

ECU
College of Nursing

**Nurse-Midwifery
Student Handbook**

2022



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INTRODUCTION

The faculty welcomes you to the Nurse-Midwifery Concentration of the East Carolina University College of Nursing, Graduate Studies. We are very pleased that you chose East Carolina University for your midwifery education. We anticipate an extremely productive and exciting experience.

This student handbook provides information about the nurse-midwifery concentration and should be used in conjunction with the East Carolina University Graduate Catalog which can be found online at <http://catalog.ecu.edu/index.php> and the ECU College of Nursing Graduate Student Handbook which can be found online at <https://nursing.ecu.edu/student-handbook/>.

These handbooks and catalogs can also be found in the Pirate Midwife Commons in Canvas.

THE AMERICAN COLLEGE OF NURSE-MIDWIVES

The American College of Nurse-Midwives (ACNM) develops the standards for nurse-midwifery practice. The midwifery curriculum is created and guided by the ACNM Core Competencies which you can find within this handbook. East Carolina has acquired accreditation status for the Nurse-Midwifery Concentration through the Accreditation Commission for Midwifery Education (ACME) located at Suite 1550, 8403 Colesville Rd. Silver Spring, MD 20910. Their phone number is 240-485-1800. Accreditation with no recommendations was awarded in July 2016 for a 10 year period.

Students need to become familiar with ACNM and the official documents which define, guide, and direct nurse-midwives and nurse-midwifery practice. These are available online at <https://www.midwife.org/ACNM-Library> and include but are not limited to:

ACNM Vision, Mission, and Core Values

Code of Ethics

Core Competencies for Basic Midwifery Practice

Definition of Midwifery and Scope of Practice of CNMs and CMs

Philosophy of the American College of Nurse-Midwives

Standards for the Practice of Midwifery

All other clinical bulletins and position statements¹.

Student membership in ACNM is \$70 per year + state affiliate dues which includes subscriptions to the Journal of Nurse-Midwifery & Women's Health, and Quickening. Membership in the NC Affiliate of ACNM is \$ 40 per year for students and includes:

- Access to the website www.ncmidwives.org
- Information on statewide issues
- State and regional email lists
- Job opportunities

Affiliate meetings are held quarterly in various parts of the state (held virtually during COVID). See www.ncmidwives.org for more information. Membership in these organizations is not mandatory, but is strongly encouraged. You do not have to be a member to attend the meetings. You will receive 3 professional points for attending an affiliate meeting and 10 points for attending an annual ACNM meeting.

Save the following dates for future NC ACNM Affiliate meetings:

Saturday, January 29, 2022: Details TBA

Sunday, April 3, 2022: Details TBA

Sunday, October 2, 2022: Details TBA

Students are also encouraged to attend the annual ACNM Annual Meeting & Exhibition.

Future annual ACNM meetings are as follows:

67th ACNM Annual Meeting & Exhibition to be held May 22-26, 2022 in Chicago, IL. Go to <https://annualmeeting.midwife.org/> for more information. This meeting will be hybrid: in person and virtual.

PURPOSE OF THE NURSE-MIDWIFERY PROGRAM

The purpose of the Nurse-Midwifery concentration at East Carolina University College of Nursing is to prepare professional nurses as safe and competent practitioners of nurse-midwifery who are eligible for certification by the American Midwifery Certification Board (AMCB).

Approved 9/5/2013/Reaffirmed 7/9/2021

MISSION OF THE NURSE-MIDWIFERY CONCENTRATION

The mission of the Nurse-Midwifery education program at East Carolina University is to transform the health of all women and transgender people, their newborns and their families in rural, underserved communities and beyond; prepare nurses with the knowledge, skills, and values to be leaders in caring for our clients in a global, multicultural society; and to pledge to reduce disparities within our profession and the communities we serve.

Approved 5/18/16/Reaffirmed 6/14/2019; Revised 7/9/2021

NORTH CAROLINA BOARD OF NURSING

Nurse-midwives in NC practice according to the Midwifery Law from the NC Administrative Code Title 21 Chapter 33 and the rules and regulations established by the NC Midwifery Joint Committee. [Click here](#) to access this site.

Students must have a nursing license and practice according to regulations applicable to the state for each clinical site.

PHILOSOPHY OF THE NURSE-MIDWIFERY CONCENTRATION

The Nurse-Midwifery faculty accepts and endorses the philosophies of both East Carolina University College of Nursing and the American College of Nurse-Midwives. We believe nurse-midwives care for women and the transgender population throughout the lifespan within a family- and community- centered context to assist them in the development of optimal health practices. We respect the dignity, individuality, and diversity of all clients and encourage self-determination and active participation in health care decision making among our clients.

We honor the normalcy of life events and support physiologic care and transitions within a health care system that provides for interprofessional consultation, collaboration, and referral.

We believe in graduate-level midwifery education as the foundation for professional midwifery practice. We value lifelong individual learning and the use of high-quality research evidence to promote best practices in midwifery care at the community, state, national, and international level.

As adult learners and professional nurses, nurse-midwifery students possess varied knowledge foundations and experiential backgrounds. We believe that student learning is enhanced through face-to-face learning experiences, distance learning technology, and individualized clinical experiences. These pedagogical methods promote professional growth through the development of critical thinking, self-directedness, self-evaluation, and self-corrective behaviors.

As educators we believe that education is a transformative process and both educators and learners are stakeholders in the learning process. We believe that education should not be unidimensional in context or approach; a balanced approach using different learning paradigms such as science, spirituality, culture, technology, and the arts should be employed.

Approved 9/6/13; Revised 5/18/16/Reaffirmed 6/14/2019; Revised 7-9-2021

OBJECTIVES FOR NURSE-MIDWIFERY

STUDENT OUTCOMES

Upon completion of the ECU College of Nursing Nurse-Midwifery program graduates will be able to:

1. Integrate theories from nursing, midwifery, and other disciplines to guide clinical practice and influence health policy.
2. Demonstrate proficiency in critical thinking and the translation of research evidence into safe, high quality, and evidence-based midwifery practice.
3. Manage the care of women throughout the life span and their neonates by utilizing the midwifery management process.
4. Function independently within an interprofessional framework to provide high quality midwifery care that is equitable, ethical, accessible, and respectful of human dignity, individuality, and diversity.
5. Participate in a health care leadership role in collaboration with professional colleagues to maintain, reformulate, or refine systems of health care that are effective, efficient, and responsive to the needs of individuals and families with emphasis on women and newborn infants.
6. Demonstrate strong professional identity as a nurse-midwife characterized by formal education, self and peer evaluation, lifelong individual learning, the appropriate use of technology, and the development and application of research to guide ethical and competent midwifery practice.

MSN PROGRAM REQUIRED CURRICULUM
3 Year Curriculum Plan for Nurse-Midwifery (MSN)

FIRST YEAR

<u>Spring Semester</u>	<u>Hours</u>
NURS 6080 Theory for the Practice of Advanced Nursing	3
NURS 6050 Human Physiology/Pathophysiology for Advanced Nursing Practice	3
Semester Total	6
<u>Summer Semester (11 wk)</u>	
NURS 6083 Healthcare Finance and Economics	3
NURS 6081 Research for the Practice of Advanced Nursing	3
Semester Total	6
<u>Fall Semester</u>	
NURS 6110 Reproductive Physiology	3
NURS 6082 Influencing Healthcare Quality, Safety, and Policy	3
Semester Total	6

SECOND YEAR

<u>Spring Semester</u>	
NURS 6611 Clinical Pharmacology for Advanced Nursing Practice	3
Elective if need minimum 5 credits for financial aid	
Semester Total	3
<u>Summer Semester (11 wk)</u>	
NURS 6610 Health Assessment for Advanced Nursing Practice	3
NURS 6109 Introductory Nurse-Midwifery Professional Roles and Issues	2
Semester Total	5

Fall Semester

NURS 6119	Nurse-Midwifery Management: Introduction to Primary Care for Well Women	3
	Elective if need minimum 5 credits for financial aid	
Semester Total		3

THIRD YEAR

Spring Semester

NURS 6112	Nurse-Midwifery Management: Well Woman Care	3
NURS 6118	Integration of Nurse-Midwifery Professional Roles and Issues	2
Semester Total		5

Summer Semester (11 wk)

NURS 6113	Nurse-Midwifery Management: Antepartal Care	4
Semester Total		4

Fall Semester

NURS 6115	Nurse-Midwifery Management: Intrapartal Care	4
NURS 6116	Nurse-Midwifery Management: Postpartal Care and Neonatal Care	3
Semester Total		7

Spring Semester

NURS 6117	Nurse-Midwifery Management: Integration Practicum	7
NURS 6993	Advanced Nursing Synthesis	1
Semester Total		8

