

POLICY & INFORMATION
HANDBOOK excerpts
for Preceptors

Midwifery Education Program

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SECTION II – PROGRAM REGULATIONS & REQUIREMENTS

CONFLICT OF INTEREST

Conflict of interest may be described as ‘any situation in which a person has one or more loyalties or obligations, when personal interests are placed ahead of professional obligations, and/or where there is the potential to interfere with the exercise of professional discretion and impartial judgement’.

There are situations within the MEP in which faculty, students, and preceptors may have an actual or potential conflict of interest. Awareness, appropriate planning, and intervention can prevent problems from developing. The midwifery community in Ontario is still relatively small. It is important that pre-existing relationships do not unduly advantage or disadvantage the admission, teaching or evaluation of a student.

Examples of conflict of interest situations include those that may impede the ability of a preceptor or faculty member to provide an unbiased opinion or judgement, such as having been a care provider to the student. Other examples include conflicts for either student or preceptor due to recent student employment at a practice or health care setting or due to a personal relationship.

COI can be practice wide or with individual midwives. For example, in a large practice there may be a midwife or small number of midwives who know the student and declare a conflict, but many others who do not. In this case, only the individual midwives should declare a conflict. Normally faculty members do not act as the primary preceptor for MEP students and whenever possible are not assigned as the clinical course tutor for students placed in their practices.

PROCESS FOR DECLARATION OF CONFLICT OF INTEREST IN CLINICAL PLACEMENTS

The MEP contacts students and midwifery practices prior to each placement allocation process to provide an opportunity to identify conflicts of interest.

When a student or practice identifies a potential conflict of interest, placement staff consider the conflict in the final allocation of placements. Information about potential conflict of interest is confidential and is not disclosed or discussed with any party unless the integrity of

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the allocation process is impacted. Despite this there may be situations where students or practices can assume that conflicts have been declared.

Declarations of conflict should be considered carefully and are subject to the norms of ethical professional conduct and provisions of the Human Rights Code. Conflicts cannot be declared based on any human rights protected grounds. The protected grounds are: "age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, sex (including pregnancy and breastfeeding), sexual orientation and record of offences". If placement staff become aware of potential human rights concerns with respect to declarations of conflicts of interest, they may be required to disclose such issues to the university to review whether further investigation or intervention may be required under applicable human rights policies and/or the Human Rights Code.

Practices and students are accountable for the appropriate use of this conflict of interest policy and should ensure that the process is free from discrimination as prohibited by the Human Rights Code.

It is important that students and practices are aware of the appropriate process to declare a conflict. The goal is to identify potential conflicts prior to the placement allocation process. Conflicts declared after the practice or student know the identity of the student or preceptor may raise concerns about actual or perceived discrimination in the process in violation of the Human Rights Code.

MIDWIFERY RELATED STUDENT EMPLOYMENT DURING THE PROGRAM

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

Revised by CDF & PM – October 14, 2022

COMPLAINT RESOLUTION MECHANISM

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

INFORMAL MECHANISMS

1. Take concern to the person who is directly involved in the complaint as soon as possible after the event and preferably in private. Experience shows that the great majority of problems and complaints can be resolved through informal mechanisms.
2. Consult an advisor/mentor if a sounding board is needed. This person will not have a formal role in the resolution of the complaint. Review the policies at the home university to determine options in the event that the informal complaint resolution is unsuccessful.
3. If the issue remains unresolved with an instructor, bring the issue to the attention of the Course Coordinator, if that is a different person than the instructor.
4. If the issue remains unresolved, bring the issue to the attention of the Program Director at the home site. The Director may defer to a Director at one of the other sites in order to remain at arm's length if the matter is later formally appealed. The Director may meet and/or convene a meeting that includes the individual, a support person chosen by the individual and the persons involved in the complaint in order to facilitate a resolution. [Note: Steps 2 and 3 are part of the informal inquiry process referred to in the McMaster University Student Appeal Procedures.]

FORMAL MECHANISMS

Please consult your university calendar for the Student Appeal Procedures

COMPASSIONATE OR MEDICAL LEAVE FROM PLACEMENTS

If a student needs a leave of up to two weeks for compassionate or for unexpected medical reasons, arrangements may be approved by the tutor, in consultation with the Site Course coordinator and placement staff. Students should be aware that compassionate or medical leave away from placement normally requires make up time to meet the course objectives and competencies and required birth numbers.

If the requested leave extends beyond two weeks, the tutor in collaboration with the Site Course Coordinator and placement staff should direct the request to the Program Director.

The tutor should ensure that the practice is informed about the situation and its implication for the placement, and make a plan for make-up time by consulting with the preceptor . Supporting documentation is required based on university policy.

The tutor should ensure that the practice is informed about the situation and its implication for the placement.

Approved by Management Committee – April 15, 2009

Revised and Approved by Management Committee –November 20, 2013

Revised and Approved by Management Committee –November 20, 2024

CLINICAL SKILLS REFRESHER

1. Following Return from Leave of Absence
 - a. Students who return to the next course offering:

A student who returns to the next course may request a refresher of two (2) to four (4) weeks. The Director at the student's site must receive the request, from the student, in writing at least three (3) months prior to the start of the planned clinical placement.
 - b. Students who do not return to the next course offering:

When a student does not return to the next course offering after a leave of absence the student is required to complete a maximum four (4) week refresher period prior to the start of their clinical placement.
2. Relocating during Complex Care I, Complex Care II, and Clerkship

A student, whose placement during Complex Care I, Complex Care II, and Clerkship is in more than one practice, may request an orientation period when relocating to a new practice. The Director at the student's site will consider such requests from a student.
3. At the determination of Academic Review Committee:

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

PERTAINING TO ANY REFRESHER

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

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

placement.

