.

*Approved by Management Committee – May 15, 2002
Revised and Approved by Management Committee – June 16, 2010
Revised and Approved by Management Committee – September 2014*

EXAM REWRITE IN CLINICAL COURSES

Students who fail the exam component of a Clinical Course (Normal Childbearing, Complications and Consultation, Maternal and Newborn Pathology, and Clerkship), but who pass the tutorial component and the clinical evaluation component without a Provisional Satisfactory, shall be given one opportunity to rewrite the final exam for the course. The student must pass the exam component (combination of the midterm and the *final rewrite*) to achieve a passing grade in the course, otherwise the course must be repeated.

The date for the rewrite of the Clerkship final exam will be posted in the Sessional Dates chart.

Approved by Management Committee – May 17, 2006

ARRANGING ACADEMIC ACCOMMODATION

The MEP is committed to supporting students who require accommodation of the learning environment to meet their learning needs. Examples of academic accommodation include added time for completing written exams, alteration of assignment deadlines, use of special equipment or writing exams in special locations. The process for determining the specifics of accommodation is determined by the policies/procedures in the home university.

When students are away from their home university site, e.g., for clinical placements, special efforts are sometimes necessary to ensure that students benefit fully when accommodation is necessary.

Accommodation for Exam Writing

- a. Non Clinical Courses: If the student's accommodations include the use of special equipment or a separate location for exam writing, the student must provide a letter from the appropriate university department indicating the accommodation plan to the course instructor by the end of the second class. The student must make their own arrangements with the identified support office in their home university site, to write the exam on the same day and time the exam is being written by all others in the course. Additionally, the student must (confidentially) advise the administrative staff at their home university of the arrangement the student has made with the appropriate office (Laurentian: Accessibility Services; McMaster: Student Accessibility Services; Ryerson: Academic Accommodation Support) to write their exams, so that the exam can be delivered to the correct location.
- b. Clinical Courses: When students are not writing at their home university, they will provide a letter from the appropriate university department indicating the accommodation plan to the tutor by the end of the second class each semester. The Course Coordinator will advise the designated support staff, who will arrange for the accommodations to be met at the designated exam site.

*Approved by Management Committee – March 17, 2004
Revised – April 2006
Revised – May 2007
Revised and Approved by Management Committee – September 2014*

SECTION III - CLINICAL COURSES AND PLACEMENTS

A. MIDWIFERY CLINICAL PLACEMENTS

1.1 Definition

A midwifery clinical placement is defined as a placement in a midwifery practice for a defined period of time. These periods are:

- a. Normal Childbearing
- b. Complications and Consultation, Maternal and Newborn Pathology, and Clerkship

1.2 If a student is unable to accept the allocated clinical placement for any reason, a leave of absence may be requested. All policies under Leaves of Absence in Section II of this handbook will apply. If students fail to accept/attend a clinical placement without a leave of absence, it will be assumed that they have withdrawn from the Program.

2. Midwifery Placement Allocation Process

It is the responsibility of each university to secure, arrange and confirm midwifery clinical placements. Students may not approach practices or individual midwives to solicit placements for themselves or other midwifery students. During the clinical placement allocation process, students may contact the practice once they have been advised of the name of their preceptor.

The midwifery placement allocation process for each university is outlined in the site specific Policy and Information Handbook. Each university's allocation process will include provisions for placement allocation for students with documented medical and/or legal accommodation needs. Accommodations will be arranged within the student's home university region.

Students who entered the program in and prior to Fall 2015 should refer to the Transitional Midwifery Placement Allocation Process for students who entered in and prior to Fall 2015 contained in the site specific Policy and Information Handbook.

Approved by Management Committee – September 21, 2016

3. Living Arrangements During Clinical Placement

During a clinical placement, students are expected to live within a reasonable travel distance to the practice workplace according to the norm of their allocated practice in order to appropriately attend to clinical care and meet course objectives. A common standard is a 30-minute travel time to the midwifery practice in regular travel conditions.

*Approved by Management Committee – November 16, 2011
Approved by Management Committee – September 2014*

University Sessional Dates and Clinical Placements

- 3.1. The usual expectation is that a student will begin and finish their placement on the dates published for academic terms. Any request from the practice or student to alter the dates of the clinical placement must be approved by the Course Coordinator before coming to the Placement staff.
- 3.2. When necessary, and to maximize clinical placements, the MEP will offer or require clinical placements that fall outside the official dates. When a placement has a beginning or an ending date that is outside the sessional dates, the placement is not to exceed the number of weeks of the regular academic session.
- 3.3. Students whose placements are outside Sessional Dates will be expected to participate in tutorials, submit assignments, and write exams on the normal term dates.

Students need to be aware that placements outside Sessional Dates may have an impact on housing availability, OSAP funding and (summer) employment opportunities.

Students whose placements begin before an official term date must ensure their registration is in order.

Extending a placement beyond the university sessional dates must be based on exceptional circumstances, e.g., a serious deficit in clinical experience, make up time for absence due to illness. The circumstances must be documented by the tutor and a written plan must be placed in the student's file that sets out the dates of an extension to a placement, the responsible faculty member and the objectives to be met during the extension. The Course Coordinator must approve the extension and report the information to the Academic Review Committee. (NOTE: This is not to be confused with a remedial placement that is organized in response to a grade of Provisional Satisfactory.)

- 3.4. When a placement ends after the official end of term date, an interim grade (Incomplete or In Progress) will be submitted and then later amended when a final grade is known.

Revised and Approved by Management Committee – May 29, 2007
Revised and Approved by Management Committee - December 8, 2010

B. CLINICAL PRACTICE EXPERIENCE

A clinical practicum is part of each of the Midwifery courses Normal Childbearing - through Clerkship. Students must obtain sufficient experience by the end of the program to attain the competencies of an entry level midwife and be eligible for registration with the College of Midwives of Ontario. (Under interprovincial agreements, graduates may also be eligible for registration in other Canadian jurisdictions.)

Planning Clinical Opportunities

The following chart is a guide to the number of clients to be assigned to students in each clinical course. When these guides are followed, students are most easily able to attain sufficient clinical experience. The guide takes into account the likelihood that births will be missed because of academic and personal off-call time, births that coincide, etc.

It is the responsibility of the preceptor, practice group and the student to plan clinical opportunities consistent with the guide. If difficulties are encountered in providing the *minimum planned opportunities*, the preceptor and student must inform the tutor. If students miss several planned birth opportunities, alternative strategies for adding experience should be found. Consultation must take place with the tutor if experience is limited to such an extent that evaluation of the student's ability to meet course objectives is jeopardized.

It is **not** advisable for students to exceed the *maximum planned opportunities* even when it appears that the clinical experience would be a valuable learning opportunity. Clinical work beyond this limit can conflict with the academic workload also required to successfully complete clinical courses and place students in a less than optimum and potentially unsafe learning environment. Midwife preceptors are expected to provide guidance to students about planning their workload appropriately within the context of the practice's on call system. The goals are to facilitate student learning and meet program requirements, maintain student safety, encourage appropriate time off call and learning about work/life balance in midwifery. Preceptors should note that the goal of student placements is student learning which includes taking increasing responsibility for primary care of clients. Ultimate responsibility for both the clinical decisions and the workload of client care rests with the midwife, not the student.

Course	Length	Continuity	Observed	Primaries		Seconds			TOTAL Minimum		TOTAL Maximum	
	Weeks in Placement	Planned	Planned	Planned	Minimum Attended	Planned	Minimum Attended	Maximum Attended	TOTAL Planned	TOTAL Attended	TOTAL Planned	TOTAL Attended
Intro to Midwifery			≥ 2									
Normal Childbearing	17	12	2	≥ 14	12	≥ 6	6	12	22	18	32	30
Third Year	18-24	0	No limit	No limit	NA	No limit	NA	NA	NA	* <5	No limit	No limit
Complications & Consultation	12	≥ 7	0	≥ 12	10	≥ 6	4	8	18	14	24	22

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Maternal & Newborn Pathology	13	≥ 18	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Clerkship	13		0	≥ 12	10	≥ 8	6	10	20	**16	26	24
TOTAL		≥ 37	4	50	42	26	20	38	78	62-67	106	98

* ≤ 5 primaries supervised by a physician or anyone other than an Ontario midwife for CMO registration

In addition to clinical care, students should plan to attend at least some practice meetings. As part of professional development, the student must participate in 2-4 meetings, educational forums, peer review sessions, prenatal classes, etc. each month.

Student Participation in Client Care

Volume of Pre and Postnatal Visits

Students in each course, including Clerkship, are to attend an average of 20 (total) pre and postnatal appointments per week, following clients at all stages of pregnancy.

The suggested workload needs to be put into the context of the midwifery clinic’s schedule of call/clinic responsibilities. For example, if the student is doing clinic biweekly, the average number of visits overall during this period would be approximately 30. Likewise, if the student is doing clinic weekly, the student’s schedule of weekly visits should be an average of 15 visits per week. Preceptors and students should note that this is an average and not a minimum or a maximum and will vary from week to week.

The student’s pre and postnatal workload is meant to be somewhat less than that of one full time midwife. For all clinical placements, students will have an off call 24-hour academic day commencing each Thursday at 1700 hours.

Prenatal Care

Students participate in all aspects of prenatal care. The preceptor (or delegate) participates in all or part of the visits for students in Normal Childbearing through Maternal and Newborn pathology. The preceptor will decide the portion of the visit to remain in the room based on the level of the student, and the individual student’s skill, knowledge and comfort with clients.