Curriculum Total		53
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**Post Masters Certificate Nurse-Midwifery
East Carolina University**

Prerequisites: Master of Science in Nursing Degree
Basic Computer Skills

Minimum credits required = 23 - 41 semester hours

<u>Clinical Core Courses</u>		<u>Hours</u>
NURS 6110	Reproductive Physiology	3
NURS 6050	Human Physiology and Pathophysiology	3
NURS 6610	Health Assessment for Advanced Nursing Practice	3
NURS 6611	Clinical Pharmacology for Advanced Nursing Practice	3
NURS 6119	Introduction to Primary Care	3
NURS 6112	Nurse-Midwifery Management: Well Woman Care	3
Semester total if all are needed		18
<u>Nurse-Midwifery</u>		
NURS 6109	Introductory Nurse-Midwifery Professional Roles And Issues	2
NURS 6113	Nurse-Midwifery Management: Antepartal Care	4
NURS 6115	Nurse-Midwifery Management: Intrapartal Care	4
NURS 6116	Nurse-Midwifery Management: Postpartal Care and Neonatal Care	3
NURS 6118	Integration of Nurse-Midwifery Professional Roles And Issues	2
NURS 6117	Nurse-Midwifery Management: Integration Practicum	7
*NURS 6993	Advanced Nursing Synthesis	1

The concentration director will review the post-masters certificate student's transcripts and professional experiences in comparison to the program requirements to determine the appropriate plan of study for the individual student.

*Students who completed NURS 6993 to earn a previous Master of Science in Nursing degree from East Carolina University will satisfy this requirement by taking NURS 6500, Independent Study, to demonstrate professional competencies of the certificate program.

Clinical Hours and Credit Hours Ratio

Course	Credit Hours	Clinical Hours	Alternate Clinical Hours	Clinical/Class Ratio
NURS 6112	3	90	6 hrs during orientation	1.5/1.5
NURS 6113	4	120	8 hrs during orientation	2/2
NURS 6115	4	90	6 hrs during orientation	1.5/2.5
NURS 6116	3	90	6 hrs during orientation	1.5/1.5
NURS 6117	7	360	No orientation	6/1
NURS 6119	3	90	8 hrs during orientation and 6 hrs clinical pearls	1.5/1.5

Online LEARNING

The nurse-midwifery courses are taught through a series of online courses. Each clinical course must be completed in sequence as each course builds on the knowledge and skills of previous learning. These courses are based upon the concepts and theories of adult learning. A student who is unable to complete the course requirements in the time allotted may be allowed extra time to complete the course requirements. This decision is at the discretion of the course faculty and the program director. A written contract will be prepared with the student, faculty, and clinical preceptor (as needed) to identify the objectives and time limits for completion. If the student is unable to achieve the objectives of the contract (and course) in the arranged time, the student will not be allowed to continue in the program. In the presence of unusual circumstances, a grade of "incomplete" may be recorded at the discretion of the faculty.

Each student is responsible for maintaining computer access to meet course requirements, in addition to a computer that is compatible with ECU's software. A headset with microphone may be needed for synchronous seminars using electronic meeting programs. Realizing that computer problems will occur, students should notify course faculty immediately and maintain communication until the problem is resolved. It is still the student's responsibility to obtain computer access to meet course requirements. It is important for each student to develop an alternative plan should an unavoidable problem occur. Students are encouraged to use computer resources in their community as well as those provided by the university.

ATTENDANCE AND PARTICIPATION

Orientation to midwifery courses is mandatory. Students who wish consideration to have a required clinical orientation waived because they are a nurse practitioner already providing care to the client population addressed in the course, must provide documentation of current practice from their collaborating physician or administrative supervisor for review by the faculty at least 4 weeks prior to the start of the course. The documentation should describe how current practice justifies granting the waiver. **Students who do not attend the mandatory orientation may be required to complete remediation and/or additional clinical practicum hours.**

Mid-term and final evaluations between the student and the course faculty/clinical placement coordinator may be done either face-to-face or virtually. Students are expected to have all required materials completed and sent to the course faculty/clinical placement coordinator prior to the evaluation.

Online discussions are considered to be an essential component of each nurse-midwifery course. They provide the opportunity to discuss and debate case management and to examine factors affecting health status and health care delivery. Course requirements include regular participation in online discussions.

LACTATING STUDENTS

Pumping in the classroom is allowed as long as done so discreetly with breasts and collection bottles completely covered during the process. A lactation room is available in Laupus Library.

CLINICAL ROTATIONS

Attendance

Students are expected to attend all clinical experiences as scheduled by the faculty or clinical preceptor. The number of hours per week designated as clinical time is found in the syllabus under Course Information for each course. Students unable to attend a scheduled clinical experience due to illness or other reasons must notify the course faculty and clinical preceptor as far in advance as possible. All scheduled sessions that a student misses **MUST BE MADE UP** before the student will be given a grade for the course.

Student Responsibility for Obtaining Privileges at Clinical Sites

Clinical sites are critical to satisfactory completion of the nurse-midwifery program. It is the student's responsibility to ensure that all of the credentialing and/or practice requirements for the clinical site are met in time to begin each clinical rotation. The CON student services department

maintains current copies of students' immunizations, malpractice insurance, evidence of HIPPA training, CPR (BLS), NRP, and nursing license through CastleBranch.

PLEASE REFER TO THE COLLEGE OF NURSING GRADUATE STUDENT HANDBOOK FOR INFORMATION ON CREDENTIALING FOR CLINICALS.

<https://nursing.ecu.edu/student-handbook/>

*Amy Bradshaw is the Clinical Compliance Officer for the College of Nursing, and she will send you emails informing you of what needs to be done. Please respond to her emails in a timely fashion as failure to be in compliance with providing the CON with your updated information may cause you to have blocks in your schedule as well as inability to attend clinicals.

Each clinical site has requirements for students in their setting. In some cases, it is necessary to complete an orientation and/or apply for hospital privileges in order to practice. This may take 4-6 weeks so it's imperative that students contact preceptors immediately upon notification of their contact information to initiate the credentialing process.

It is the responsibility of each student to negotiate with their clinical preceptor to determine what clinical days they will work. Clinical schedules should reflect the overall objectives and requirements for the midwifery course and not necessarily "convenient days" for the student.

Clinical days should be avoided for specified course activities that require students' participation including but not limited to:

- Onsite orientation in Greenville
- Mid-term and final evaluations (either on campus or by synchronous chat)
- Mid-term and final exams (proctored via internet option)
- Synchronous chats or group activities

NC AHEC Housing

The NC AHEC system provides for housing when available in certain sites throughout NC. The nurse-midwifery program cannot guarantee availability nor are they responsible for providing housing for all sites. It is each student's responsibility to request housing and provide a clinical schedule ASAP to determine availability. See Appendix 4 for instructions on how to access the online application for AHEC housing.

For those students working in clinical sites outside of NC, housing is not provided and must be arranged by the individual student.

Conflicts

Any conflicts with arrangements for clinical sites should be directed to the clinical site coordinator for the nurse-midwifery concentration. Conflicts with preceptors that occur once a course has started should be directed to the clinical site coordinator/program director.

Student Conduct in Clinical Sites

Students should provide their preceptor(s) with information about themselves that can be posted in the practice setting prior to the beginning of the rotation.

To provide safe management for clients assigned to students, students will always be expected to consult with the clinical preceptor prior to any consultation with the physician. The preceptors must sign all medical records. Only nurse-midwifery faculty, preceptors, or providers employed by the contracted agency may supervise the management of students during their rotations.

Professional Behavior

As a mature student we count on you to display professional behavior and a cooperative attitude at all times in your clinical setting. We expect that you will dress appropriately, act responsibly, and demonstrate ethical behavior during your clinical practicum experience. Timeliness is also considered professional behavior. You are expected to be on time at your clinical site and remain the full time scheduled.

Dress Code

See Appendix 9 on p. 51.

Clinical Practice Guidelines

Students are expected to adhere to any clinical practice and/or student guidelines in the settings assigned to them. In addition, students are expected to adhere to the following at all times:

1. A student nurse-midwife must review with the clinical preceptor any admissions/observations immediately following initial contact with the client.
2. No client seen by the student nurse-midwife should leave the agency without the preceptor seeing the client and asking if she has any questions.
3. Any administration of medication must be reviewed with the clinical preceptor prior to orders being written/given.
4. Students are expected to work the schedule their preceptor has which may include nights and/or weekends. Students are required to have a minimum of 4 hours to nap if their preceptor works a 24 hours shift (Appendix 7).