Revised and Approved by Management Committee – January 31, 2001, May, 29, 2007

Revised and Approved by Management Committee – June 16, 2010, November 20, 2013

PROFESSIONAL BEHAVIOUR

CONFIDENTIALITY

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

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

Approved by Management Committee – March 3, 2011

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

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

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

Approved by Management Committee – February 20, 2019

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

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

the birth stories.

Approved by Management Committee – September 19, 2018

PLACEMENT REQUIREMENT

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

VEHICLE

Students must have 24 hour access to a vehicle and hold a G2 or G licence prior to the first clinical placement course and for all subsequent placement courses.

CELL PHONE

Students must have a cell phone for all placement courses.

PHOTO IDENTIFICATION

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

EQUIPMENT REQUIRED BY STUDENTS FOR CLINICAL PLACEMENTS

Students in the MEP are required to have the following equipment before entering Normal Childbearing/Fundamentals in Midwifery I, Fundamentals in Midwifery II Clinical placement:

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

In addition, students in the MEP are required to have a baby scale before entering the Complex Care I placement.

SECTION III – CLINICAL COURSES & PLACEMENTS

MIDWIFERY CLINICAL PLACEMENTS

DEFINITION

1. A midwifery clinical placement is defined as a placement in a midwifery practice for a defined course. These courses are:
 - a. Normal Childbearing/Fundamentals in Midwifery I, Fundamentals in Midwifery II
 - b. Complex Care I, Complex Care II, and Clerkship
2. If a student is unable to accept the allocated clinical placement for any reason, a leave of absence may be requested. All policies under Leaves of Absence in Section II of this handbook will apply. If students fail to accept/attend a clinical placement without a leave of absence, it will be assumed that they have withdrawn from the Program.
3. Students in the interprofessional placement courses or in FUN I, II or III may also have short placements in midwifery practices or other settings where midwives work. See below under Interprofessional, Extended Midwifery Care Models (EMCM) and Other Midwifery Placement Allocation Process.
4. Students in FUN I or II may have short interprofessional placements. See below under Interprofessional and other Midwifery Placement Allocation Process.

Revised and Approved by Management Committee – April 17, 2024

MIDWIFERY PLACEMENT ALLOCATION

McMaster University is responsible for placing students in the McMaster affiliated regions defined as the Southwestern Ontario Area (SOA) and the Greater Ontario Area (GOA). Toronto Metropolitan University is responsible for placing students in the Toronto Metropolitan University affiliated placement areas defined as the Greater Toronto Area (GTA) and the Greater Ontario Area (GOA). Students transferred from Laurentian in 2021 or who were admitted to the MEP GOA through McMaster University or Toronto Metropolitan University are placed in the GOA (formerly the Laurentian University affiliated area). Separate allocation processes are held for each area. The GOA allocation is held jointly by McMaster and Toronto Metropolitan University. Each area is divided into regions which students rank in order of preference during the allocation process. Each university's allocation process will include provisions for placement allocation for students with documented medical and/or legal accommodation needs. Accommodations/considerations will be arranged within the

student's home university region.

ALLOCATION CYCLES

The MEP allocates midwifery placements for four courses in two distinct cycles:

- a. Normal Childbearing/Fundamentals in Midwifery I, Fundamentals in Midwifery II
- b. Complex Care I, Complex Care II, and Clerkship

MINIMUM ALLOCATION REQUIREMENTS

Students must be placed in a minimum of two (2) different 12 week midwifery practice group placements for placements in the courses listed above. This does not include third year midwifery placements.

STUDENT COMMUNICATION RE: PLACEMENTS

Students may not approach midwifery practices or individual midwives to solicit placements for themselves or other midwifery students. Students may contact their allocated practice only once they have received a final placement notification with the name of their preceptor(s).

ALLOCATION TIMELINE

A timeline is published for each allocation cycle. The date of the final placement notification is published annually under MEP Academic Dates on the MEP website.

ALLOCATION PROCESS

Students are allocated midwifery clinical placements using a lottery system.

The allocation process for midwifery clinical placements for each allocation cycle is organized into five (5) phases:

1. Phase I: Pre-Lottery

- a. Placements are recruited and confirmed with site-affiliated teaching practices.
- b. Conflict(s) of interest are declared by students and preceptors/practices. (See the Consortium P&I Handbook Conflict of Interest policy).
- c. Designated placements are identified for eligible students. (See Designated Placements in section 7. below.)
- d. Student requests for consideration in the placement allocation process are reviewed.
- e. Students returning from a leave of absence are notified about clinical skills refresher/orientation options and/or requirements.
- f. A list of available placements regions for the placement allocation cycle are posted

for students.

- g. Students submit their regional choices in ranked order of preference for all placement regions offered in a placement allocation cycle. Any pressure, harassment, or bullying with the intent or result of influencing another student's lottery choices is prohibited and will be considered unprofessional behaviour.
- h. Students who do not submit all regional choices by the stipulated deadline will be assigned a placement without their full input.