Clerkship

To effectively undertake the full role of primary midwife in the Clerkship, students should have been involved in prenatal care during the previous term(s). Clerks should carry a caseload that is somewhat less than that of one full time midwife, providing primary care under supervision as if the clients were their own.

Clerks undertake prenatal appointments on their own; however, a midwife must be on the premises. The midwife should review and sign off the chart before the client leaves the clinic in order to intervene if needed. For prenatal home visits, the clerk may conduct the

visit prior to the arrival of the midwife, but the supervising midwife must review and sign the chart at the client's home on the same day as the visit.

Intrapartum Care

Labour assessments

Students are to be accompanied to visits for assessing the presence/status of labour because of the possibility of a precipitous birth. The preceptor and student must make every effort to not have the student placed in a situation of being the only attendant. There should be clear communication about:

- a. time of arrival, e.g., the preceptor's plans for travelling to the client's home so that the student can estimate the preceptor's time of arrival.
- b. change of plans, e.g., the client calls the midwife to say the client is going directly to the hospital or that the client's labour has slowed down and it is not necessary for the midwife to come to their home.

Births as Second Midwife

Beginning in Normal Childbearing, students are to be assigned to births as a second midwife to gain increasing competence in this role so that by Maternal and Newborn Pathology they can provide care as one of two midwives at a birth.

Students as One of Two Midwives at a Birth

In accordance with approved policies of the College of Midwives of Ontario (See Appendix 1).

- a. Maternal and Newborn Pathology students may provide care as one of the two midwives at hospital births.
- b. Clerkship students may provide care as one of the two midwives at both home and hospital births.

In both cases, a registered midwife must be onsite and take full responsibility for clinical care through labour, birth and the immediate postpartum period.

Supportive Care in Labour

The goal of midwifery placements is for the student to be mentored by their midwifery preceptors in all aspects of client care including after a transfer of care. As a preceptor, the midwife is expected to continue to be a teacher of skills that are within the midwifery scope of practice. If, in an **exceptional** circumstance the preceptor must leave and a plan is made for the student to stay, the preceptor must arrange for appropriate supervision of the student by another qualified health professional. The student **may not stay without a formally designated** supervisor who has accepted this responsibility and who understands the student's role. Roles and responsibilities should be clearly documented.

Postpartum Care

Students are to be accompanied by a registered midwife to all home visits except in specific situations:

- a. A student in Complications and Consultation may attend one postpartum visit without a midwife onsite provided that the visit is not within the first three postpartum days and is not the final discharge visit. Under these same provisions, a student in *Maternal and Newborn Pathology* may attend two postpartum visits.
- b. A student in *Clerkship* may attend three postpartum visits without a midwife onsite, provided that the visit is **not** the first visit after the birth, or the final discharge visit.

(See Appendix 1 for full CMRC Policy)

In the above situations the preceptor and the student must plan, in advance, what care the student can complete on their own. The preceptor should be available to attend the visit in the event that the student identifies a problem. Preceptors should inform clients that Complications and Consultation, Maternal and Newborn Pathology and Clerkship students are able to make postpartum visits without a preceptor if circumstances are appropriate. All students who make postpartum visits unaccompanied by a registered midwife must report promptly to the supervising midwife before and after the visits.

Receiving and Responding to Client Calls/Pages

In the second half of the Normal Childbearing placement, preceptors will begin to orient students to taking calls directly from clients. By the end of Normal Childbearing, students should be confident with taking these calls. Taking client calls should be an integral part of the student's role in Complications and Consultation, Maternal and Newborn pathology and Clerkship. Students at all levels should be in touch with their preceptor immediately after each phone call or page. Students should not be responsible for any emergency situation. For reasons related to both professional liability and effective teaching, each practice group should develop guidelines that clarify the procedure for students taking client calls, clearly defining the roles and responsibilities of student and preceptor. Practice groups should consider the following when creating such practice guidelines:

- a. Having an informed choice discussion with clients regarding the student's involvement in receiving and responding to calls and pages.
- b. Developing instructions for clients about how and when to contact the student and/or the midwife, including when the client believes the situation is an emergency and how to redirect such calls.
- c. Providing supervision and follow up of calls and pages the student receives from clients including which midwife is responsible when the designated preceptor is off-call.
- d. Instructing the student about how and when to redirect pages or phone messages and to inform clients whom to contact when the student is off-call.
- e. Arranging "how and when" the preceptor will keep the student informed of client interaction that occurs directly with the preceptor, e.g., when the student is off-call.

Additional Clinical Experiences

Occasionally the assigned clinical workload of client care does not provide enough opportunities to learn specific skills. If necessary, students, preceptors or tutors can create an individualized plan for a student to meet discrete learning needs by arranging simulations, workshops. The student

and preceptor should contact the tutor as soon as the possible need for such individualized planning becomes apparent.

Student Off-Call Time from Clinical Responsibilities

Students must have a minimum of four days, including two weekend days, off-call per month. The student must arrange with the preceptor and practice group the specific dates to be off-call. Students in Normal Childbearing will have an additional four (4) days off-call, normally to be taken immediately after the midterm exam or in the middle of the placement.

- 3.1. In addition, for all clinical placements, students will have an off call 24-hour academic day commencing each Thursday at 1700 hours. If a student moves from one geographic location to another during a placement due to a change of placement site, the student may take up to five days off-call to accomplish the move.
- 3.2. The student will be OFF-Call and relieved of all clinical duties for 36 hours prior to writing a midterm exam in a clinical course, and 72 hours prior to writing final exams in a clinical course. If the student's normal clinic day falls within the 24 hours prior to the exam, the tutor, student and preceptor should discuss alternatives to ensure the student not only has protected study and off-call time, but continues to conduct the expected number of client visits.
- 3.3. Students who have extended midwifery clinical placements, (e.g., due to Provisional Satisfactory grades or changes in placement location during the term) may be allowed up to the same length of time off before subsequent midwifery clinical placements as originally planned by course dates. The student must undertake any didactic course component (intensive, tutorials) during that time off. The tutor will include recommended off-call dates in any plan that is brought forward to the Course Coordinator for approval by ARC. Any deviations from this policy must be confirmed and accepted in writing by the Program Director/designate and the student.

*Approved by Management Committee – December 19, 2007
Revised and Approved by Management Committee –November, 2010
Revised and Approved by Management Committee, December 12, 2018*

Student – Practice Group – Preceptor Responsibilities

Student Responsibilities

- a. Students will abide by the Code of Conduct of their home university, the MEP Guide to Professionalism, and the professional standards, philosophy and code of ethics of midwifery in Ontario.
- b. Students must arrange a meeting with their preceptor during the first week of a clinical placement. This is an opportunity for the student to communicate with the preceptor regarding their learning plan, review planned birth numbers, sessional and exam dates, tutorial assignments and expectations for the term. Students entering Normal Childbearing will develop a learning plan by the midterm evaluation. **Other students must bring to the preceptor a copy of the previous term's evaluation (a continuing placement with the same preceptor is exempt) and a copy of their learning plan.** The student provides copies of the evaluation forms for the current term.
- c. Students will exhibit qualities of a self-directed learner such as seeking assistance when faced with a new or unfamiliar situation, seeking new learning opportunities, providing own transportation, being punctual and participating in the evaluation process:
 - i. Carry out self-evaluation.
 - ii. Receive feedback and evaluation from the preceptor in a professional manner.
 - iii. Integrate feedback into continued learning.
 - iv. Organize evaluation sessions with their preceptor and tutor
 - v. Return evaluation/submit online forms to the MEP at the end of the placement
- d. Students may perform non-client related work if it is work that practice members normally do and if it contributes to the student's understanding of the functioning of the practice and the nature of midwifery care, e.g., checking supplies, sterilizing equipment.

Practice Group Responsibilities

- a. Provide a student placement in accord with program policies and course outlines.
- b. During the first week of placement the practice will provide an orientation that includes an introduction to group members and information about group practices and protocols. The orientation must include safety concerns and an introduction to the hospital and its procedures. (See Annex II for the complete orientation guide).
- c. Practice groups should plan clinic days so that students have reasonable breaks, including meals. If appointments for students are widely spaced, there should be access to study materials and a space for quiet study.
- d. Practice groups should plan, in conjunction with the student(s), the timetable of clinic and home visits taking account of times when students will attend tutorials, exams and having

scheduled time off. An important part of care planning is anticipating absences and scheduling extra visits as needed and providing clear information to clients about the student's availability.

- e. Practice groups are expected to provide as complete a range of clinical opportunities as possible to students. This includes skills such as venipunctures, IV insertion, well woman physical assessments, including bimanual and speculum exams, electronic fetal monitoring, midwifery care during induction, augmentation and epidural, emergency skills and suturing. Students have opportunities to learn these skills in their hospital and OB placements but they need to continue to develop and apply them in a midwifery context. Wherever possible the practice is expected to use simulated situations and workshop formats to address the student's learning needs.

Preceptor Responsibilities

The preceptor's primary responsibility to the MEP is to provide educational opportunities for students assigned to the practice. The preceptor also will:

- a. Provide a student placement in accordance with program policies and course outlines.
- b. Understand and support the course objectives that guide the student's learning while in the practice.
- c. Act as a role model consistent with the standards and ethics of the College of Midwives.
- d. Model good interprofessional relations.
- e. Explain the role of students to clients and the rationale for student participation in midwifery care.
- f. Delegate another midwife in the practice to substitute as "preceptor", when the preceptor is off-call.
- g. Provide opportunities for students to learn the skills of midwifery care.
- h. Provide direct instruction to students about how to do certain procedures.
- i. Provide opportunities for discussions about client care that develops students' abilities to apply theory to practice and make clinical decisions.
- j. Evaluate students' knowledge, skills and abilities, providing ongoing feedback and direction.
- k. Collaborate with university faculty to ensure monitoring of student progress.
- l. Identify when the student is having difficulties and discuss this with the student and the student's tutor.
- m. Provide an evaluation at midterm and at end of term and at any time that a student withdraws from a clinical course.
- n. Verify a student's participation in births by signing course reports from the online birth log. (See 5.2.c)
- o. In the case of an adverse event, support the student to find appropriate resources (within practice group, hospital, community, university), and involve the student in follow-up case review and care of clients as appropriate.
- p. Accept ongoing evaluation of teaching and supervision skills from students and midwifery colleagues.
- q. Participate in the orientation and continuing education program developed for clinical preceptors.