Clinical Evaluation

Preceptor evaluations after each client contact provide immediate feedback for the student. Pre-conferences and post-conferences to summarize goals and progress are desired for each session, but may not be possible. The online Medatrax Formative and Summative Clinical Evaluation Tools provide documentation of the student's progress in meeting clinical and course objectives and achievement of core competencies. The program faculty will communicate with preceptors at midterm and at the end of each clinical course to discuss the student's progress. Course grades will not be submitted to the Registrar until these written evaluation materials have been provided to the course faculty. The student should complete the Formative Clinical Evaluation Tool, which is then reviewed by the preceptor and student together. Space is provided to document comments and discussion between student and preceptor, and the evaluation must be signed by both. The evaluation can be accessed online through Medatrax and your faculty can see it on a weekly basis. To access the Medatrax evaluations go to <https://np.medatrax.com/Default.aspx> . Refer to the instructions in your clinical course materials for accessing evaluations in Medatrax.

The Summative Clinical Evaluation Tool is used at midterm and at the end of the semester. This document is to be completed by both the student and the preceptor.

Recording of experiences and clinical hours should be made at the end of each clinical session by the student. Accurate statistics are vital for assessment of student progress and for administrative

purposes. Students will enter their statistics through Medatrax to record patient encounters and to assist in producing the required documents. A time log of clinical hours will be maintained in Medatrax and will be printed and signed by the preceptor at midterm and at the end of the semester. This document will be submitted to the clinical faculty for the clinical evaluation along with a signed midterm/final check-off list.

INTRAPARTUM/POSTPARTUM CLINICAL EXPERIENCE PRIOR TO ENROLLMENT IN N6115/6116

The ECU College of Nursing Nurse-Midwifery program recognizes that students may have the opportunity to participate in closely supervised intrapartum/postpartum clinical experiences prior to enrollment in N6115/6116. We will allow such encounters in situations such as:

1. The clinical preceptor must leave the office to attend a birth and the student will not have another individual to supervise her/him while the preceptor is away. The volume of births is limited during the 14-week student intrapartum rotation and may be enhanced when the student exposure is increased to a 24-week rotation.
2. The student's prior nursing experience may be deficient in labor and delivery exposure and this opportunity would provide additional clinical time to achieve N6115/6116 clinical objectives.

See Appendix 3 for student policy document and specific details regarding implementation.

Electronic Fetal Monitoring Online Course

Midwifery students must demonstrate competency in electronic fetal monitoring, and this can be accomplished by completing the AWHONN Electronic Fetal Monitoring online course. Documentation of competency, not just attending a workshop, must be turned into the program director prior to enrolling in NURS 6117 (or prior to NURS 6115 if the student has no L&D experience). The online AWHONN course is offered through the midwifery education program. Previous experience with fetal monitoring will allow you to progress more quickly through the online course. If you do not have fetal monitoring experience, you may have to repeat sections of the module until you are successful. The course is available to you after you complete N6112 so you will have 7 months to work on this course as it must be completed by the end of December, prior to your integration course. If you have written documentation of Electronic Fetal Monitoring competence such as passing a written exam through another source within the past 2 years you may bring that to the program director for approval.

Intermittent Auscultation Online Module

The institute for Perinatal Quality Improvement created an Intermittent Auscultation Simulation-Based Education module that is required in the intrapartum course.

COURSE GRADING

The components of the grading criteria for each nurse-midwifery-specific course are stated in the syllabus for each course.

The final grade in each course is based on a grading scale of:

A = 92.5-100

B = 84.5- 92.4
C = 77.5- 84.4*
F = 77.4 and below

*For all nurse-midwifery specific clinical courses, a final passing grade is a “B” or above. Students who earn a grade less than 84.5% will not be given credit for the course and will be dismissed from the midwifery program. A student may withdraw from a course within the guidelines of the ECU Graduate School. However, for the Core and clinical core courses (Reproductive Physiology and Pharmacology), a final grade of C is accepted. As a graduate student at ECU you must maintain a GPA of 3.0. **Clinical rotations are graded as pass/fail, and you must pass the clinical component to pass the course.**

If a student drops out of the midwifery program and does not return the following year, (s)he **may** be required to repeat clinical courses and possibly their pre-requisites in order to remain current in clinical content and to remain a student in good standing.

POLICY FOR COURSE EXAMINATIONS

Online examinations will be given during each nurse-midwifery-specific course. The tests are learning tools that evaluate theory and management and will be used to determine mastery of the objectives and the student's readiness to progress to the next course.

The examination may be reviewed by the student to identify and remediate deficient areas. An examination review conference between the course faculty and the student may be scheduled to discuss mutually identified deficiencies in the student's knowledge base as well as test-taking difficulties. Any information discussed during the conference is not to be discussed with other students.

The student must earn a score of 80% or greater on each of the midterm and final examinations (quizzes not included). If the student earns less than 80% on an examination, an individual program of study will be constructed to remediate the identified learning deficits within the available time limits of the course. For the entire nurse-midwifery program of study, a student will be allowed to fail only 2 exams. **If a third exam is failed, the student will be dismissed from the midwifery program.**

Proctoring Policy for Nurse-Midwifery Concentration

The Nurse-Midwifery Program requires a proctor for all online exams (not for quizzes). A proctor is someone approved to administer examinations or other assessments on behalf of the course faculty. The purpose of the proctor is to assure the integrity of the examination process. The University academic integrity policy may be reviewed at: <https://osrr.ecu.edu/policies-procedures/>. The Nurse-Midwifery Program strictly enforces this policy.

You will need a pre-approved proctor for all midterm and final exams. The UNC Online Proctoring Network has been designed to enhance the academic integrity of online courses by providing students with an easily accessible pool of qualified proctors. This network will help you easily access proctors and find a facility to take your exam. When you go to the site, <https://online.northcarolina.edu/exams/overview.htm> click on “ Find a Proctor”. A map will come up that you can choose from or you can type in your location and search. Several options should come up. Some have a fee but many are free. Choose a site and email the proctor to

schedule your exam.

If you do not have any feasible options in your area go to the “Invite a Proctor” tab at the top of the page. You will be given instructions on how to bring a proctor in your area into the network. After the pending proctor has completed the registration/application process their information will be reviewed and they will be contacted via phone. The pending proctor will then be denied or approved (the pending proctor will receive an automated e-mail confirming that they have been denied or approved). It is the student's responsibility to follow up with the proctor to find out if they have been approved or denied. As well, you can use the 'Verify a Proctor' tab on the UNC online proctoring site to find out if your proctor is in the system. This process may take some time so you need to investigate this at the beginning of the semester and go ahead and schedule your exams once you find a proctor.

Students are encouraged to find and obtain approval for proctors at the start of the semester – as soon as they know they will need one, but always **at least one week prior to the scheduled exam date. It is the responsibility of the student to meet all deadlines.** Failure to do so may result in a zero for the examination.

During the time of COVID the College of Nursing has been offering to proctor students via an online platform. Your course instructor will talk with you about this possibility.

ACADEMIC INTEGRITY

Each student is expected to maintain academic integrity. All course work for grading is to be the individual work of the student. Academic integrity is a fundamental value of higher education and East Carolina University; therefore, acts of cheating, plagiarism, falsification or attempts to cheat, plagiarize or falsify will not be tolerated. Violations of academic integrity of any kind may result in a failing grade in the course. Faculty may require students to submit their written work to a plagiarism detection software for a review of and detection of possible plagiarism. The ECU Academic Integrity Policy may be found at <https://osrr.ecu.edu/policies-procedures/>.

ECCME EXAM

The Eastern Consortium for the Comprehensive Midwifery Exam (ECCME) is an exam that will be taken the final semester of your program. It is developed by a committee from 14 different accredited midwifery programs in the eastern United States. This exam will help identify your strengths and weaknesses in preparation for the national board exam after graduation. It will count as a small percent of your grade in N6117.

NATIONAL CERTIFICATION EXAMINATION

At the completion of all nurse-midwifery courses, each student's progress in the program will be reviewed by the concentration faculty. Students who have satisfactorily met all program requirements will be recommended for taking the National Certification Examination. Students will be responsible for completing and submitting the application and fees by the deadlines set by the AMCB (American Midwifery Certification Board). The cost of the board exam is \$500.

SOCIAL MEDIA GUIDELINES

East Carolina University has social media guidelines all students are expected to follow. Distance

education programs require online communication via email and discussion boards. Midwifery students are also encouraged to join a social media group for your cohort. Professionalism should be maintained through these different forms of communication. Review the social media guidelines from ECU [click here](#).

GRADE APPEAL

Any student who challenges the grade earned in a nurse-midwifery course should follow the Graduate Student Grade Appeals located in the ECU Graduate Student Catalog [click here](#).