2. Phase 2: General Lottery

- a. A lottery is run using a matching process that is designed to randomly allocate placements to students for their first regional choice, followed sequentially by each subsequent choice.
- b. Students are not able to trade placements after the lottery.
- c. In the event of insufficient placements at the time of the lottery, the lottery is still run and not all students will be allocated a placement in Phase 2.

The following are taken into consideration in the placement allocation process:

- Declared conflict(s) of interest by students and preceptors/practices.
- Approved placement considerations.
- Eligible students have priority for designated placements.
- Designated placements not assigned to eligible students are included in the lottery unless the midwifery practice has requested otherwise.

3. Phase 3: Students Not Assigned a Placement in Phase 2

- a. Students not allocated a placement in Phase 2 are sent a list of any remaining available placements across all areas to submit their choices in ranked order of preference.
- b. A lottery will be held to allocate placements if more than one student requests the same placement(s).
- c. Students who do not submit their choices by the stipulated deadline will be assigned a placement without their input.

4. Phase 4: Initial Placement Notification

- a. Students are sent an initial notification of the midwifery practice group where they have been placed.
- b. Midwifery practice groups (MPGs), hospitals and births centres are notified of student placement allocations.

5. Phase 5: Final Placement Notification

- a. A final placement notification is sent to students confirming their assigned practice and preceptor(s).
- b. Once the final placement notification is received, students must contact their

preceptor by the stipulated deadline and contact the affiliated hospital(s) and birth centre (as applicable) regarding onboarding.

DESIGNATED PLACEMENTS

Designated placements are available for students who meet eligibility criteria (see below). Eligible students submit their choices for designated placements in ranked order of preference. These placements are allocated by lottery to students who meet eligibility criteria. In addition, eligible students must also submit ranked choices for all placement regions in the general lottery in the event they are not allocated a designated placement.

Designated placements may include:

- a. Aboriginal/Indigenous designated placements for students who have self-identified as Aboriginal/Indigenous to the MEP. Aboriginal students may apply for Aboriginal designated placements anywhere in the MEP consortium placement areas. Aboriginal placements are defined as the placement of an Indigenous identified student with an Indigenous identified midwifery practice group and/or with an Indigenous identified preceptor who has a central role on the preceptor team in teaching, feedback and evaluation and/or with a practice serving at least a 25% Indigenous population. These definitions are distinct, and they may or may not overlap.
- b. Black designated placements for students who self-identify as Black. Black students may apply for Black designated placements anywhere in the MEP consortium placement areas. Black placements are defined as the placement of a Black identified student with a Black identified preceptor who has a central role on the preceptor team in teaching feedback and evaluation and/or with a practice serving at least a 25% Black population. These definitions are distinct, and they may or may not overlap.
- c. Racialized/Person of Colour (R/POC) designated placements for students who self-identify as Racialized or as a Person of Colour and as having a deep understanding of the lived experience of racism. R/POC students will be placed whenever possible in a Racialized/POC designated placement in the area to which they were admitted, but may on occasion be offered a placement in another area. R/POC placements are defined as placement of a student who identifies as Racialized/POC with a preceptor who identifies as a Racialized/POC and as having a deep understanding of the lived experience of racism and/or a preceptor and/or a practice that serves at least a 25% racialized/POC community. These definitions are distinct, and they may or may not overlap. **Students should be aware that Racialized/POC placements are not necessarily racially or culturally concordant.**
- d. Students who transferred or were admitted from Laurentian University and were designated by Laurentian to be a Northern student are eligible for Northern placements. Students admitted to the GOA by McMaster or Toronto Metropolitan University are eligible to apply for designation as a Northern student. To be considered a Northern student, MEP students must have been admitted to the GOA and have

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been a permanent resident in a Northern Ontario community, north of the French River for at least three years since the age of 14. Students may be asked to supply proof. Northern students have first priority for northern placements along with any sequentially listed northern choices. Their priority status will be maintained for each sequentially listed northern placement.

- e. Placements in a specified language other than English, including but not limited to French may be offered in the student's assigned area for students with sufficient proficiency to participate in client care to the level expected. The allocation process will require the student to demonstrate language proficiency in order to be assigned to a language designated placement.

STUDENTS NOT ALLOCATED A PLACEMENT

It is possible that the MEP consortium will not be able to secure an adequate number of placements for all students in a placement allocation cycle. In this case, every effort will be made to recruit a placement before the start of the course. Students not allocated a placement will be prioritized for their regional choices in the next placement allocation cycle.

LOSS OF ALLOCATED PLACEMENT PRIOR TO CLINICAL COURSE

Occasionally placements may be withdrawn following the placement allocation process and prior to the start of the clinical course. Available placements will be allocated with the following considerations:

- In the event that students from different courses are without a placement, students in more senior courses are given priority.
- Students submit their choices from available placements in ranked order of preference.
- A lottery is run in cases where more than one student requests the same placement(s).
- Students allocated a new placement who are required to relocate will be given up to two weeks to find accommodation and move to the new location before beginning the placement.
- Students are expected to participate in regularly scheduled course tutorials.

CHANGES TO PLACEMENTS PRIOR TO OR DURING A CLINICAL COURSE

Occasionally there are changes to placements prior to or during a clinical course related to unexpected changes at the placement site. Changes may include a change, for example in the assigned preceptor or preceptor team, dates of the placement, or client assignments.