Documenting Clinical Experience

Online Birth Log

Students must document **all births attended**. The documentation assists with ongoing planning and clinical evaluation and is a permanent record for the student and the MEP. The recording is done within a web-based **Online Birth Log** especially designed for midwifery students. Access to the log is via the following website:

<http://mepbirthlog.mcmaster.ca>

Required Reporting of Births Attended

Pre-clinical Placement Observational Experiences

Students who observe births during Midwifery: With Woman (Laurentian University) or Introduction to Midwifery (Ryerson University) or Midwifery The Profession (McMaster University) will record those births and submit the report to the course tutor for signing at the end of term.

Interprofessional Placements

Students in Interprofessional/Interdisciplinary Maternity Care Placements (Level III) will print a “completed” course report which is to be signed by the student and the preceptor after each of the three placements. These reports must be submitted to the student’s university site at the end of the course.

Midwifery Practice Placements

For students in Normal Childbearing, Complications and Consultation, Maternal and Newborn Pathology, and Clerkship, the record of births is reviewed by the tutor and preceptor at the midterm and final clinical evaluations. Students must ensure a printed copy or the online form is signed/completed by the preceptor as part of the final evaluation. The birth log must be signed by the tutor. The signed birth log must be submitted to the student’s program office along with the signed clinical evaluation forms at the end of each placement either by the student (LU) or the tutor (MU and RU).

Complications and Consultation (additional)

At the end of Complications and Consultation, the birthlogs and summary reports will be reviewed by the Director or designate to identify and address any potential shortfalls in attaining CMO minimum requirements by the end of Clerkship.

Requirements to be Eligible for CMO Registration

To be registerable with the College of Midwives of Ontario, students must meet the following minimum clinical experience criteria

- a. Attendance at a minimum of 60 births
- b. Primary care-provider for 40 of the 60 births
 - i. 10 births must be at home, 5 as primary care-provider
 - ii. 10 births must be in the hospital
- c. 30 births must include continuity of care through pregnancy, labour and the puerperium.

Explanation of Terms That Apply to CMO Requirements

Attendance at births

Being present at a birth in any capacity, i.e., primary midwife, second midwife, observer.

Primary Care-Provider

The primary care-provider, i.e., primary midwife, has sole responsibility/is the most responsible care-provider for the woman's care.

For a student, being the primary midwife is defined as:

- a. Conducting the birth while being supervised by an Ontario registered midwife.
- b. From Complications and Consultation onward, being involved in the decision-making when a transfer of care takes place (for registration requirements, only 8 of these may be included).
- c. Conducting births while being supervised by an MD or by anyone other than an Ontario registered midwife (for registration requirements, only 5 of these situations may be included).

Conducted Births

The student conducts the birth when they have hands on the baby during the birth. For students in Normal Childbearing, assisted/guided hands-on births are conducted births.

In Complications and Consultation students are to have solo hands-on throughout the placement (after appropriate orientation and under close supervision).

In Maternal and Newborn Pathology, and Clerkship, students conduct births with a decreasing level of supervision, except in situations that require new skills and the preceptor's direct guidance.

Conducted births may be supervised by either a midwife or physician.

Continuity of Care

Continuity of Care for midwifery students is a minimum of 6 visits, ideally including 2 prenatal and 2 postnatal visits, in addition to attendance at the birth.

Instructions for Recording Births in the Online Birth Log

Student Role

All births attended should be recorded. The student's role at the birth is recorded as observed, conducted, or second midwife.

Conducted births

Births in which students have "hands-on" are recorded as conducted births.

Second Midwife

Births in which the student assists a midwife who conducts the birth **and** the students are directly responsible for the assessment and stabilization of the newborn are recorded as second midwife. For further clarity, when a student provides initial newborn care at an observed caesarean section, this experience is recorded as an observed birth, not as being the second midwife.

Observed births

All other births are recorded as observed.

Transfer of Care

In Complications and Consultation, Maternal and Newborn Pathology, and Clerkship, there are two transfer of care columns. When a transfer of care occurs, the birth is recorded as observed **or** as conducted under supervision. The supervisor (most responsible person) is the physician, even if the midwife preceptor is in the room and the physician is not physically present. Comments about transfers of care can be entered in the Notes section of the course report. (See below).

Birth Location

Record the actual location of the birth (home, birth centre, or hospital).

Continuity of Care

Enter the number of antenatal and postnatal visits for each birth attended. The log will total them for you and indicate whether continuity of care requirements have been met.

Notes

At the bottom of each Course Report is a section for Notes. Information about a labour and birth that was neither attended nor observed, such as missing a precipitous birth can be recorded in this section.

For Transfer of Care situations, students can use the Notes section to specify the level of involvement in decision making, the care provided and the level of supervision.

Examples: (1) student conducted birth after transfer with preceptor present; MD in room only after birth, (2) student received baby and did baby care after caesarean under supervision of midwife.

Participating in clinical experiences that do not meet the criteria of an attended birth are still valuable learning opportunities. Sometimes a precipitous birth is “just missed” or the student is excluded from attending a caesarean section, despite having attended the labour and immediate postpartum period. If a note is made about such situations, it should include the client’s initials and a description of the care provided. This information will be used during clinical evaluations, and will be for the student’s own records. Almost always, graduates have birth numbers well above the CMO minimum requirements and there is no need to consider the additional learning experiences to be eligible for registration. However, in an unusual situation, the added experiences could contribute to meeting requirements.

Safety

If a student has been awake non-stop for 24 hours, they must be off-call for the following 12 hours for safety reasons.

If the students identify that they are incapable of functioning in a safe and competent manner because of lack of sleep, they must notify the preceptor to discuss what remedial action should be taken.

It is illegal to use a hand-held cell phone or engage in text messaging while driving a vehicle. If either of those activities are necessary while driving, the students are to find a safe place to park before doing so.

The students should be aware of their surroundings while attending clinical appointments and births in the community and take appropriate measures to ensure personal safety. This includes caution re: sitting in a vehicle in a remote or isolated area during the day or night.

*Approved by Management Committee – June 2008
Revised and Approved by Management Committee – December 8, 2010
Revised and Approved by Management Committee – December 12, 2018*

C. EVALUATING STUDENT PERFORMANCE

Grading of Clinical Courses

The following policy applies to the clinical courses – Normal Childbearing, Complications and Consultation, and Maternal and Newborn Pathology. The Midwifery Clerkship has other specific policies for calculating the final grade.

- 1.1. Courses are graded as Pass/Fail. An interim grade of “provisional satisfactory” may be assigned in the clinical practicum. This grade must be converted to either pass or fail at the end of a specific time period.
- 1.2. To achieve an overall Pass for a course, a student must achieve the following:
 - a. 70% or above in tutorial work.
Written papers, oral presentations and tutorial participation are graded. The weighted contribution of each paper or presentation, etc. to this component of the course grade will be detailed in individual course outlines. Rewrites on papers are only permitted if specifically requested or approved by the course tutor. The grade obtained on the rewritten paper will be the final grade for that assignment.
 - b. 70% or above on exam component.
The weighted average of the midterm and final examinations must be 70% or above. The final evaluation is to contribute more to the average than the midterm examination, but should not account for more than 70% of the weighted average. The specific weighting of the midterm and final examinations will be detailed in individual course outlines.
 - c. Satisfactory rating for the clinical practice component.
- 1.3. Students who do not achieve the criteria specified above will receive a Fail for the course.
- 1.4. Students must Pass each clinical course before proceeding to the next course.

*Approved by Management Committee – August 6, 1997
Revised and Approved by Management Committee – December 8, 2010*

Assigning a Grade to the Clinical Practice Component

- 1.5. The tutor will meet with the preceptor and student at least twice during the placement. The tutor should be available more frequently if requested by the student or preceptor. At midterm and at end of term, the tutor will review the preceptor's written/online evaluation of the student. The tutor must be satisfied with the adequacy of the supporting information and may request additional written material, if needed.
- 1.6. The student will complete a written/online self-evaluation at midterm and end of term. The preceptor will complete their evaluation of the student separately. Then the student and preceptor will meet to compare written/online evaluations and note areas of agreement or disagreement with each others' evaluation. Finally, the tutor, preceptor, and student will meet to review the student's progress and the preceptor's recommended grade.

The preceptor recommends the grade. The tutor, after review of the documentation, arrives at a decision of the grade to be assigned.

The student, the preceptor and the tutor sign and date the final written/online evaluation. A copy of the preceptor's and the student's final clinical evaluation forms will be placed in the student's file/archived online. The procedures outlined in Section 1.8 will be followed even in the absence of the student's signature.