PROBATION AND TERMINATION POLICY

To remain in good academic standing, graduate students must maintain a minimum cumulative GPA of 3.0 once they have a total of 9 credit hours attempted. See the policy located in the ECU Graduate Student Catalog [click here](#).

GRADUATE SCHOOL APPEALS PROCEDURE

Graduate students may appeal adverse academic actions and decisions taken or made by graduate faculty or graduate program directors concerning unsatisfactory performance. Refer to the Graduate Student Catalog for the graduate school appeals procedure [click here](#).

PROFESSIONAL LIABILITY INSURANCE

It is the responsibility of the student to have professional liability insurance. Prior to the first clinical rotation, the school will notify the student about the cost and application process arranged by the University to cover the student nurse-midwife's liability insurance needs while enrolled in the program. Coverage is from September 1st to August 31st and will need to be in place prior to your first clinical course. The cost of this liability insurance for midwifery students has been \$500/year for over 15 years. This fee will be included with tuition the August prior to your clinical rotation (N6119 or N6115/N6116).

Professional liability insurance must be paid prior to starting your clinical rotation. After you have attended the first day of your clinical rotation, you will not be eligible for reimbursement of your professional liability insurance should you choose to drop the clinical course.

STUDENT GOVERNANCE

The nurse-midwifery faculty strongly believes that graduate education is a mutual and reciprocal process between faculty and students. Student feedback is welcomed and necessary for continuous quality improvement of our program. To ensure that faculty is aware of student concerns in a timely manner, each student cohort should select a representative who will query each member of the cohort and present student concerns to the faculty at each monthly faculty meeting. The representative will contact each member of the cohort to ask if there are concerns or topics that they want relayed to the faculty. This can be done by email, phone conference, web conference, or face-to-face during when possible.

The nurse-midwifery faculty meets monthly. Student representatives are not required to be on campus for faculty meetings, although their presence is welcome for the purpose of presenting the student report. Student representatives may also attend meetings by web conferencing. If attendance at faculty meetings is not possible, a prepared report that can be read at the faculty meetings is acceptable.

Appendix 1: Documents of the American College of Nurse-Midwives

Standard Setting Documents

ACNM Vision, Mission and Core Values

Code of Ethics

Core Competencies for Basic Midwifery Practice

Definition of Midwifery and Scope of Practice of CNMs and CMs

Philosophy of the American College of Nurse-Midwives

Standards for the Practice of Midwifery

Position Statements (examples)

Appropriate Use of Technology in Childbirth

Collaborative Agreement between Physicians and Certified Nurse-Midwives (CNMs)

Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies

Homebirth

Midwifery Education and the Doctor of Nursing Practice (DNP)

Physiologic Birth Consensus Statement: ACNM, MANA, NACPM

Issue Briefs (examples)

ACOG Committee Opinion on Planned Home Birth: Opening the Door to Collaborative Care

Equitable Reimbursement for Midwifery Services - Health Care Reform Law (111-148)

Medicaid Coverage of Freestanding Birth Centers - Health Care Reform Law (111-148)

Midwifery: Evidence-Based Practice

Reducing Health Disparities

Where Midwives Work

Resources and Reference Packets (examples)

ACNM Professional Liability Resource Kit

Credentialing and Medical Staff Privileging

Federally Qualified Health Centers

Home Birth: Resources for Payers and Policymakers

Indian Health Services

State Fact Sheets

White Papers & Reports

Clinical Bulletins

State Guidance

Liability Risk Reduction Statements

Appendix 2: Core Competencies for Basic Midwifery Practice



CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

ACNM Core Competencies for Basic Midwifery Practice

The *Core Competencies for Basic Midwifery Practice* include the fundamental knowledge, skills, and abilities expected of new midwives certified by the American Midwifery Certification Board (AMCB). They serve as guidelines for educators, students, health care professionals, consumers, employers, and policymakers. The Core Competencies constitute the basic requisites for graduates of all midwifery education programs pre-accredited or accredited by the Accreditation Commission for Midwifery Education (ACME). They are inclusive of the hallmarks of midwifery practice.

Midwifery practice is based on the *Core Competencies for Basic Midwifery Practice*, the *Standards for the Practice of Midwifery*, the *Philosophy of the American College of Nurse-Midwives*, and the *Code of Ethics* developed and disseminated by the American College of Nurse-Midwives (ACNM). Midwives certified by the AMCB assume responsibility and accountability for their practice as primary health care providers for the individuals they serve as defined in the *Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives*.

ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report, *Primary Care: America's Health Care in a New Era*,¹ the *Philosophy of the American College of Nurse-Midwives*,² and the ACNM position statement, "*Midwives are Primary Care Providers and Leaders of Maternity Care Homes*."³ Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with clients, and practicing within a context of family and community. As primary health care providers, midwives certified by AMCB assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering, and dispensing of pharmacologic agents. The concepts, skills, and midwifery management processes identified in the Core Competencies form the foundation upon which practice guidelines and educational curricula are built.

Midwives provide health care that incorporates appropriate consultation, collaborative management, and/or referral, as indicated by the health status of the individual. ACNM endorses that health care is most effective when it occurs in a system that facilitates communication across care settings and providers.⁴ Individual education programs are encouraged to develop their own methods to address health care issues beyond the scope of the current Core Competencies. Each graduate is responsible for complying with the ACNM *Standards for the Practice of Midwifery* and the laws of the jurisdiction where they practice.

The basis of midwifery education includes an understanding of health science theory and clinical preparation that provide a framework for the development of the necessary clinical competence. The scope of midwifery practice may be expanded beyond the Core Competencies to incorporate additional skills and procedures that improve care for the individuals that midwives serve. Following the completion of basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the *Standards for the Practice of Midwifery*.

Since 2012, ACNM has recognized the role of midwives in caring for transgender and gender non-conforming (TGNC) individuals. The term “TGNC” is used in this document as an umbrella term for all individuals whose gender expression and/or identity differs from their sex assigned at birth.⁵ Additionally, midwives are aware of the increased risks, barriers to care, and disparities in health outcomes faced by many marginalized communities due to systems of oppression and discrimination. Midwives work to eliminate those obstacles and therefore need a thorough understanding of fundamental concepts related to discrimination and oppression experienced by people of color, women, individuals of diverse gender identities and sexual orientation, immigrants and refugees, and people with disabilities in order to provide culturally safe care. As midwives, we also recognize the threat of increasing maternal mortality, particularly for women of color. The *Core Competencies for Basic Midwifery Practice* acknowledge the basic and applied sciences, health systems and policy issues, and clinical skills that serve as the fundamental mechanisms for the profession of midwifery to improve the status and health care for all our clients.

Given this information, we consider the use of inclusive non-discriminatory language a powerful tool that may be used to address inequities. We understand that individuals are influenced by how they are perceived as well as how they identify. We have chosen to use both gendered and gender-neutral terms to represent the full diversity of people who experience pregnancy, birth, and lactation. We also acknowledge and support people who are not childbearing, but are accessing sexual and/or reproductive health care. These language choices were intended to ensure respect and visibility for all individuals -- including all people who identify as women as well as transgender, gender non-conforming, and intersex individuals.

The *Core Competencies for Basic Midwifery Practice* are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings where midwifery care is provided.

I. Hallmarks of Midwifery

The art and

science of midwifery are characterized by the following hallmarks:

- A. Recognition, promotion, and advocacy of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
- B. Advocacy of non-intervention in physiologic processes in the absence of complications
- C. Incorporation of evidence-based care into clinical practice
- D. Promotion of person-centered care for all, which respects and is inclusive of diverse histories, backgrounds, and identities
- E. Empowerment of women and persons seeking midwifery care as partners in health care
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of continuity of care

- H. Utilization of health promotion, disease prevention, and health education
- I. Application of a public health perspective
- J. Utilizing an understanding of social determinants of health to provide high-quality care to all persons including those from underserved communities
- K. Advocating for informed choice, shared decision making, and the right to self-determination
- L. Integration of cultural safety into all care encounters
- M. Incorporation of evidence-based integrative therapies
- N. Skillful communication, guidance, and counseling
- O. Acknowledgment of the therapeutic value of human presence
- P. Ability to collaborate with and refer to other members of the interprofessional health care team
- Q. Ability to provide safe and effective care across settings including home, birth center, hospital, or any other maternity care service

II. Components of Midwifery Care

The professional responsibilities of midwives certified by AMCB include but are not limited to the following components:

- A. Promotion of the hallmarks of midwifery
- B. Knowledge of the diverse history of midwifery
- C. Knowledge of the legal basis for practice
- D. Knowledge of national and international issues and trends in women's, TGNC, perinatal, and neonatal care
- E. Support for legislation and policy initiatives that promote quality health care
- F. Knowledge of health disparities
- G. Knowledge of issues and trends in health care policy and systems
- H. Advocacy for health equity, social justice, and ethical policies in health care
- I. Appropriate use of technology and informatics to improve the quality and safety of health care
- J. Broad understanding of the bioethics related to the care of women, TGNC individuals, neonates, and families
- K. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
- L. Ability to evaluate, apply, interpret, and collaborate in research
- M. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
- N. Development of critical thinking and leadership skills
- O. Knowledge of certification, licensure, clinical privileges, and credentialing
- P. Knowledge of practice management and finances
- Q. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level
- R. Support of the profession's growth by understanding the importance of precepting midwifery students and demonstrating basic teaching skills
- S. Knowledge of the structure and function of ACNM
- T. Ability to consult, collaborate, and refer with other health care professionals as part of a health care team

III. Components of Midwifery Care: Midwifery Management Process

The midwifery management process guides all areas of clinical care. When engaging in the management process, the midwife:

- a. Obtains all necessary data for the complete evaluation of the client
- b. Identifies problems or diagnoses and health care needs based on correct interpretation of the

subjective and objective data

- c. Anticipates potential problems or diagnoses that may be expected based on the identified risk factors
- d. Evaluates the need for immediate intervention and/or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client
- e. Develops a comprehensive evidence-based plan of care in partnership with the client that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated
- f. Assumes responsibility for the safe and efficient implementation of a evidenced-based plan of care including the provision of treatments and interventions as indicated
- g. Evaluates effectiveness of the treatments and/or interventions, which includes repeating the management process as needed

R. Components of Midwifery Care: Fundamentals

Knowledge of the following subject areas is fundamental to the practice of midwifery:

- a. Anatomy and physiology, including pathophysiology
- b. Normal physical, psychological, emotional, social, and behavioral development, including growth and development related to gender identity, sexual development, sexuality, and sexual orientation
- c. Reproductive and perinatal epidemiology and basic epidemiologic methods relevant to midwifery practice
- d. Research and evidence-based practice
- e. Nutrition and physical activity
- f. Pharmacokinetics and pharmacotherapeutics
- g. Principles of individual and group health education and counseling
- h. Health care ethics
- i. Clinical genetics and genomics
- j. Diversity, equity, and inclusion

S. Components of Midwifery Care

Midwifery care includes the independent management of primary health screening, health promotion, and the provision of care from adolescence through the lifespan as well as the neonatal period using the midwifery management process. While each person's life is a continuum, midwifery care can be divided into primary, preconception, gynecologic/reproductive/sexual health, antepartum, intrapartum, and post-pregnancy care.

- A. A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:
- i. Applies nationally defined goals and objectives for health promotion and disease prevention
 - ii. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
 - iii. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases
 - iv. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors
 - v. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
 - a. Breast
 - b. Cardiovascular and hematologic
 - c. Dermatologic
 - d. Endocrine
 - e. Eye, ear, nose, oral cavity, and throat
 - f. Gastrointestinal
 - g. Genitourinary
 - h. Mental health
 - i. Musculoskeletal
 - j. Neurologic
 - k. Respiratory
 - l. Renal
 - vi. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated
 - vii. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect
- B. A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:
1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and physical exam
 2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors
 3. Identifies and provides appropriate counseling and education related to modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
 4. Performs health and laboratory screenings
 5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method

6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated
- C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:
1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction
 2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers
 3. Manages common gynecologic and urogynecologic problems
 4. Provides comprehensive care for all available contraceptive methods
 5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated
 6. Provides counseling for sexual behaviors that promotes health and prevents disease
 7. Understands the effects of menopause and aging on physical, mental, and sexual health
 - a. Initiates and/or refers for age and risk appropriate screening
 - b. Provides management and therapeutics for alleviation of common discomforts
 8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated
- D. A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to:
1. Confirmation and dating of pregnancy using evidence-based methods
 2. Management of unplanned or undesired pregnancies, including:
 - a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs
 - b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes
 - c. Referral for aspiration or surgical abortion as indicated
 3. Management of spontaneous abortion, including:
 - a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
 - b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
 - c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures
 - d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
 - e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
 4. Uses management strategies and therapeutics to promote normal pregnancy as indicated
 5. Utilizes nationally defined screening tools and diagnostics as indicated
 6. Educates client on the management of common discomforts of pregnancy
 7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
 8. Screens for health risks, including but not limited to intimate partner gender-based violence, infections, and substance use and/or dependency
 9. Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy
 10. Provides anticipatory guidance related to birth, lactation and infant feeding, parenthood, and change in the family constellation
 11. Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies

12. Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being
- E. A midwife demonstrates the knowledge, skills, and abilities to provide care in the intrapartum period, including but not limited to the following:
1. Confirms and assesses labor and its progress
 2. Performs ongoing evaluation of the laboring person and fetus
 3. Identifies deviations from normal and implements appropriate interventions, including management of:
 - a. Complications
 - b. Abnormal intrapartum events
 - c. Emergencies
 4. Facilitates the process of physiologic labor and birth-
 5. Provides support for physical, psychological, emotional, spiritual, and social needs during labor and birth
 6. Applies pharmacologic and non-pharmacologic strategies to facilitate coping of the person in labor
 7. Performs the following skills independently:
 1. Administration of local anesthesia
 2. Management of spontaneous vaginal birth
 3. Management of the third stage of labor
 4. Episiotomy, as indicated
 5. Repair of episiotomy, first and second-degree lacerations
- F. A midwife demonstrates the knowledge, skills, and abilities to provide care in the period following pregnancy, including but not limited to:
1. Manages physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
 2. Utilizes management strategies and therapeutics to facilitate a healthy puerperium, including managing discomforts
 3. Identification and management of postpartum mental health
 4. Explains postpartum self-care
 5. Discusses psychological, emotional, and social coping and healing following pregnancy
 6. Counsels regarding the readjustment of significant relationships and roles
 7. Facilitates the initiation, establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated
 8. Advises regarding resumption of sexual activity, contraception, and pregnancy spacing
 9. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies
- G. A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including, but not limited to, the following:
1. Understands the effect of prenatal and fetal history and risk factors on the neonate
 2. Prepares and plans for birth based on ongoing assessment
 3. Utilizes methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:
 - a. Establishment of respiration
 - b. Cardiac and hematologic stabilization, including cord clamping and cutting
 - c. Thermoregulation

- d. Establishment of feeding and maintenance of normoglycemia
 - e. Bonding and attachment through prolonged contact with neonate
 - f. Identification of deviations from normal and their management
 - g. Emergency management, including resuscitation, stabilization, and consultation and referral as needed
4. Evaluates the neonate, including:
 - a. Initial physical and behavioral assessment of term and preterm neonates
 - b. Gestational age assessment
 - c. Ongoing assessment and management of term, well neonate during first 28 days
 - d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated
 5. Develops a plan in conjunction with the neonate's primary caregivers for care during the first 28 days of life, including the following nationally-defined goals and objectives for health promotion and disease prevention:
 1. Teaching regarding normal behaviors and development to promote attachment
 2. Feeding and weight gain, including management of common lactation and infant feeding problems
 3. Normal daily care, interaction, and activity
 4. Provision of preventative care that includes, but is not limited to:
 - i. Therapeutics according to local and national guidelines
 - ii. Testing and screening according to local and national guidelines
 - iii. Need for ongoing preventative health care with pediatric care providers
 5. Safe integration of the neonate into the family and cultural unit
 6. Provision of appropriate interventions and referrals for abnormal conditions, including, but not limited to:
 - i. Minor and severe congenital malformation
 - ii. Poor transition to extrauterine life
 - iii. Symptoms of infection
 - iv. Infants born to mothers with infections
 - v. Postpartum depression and its effect on the neonate
 - vi. Stillbirth
 - vii. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of a grieving parent.
 - g. Health education specific to the needs of the neonate and family

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*Source: Basic Competency Section, Division of Advancement of Midwifery
Approved by the ACNM Board of Directors: October 27, 2019*

Appendix 3: Student Policy: Intrapartum/Postpartum Clinical Experience Prior to Enrollment in N6115/6116

The ECU College of Nursing Nurse-Midwifery program recognizes that students may have the opportunity to participate in closely supervised intrapartum/postpartum clinical experiences prior to enrollment in N6115/6116. We will allow such encounters in situations such as:

- The clinical preceptor must leave the office to attend a birth and the student will not have another individual to supervise her/him while the preceptor is away. The volume of births is limited during the 14-week student intrapartum rotation and may be enhanced when the student exposure is increased to a 24-week rotation.
- The student's prior nursing experience may be deficient in labor and delivery exposure and this opportunity would provide additional clinical time to achieve N6115/6116 clinical objectives.