In exceptional circumstances, an allocated placement may be changed or withdrawn during a clinical course. The need and rationale for a change of placement is made by the tutor,

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reviewed by the Course Coordinator/Site Lead and submitted for approval by the director in collaboration with the Placement Staff and Faculty.

Revised and Approved by Management Committee – November 20, 2024

LIVING ARRANGEMENTS DURING MIDWIFERY PLACEMENTS

Students are expected to live within a reasonable travel distance to the practice catchment area according to the practice norm in order to appropriately attend clinical care and meet course objectives. A common standard for travel time to the primary practice office and privileging hospital is ideally within 30 minutes and up to 40 minutes in regular travel conditions. Students must contact their allocated practice to determine the norm for living-work distance and comply with this norm.

TRAVEL ARRANGEMENTS DURING MIDWIFERY PLACEMENTS

Students are required to have 24-hour access to a vehicle and a minimum Ontario G2 or G prior to entering Normal Childbearing/Fundamentals in Midwifery I, and for the duration of all midwifery clinical courses.

Revised and Approved by Management Committee – September 24, 2024

CLOSE TO HOME PLACEMENTS FOR INDIGENOUS STUDENTS: POLICY & PROCESS**BACKGROUND AND DESCRIPTION**

In support of the growth of Indigenous midwifery nationally, the return of birth to Indigenous communities and in recognition that provincial borders are a colonial construct, the Ontario Midwifery Education Program (OMEP) offers Indigenous students who are from outside of Ontario the option to do their senior year placements outside of Ontario, but within Canada in a community as close to their home community as possible. For the purpose of this policy and the Close to Home Placements (CHPs), Indigenous refers to First Nations, Métis and Inuit. The placements were first offered in the 2020–2021 school year and are the result of student advocacy and a partnership with the National Council of Indigenous Midwives (NCIM).

The OMEP works with NCIM to facilitate the placements. Usually this will be done through an individual NCIM representative, ideally with a connection to the OMEP (for example a NCIM member who is a faculty member or staff). If there is no NCIM rep available, the OMEP placement team and NCIM will meet to discuss the best process. The placement team including the NCIM rep prioritize Indigenous placements (with Indigenous midwives, Indigenous midwifery practices or practices serving 25% Indigenous client population) for the CHPs, but if Indigenous placements are not available, a placement with any midwifery

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practice is an option. When possible Indigenous support for students and preceptors is provided by NCIM. CHPs cannot be guaranteed each year and are dependent on a number of factors. CHPs are not expected to be prioritized for OMEP students over students from an MEP in another province (see process below).

PLACEMENT STRUCTURE AND BIRTH NUMBERS

CHPs are structured as per OMEP policies, this includes evaluation, class time, and birth numbers. Students and midwives need to be willing to follow the policies and procedures of the student's home site. OMEP courses are designed to teach Ontario midwives and use Ontario regulations and standards – students are expected to know the Ontario regulations and standards for test and exams, and know the standards and regulations of the province they are in to provide care appropriate to their level.

PRECEPTOR PAYMENTS

As the OMEP is only funded for placements in Ontario, when possible, NCIM will provide the preceptor payments (directly to the preceptors) following the OMEP amounts for preceptor payments as close as possible. This financial support will be dependent on NCIM budget and strategic direction and is at the sole discretion of NCIM. In provinces where midwives work under a salary model, and preceptoring students is a part of the midwifery job description, the preceptor payment may be waived – this discussion and decision will happen between NCIM and the assigned preceptors.

STUDENT TRAVEL FUNDS

The OMEP cannot provide student travel funds for placements outside of Ontario. There are other potential sources of funds for this, but none are guaranteed.

COLLEGE REGISTRATION

Currently, CHPs during senior year mean that students are ineligible for immediate registration with the College of Midwives of Ontario (CMO), as clinical requirements for registration must be supervised by a CMO member. Graduates are however potentially eligible for registration in the province where their CHP takes place – before choosing to participate in CHPs students should ensure they will be eligible for registration in the province where they would like to work. There may be discrepancy between the OMEP clinical experience requirements for graduation and the clinical experience requirements for registration with the regulatory body of the province where students are placed. It is the student's responsibility to ensure they are aware of the clinical experience requirements for that province and work with their preceptors and instructor to meet those requirements.

CHP PROCESS

- In November, prior to the Senior Year placement allocation process, the OMEP will

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reach out to Indigenous students to determine interest in CHPs for the following year. This will be done by either the NCIM rep or OMEP faculty or staff if a NCIM rep is not available. See sample email in appendix 1.