- 1.7. The following categories for **final** grade are available
 - a. Satisfactory – student achieves objectives at a "B-" level or above.
 - b. Unsatisfactory – student fails to meet the course objectives at a "B-" level.
 - c. Incomplete –
 - i. **Provisional Satisfactory** – the student has a deficit relating to one or more of the objectives of the course and the deficit is such that it can be made up within a limited time frame (cannot be longer than four weeks). Provisional Satisfactory is a temporary grade and results in a remedial process (See section following on "Remedial Contract for a Grade of Provisional Satisfactory"). This grade must be converted to an Unsatisfactory or Satisfactory at the end of the specified time period.
 - ii. **Unable to Grade** – the student is unable to complete the course due to absence, illness, or other (severe) extenuating circumstances. The reasons for the Incomplete must be documented in writing and approval obtained from the program Director for grades to be assigned. An Incomplete must be removed from the record before the student can proceed to the next clinical course.
- 1.8. The procedure for completing the evaluation depends on the grade assigned and whether there is agreement among the parties concerned.
 - a. **Satisfactory by Preceptor and Tutor**
The Preceptor and Tutor concur that the information is adequate to substantiate a decision of Satisfactory. The Tutor will notify the Course Coordinator of the final grade.

b. Satisfactory by Preceptor but not supported by Tutor

The Tutor does not concur that the information is adequate to support a decision of Satisfactory. The Tutor will discuss and record the reasons for lack of concurrence, will assign a grade other than Satisfactory, and inform the Course Coordinator of the situation. The Course Coordinator will forward the information to the Academic Review Committee. (See section, "Grades submitted to the Academic Review Committee".)

c. Provisional Satisfactory by Preceptor and Tutor

The Preceptor and Tutor concur about the deficit(s) and that a period of remediation should be undertaken. A written report is prepared by the tutor stating the nature and extent of the deficits and providing recommendations for the remediation period in a draft remedial contract. The Tutor submits the draft contract to the Course Coordinator who will forward it to the Academic Review Committee. (See sections, "Grades submitted to the Academic Review Committee" and "Remedial Contract for a grade of Provisional Satisfactory".)

d. Provisional Satisfactory by Preceptor but not supported by Tutor

The Tutor will include the reasons for lack of concurrence in their report, will assign a grade of either Satisfactory or Unsatisfactory, and submit the report to the Course Coordinator, who will forward it to the Academic Review Committee. (See section, "Grades submitted to the Academic Review Committee".)

e. Unsatisfactory by Preceptor and Tutor

The Preceptor and Tutor concur that the student has failed to meet the course objectives for the clinical practicum. The Tutor will report the breakdown of grades to the Course Coordinator who will forward the report to the Academic Review Committee. (See section, "Grades submitted to the Academic Review Committee".)

f. Unsatisfactory by Preceptor but not supported by Tutor

The Tutor does not concur with the recommendation of an Unsatisfactory grade, and assigns another grade. The Tutor will include the reasons for their decision in their report and submit it to the Course Coordinator who will forward it to the Academic Review Committee. (See section, "Grades submitted to the Academic Review Committee".)

1.9. Grades submitted to the Academic Review Committee

The Academic Review Committee will review situations where there is a discrepancy between the preceptor's recommended grade and the grade assigned by the tutor, as well as Unsatisfactory and Provisional Satisfactory grades.

In the situation where a grade of Provisional Satisfactory is assigned, the student must complete a remedial period determined by the Academic Review Committee.

1.10. Remedial Contract for a Grade of Provisional Satisfactory

The remedial contract is developed by the Tutor for review by the Academic Review Committee. It shall specify the nature of the deficit, the learning objectives for the remedial period, the activities to be undertaken, the evaluation methods and criteria for satisfactory performance. The contract must be signed by the student, tutor and preceptor who participate in the remedial period.

If, at the end of the remedial period, an Unsatisfactory grade is recommended by the Tutor, Preceptor or both, the Course Coordinator will forward the information to the Academic Review Committee.

1.11. Student Complaint/Grievance with Assigned Grade

(Laurentian University) The Senate Policy Statements on Student Appeal procedures as published in the university calendar will govern the student appeal of an assigned grade.

(McMaster University) The Senate Policy Statements on Student Appeal procedure as published in the university calendar will govern the student appeal of an assigned grade.

(Ryerson University) The Senate Policy on Undergraduate Academic Considerations and Appeals as published in the university calendar will govern the student appeal of an assigned grade.

Absence

Each course instructor will clarify at the start of the term, the acceptable number of absences due to illness or unavoidable situations. Attendance at births is not an acceptable reason to miss examinations or presentations for which you are responsible and will result in a failure of that component of the course. A maximum of one missed tutorial per clinical course is permitted.

Program Evaluation

In the MEP there is a considerable degree of student responsibility for involvement in the evaluation of courses and tutors, preceptors, peers and themselves. The evaluations provided by students are integrated in an ongoing way in the curriculum review and development of courses (design, educational research and faculty appointments and promotions).

Please refer to the Evaluations Chart on the following page for the specific components and schedule for evaluation of clinical courses.

Expectations for evaluations in non-clinical courses will be made clear at the beginning of each course.

Evaluation Forms

Evaluation forms are provided for each aspect of clinical courses. These are summarized in the following chart:

**MIDWIFERY EDUCATION PROGRAM
POLICY & INFORMATION HANDBOOK**

SEC. III

TYPE OF EVALUATION	WHEN	ACTION		DESTINATION	COMMENTS
Student of Preceptor	Final	Student completes online preceptor evaluation	Preceptor receives summary by email	Preceptor's portfolio, LimeSurvey secure database	
Student of Tutor	Final	Student gives to Program Office where tutor is based or student completes online evaluation	Reviewed by Director and tutor after submission of grades	Tutor's dossier	Not distributed to tutor until grades have been submitted
Student of Course	Final	Student gives to Program Office or student completes online evaluation	Reviewed by tutor and course coordinator	Course Coordinator and curriculum chair	
Student of Self – Clinical	Midterm	Discuss evaluation with preceptor and tutor.	Student to keep on file to compare to end of term		The student's learning plan should be reviewed and revised on an ongoing basis but especially at midterm and end of term
	Final	Discuss evaluation with preceptor and tutor. Signed/submitted online by student and preceptor	Student gives to tutor. Tutor sends to student's home university	Student file at student's home university	
Student of Self in Tutorial	Final	Participates in self-evaluations			
Preceptor of Student – Clinical	Midterm	Review and advise re: learning plan. Discuss evaluation with student and tutor. Signed/submitted online by the student.	Preceptor keeps on file to compare to end of term	Copy to student and copy to tutor	
	Final	Review and advise re: learning plan. Discuss evaluation with student and tutor. Signed/submitted online by student and preceptor.	Preceptor sends to tutor. Tutor sends to program office at the student's home university after signing	Student file in program office for duration of program	Copy of Final Evaluation and learning plan taken by student to the next tutor and preceptor to review at start of next term
	Summary	Students and preceptor each sign one copy and fax immediately to tutor or student/preceptor completes online evaluation	Tutor attaches to completed Evaluation form and sends to program office.	Student file in program office for duration of program	
Preceptor of Self	Midterm	Review with student		Keep for own portfolio	
	Final	Review with student		Keep for own portfolio	
Tutor of Student in Tutorial	Final	Tutor provides feedback to student		Student's file	

NOTE: Dates for return of evaluation forms should be distributed at the beginning of each course. All forms not submitted by deadline should be followed up by a memo/email from the Tutor. Copies of student evaluation may be kept on file in the practice if the student is there for more than one term.

REQUIRED TO WITHDRAW

A student who has been required to withdraw from one of the program sites will be considered required to withdraw from the MEP. Students who are required to withdraw are not eligible for readmission.

*Approved by Management Committee – June 15, 2016
Revised and Approved by Management Committee – September 19, 2018*

D. ADDITIONAL POLICIES REGARDING CLINICAL COURSES

Students Practising on Each Other

Historically, students in the MEP have practised clinical skills on each other, faculty and preceptors, as well as on models and during simulations. This practise has been most frequent during clinical skill intensives, but is also common during clinical placements when students and/or preceptors arrange clinical teaching-learning sessions and lab-based courses.

Concern has been expressed that students are not able to choose freely whether or not to participate in these practise sessions.

Therefore, the program holds that:

- 1.1. student participation in teaching-learning which involves practising clinical skills on other students, preceptors or faculty is voluntary;
- 1.2. students are not required to practise clinical skills on each other, on preceptors or on faculty;
- 1.3. students are not required to allow others to practise on them;
- 1.4. students and preceptors are reminded that models and simulations are available to use for practising clinical skills.

Approved by Management Committee – November 16, 2005

Liability Concerns, Incident Reporting, Support for Students when there is an Adverse Outcome

Liability Relating to Student Cars

Clients must not be transported in students' cars.

Professional Liability Insurance

Registered students are covered for the clinical care that they provide as a student within the Program under a professional liability policy (malpractice insurance) provided by the university. In order to ensure that coverage is available for a student for any given event, students are advised to report the incident using the form posted on the site-specific LMS. (This would include all incidents that their preceptor reports to the preceptor's insurance company).

When reporting the incident, be careful to provide only a brief, objective and factual description of the event; e.g., Baby admitted to special care nursery with seizures.

Incident Reporting Procedure for Clinical Placements

Students are required to report any incident in which they are involved. Students must complete the Incident Report Form for clinical Placement found on the site-specific LMS and return it by fax to the appropriate contact at their home site within 72 hours:

Nicole Wissell
Program Administrator
Laurentian University
Fax: 705.675.4830

Saadia Israr
Program Manager
McMaster University
Fax: 905.523.6459

Rheney Castillo
Program Manager
Ryerson University
Fax: 416.979.5271

Incident reports will be sent to Risk Management of students' home university with a copy kept in a confidential file at the Program Office.