Prior to enrollment in N6113, the student and the clinical preceptor will mutually agree this opportunity is available and consent to the following conditions:

- Student will complete the required hospital/birth center credentialing process.
- Student will complete additional on campus time and didactic content prior to beginning intrapartum/postpartum clinical experiences. Each student plan will be individualized and the specifics are attached to the document.
- Student intrapartum/postpartum experiences are to begin after 4 weeks of N6113. Nurse-Midwifery faculty responsible for student clinical evaluation will contact student and preceptor to verify student readiness and preceptor approval to proceed.
- Clinical Preceptor is expected to closely supervise the student at all time during the following experiences:
 1. Triage of women in labor and delivery units
 2. Labor support
 3. Examination of women in labor (exams should always be validated by preceptor)
 4. Birth
 5. Immediate postpartum and newborn care.
- Initially charting in the official record should be primarily done by the preceptor although students are encouraged to document their activities in a SOAP note format and review with preceptor. Increasing charting responsibilities by the student should be encouraged as student experiences increase and preceptor validates student ability. Notes should always reflect active participation and presence by the preceptor.

I reviewed and agree to the above listed guidelines:

Student/Date

Clinical Preceptor/Date

ECU Nurse-Midwifery Faculty/Date

Appendix 3: Student Policy: Intrapartum/Postpartum Clinical Experience Prior to Enrollment in N6115/6116

(Continued)

Student's Name: _____

Semester: _____

Clinical Site/Preceptor: _____

1. On campus orientation – ECU midwifery faculty reviewed with
_____ face-to-face nursing midwifery management of
Student Name

labor and birth as well as the skill hand maneuvers.

2. Student was requested to review prior to starting Intrapartum/Postpartum clinical the following:
 - Unit 5 N6115 – Mechanisms of Labor
 - Varney chapters: 25, 26, 29, 30, and 31

Appendix 4: Instructions for Obtaining AHEC Housing in North Carolina

Online Application Process

1. Go to www.myahec.net
2. Click on the Student Housing Application on the top right
3. Enter your email address and password if you are an existing user. If not, you will need to create an account under New User to the left. Click I agree at the bottom then “Next”.
4. Enter the information to register if you are a new user.
5. You will receive an email to activate your account
6. Once you activate your account you will be taken back to the site and asked to login.
7. Click on Student Housing Application
8. If you want to see what is available, click on the AHEC that is in the region where you need housing
9. Click on the Housing Sites and Locations for information on the housing in that locale.
10. To request housing, go back to #7 and click on “Agree” at the bottom of the page.
11. Fill in the requested information
12. The next field will ask about rotation information. Fill this information in.
13. Click Submit

Appendix 5
Nurse-Midwifery Course Objectives and Outcomes
East Carolina University, College of Nursing

NURS 6110: Reproductive Physiology

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Examine the anatomical and psychological changes and physiological mechanisms of the human reproductive cycle across the lifespan including: conception, pregnancy, labor, puerperium and menopause.	E-I E-VIII	I-A IV-A, B, & C	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of RP pathophysiology paper and course exams with a passing grade.
2.Compare and contrast sexual response in men and women.	E-I	IV-C	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade.
3.Distinguish expected patterns of fetal growth and development including mechanisms of fertilization, conception, and genetics.	E-I	IV-A, B, & I	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of RP embryology/fetology system presentation and course exams with a passing grade.
4.Examine the development and function of the human placenta.	E-I	IV-A	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade.
5.Analyze the anatomic and physiologic adaptation of the neonate to	E-I	IV-A VI – A	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course

extrauterine life.			exams with a passing grade.
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NURS 6109: Introductory Nurse-Midwifery Roles and Issues

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1. Apply historical and philosophical foundations to the midwifery model of care.	E-I E-VIII	II-B	Satisfactory completion of quiz and discussion related to these concepts.
2. Discuss the history, structure, and function of the American College of Nurse-Midwives (ACNM) and other national and international midwifery groups.	E-I	II-B, D, O, & Q	Satisfactory completion of quiz and discussions related to these organizations.
3. Compare exemplary maternal child health leadership and midwifery practice models.	E-II E-VII	I-A II-L	Satisfactory completion of an interview with a midwifery leader, attendance at a webinar by midwifery leader, and discussions related to these concepts.
4. Analyze current issues and trends found in research related to nurse-midwifery and maternal-infant health care.	E-II E-III	II-D & F	Satisfactory participation in discussions on current issues and papers on midwifery research and theory.
5. Evaluate leadership strategies to influence health policy development and local legislative initiatives related to health care for women and	E-II E-IV	II-E, F, & G	Satisfactory participation in webinar and discussions related to these topics.

families.			
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NURS 6119: Nurse-Midwifery Mgmt: Introduction to Primary Care for Well Women

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Utilizes the midwifery management process to design care for women with common acute and uncomplicated chronic health conditions in a primary care setting.	E-IX	III- A-G V-A	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade. Successful completion of clinical practicum.
2. Recommend nationally defined screening and immunizations to promote health and detect/prevent disease for women.	E-VIII	I-H V-A	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade.
3. Develop and implement evidence based practice to provide primary health care for women.	E-IV	I-C & M V-A & B	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade. Successful completion of clinical practicum.
4. Analyze sociocultural factors that impact the primary health care of women.	E-I E-III E-VIII	I-J & L	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade.
5. Apply the population-based perspective to public health programs	E-VIII	I-I & J	Satisfactory completion of all course assignments demonstrating critical

serving women.			reasoning skills; completion of course exams with a passing grade.
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NURS 6112: Nurse-Midwifery Management: Well Woman Care

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1. Demonstrate syntheses of theory, hallmarks of midwifery and related sciences, and evidence-based practice to provide health care for women.	E-I E-III E-IV E-VII E-VIII E-IX	I-A-P III-A-G IV-A-G V-A-D	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade. Successful completion of clinical practicum; self and faculty evaluation of learning.
2. Utilize the midwifery management process to provide appropriate family planning methods for the childbearing aged woman.	E-I E-IV E-VII E-IX	I-P III- A-G IV- A-G V- B & C	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade.
3. Utilize the midwifery management process to provide culturally appropriate management of common gynecologic problems for women across the life span.	E-I E-IV E-VIII E-IX	I-J & L III- A-G V- C & D	Satisfactory completion of clinical practicum; satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of unit quizzes and course exams with a passing grade.
4. Demonstrate professional responsibility for legal and ethical practice.	E-I	I-A-P II- C, H, & I IV- H	Maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax; completion of unit

			quizzes and course exams with a passing grade.
5. Demonstrate self-evaluation to ensure and validate quality health care for women.	E-III E-IX	II- D-G, K	Maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax; completion of unit quizzes and course exams with a passing grade.

NURS 6113: Nurse-Midwifery Management: Antepartal Care

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Demonstrates synthesis of theory, hallmarks of midwifery and related sciences, and evidence based practice to provide antepartal care to women and their families.	E-I E-II E-V E-VII	I-A-P	Satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of course exams with a passing grade. Successful completion of clinical practicum.
2. Utilizes the midwifery management process to provide culturally appropriate antepartal care to women and their families.	E-I E-III E-IV	I-J & L III- A-G V- C	Satisfactory completion of clinical practicum; satisfactory completion of all course assignments demonstrating critical reasoning skills; completion of unit quizzes and course exams with a passing grade.
3. Assumes professional responsibility for legal and ethical practice.	E-I	I-A-P II- C, H, & I IV- H	Maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax;

			completion of unit quizzes and course exams with a passing grade.
4.Demonstrates self evaluation to ensure and validate optimal antepartal care to women and their families.	E-IX	II- K	Maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax; completion of unit quizzes and course exams with a passing grade.

NURS 6115: Nurse-Midwifery Management: Intrapartal Care

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Demonstrate syntheses of theory, hallmarks of midwifery and related sciences, and evidence based practice to provide intrapartal care to women and their families.	E-I E-II E-V E-VII	I-A-P	Satisfactory completion of clinical practicum; satisfactory completion of assigned case study and labor curves; completion of unit quizzes and course exams with a passing grade; satisfactory completion of critical thinking writing assignments.
2. Utilizes the midwifery management process to provide culturally appropriate intrapartal care to women and their families.	E-I E-III E-IV	I-J & L III- A-G V- C	Satisfactory completion of clinical practicum; satisfactory completion of assigned case study; completion of unit quizzes and course exams with a passing grade; satisfactory completion of critical thinking writing assignments.
3. Assumes professional	E-I	I-A-P II- C, H, & I	Satisfactory completion of clinical

responsibility for legal and ethical practice		IV- H	practicum; maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax.
4. Demonstrates self-evaluation to ensure and validate optimal intrapartal care to women and their families.	E-IX	II-K	Completes unit self-evaluation activities; completes self-evaluation via Medatrax; completion of unit quizzes and course exams with a passing grade.