- Students will confirm interest in a CHP by providing the NCIM rep with the location they would like to be placed in, and a one paragraph description of their connection to the community/territory/place they are requesting. The NCIM rep will share the location requests with the placement team at the student's home site.
 - There may be a wide range of options for the location students would like to be placed in, this could be as specific as the practice that is located in or close to their home community – if there are midwives in their home community, or could be as broad as the province they would like to be placed in.
 - Students are encouraged to include as much detail as possible when describing the location they would like to be in
 - For specific locations, students are encouraged to help in the process by researching the area and suggesting specific practices. Students should not reach out to those practices, just suggest a list to the NCIM rep
 - If students have questions about this part of the process, they should reach out to the NCIM rep
- Students will still submit choices for the the MEP placement allocation process (mandatory) and for designated placements (optional). If the student is choosing a location in a province where there is an MEP, or there is an arrangement with an MEP from another province, a member of the OMEP placement team will reach out to the MEP to discuss the process.
 - The OMEP will continue with the CHP process at the discretion of the non-Ontario MEP, which may include waiting for their placement allocation process to be complete before the OMEP reaches out to practices.
 - The process for reaching out to other practices will vary– the non-Ontario MEP may offer/request to do the reach out, or the OMEP may be asked to do this.
- If the non-Ontario MEP is not participating in the recruitment of placement process the NCIM rep and the OMEP placement team will determine who will reach out to practices/midwives for placement recruitment.
 - Generally, the NCIM rep will make the initial contact with the practice/midwife and the placement team will follow up, but this will depend on timing and workload of those involved.
- Once initial interest is confirmed, the OMEP placement team will provide the practice with information (written and verbal) on the clinical placement policies, and course materials to assist them in confirming placement suitability.
- Once practice interest and suitability is confirmed by the practice, the placement staff will inform the student. At this point the student is removed from the OMEP allocation process. If the CHP is withdrawn the student will be offered available placements in Ontario.
- The OMEP placement staff will initiate the process to establish an affiliation agreement

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with the midwifery practice, hospitals and health authorities as needed – this is a lengthy process and may be a barrier to a CHP. Once the affiliation agreements are signed the placement will be confirmed with the student and practice.

- In the term before the placement, the OMEP placement faculty and the NCIM rep (if available) will provide preceptor training for the preceptor(s)
 - the NCIM rep will outline what support is available from NCIM
- The placement team will inform tutors about the CHP and support from the NCIM rep as needed

Revised and Approved by Management Committee – April 17, 2024

PLACEMENT DATES**SESSIONAL DATES**

Students are expected to begin and finish their placement on the clinical course dates. Students are responsible to be aware of clinical placement dates, which may vary from the university sessional dates, and to be available to begin on the first day of placement and plan to attend until the final date.

PLACEMENT DATE VARIATIONS

The MEP may occasionally require students to attend clinical placements that fall outside the regular course dates. In this instance the following considerations must be met:

- When a placement has a beginning or end date that is outside the course sessional dates, the number of days for the placement will be equivalent to those for in-session.
- Students are expected to participate in regularly scheduled tutorials and submit assignments and write exams on the regular course dates.
- Students whose placements begin before the official course date must be enrolled in the course.
- Placements outside MEP sessional dates may have an impact on the availability of student housing, OSAP funding, and employment opportunities.
- When a placement ends after the official end of term date, an interim grade of incomplete (INC) is submitted and later amended when a final grade is assigned.

A midwifery clinical placement may be lengthened beyond planned dates in exceptional circumstances, such as a significant deficit in clinical experience or to make up time for absence due to documented illness or compassionate leave. A placement extension is distinct from a remedial placement for a Provisional Satisfactory grade and is arranged as follows:

- a. Tutor recommends a placement extension with length and rationale for approval by the Course Coordinator/Site Lead in collaboration with the Placement Staff and Faculty.
- b. Tutor prepares a written report with proposed dates, responsible faculty member, and

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objectives to be met during the extension for review by the Academic Review Committee and to be included in the student file. Dates are usually planned, at least in part, during the break between placements to minimize extension into the next term (based on placement availability), with a minimum two week break between placements.

- c. Tutor performs a final clinical evaluation to determine the clinical grade at the end of the extension period. The student may be eligible for a remedial placement if the clinical grade at the final evaluation following the extension is Provisional Satisfactory.

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INTERPROFESSIONAL, AND OTHER MIDWIFERY PLACEMENT ALLOCATION PROCESS

Interprofessional Placement courses (called FUN III in 2025) include mandatory placements such as labour and delivery, obstetric/intrapartum placements and may include mandatory Midwifery Practice Group (MPG) placements. There are also elective placements such as in sexual and reproductive health services, Expanded Midwifery Care Models (EMCM), Alongside Midwifery Units (AMU), Indigenous Midwifery Placements, birth centres or rural/remote midwifery practices or with other health professionals such as lactation consultants, genetics counsellors, perinatal mental health workers, pelvic floor physiotherapists. Out of province or international placements may be possible.

The placement allocation process follows these steps:

- a. Students are contacted 4 months in advance to identify requests for interprofessional, EMCM, other midwifery placements, and electives.
- b. Once requests are made, they are final. Placement staff will contact the student if alternate requests are needed.
- c. Students can suggest placement opportunities to the placement staff but are not permitted to contact potential placement sites to arrange a placement for themselves or other midwifery students.
- d. Students receive notification of placement status approximately 6 weeks prior and if required 4 weeks prior to the placement start date. If the student's requested placements are not available at 4 weeks students will be asked to select other available opportunities.
- e. Students and placement staff are expected to answer emails within 5 working days from their university email address.

Students should be aware that schedules may not be available until just prior or even the first day of placement. Some placements will be shift work but others may require on call availability. Placements are arranged as 4 week or 2 week blocks with 2 days off between each block.

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CLINICAL PRACTICE EXPERIENCE

Over 50% of the MEP consists of clinical practicums. Prior to the curriculum change these courses are: Normal Childbearing (NC), Complex Care I (CC I), Complex Care II (CC II) and Clerkship. There are also interprofessional placement courses. Students must obtain sufficient experience by the end of the program to attain the competencies of an entry level midwife. Clinical practice experience is planned for graduates to be eligible for registration with the College of Midwives of Ontario (CMO). Under interprovincial agreements, graduates may also be eligible for registration in other Canadian jurisdictions. Supervision of students during clinical placements is guided by the College of Midwives of Ontario Standard [Professional Responsibilities when Supervising Students](#).