Student Accident/Injury in Clinical Placements

All accidents or injuries incurred by students while on placement, whether at a home or hospital birth, in clinic, or while travelling to or from a placement-related visit or birth must be reported immediately to the student's home university. Reporting procedures will differ for students from each University. Seeking medical attention is always the first priority.

It is the student's responsibility to know the reporting requirements of their home university for reporting a WSIB accident/injury.

Procedures and forms can be found on the site-specific LMS in the Clinical Courses folder in the subfolder entitled "Accident/Injury in Clinical Placements", and in the site specific handbooks.

Student Support Following an Adverse Outcome

Being a student in a health care program includes being involved in cases where adverse events occur. Preceptors and tutors can be valuable resources for students in this situation. Practices are encouraged to involve students in follow-up care of clients and review of the cases as much as possible. The MEP encourages students to develop personal support systems but reminds students of the importance of maintaining client and care-giver confidentiality in all discussions of cases. In some situations, students may feel the need for additional support or time off-call. Students are encouraged to arrange to meet with the tutor or Program Office as needed. Counselling services are available through student services at each university and may be able to be arranged for students who are off site.

Travel, Relocation and Accommodation Policy

Students are responsible for expenses incurred during a clinical placement (as stated in program materials); however, the MEP receives limited annual funding from the Ontario Ministry of Health and Long-term Care (MOHLTC) to offset some travel and relocation costs for students during clinical placement courses. The intention of this funding is to offset student expenses associated with clinical placement. The MEP's ability to provide this funding is not guaranteed and is subject to ongoing MOHLTC funding. There is no guarantee that students will be reimbursed 100% of the expense claim or allowance. The criteria are subject to change.

Courses included for reimbursement

- a. Courses included are: Midwifery the Profession/Introduction to Midwifery/Midwifery With Woman, Normal Childbearing, Complications and Consultation, Maternal and Newborn Pathology and Clerkship.
- b. In addition, students may submit a Travel Expense Claim Form for the 1 month OB and the 1 month L&D placements, if done in Ontario. If there are funds remaining after claims for all clinical courses have been processed, those claims will be considered.
- c. If a student is repeating a course or fails to complete a course, a claim will be considered at the discretion of the MEP, depending on the amount of funding available.

Claiming Expenses

- a. Expenses must be directly related to the student's clinical placement.
- b. Travel and accommodation claims must be economical.
- c. When receipts are required as detailed below, original receipts must be provided
- d. Forms and all accompanying documentation must be submitted by the specified deadlines at the conclusion of each clinical course. Students who do not submit their forms by the deadline forfeit the opportunity and cannot do so at a later date.
- e. When a course in progress continues past March 31st, two separate sets of forms and accompanying documentation must be submitted: one for the period up to March 31st and one for the period from April 1st through to the end of the course or placement. The deadline for the first set of forms is within five business days of March 31st.

Guidelines for MOHLTC Funding for Travel and Accommodation Allowances for Midwifery Students

The MEP criteria for assessing claims are listed below.

MIDWIFERY THE PROFESSION / INTRODUCTION TO MIDWIFERY/ MIDWIFERY WITH WOMAN

Students may request reimbursement for expenses related to following pregnant volunteers. Expenses eligible for reimbursement are as follows:

- a. Mileage. Travel claims assume the most efficient routing and include travel to client's homes, clinics or hospitals for prenatal visits, birth, and postpartum visits.
- b. Parking (with receipts)
- c. Taxi or taxi-type services, e.g., Uber (with receipts)
- d. Public transit (with receipts)

Students must submit fully completed documentation including original receipts by the day following the last day of exams for the term at their home university site.

The maximum amount that will be reimbursed for this course is \$300 per student. A claim for \$300 does not guarantee reimbursement of this amount. The MEP may adjust amounts depending upon funds available.

NORMAL CHILDBEARING, COMPLICATIONS AND CONSULTATION, MATERNAL AND NEWBORN PATHOLOGY, AND CLERKSHIP

Priority for allocation of funds for midwifery clinical courses is first to travel, then to accommodation and moving expenses.

The deadline for submission of forms and all accompanying documentation is five business days following the date of the final exam or the last date in placement, whichever comes later.

Travel

Students in Normal Childbearing, Complications & Consultation, Maternal Newborn Pathology and Midwifery Clerkship will receive a fixed travel allowance for each course completed. The fixed amount is determined by the consortium administration and is based on (1) available funds (2) the geography of the midwifery practice group (MPG) and when available (3) historic information on student travel expenses while placed in that MPG. The estimated amounts will be made available to students and will be reviewed and amended periodically by the consortium administration.

In addition to receiving the fixed travel allowance, students may submit a claim for accommodation and moving expenses incurred for Normal Childbearing, Complications & Consultation, Maternal Newborn Pathology and Midwifery Clerkship as follows:

Accommodation

It is expected that rental accommodation will be located close to the practice site. See P&I Handbook Section III "Living Arrangements During Clinical Placement"

Claims under this category include:

An accommodation allowance to partially offset temporary rental expenses may be available for students who maintain two places of residence during clinical placement months. To qualify for this allowance, students must:

- a. move from their primary residence (in Ontario)¹,
- b. relocate to within an approved driving distance² of their assigned practice site (hospital/midwifery clinic) for midwifery clinical placement;

¹ Students whose primary residence is outside of Ontario will be asked to declare an Ontario residence address at the beginning of the Program or their home university address will serve as their Ontario residence address for this purpose

² See P&I Handbook, Section III "Living Arrangements During Clinical Placement"

- c. provide an original receipt at the completion of the course (or by March 31st, whichever occurs first). Receipts must include: learner's name; address of accommodation; dates of occupancy; amount paid; name and signature of the landlord; telephone number at which the landlord can be reached and a google map showing the distance from the accommodation to the clinic and hospital.

The following will not be funded:

- a. Hotel expenses

Moving Expenses

Students may claim moving expenses to their new placement for each midwifery clinical course within Ontario. If a student claims for both accommodation and moving expenses, accommodation expenses will take priority. If funds are available, moving expenses may also be reimbursed. To qualify for this allowance, students must:

- a. move from their primary residence (in Ontario)³,
- b. relocate to within an approved driving distance⁴ of their assigned practice site (hospital/midwifery clinic) for midwifery clinical placement;
- c. provide original receipts at the completion of the course (or by March 31st, whichever occurs first). Receipts must include: learner's name; addresses of both primary residence and temporary accommodation; amounts and confirmation of payment and a google map showing the distance from the accommodation to the clinic and hospital.

Any abuse of the reimbursement guidelines is considered professional misconduct and will result in a loss of eligibility to funding for future placements.

Approved by Management Committee – June 28, 2017

Revised and Approved by Management Committee – September 19, 2018

³ Students whose primary residence is outside of Ontario will be asked to declare an Ontario residence address at the beginning of the Program or their home university address will serve as their Ontario residence address for this purpose

⁴ See P&I Handbook, Section III "Living Arrangements During Clinical Placement"

SECTION IV – COURSE COORDINATORS, TUTORS, STAFF

COURSE COORDINATOR RESPONSIBILITIES IN CLINICAL COURSES

COURSE DEVELOPMENT & REVISION

1. Coordinates the development/revision of the course outline, listing the course objectives, texts and resources, assignments and their contribution to the course grade, in accordance with the requirements of the course outline template
2. Liaises with coordinators of courses that precede and follow the course to ensure coordination of any content changes
3. Reviews intensive content (if applicable) with regard to objectives, level and breadth, and provides direction to intensive coordinators
4. Coordinates the development/revision of assignments, exams, evaluation forms, including alternate final exam
5. Reviews lists of required texts and resources and advises designated support staff of texts to be ordered.
6. Develops list of recommended readings from journals and websites
7. Sets tutorial dates within the program's sessional dates, taking account of statutory and religious holidays and university closing dates
8. Coordinates meetings/tasks with the group of tutors
9. Communicates with all tutors about ensuring all student evaluations are complete and signed at the conclusion of the course
10. Coordinates with designated support staff to set deadlines for revision and production of course materials
11. Forwards materials for translation in a timely manner
12. Distributes all necessary information and materials to tutors
13. As part of course materials, provides a template letter from tutors to preceptors to include:
 - a. how to contact the tutor with concerns
 - b. reminder that early discussion of problems is critical
 - c. reminder that orientation should be done including a review of student evaluation and learning plan from previous placement
 - d. dates of midterm and final exams and off-call policies
 - e. dates available for midterm and final clinical evaluation sessions
 - f. dates available for preceptor teleconferences/webconferences (if applicable)

COURSE IMPLEMENTATION

1. Receives student assignments to tutorial groups, according to the *Guidelines for Course Coordinators*, and in consultation with the tutors
2. Orients new tutors to course content, level and breadth; provides support as needed with regard to tutorial teaching role, marking and clinical evaluations
3. Liaises with designated support staff to ensure class dates, times and locations are posted on the site-specific LMS in accordance with the LMS policy (See Section II)
4. Liaises with designated support staff to ensure that all evaluation forms are available for distribution to students

5. Coordinates tutor participation in preceptor teleconferences/webconferences
6. Coordinates with course tutors to ensure that invigilators are assigned for midterm and final exams at all university sites
7. Advises tutors to report to course coordinator any student accommodations by the Monday after the second tutorial has occurred
8. Meet/communicate with the designated support staff no later than the Monday after the second tutorial has occurred to identify any student academic accommodations and resolve any concerns arising from the accommodation
9. Coordinates with designated support staff to prepare and distribute the course exams
10. Forwards materials for translation in a timely manner
11. Is available as needed to tutors and students to assist with problem resolution
12. Ensures there is a tutor assigned for remedial or other placements outside sessional dates

STUDENT EVALUATION AND GRADES

1. Is aware of grade deadlines at all sites and communicates them to tutors
2. Reviews exam marking with all tutors (inter-rater reliability)
3. Receives grades from tutors
4. Notifies Director at appropriate site of all students with Unsatisfactory grade at midterm and Provisional Satisfactory or Unsatisfactory at the end of the course
5. Notifies the Placement staff of any student with a Provisional Satisfactory who may need additional time in clinical placement
6. Presents report and recommendations to Academic Review Committee on any student who receives a Provisional Satisfactory or Unsatisfactory at the end of term after consultation with the tutor.