NURS 6116: Nurse-Midwifery Management: Postpartal Care and Neonatal Care

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Demonstrates synthesis of theory, hallmarks of midwifery and related sciences, and evidence-based practice to provide postpartum and newborn care to women, neonates, and their families	E-I E-IV E-VII E-IX	I-A-P III- A-G V- F&G	Satisfactory completion of clinical practicum; satisfactory completion of assigned case presentation; completion of unit quizzes and course exams with a passing grade; satisfactory completion of critical thinking writing assignments.
2. Utilizes the midwifery management process to provide culturally appropriate postpartum and newborn care to women, neonates, and their families.	E-I E-IV E-VI E-VII E-IX	I-J&L III-A-G V-G	Satisfactory completion of clinical practicum; satisfactory completion of assigned case presentation, completion of unit quizzes and course exams with a passing grade, satisfactory completion of critical thinking writing assignments.

3. Assumes professional responsibility for legal and ethical practice.	E-I E-II E-III E-V	I-A-P II- A-F; H&I IV- H	Satisfactory completion of clinical practicum; satisfactory completion of interprofessional education activities (Virtual Clinic and Blackboard discussion); maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax.
4. Demonstrates self-evaluation to ensure and validate optimal postpartum and newborn care to women, neonates, and their families.	E-III E-IV E-IX	II-K	Completes unit self-evaluation activities; completes self-evaluation via Medatrax; completion of unit quizzes and course exams with a passing grade.

NURS 6117: Nurse-Midwifery Management: Integration Practicum

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Demonstrates syntheses of theory, hallmarks of midwifery and related sciences, and evidence based practice to provide full-scope midwifery care.	E-I E-II E-III E-IV E-V E-VII E-IX	I-A-P II- A-Q IV-A-I V-A-G VI	Satisfactory completion of clinical practicum; completion of unit quizzes and course exams with a passing grade; satisfactory completion of NERCCCEM exam
2. Utilizes the midwifery management process to provide culturally appropriate full scope midwifery practice.	E-I E-III E-IV	I-J&L III-A-G V-C	Satisfactory completion of clinical practicum; completion of unit quizzes and course exams with a passing grade, satisfactory completion of critical thinking writing

			assignments.
3. Assumes professional responsibility for legal and ethical practice.	E-I	I-A-P II- C, H, & I IV- H	Satisfactory completion of clinical practicum; maintains accurate clinical experience records via Medatrax; completes self-evaluation via Medatrax.
4. Demonstrates self-evaluation to ensure and validate optimal full scope midwifery practice.	E-IX	II-K	Completes unit self-evaluation activities; completes self-evaluation via Medatrax; completion of unit quizzes and course exams with a passing grade.

NURS 6118: Integration of Nurse-Midwifery Professional Roles and Issues

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Demonstrate methods for establishment of nurse-midwifery practice in various settings.	E-II E-III E-V E-VII	I-I II-M, & N	Participation in Midwifery Mini Business Institute and satisfactory completion of midwifery practice plan assignment and related quiz.
2. Apply concepts of role transition into professional nurse-midwifery practice.	E-I	II-K	Satisfactory completion of the Professional Portfolio and related assignments.
3. Analyze the essential professional standards, documents, and policies of the ACNM and the state licensing and regulatory requirements for nurse-midwifery practice.	E-II E-III E-VI	II-E, I, & M	Successful completion of all course assignments and quizzes. Inclusion of appropriate documents and licensure information in Professional Portfolio and Practice Plan assignments.Successful completion of issue advocacy letter assignment.

4. Evaluate issues and strategies related to documentation for coding and billing.	E-V E-VI E-IX	II-I, & N	Participation in webinar on these topics and successful completion of quiz on these topics. Successful completion of issue advocacy letter which may relate to this topic.
5. Apply the concepts of professional responsibility in the context of a nurse-midwifery practice.	E-IX	II-O, & P III-F	Participation in the Midwifery Mini Business Institute and successful completion of the Practice Plan assignment. Successful completion of quizzes.

NURS 6993 Advanced Nursing Synthesis

Learning Objectives	AACN MSN Essentials Advanced Practice Nurse (Appendix 6)	ACNM Core Competency (Appendix 2)	Evidence of Student Learning
1.Critically evaluate graduate nursing core concepts.	E-IV	I-C, M, & P II-F, G, J, K, L, N	Demonstrated through the academic portfolio and successful completion of the Evidence-Based Practice Guideline
2. Synthesize nursing concentration-related content.	E-II E-III E-IV E-IX	I-A-P II-A-Q III-A-G IV-A-I V-A-G VI	Demonstrated through the academic portfolio and successful completion of the Evidence-Based Practice Guideline
3. Application of nursing knowledge/practice/interventions	E-II E-III E-IV E-V E-IX	I-A-P II-A-Q III-A-G IV-A-I V-A-G VI	Demonstrated through the academic portfolio and successful completion of the Evidence-Based Practice Guideline

Appendix 6
AACN Essentials of Master's Education for Advanced Practice Nursing: Nurse-Midwifery

2011	
I: Background for Practice from Sciences and Humanities	
1	Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations
2	Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical
3	Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.
4	Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.
5	Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.
6	Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.
7	Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.
8	Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.
II. Organizational and Systems Leadership	
1	Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery.
2	Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.
3	Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal, and political factors that influence
4	Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.
5	Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan.
6	Design and implement systems change strategies that improve the care environment.
7	Participate in the design and implementation of new models of care delivery and coordination.
III. Quality Improvement and Safety	
1	Analyze information about quality initiatives recognizing the contributions of individuals and inter- professional healthcare teams to improve health outcomes across the continuum of care.
2	Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety.
3	Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.
4	Compare and contrast several appropriate quality improvement models.

5	Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors,
6	Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care
7	Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.
8	Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services

IV. Translating and Integrating Scholarship into Practice

1	Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient
2	Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).
3	Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted

4	Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination, and planning
5	Apply practice guidelines to improve practice and the care environment.
6	Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice

V. Informatics and Healthcare Technologies

1	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes
2	Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes
3	Promote policies that incorporate ethical principles and standards for the use of health and information
4	Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.
5	Use information and communication technologies, resources, and principles of learning to teach patients and others
6	Use current and emerging technologies in the care environment to support lifelong learning for self and

VI. Health Policy and Advocacy

1	Analyze how policies influence the structure and financing of health care, practice, and health outcomes
2	Participate in the development and implementation of institutional, local, and state and federal policy
3	Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes
4	Interpret research, bringing the nursing perspective, for policy makers and stakeholders.
5	Advocate for policies that improve the health of the public and the profession of nursing.

VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	
1	Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.
2	Understand other health professions' scopes of practice to maximize contributions within the healthcare team.
3	Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
4	Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.
5	Mentor and coach new and experienced nurses and other members of the healthcare team.
6	Function as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.
VIII. Clinical Prevention and Population Health for Improving Health	
1	Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidence based, culturally relevant clinical prevention interventions and strategies.
2	Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.
3	Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families,
4	Advance equitable and efficient prevention services, and promote effective population-based health policy.
5	Integrate clinical prevention and population health concepts in the development of culturally relevant and

IX. Master's-Level Nursing	
1	Conduct a comprehensive and systematic assessment as a foundation for decision
2	Apply the best available evidence from nursing and other sciences as the foundation for practice.
3	Advocate for patients, families, caregivers, communities and members of the healthcare team.
4	Use information and communication technologies to advance patient education, enhance accessibility of
5	Use leadership skills to teach, coach, and mentor other members of the healthcare team.
6	Use epidemiological, social, and environmental data in drawing inferences regarding the health status of
7	Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care.
8	Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.
9	Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care.
10	Employ knowledge and skills in economics, business principles, and systems in the design, delivery, and
11	Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care.

12	Apply learning, and teaching principles to the design, implementation, and evaluation of health
13	Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based
14	Design strategies that promote lifelong learning of self and peers and that incorporate professional
15	Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice

Appendix 7
Nurse-Midwifery Concentration
East Carolina University College of Nursing
On-Duty Guidelines for Student Nurse-Midwives

There is evidence in the literature supporting decreased student learning and increased personal and patient safety concerns when students are awake and working over a 24 hour period. Incidents of fatal automobile crashes while driving after long periods on duty have been reported. Experienced nurse- midwives with a fund of knowledge and practiced clinical judgment will likely be able to function in a safer manner, if fatigued, than would a student whose knowledge, skills, and judgment are in the early stages of development. Based on a desire to promote optimal learning and to protect the safety of patients, students, and preceptors, the ECU Midwifery Program faculty developed the following on-duty guidelines for students.