Beginning in 2023 and ending in 2025 new course names will be phased in: Fundamentals of Midwifery I (FUN I), Fundamentals of Midwifery II (FUN II), Fundamentals of Midwifery III (FUN III), Complex Care I (CCI), Complex Care II (CCII) and Clerkship.

PLANNING CLINICAL OPPORTUNITIES

The following chart is a guide to the number of clients to be assigned to students in each clinical course. The goal is to attain sufficient clinical experience to meet CMO requirements for the number of attended births and provide adequate learning opportunities. The maximum numbers take into account the likelihood that births will be missed because of academic and personal off-call time, births that coincide, etc.

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

While aiming for the maximum number of attended births is ideal, especially in the category of primaries and community births (home or birth centre births), it is **not** advisable for students to exceed the *maximum planned opportunities* even when it appears that the clinical experience would be a valuable learning opportunity. Clinical work beyond this limit can conflict with the academic workload required to successfully complete clinical courses and places students in a less than optimum and potentially unsafe learning environment. Midwife preceptors are expected to provide guidance to students about planning their workload appropriately within the context of the practice's on call system. The goals are to facilitate student learning and meet program requirements, maintain student safety, encourage appropriate time off call and learn about work/life balance. Preceptors should

note that the goal of student placements is student learning which includes taking increasing responsibility for the primary care of clients. Ultimate responsibility for all clinical care rests with the midwife, not the student.

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REQUIREMENTS TO BE ELIGIBLE FOR CMO REGISTRATION

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

- i. Attendance at a minimum of 60 births
- ii. Primary care-provider for 40 of the 60 births
- iii. 30 births must include care provided in accordance with the principles of continuity of care
- iv. 10 births must be community births (out of hospital), 5 as primary care provider
- v. 10 births must be in hospital, 5 as a primary care provider

Indigenous students who have a Close to Home placement in another province/territory and intend to register in a jurisdiction other than Ontario need to be aware of the regulatory requirements of that province/territory.

The MEP uses the term conducted for the role of the student at births as they move towards primary care competency.

Guide to Planning Clinical Opportunities Chart for Students entering NC in 2024 or earlier

Course	Length	Continuity	Observed	Primaries/Conducted		Seconds			TOTAL Minimum		TOTAL Maximum	
	Weeks in Placement	Planned	Planned	Planned	Minimum Attended	Planned	Minimum Attended	Maximum Attended	TOTAL Planned	TOTAL Attended	TOTAL Planned	TOTAL Attended
Intro to Midwifery			≥ 2									
Normal Childbearing (NC)	17	12	2	≥ 14	12	≥ 6	6	12	22	18	32	30
Third Year	18-24	0	No limit	No limit	NA	No limit	NA	NA	NA	<5*	No limit	No limit**
Complications & Consultation	12	≥ 7	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Maternal & Newborn Pathology	13	≥ 18	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Clerkship	13		0	≥ 12	10	≥ 8	6	10	20	16	26	24
TOTAL		≥ 37	4	50	42	26	20	38	78	62-67	106	98

* < 5 primaries supervised by a care provider other than a midwife registered with the CMO-

**there is no limit on the number of births planned or attended in interprofessional year placements. Students normally spend a minimum of 120 hours or 30 hours per week in

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placement

Guide to Planning Clinical Opportunities Chart for students entering FUN I or II in 2025 onward*

Course	Length	Continuity	Observed	Primaries/Conducted		Seconds			TOTAL Minimum		TOTAL Maximum	
	Weeks in Placement	Planned	Planned	Planned	Minimum Attended	Planned	Minimum Attended	Maximum Attended	TOTAL Planned	TOTAL Attended	TOTAL Planned	TOTAL Attended
Intro to Midwifery			≥ 2									
FUN I	12	6	2-4	≥10	8	≥6	4	8	18**	14**	24	22**
FUN II	12	6	0	≥12	10	≥ 6	4	8	18	14	24	22
FUN III (Interprofessional Placements)	12	0	No limit	No limit	NA	No limit	NA	NA	NA	≤5†	No limit	No limit††
Complex Care I	12	≥ 7	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Complex Care II	13	≥ 18	0	≥ 12	10	≥ 6	4	8	18	14	24	22
Clerkship	13		0	≥ 12	10	≥ 8	6	10	20	16	26	24
Total		≥37	4		48	32	22	42	92	72-79	118	106

*students returning from LOA in 2025 or later will follow this guide

**includes an average of 2 observed births

†includes 5 primaries with a care provider other than a midwife registered with the CMO

†† there is no limit on the number of births planned or attended in FUN III placements. Students normally spend a minimum of 120 hours or 30 hours per week in placement

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In addition to clinical care, students in midwifery placements should plan to attend 2-4 professional meetings per month e.g. practice meetings, educational forums, peer review sessions, prenatal classes, etc.

VOLUME OF PRE AND POSTNATAL VISITS

Students in each course, including Clerkship, are to attend an average of 15-20 (total) pre and postnatal appointments per week, following clients at all stages of pregnancy/postpartum.