COURSE EVALUATION

1. Coordinates course revision – meets with tutors following end of term to review course; reviews student course evaluations, tutor suggestions, recommended readings, text and resources list
2. Revises exams and assignments with feedback from tutors and students
3. Participates in Course Coordinators' meetings to ensure relevance and fit with other clinical courses
4. Assesses evaluation strategies with respect to their appropriateness and effectiveness
5. Submits Course Review Report which includes a summary of course evaluations to Curriculum Committee as required

PROGRAM

1. Participates in faculty and course coordinators' meetings
2. Communicates with Placement staff in the term before the course begins about any alternate arrangements/variations in placement dates and informs tutors as appropriate.

ASSIGNMENT OF CLINICAL TUTORIAL GROUPS

GUIDELINES FOR COURSE COORDINATORS

General Guidelines

In order to create a balance in the mix of students and faculty, create opportunities for students to have face- to-face experiences when possible, and reduce dangerous driving situations, Course Coordinators should consider the following information when assigning students to a tutorial group:

1. attempt to balance the size of tutorial groups; whenever possible, groups should not be larger than 10 students
2. try to avoid, when possible, putting students with the same tutor in consecutive terms
3. avoid placing a student with a tutor who is also their preceptor, and if possible, avoid placing a student with a tutor who is in the same practice as their preceptor
4. students are responsible for accessing the webconference using a wired internet connection and have the proper equipment, such as a combination headset/microphone.
5. students with out of session placement dates are required to participate in the regularly scheduled tutorials even if they are not in placement. Exam dates remain the same and may be invigilated within Ontario only. Ensure students with out of session dates have faculty supervision, including during orientation and remedial placements.
6. Problems in assigning students and/or tutors to groups can be referred to the Directors for assistance.

TUTOR RESPONSIBILITIES: CLINICAL COURSES

1. Before or at onset of course:
 - a. Familiarizes oneself with MEP policies and the use of the site-specific LMS and webconferencing
 - b. Checks the site-specific LMS communication daily during teaching terms and during the month prior to the course
 - c. Sends a letter of introduction to preceptors using the template provided by the Course Coordinator
 - d. Posts a message on the site-specific LMS to students in tutorial group using the template letter to students
 - e. During the first two tutorials, tutors ask students to confidentially disclose academic accommodations no later than the Monday after the second tutorial has occurred.
 - f. Reports accommodation information to Course Coordinator no later than the Monday following the second tutorial (for Clerkship only – the Monday following the first tutorial).
2. Is available to invigilate exams
3. Participates in meetings with course coordinator and tutors
4. Participates in faculty meetings when appropriate
5. Reviews students' progress toward meeting CMO birth number requirements

6. Runs tutorial groups:
 - a. Confirms dates and times of tutorials with students
 - b. Reviews course outline with students and clarifies expectations of students in course
 - c. Instructs students to arrange midterm and final evaluation with preceptors
 - d. Advises students regarding resources
 - e. Reminds students to be off-call during tutorial and turn off pager
 - f. Replies to electronic paper submissions as needed so that student can see time and date of receipt
 - g. Marks papers/assignments and exams. In the case of academic dishonesty, (plagiarism, exam cheating), follows the procedures of the student's home university
 - h. Midterm exam review will be done broadly in group; exam review will not be done for final examinations; individual exam review will be offered for a failing grade
 - i. Conducts midterm and final clinical evaluations and other preceptor/student meetings as needed and submits summary page signed/submitted online by student, preceptor and tutor
 - j. Provides feedback on assignments including presentations and papers
 - k. Provides evaluation of student participation in tutorial
7. When the need arises for a tutorial to be rescheduled, the tutor will notify students in advance whenever possible.
8. Regarding distance tutorial groups, three (3) hour webconference tutorials are arranged. All participants are required to connect five (5) minutes prior to the scheduled time of the tutorial
9. Participates in teleconference/webconference sessions for preceptors.
10. Arranges meetings with preceptors regarding concerns about student progress and learning needs as necessary in addition to the required midterm and final evaluation sessions.
11. Assists in problem-solving with preceptor and student. Any significant problems with placements identified by tutor should be reported to the Course Coordinator who will notify the Program Director at the students' home university.
12. Acts as a resource to students in the case of an adverse outcome. Supports students to access appropriate resources within the practice, hospital, university and encourages the preceptors and practices to involve the students in follow-up care of clients and review of the case as much as possible.
13. Encourages students to complete Course, Tutor and Online Preceptor evaluation forms. Tutor evaluation forms are to be received by the Program Office/submitted online and reviewed by the Director and the Tutor after grades have been submitted. Course evaluation forms (completed by student) are to be provided to the Program Office/submitted online and reviewed by the Tutor and Course Coordinator. Course evaluation forms should be sent/submitted online to the Course Coordinator and copied to Curriculum Chair.

14. Assigns final grades and reports student grades. (**Note:** Students receive final grades from the university. Final grades **are not** to be given to students by tutors or program staff.)
 - a. Tutors inform students of their marks on assignments and exams.
 - b. Tutors will submit grades for each student in writing, by email or fax, to the student's home site Administrator or their designate and the Course Coordinator by the grade deadline.
 - c. Tutors provide a written report to the Course Coordinator for all proposed extensions of clinical placements, remedial clinical placements, or for students receiving an Unsatisfactory grade. This report will be considered by the Academic Review Committee.
 - d. In the event of a grade of Provisional Satisfactory or Unsatisfactory on a clinical evaluation, tutors must notify the Course Coordinator immediately and follow the process stated in "Assigning a grade to the Clinical Practice Component", (Sec. III.)
 - e. In the event of a remedial placement, the tutor must provide a draft remedial contract developed in consultation with the student and the preceptor. (See Sec. III, C. 1.8)
 - f. Tutors may be required to attend the Academic Review Committee to provide further information.

15. May be required to provide faculty supervision and evaluation for students with placements outside of sessional dates or who require a remedial or extension period to their clinical placements.

16. Signs and submits student and preceptor Final Clinical Evaluation forms, exams, and grade sheets to student's home site university within 15 business days of the final exam for filing in the student's permanent file.

17. Participates in course development and review:
 - a. Participates in development of scenarios, exam questions and other materials as needed
 - b. Communicates with Course Coordinator regarding suggested changes to course materials or format

18. Completes evaluation of Course Coordinator

ADMINISTRATIVE STAFF RESPONSIBILITIES: CLINICAL COURSES

Designated support staff at site of course coordination will:

1. Work with Course Coordinator to revise, produce, post and distribute course materials.
2. Coordinate with support staff from other university sites to:
 - a. identify university closing dates during relevant term
 - b. order required and recommended texts
 - c. book rooms for midterm and final exams
3. Distribute tutors' letters to preceptors (by fax, post or email) upon request by any tutor in the course.
4. Confirm arrangements for invigilation of midterm and final exams.
5. Remind tutors to advise students that academic accommodation letters are due no later than the Monday after the second tutorial has occurred (for Clerkship only– the Monday following the first tutorial).
6. Communicate with Course Coordinator, no later than the Monday after the second tutorial has occurred, to identify any student academic accommodations and resolve any concerns arising from the accommodation.
7. Coordinate production and distribution of exams to all university and exam locations, and return of exams to tutors.
8. The Program Administrator at each site will ensure that course coordinators and tutors are aware of grade deadlines and designated person for receipt of grades.
9. Post the necessary course materials on the site-specific LMS (see contents next page)
10. Request activation of the site-specific LMS account for new faculty and webconferencing account, if required.
11. Ensure that all student and relevant faculty/staff have access to all applicable course folders on the site-specific LMS.

COURSE MATERIALS – FOR CLINICAL COURSES

The following documents will be posted on the site-specific LMS

- Course Outline
- Scenarios/problems for tutorial discussion
- Tutorial group lists (tutor name, student name, practice, time and location of tutorials)
- Travel Guidelines (refer students to Policy & Information Handbook)
- Travel & Accommodation forms
- Webconference information for students participating in distance tutorial groups
- Sample exam questions
- Link to Online Preceptor Evaluation

Students will be given electronic or paper copies of the following documents:

- Evaluation of Student in Tutorial (1 per student)
- Evaluation Clinical (4)
- Fax sheet: Clinical Evaluation (2)
- Evaluation of Course
- Evaluation of Tutor

TUTOR MATERIALS

The following documents will be posted on the site-specific LMS:

- Letter to tutors from coordinator
- Sample Letter to preceptors (MS Word format)
- Sample Letter to students (MS Word format)
- Student Tutorial List (student ID, site, name, preceptor, practice, student email and exam site)
- Tutor's Summary Course Requirements (MS Word format)
- Marking Guide
- Scenarios with Tutor notes
- Tutor Evaluation of Student Assignments
- Grade Sheets

Evaluation Forms:

- Tutorial Participation (writable format)
- Student Performance – Guidelines (MS Word format)
- Student Assignment Summaries (MS Word format)
- Participation (MS Word format)
- Clinical Evaluation (Note – at McMaster University the forms are posted on MedSIS)
- Tutor Clinical Evaluation Notes (MS Word format)

CLINICAL COURSE OUTLINE: FORMAT TEMPLATE

1. Course Codes
2. Session Dates
3. Tutors
 - a. contact numbers
 - b. office hours
 - c. email address
4. Course Description
5. Course Objectives
6. Grading *
 - a. Participation
 - b. Assignments (papers/presentations)
 - c. Midterm
 - d. Final (written/oral/OSCE)
 - e. Clinical

* *Must include the weight assigned to each component and the required passing grade*
7. Students who require accommodations to meet their learning needs (including, added time for completing written exams, alteration of assignment deadlines, use of special equipment, writing exams in solitary rooms) must identify such needs to the tutor and home university no later than the Monday after the second tutorial has occurred. Students must provide a letter or form from the appropriate university department that includes the term the accommodations are in effect,

and outline the arrangements necessary. See Section II of the P&I handbook for the policy on arranging academic accommodation.