Students should be awake and working in the clinical setting no more than 16 consecutive hours. If the student is on-call with a preceptor for a 24 hour period, after 16 consecutive hours engaged in patient care, he/she is required to rest or sleep for a period of time deemed necessary by the student before engaging in further clinical activities. This rest/sleep period must be a minimum of 4 hours long.

Professional judgment and responsibility requires consideration of the following caveats:

1. Arrive well rested for clinical experiences.
2. Anticipate the course of a patient's labor and rest early in the labor, if possible, so that you will be alert to participate in later-stage management and birth.
3. If you anticipate having to leave to rest before a patient delivers, communicate with the patient ahead of time so that the patient does not feel abandoned at the last minute.
4. It is neither appropriate nor necessary to leave your post should the 16th hour end in the middle of a critical procedure such as a birth. Instead, complete the activity as soon as feasible and then turn the management over to your preceptor to continue care. For example, if the patient is 8cm. and progressing in such a manner that it appears that she will deliver within the hour, you may extend your participation for one more hour.
5. Be mindful of your level of fatigue whatever the hour. If you feel that you are too fatigued to proceed safely with patient involvement, communicate with your preceptor and arrange to take an appropriate amount of time to rest or sleep.
6. When your on-duty time is over, assess your level of fatigue and rest or sleep if you cannot drive home safely.
7. Arrange your work and family responsibilities so that you are not responsible for working or child care immediately after finishing a 16 hour or more on-duty period. Your patients on your job and your family deserve the utmost concern for their safety and care too.

Approved by ECU Midwifery Faculty 9-7-14

Appendix 8

Summary of Student Survey Requirements

We know students are busy and all the survey requests seem overwhelming or may even seem like SPAM, but they are critical for the University and the College of Nursing to meet our program evaluation, assessment and accreditation requirements. Without your input, we cannot improve and would have difficulty meeting accreditors' expectations for evaluation of our programs. Here is a table of what you can expect to receive, when it will be requested and how you receive the survey link. Below the table is a description of each survey.

Department or Concentration	Research Report or Documents	When survey requested	Where you will find the link
MSN and post-MSN certificates	Agency and Preceptor Evaluation	End of Each Semester, close to end of clinical experience	On the learning management system, placed by faculty (usually required to receive course pass or grade)
	EBI/Skyfactor survey	Usually after midterm	Individual link emailed to each student
	Employment Survey Goes to graduating students	End of final semester including summer graduates	On the learning management system, placed by faculty
	Graduate Student Exit Survey This is an ECU required survey	Near end of final semester	Emailed from University to students
	Survey of Student Opinion of Instruction Each course every time	2 weeks before end of semester	Link available in learning management system or from the Blue portal found on this page http://www.ecu.edu/cs-acad/ipar/courseevaluations.cfm
	College of Nursing Alumni Survey	1 year after you graduate	Email – be sure to leave us a permanent email to reach you (alumni email address from ECU is great!)

CON Student Agency and Preceptor Evaluation: This survey gathers student input on the quality of agency and preceptors (when applicable) for clinical courses. The information allows faculty to ensure the best experiences for future students. Students are URGED to report major concerns directly to faculty when they occur. This survey is an overall way for the student to evaluate their clinical experiences. The results are aggregated and seen by chairs and program directors after the semester ends.

EBI/Skyfactor Survey: This survey of exiting nursing graduate students is only performed on odd academic years. The latest survey collection was 2017/2018 and will be collected 2019/2020. The results are aggregated and measure performance indicators such as overall effectiveness, strengths, etc. The ECU CON results are compared to peer institutions and help the CON meet accreditation standards.

Employment Survey: This survey is a University requirement plus Nursing-specific questions we need for our evaluation and accreditation. It is called the Pirate Nurse Employment Survey. The 49

survey is designed to collect specific information on students' plans following graduation, including detailed information on employment, further graduate/profession school attendance, and participation in career-preparation activities while attending College of Nursing at East Carolina University (ECUCON). Even if the graduating student is still seeking employment or is not changing employment, the student should still complete the survey. It is quick and can also help us seek scholarship or grant funding for future Pirate Nurses.

Graduate Student Exit Survey: As part of the ongoing assessment of ECUCON professional programs, the ECU Institutional Planning, Assessment and Research office sends this survey near the end of the graduate student's final semester via email. Our CON graduates can be compared to all ECU graduates and helps meet University and CON accreditation requirements. This data is also reviewed and used to improve student experiences for the future.

Survey of Student Opinion of Instruction (SSOI): Near the end of every course, students are provided, and urged to complete, the SSOI through the Blue system. The student's responses are anonymous (unless you provide your name in the Comment form) and will not be received by the faculty until after grades are submitted. Faculty can see response rates and may be reminding the class to complete the survey. Face-to-face classes may allow time for everyone to do this survey using smartphones or tablets. Distance education (online) students' input are also needed. If a student has a major problem or concern, please communicate directly with the faculty immediately – the SSOI comments are not seen by the faculty until well after the semester ends (and after anything could be done to remedy the problem). Students should also know the comments entered are NOT seen by the faculty's supervisor. Response rates are one of indicators in various ranking surveys.

CON Alumni Survey: Look for an alumni survey approximately one year after graduation. The survey contains employment information, rankings of the college with respect to achieving professional competencies and skills, and rankings with respect to distance education and diversity. Additionally, the survey permits alumni response to open-ended questions. The concentration directors will receive the results for their specific alumni to use to improve or enhance their disciplines. We want to know how you are doing and will use your alumni survey data for accreditation and program evaluation. Please take a few minutes to check in with us in this survey!

Appendix 9
East Carolina University
College of Nursing
Graduate Student Handbook
Professional Dress Code/Uniforms

The uniform identifies the East Carolina University College of Nursing students and indicates to others their individual and professional standards. The following guidelines are adapted from the requirements 4Prevention. If a student is unable to comply with the professional dress code/uniform as specified, they should submit their concern in writing to the Department Chair.

Professional dress is required when in clinical or a community agency and while on campus and will reflect nursing professionalism.

- When students are wearing a lab coat, it should be clean and pressed with the ECU CON student identification visible and no other agency/employment logo or writing.
- Clinical attire – when attending clinical practicum experiences, the student is representing the ECU College of Nursing and their professional program, concentration, or specialty.
 - Clothing – Students should dress in neat, clean, wrinkle-free business casual attire or scrub set (if permitted by practice or agency). Skirts or dresses must be appropriate length and cut for stooping and bending, as may be required during some patient care. If, when seated, the hem comes to 3 inches above the knee, opaque tights or leggings should be worn. Business casual does not include revealing clothing (bareback, open shoulders, crop tops, cleavage showing with changes in position, leggings, yoga pants or tight-fitting pants without long tunic/sweater covering or denim). Hats are not allowed.
 - Shoes – Must be non-permeable (for ready cleaning) and closed-toe and heel. Shoes should be professional in appearance, safe for the clinical setting (such as less than 1-inch heels) and must be neat and clean.
 - ECU CON Identification – the ONE Card or student picture ID is used as an ID and should always be visible. For compliance with NCBON, include RN and role, i.e., nursing or NP student. Some clinical or community agencies may require agency specified student badges to be worn. Students should never wear their employment ID badge when in activities related to their student role.
 - Professional badge holders are acceptable.
- It is expected that appearances should not hinder the formation of a therapeutic relationship with patients/clients. Therefore,
 - Cosmetics should be minimal and subtle with no fragrances.
 - No artificial nails, including gel or acrylic overlays, extensions, or colored nail polish. Short, clean nails only per OSHA and CDC standards.
 - Potentially offensive tattoos must be covered.

- Minimal jewelry that does not interfere with infection control and safety guidelines, clinical examination, or treatment skills.
 - Rings on fingers limited to 2 per hand (excluding wedding bands).
 - Pierced jewelry limited to ears (tongue, nose, eyebrow piercings, etc. must be removed while in clinical). Ear piercings should be studs only.
 - Other piercings (gauges) should be plugged closed with plugs matching skin tone or clear inserts.
- Hair must be professional and in natural shades. Hairstyle and beards should be simple, neat and trim, clean, secured to prevent hair from hanging over patients, and away from the face allowing proper use of equipment and PPE. No head coverings except for religious purposes may be worn but must allow for the use of stethoscopes, PPE, and other medical instruments.
- There may be additional considerations based upon concentration, specialty, or agency requirements.