The suggested workload needs to be put into the context of the midwifery clinic's schedule of call/clinic responsibilities. For example, if the student is doing clinic biweekly, the average number of visits overall during this period would be approximately 30-40. Alternately, if the student is doing clinic weekly, the student's schedule of weekly visits should be an average of 15-20 visits per week. If visits are 45 minutes a total of 15 is more appropriate. If visits are 30 minutes or less, a total of 20 visits is more appropriate. Preceptors and students should note that this is an average and not a minimum or a maximum and will vary from week to week.

The student's pre and postnatal workload (including review of laboratory results and chart preparation) is meant to be somewhat less than that of one full time midwife.

STUDENT PARTICIPATION IN CLIENT CARE

PRENATAL CARE

Students in all clinical courses participate in all aspects of prenatal care. The preceptor (or delegate) actively teaches and directly supervises care in FUN I/NC, with the goal of students being confident to conduct a routine prenatal visit without supervision by the end of FUN I/NC. Students should require a decreasing level of supervision during subsequent courses. The preceptor is responsible to determine the level of supervision required based on the level of the student, the individual student's skill, knowledge and comfort with clients.

CLERKSHIP

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

Senior students can undertake prenatal appointments for Clerkship clients without direct supervision at the discretion of the preceptor; however, a midwife must be on the premises. The midwife should review and sign off the chart before the client leaves the clinic in order to revise the care plan if needed. For prenatal home visits, a clerk may conduct the visit prior to the arrival of the midwife, but the supervising midwife must review and sign the chart at the client's home on the same day as the visit.

INTRAPARTUM CARE

LABOUR ASSESSMENTS

Students at every level are to be accompanied to visits for assessing the presence/status of labour because of the possibility of a precipitous birth or other urgent complications. The preceptor and student must make every effort to not place the student in a situation of being

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without supervision by the midwife preceptor. There should be clear communication about:

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

Students and preceptors should note that:

In hospital or a healthcare facility: If there is another health care provider present who is providing care to the client (e.g., a nurse or physician), the student may attend the labour under the supervision responsibility of the attending health care provider.

UNIVERSITY LIABILITY INSURANCE:

Please be aware that the university's insurance only covers students for care provided as part of their MEP sanctioned clinical placement (i.e., under the supervision of a preceptor).

University insurance coverage may not apply when an individual is engaging in an activity outside of the scope of their placement, i.e., if acting as a general member of the public or as a Good Samaritan.

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CONDUCTING THE BIRTH

The student is considered to have conducted the birth when they have hands on the baby during the birth. Students in FUN I/NC, may observe their first few births attended for orientation (≤ 4). All assisted/guided hands-on births ("four handed catches") are considered "conducted births".

Starting in CC I students are expected to have conducted births (solo hands-on) after appropriate orientation and under close supervision. Births should be conducted with a decreasing level of supervision except in situations that require new skills and the preceptor's direct guidance.

BIRTHS AS SECOND MIDWIFE

Beginning in FUN I/NC, students are assigned to births as a second midwife to gain increasing competence in this role so that by CC II they can provide care as one of two midwives at a birth:

- a. CC II students may provide care as one of the two midwives at hospital births if assessed by the preceptor as competent in this role.
- b. Clerkship students may provide care as one of the two midwives at both home and hospital births if assessed by the preceptor as competent in this role.

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

TRANSFER OF CARE IN LABOUR

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

POSTPARTUM CARE

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

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

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

RECEIVING AND RESPONDING TO CLIENT CALLS/PAGES

In the second half of the FUN I placement, preceptors will orient and involve students in client calls. By the end of FUNII/NC, students should be confident with taking client calls. Taking client calls should be an integral part of the student's role in CC I, CC II, and Clerkship. Students at all levels should immediately be in touch with their preceptor after each phone call or page. Students are not responsible for managing emergency situations independently. For reasons related to both professional liability and effective teaching, each practice group

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should develop guidelines that clarify the procedure for students taking client calls, clearly defining the roles and responsibilities of student and preceptor. Practice groups should consider the following when creating such practice guidelines:

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

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ADDITIONAL CLINICAL LEARNING

Occasionally the assigned clinical workload does not provide enough opportunities to learn specific skills. If necessary, students, preceptors or tutors can create an individualized plan for a student to meet learning needs by arranging simulations, workshops or opportunities to follow other midwives to learn skills or fill gaps. Common examples include preceptors doing emergency skills drills or suturing workshops. It can also include students being on call for all home births or birth centre births in the practice or going to births in the role of the second with a different team. The student and preceptor should contact the tutor as soon as the possible need for such individualized planning becomes apparent. Opportunities for simulation workshops may be available at the MEP.

Some practices may be able to arrange a shift with, for example, a nursing colleague or a lactation consultant to assist a student to gain skills. Note that this type of short interprofessional opportunity is not arranged by or funded by the MEP. If the practice arranges an additional learning opportunity, the tutor should be aware. This type of opportunity is covered by the student's liability insurance. However, the practice is responsible to evaluate that the student is prepared and the learning opportunity is appropriate.

DEFINING AND DOCUMENTING CLINICAL EXPERIENCE

Students must document **all births attended in the MEP Birth log**. Access to the log is via the following website: <http://mepbirthlog.mcmaster.ca>

This documentation provides a record which assists students to report birth numbers during

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clinical course evaluations and is a permanent record for the student and the MEP. It provides the documentation needed for the MEP to report student birth numbers to the CMO for registration.