8. Clinical component
 - a. Description of clinical focus
 - b. Off-call dates
 - c. Midterm and final evaluation dates (week of)
 - d. Expectations of student (arrange evaluation, etc.)
 - e. Clinical placement Policies
 - f. Online Birth Log (Insert statement from below)

Pre-clinical Placement Observational Experiences

Students who observe births during With Woman Laurentian University) or Introduction to Midwifery (Ryerson University) or The Midwifery Profession (McMaster University) or Clinical Skills for Midwifery Practice (Level II, McMaster University) or Skills for Midwifery Practice (Laurentian) will record those births and submit the report to the course tutor for signing at the end of term. Students must use the Online Birth Log to document births attended. (Access the online birth log directly at <http://mepbirthlog.mcmaster.ca> .

Normal Childbearing, Maternal and Newborn Pathology

Students must use the Online Birth Log to document births attended. Access the online log via <http://mepbirthlog.mcmaster.ca>. This record of births assists with ongoing planning and is reviewed by the tutor and preceptor at the midterm and final clinical evaluations. Once all births have been recorded, the student will lock the record and print a final copy for their preceptor's signature. Students must provide a printed copy of the birth log at midterm and a printed copy signed by the preceptor as part of the final evaluation. This signed birthlog must be submitted to the student's university site along with the signed/online submitted clinical evaluation forms at the end of the course.

Interprofessional Placements (MU), Interprofessional Placements I/II (RU) or Community Placement: Maternity Care System (LU)

Students must use the Online Birth Log to document births attended. (Access the online birth log directly at <http://mepbirthlog.mcmaster.ca>.) At the end of each community placement the student will lock the record and print a final copy for their preceptor's /supervisor's signature. Students must provide a printed copy of the birth log *signed* by the preceptor as part of the final evaluation. This signed report must be submitted to the student's university site along with the signed/online submitted clinical evaluation forms at the end of the course.

Complications and Consultation

Students must use the Online Birth Log to document births attended. (Access the online birth log directly at <http://mepbirthlog.mcmaster.ca>.) This record of births assists with ongoing planning and is reviewed by the tutor and preceptor at the midterm and final clinical evaluations. Once all births have been

recorded, the student will lock the record and print a final copy for their preceptor's signature. Students must provide a printed copy of the birth log at midterm and a printed copy **signed** by the preceptor as part of the final evaluation. This signed birth log must be submitted to the student's university site along with the signed/online submitted clinical evaluation forms at the end of the course.

At the end of Complications and Consultation, students are required to submit both their final birth log from the C&C course and a copy of the "summary report" of the birth log to the Program Office of their home university. The Summary Report is generated by the online birth log and contains a total count of births from the following courses:

- Midwifery: With Woman / The Midwifery Profession/ Introduction to Midwifery
- Midwifery: Clinical Skills / Skills for Midwifery Practice / Clinical Skills for Midwifery Practice
- Normal Childbearing
- Interprofessional Placements / Interprofessional Placements I/II / Community Placements: Midwifery Care System
- Complications and Consultation

Clerkship

Students must use the Online Birth Log to document births attended. (Access the online birth log directly at <http://mepbirthlog.mcmaster.ca>.) This record of births assists with ongoing planning and is reviewed by the tutor and preceptor at the midterm and final clinical evaluations. Once all births have been recorded, the student will lock the record and print a final copy for their preceptor's signature. Students must provide a printed copy of the birth log at midterm and a printed copy **signed** by the preceptor as part of the final evaluation. This signed birth log must be submitted to the student's university site along with the signed/online submitted clinical evaluation forms at the end of the course.

At the conclusion of Clerkship, the Online Birth Log is audited in order to verify that students have met the minimum requirements to be eligible for CMO registration. An official Clinical Experience Record attesting to this accomplishment is issued by the student's university and is submitted by the graduate when applying for registration.

** Please refer to the Policy & Information Handbook for policies on clinical placements*

9. Assignments
- a. Paper/presentations:
- description
 - format
 - content (topics)
 - criteria for marking
 - due dates
- b. Tutorial Participation:
- format of tutorial
 - criteria for participation

** Please refer to the Policy & Information Handbook for policies on late submissions*

10. Examinations
- a. Midterm Examination:
- date
 - weight
 - format (short answers, OSCE)
 - content (general)
- b. Final Examination:
- date
 - weight
 - format
 - content
 - rewrite

** Please refer to the Policy & Information Handbook for policies on examinations*

11. Texts/Readings (Required and Recommended) (List)
See additional Recommended Resource List on the site-specific LMS

POLICY STATEMENTS ON ACADEMIC INTEGRITY

Integrity

Laurentian University

The University treats offences of academic dishonesty (plagiarism, cheating, and impersonation) as very serious matters. Penalties for such offences are very strictly enforced. A copy of the complete Policy Statement on Academic Dishonesty is available from the office of the Secretary of Senate.

McMaster University

Academic dishonesty consists of ***misrepresentation by deception or by other fraudulent means*** and can result in serious consequences, e.g., the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads "Grade of F assigned for academic dishonesty"), and/or suspension or expulsion from the university. It is your responsibility to understand what constitutes academic dishonesty. For information on the various kinds of academic dishonesty please refer to the McMaster Office of Academic Integrity.

Ryerson University

All Ryerson students are responsible for familiarizing themselves with Policy 60: Academic Integrity. Policy 60 applies to undergraduate, graduate and continuing education students, regarding all academic activities, on and off campus, within or outside a course, during current or previous enrollment. Policy 60 outlines academic integrity and misconduct, university processes when there is a suspicion of misconduct and consequences. This policy is available by searching for the Ryerson Academic Code of Conduct.

Prevention and education are key goals. Academic integrity learning resources are available to both students and educators through Ryerson University's Academic Integrity Website. Policy 60 defines academic misconduct as "Any behaviour that undermines the University's ability to evaluate fairly students' academic achievements, or any behaviour that a student knew, or reasonably ought to have known, could gain them or others unearned academic advantage or benefit, counts as academic misconduct." Therefore, academic misconduct includes: plagiarism; cheating; misrepresentation of personal identity or performance; submission of false information; contributing to academic misconduct; damaging, tampering or interfering with the scholarly environment; unauthorized use of intellectual property; misconduct in re-graded/re-submitted work; violations of specific departmental or course requirements. Penalties are outlined in the policy, and may include grade reduction, course failure, and removal from a placement or program of study. Students are expected to have reviewed the policy and to be familiar with the full detail

APPENDICES

APPENDIX I: CMO POLICY ON CLINICAL EDUCATION AND STUDENT SUPERVISION

Standard:	Clinical Education and Student Supervision
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	February 12, 2014
Date to be Reviewed:	July 2017
Revision date(s):	--
Effective date:	July 1, 2014
Attachments:	none



CLINICAL EDUCATION AND STUDENT SUPERVISION

Purpose

The purpose of this Standard is to describe the requirements for midwives providing clinical education and supervision to midwifery students. Furthermore, it outlines the level of midwifery student involvement in the provision of midwifery care.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

The CMO defines a midwifery student as a person enrolled in the Ontario Midwifery Education Program (MEP), the International Midwifery Pre-Registration Program (IMPP) or a formal Aboriginal Midwifery Training Program.

A midwife performs *direct supervision* when she is on site and able to provide immediate feedback to the care the midwifery student provides.

A midwife performs *indirect supervision* when she is off site and unable to provide immediate feedback to the care the midwifery student provides. Indirect supervision requires midwives to be available by phone for consultation and reporting and to become available for on site supervision, as necessary.

Background

Learning from experience is a fundamental component of midwifery education in Ontario. Student participation in midwifery care supports the profession and enhances the care that is delivered. In a continuity of care model, clients and students have opportunities to develop meaningful and mutually supportive relationships.

Standard

Midwives must inform clients of planned student participation in client care. The student's level of involvement must be made clear to the client prior to student participation.

Midwives shall remain accountable for the care their students provide. Midwives must ensure that any documentation recorded by the student is accurate and in accordance with the CMO *Standard on Record Keeping*. When providing indirect supervision to students, midwives must be available by phone for immediate consultation or reporting and must be available for onsite supervision as necessary. Midwives must always act in accordance with the midwifery standards of care.

The CMO recognizes the increased level of knowledge, skill and judgment acquired by senior level students and therefore allows students to participate as follows, at the discretion of the supervising midwife:

1. MEP and IMPP students enrolled in *Clerkship* may provide care in the role of one of the two midwives at a birth, provided that a supervising midwife is **on site** performing *direct supervision* and taking full responsibility for clinical care throughout the assessment and duration of labour, birth and immediate postpartum. The MEP student or IMPP candidate may provide care in the capacity of either primary or second midwife.
2. MEP students enrolled in *Maternal and Newborn Pathology* may provide care in the role of one of the two midwives at a *hospital* birth, provided that a supervising midwife is **on site** performing *direct supervision* and taking full responsibility for clinical care throughout the assessment and duration of labour, birth and immediate post partum period. The MEP student may provide care in the capacity of either primary or second midwife.
3. MEP students enrolled in *Midwifery Complications and Consultations* may attend one routine postpartum visit per client under *indirect supervision*, providing the visit is not within the first three postpartum days and is not the final discharge visit. These students may attend additional (non-routine¹ and not clinically indicated) prenatal and postpartum visits under *indirect supervision* at the discretion of the supervising midwife. Midwives are accountable for the care their students provide and must be fully informed of any assessments, concerns, recommendations and follow-up plans provided to the client prior to the midwifery student concluding the visit.
4. MEP students enrolled in *Maternal and Newborn Pathology* may attend up to two routine postpartum visits per client under *indirect supervision*, providing that the visits are not within the first three days and is not the final discharge visit. These students may attend additional (non-routine and not clinically indicated) prenatal and postpartum visits under *indirect supervision* at the discretion of the supervising midwife. Midwives are accountable for the care their students provide and must be fully informed of any assessments, concerns, recommendations and follow-up plans provided to the client prior to the midwifery student concluding the visit.

¹ Routine prenatal visits are those that are typically scheduled once a month up to 28 weeks, once every two weeks from 28 to 36 weeks, and once a week after 36 weeks. Routine postpartum visits are typically scheduled on days 1, 3, 5, 10-14, and 6 weeks.

5. MEP and IMPP students enrolled in *Clerkship* may attend up to three routine postpartum visits per client under *indirect supervision*, providing that the visits do not include the first visit after the birth or the final discharge visit. These students may attend additional (non-routine and not clinically indicated) prenatal and postpartum visits under *indirect supervision* at the discretion of the supervising midwife. Midwives are accountable for the care their students provide and must be fully informed of any assessments, concerns, recommendations and follow-up plans provided to the client prior to the midwifery student concluding the visit.

At the discretion of the supervising midwife and with the client consent, MEP and IMPP students may respond to client calls and/or emergency pages. All student-client communications must be immediately reported to the supervising midwife to confirm appropriate student response.

APPENDIX II: GUIDELINES FOR ORIENTATION TO THE PRACTICE GROUP

1. Guidelines for Orientation to the Practice Group

It is important that students be oriented to each midwifery practice group with which they are placed, as individual practices function differently from each other. Preceptors should expect to spend three to six hours for orientation.

The components of an orientation session could include (not necessarily in this order):

- 1.1. The physical layout of the practice:
 - a. Exam rooms, waiting rooms, staff areas, kitchen, etc.
 - b. Where students can work/study/talk to each other (if more than one in practice).
 - c. Location and organization and process for restocking supplies (both midwifery and practice, e.g., paper, toilet paper, etc.)
 - d. Information on access to the clinic building, security system, parking, etc. and the provision of keys, as appropriate.
- 1.2. The administrative aspects of the practice:
 - a. The roles and work hours of the practice staff.
 - b. How appointments are booked/cancelled.
 - c. What are the regularly scheduled clinic days?
 - d. Client lists.
- 1.3. Office equipment:
 - a. Phone, fax, computer, photocopier, etc.
 - b. Practice's policies about student use; e.g., for course work; for personal use.
 - c. Arrangements for speaker phone for distance tutorials, if necessary
- 1.4. The charting system that your practice uses:
 - a. How charts are stored.
 - b. What is included in chart package, e.g., Ontario Antenatal Records 1 & 2, narrative notes sheet, tracking sheet, etc.
 - c. Expectations of your practice group with respect to students writing notes in client charts.
- 1.5. The care model your practice group uses/how midwives share care:
 - a. The use of second attendants (if applicable).
 - b. The role of each midwife at the birth.
 - c. Call arrangements.
- 1.6. How are students assigned to client care? (Does student follow preceptor, client or both?)
- 1.7. Schedule of meetings:
 - a. Practice group meetings (and when students may or may not attend).

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- b. Peer review(s), rounds (and your expectations of student participation in local educational opportunities).
- 1.8. Introduction to written documents of the practice group (available for students to read)
 - a. Practice group protocols
 - b. Hospital protocols
 - c. Informed choice agreement
 - d. Any handouts, which are routinely provided to clients to read.
 - 1.9. Practice group resources, e.g., computer for student use, torsos, library, journals, etc. and rules about student use of these (they must stay on site), as well as other local resources for student study/research, e.g., hospital library, university library, and how those may be accessed.
 - 1.10. Community resources: e.g., prenatal classes (if practice does not provide their own), La Leche league, lactation consultants, social workers, and other consultants.
 - 1.11. A list of the labs and ultrasound facilities that the practice uses.
 - 1.12. Practice group dress code (how it is expected that midwives and students dress in your practice).
 - 1.13. General rules relating to use of kitchen facilities, where it is acceptable or not acceptable for students to eat and/or drink.
 - 1.14. A discussion of the practice group demographics: the catchment area (including a map if appropriate) and particular cultural groups which your practice serves, e.g., Muslim women, Mennonite women, teens, etc.
 - 1.15. Off-call/on-call schedules for the midwives, as well as a list of midwives' pager/phone numbers – and instructions on how and when to contact the midwives, e.g., do they prefer to be paged or phoned?
 - 1.16. Off-call schedule for students including protected study time for exams.
 - 1.17. Practical practice group issues:
 - a. Locations and instructions for use of autoclave
 - b. Size of gloves required by the student (and whether she/he is latex-intolerant, if you are using latex gloves)
 - c. The organization of the individual preceptor's birth/prenatal bags
 - 1.18. Schedule hospital orientation – see checklist.
 - 1.19. Ensure that student is registered with hospital; organize photo ID if necessary.

- 1.20. Information about emergency services:
 - a. How EMS is accessed in the region (911 or other)
 - b. Whether births need to be registered or not with EMS
 - c. Whether there is a separate OB emergency access number.

- 1.21. Some of this information may be provided in written form: information packages for students to read over the few days before coming into the practice group (and for future reference) may be most helpful. The orientation session is a good time for students to ask questions, as well, and to provide the information needed about them – such as address, pager number, phone, etc., as well as on/off-call time for them and any personal obligations.

- 1.22. Go over the student’s learning plan and evaluation from previous course. Develop plans to assist student in fulfilling her objectives for the placement.

- 1.23. Discuss preceptor teaching style and student learning style.

- 1.24. Plan or schedule feedback time.

- 1.25. Plan or schedule protected study time.

2. Hospital Orientation Checklist

GENERAL HOSPITAL TOUR

- Parking charges
- Entrances, when open
- Cafeteria, hours, other sources of food
- Midwife’s mailbox
- Library
- Lab: after hours sample delivery
- Radiology

TOUR OF BIRTHING UNIT

- Room organization
- Medications
- Resuscitation equipment
- Ice machine, blanket warmer, “the board”
- Sleep room, change room, locker
- Caregiver washrooms
- Placenta disposal
- Clean-up expectations – room, equipment, restocking

GUIDELINES AND PROCEDURES

- Nurse expectations
- Badges

- Greens, clothing policy
- Safety procedures, needle stick injuries, incident reports, etc.
- Emergency codes and procedures (especially code “pink” if applicable)
- Hospital phone numbers
- List of consultants
- Policy and process for transfer of care and consults
- Computer
- Charting, order entry, admitting
- Approved abbreviations
- Closure of client care, discharge, coding
- Protocols for L&D, postpartum and nursery
- Mandatory consultations for midwives
- Special services; e.g., breastfeeding clinic, paedics walk-in, etc.

APPENDIX III: CMRC CANADIAN COMPETENCIES

Core Competencies are guidelines for midwifery education and evaluation. Core competencies should be interpreted in the context of the scope and practice of midwifery. They do not indicate standards for midwifery practice. Midwifery practice is defined by the College of Midwives of Ontario Standards of Practice and Guidelines to the Scope of Practice.

Please consult the full CMRC COMPETENCIES FOR MIDWIVES guidelines (updated 2018) at http://cmrc-ccosf.ca/sites/default/files/pdf/National_Competencies_ENG.pdf

APPENDIX IV: REFERENCING GUIDELINES

Guidelines for citations & references for MEP students

The MEP requires students to be familiar with the Vancouver Style of citations and references, also known as the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. At the same time, students need to adhere to the following MEP–specific formatting specifications during their course work:

FORMATTING, CITATIONS & REFERENCES

- Title page
 - The title of your paper capitalize only the first word and proper nouns
 - Your student number
 - Your name
 - Your professor or instructor’s name
 - The date
 - Word count
- In-text citations
 - In-text citations for MEP papers take the following form: **(reference number: page number)**. E.g. **(1:89)**
 - You **must include the page number(s)** for all citations of quotations, ideas, information, results, paraphrases, and summaries in all MEP papers.
 - **Cite all quotations, ideas, information, and results that you obtain from your sources.** Cite anything that is not your own idea and cannot be considered common knowledge.
 - Quote and cite **accurately**. Your quotations and citations support your ideas, show your reader how you developed those ideas and where you found your information, and provide

For all other reference guidelines not covered by this MEP appendix, consult the most current form of Vancouver Style as part of the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals and Uniform Requirements for Manuscripts – ICMJE*.