REQUIRED REPORTING OF BIRTHS ATTENDED**PRE-CLINICAL PLACEMENT OBSERVATIONAL EXPERIENCES**

Students who observe births during Midwifery: Introduction to Midwifery (Toronto Metropolitan University) or Midwifery The Profession (McMaster University) will record the births in the birth log and submit the report to the course tutor at the end of term.

MIDWIFERY PRACTICE PLACEMENTS

Birth numbers are reviewed by the tutor and preceptor at the midterm and final clinical evaluations in all clinical courses. Students submit a copy of the birth log course report as part of the final evaluation. The final birth log is reviewed by both the preceptor and the tutor. Tutors in senior year courses will review birth numbers for the course and total numbers to date at the midterm and final evaluations. They will work with the student and preceptor to address any shortfalls. Shortfalls that may not be able to be addressed are reported to the site course coordinator.

INTERPROFESSIONAL AND OTHER MIDWIFERY PLACEMENTS

Students who participate in interprofessional, expanded midwifery care model (EMCM), or other short midwifery placements (e.g. rural/remote, out of province, international, Indigenous midwifery placement) as part of any course complete a birth log report and submit it to the tutor at the end of each placement. All births attended in any role should be recorded.

CLOSE TO HOME PLACEMENTS FOR INDIGENOUS STUDENTS

For Indigenous students in Close to Home Placements, the birth log should be completed for each course using the definitions below with the adaptation that births can be supervised by midwives registered in the jurisdiction in which they are placed.

DEFINITIONS**ATTENDANCE AT BIRTHS**

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

PRIMARY CARE-PROVIDER

According to the CMO, the primary care-provider, i.e., primary midwife, has sole responsibility/is the most responsible care-provider for the client's care.

For a student being the primary midwife is defined as:

CONDUCTED BIRTHS

- a. **All births conducted by the student count** as conducted births if an Ontario registered midwife is present. This applies in all clinical courses regardless of whether there is a transfer of care. FUN I/NC students will record these in the current birth log as Conducted –Midwife Supervised or Conducted –MD Supervised (current for NC). Senior Year students will record conducted births in the current birth log as either – Conducted – Midwife supervisor or Transfer of primary – Conducted – MD Supervised. In future, the birth log will be revised for all courses to be recorded as Conducted – Midwife Supervised or Conducted – Midwife Supervised (TOC).
- b. In addition, for students starting in FUN II, a maximum of 8 TOC births (total in the MEP) **where the student did not have hands on at** the birth can contribute to the total conducted births, if the student was significantly involved in care or decision making and a CMO registered midwife is present. All students record all TOC births and note their level of involvement. In FUN II a maximum of two births conducted by an MD after transfer can be counted towards the student's total conducted births. In the current birth log Senior year students record these births as Primary – Transfer of Care – Observed and note details of involvement in care and decision making in the Notes section.
- c. In addition, a maximum of 5 births conducted by the student and **supervised by an MD or midwife other than CMO registered midwife** can be counted. These births would normally be attended during an interprofessional placement. Students record births in this section of the birth log as Attended – Observed; Attended Second Midwife or Conducted – MD Supervisor or Conducted – Midwife Supervisor.

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CONTINUITY OF CARE

Continuity of Care for midwifery students is a minimum of 5 visits, ideally including 1 prenatal and 1 postnatal visit, in addition to attendance at the birth.

SECOND MIDWIFE

A birth is considered to be attended as a second midwife when the student is present for the birth and assists a midwife who conducts the birth and is then responsible for the immediate assessment and stabilization of the newborn. These births are recorded as Attended – Second Midwife. For a maximum of 1-2 births per term, a student may record a birth as an Attended – Second Midwife if they provide initial newborn care at a birth conducted by an MD, for example at an observed caesarean section. Otherwise, the experience of being a second at an MD conducted birth is recorded as an observed birth. No changes are needed

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to the birth log. These births are recorded as Attended – Observed.

BIRTH LOCATION

For place of birth, a maximum of 2 of the 10 required community births (out of hospital) may be **planned community births that transfer to hospital** if the student has been responsible for significant provision of care prior to transfer to hospital. In the current birth log students record the actual place of birth and should note any out of hospital birth transfers in the Notes section. In future the birth log will allow Actual – Hospital, Actual – Community, Planned Community – Actual Hospital.

NOTES

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

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

For community births that are transferred to hospital, students should make notes about their role in care before and after transfer. A community birth that moves into hospital may be able to count towards CMO registration numbers.

Examples:

1. Student arrived after birth with the midwife and caught the placenta, did suturing and baby care
2. Student left hospital with preceptor due to transfer of care for induction. Arrived before preceptor and caught baby with RN and MD present

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

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Revised and Approved by Management Committee – February 19, 2020

Revised and Approved by Management Committee – February 21, 2024

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STUDENT ON CALL EXPECTATIONS

There are basic requisites for placements (and midwifery work more broadly) that students must have the capacity and resources to fulfil. Students must be able to be reliable on call and attend clinical work on time, adapt to changing schedules and disrupted sleep, be available 24/7 (by cellphone and/or pager) for most of the placement with time off as per program policies. It is common in midwifery placements to work multiple nights per week, often requiring being awake for 24 hours in a row, this may also require attending a birth before, during or after a clinic day. On-call work means that employment during placement is not possible. Students need to be present for clinical work within 30–40 minutes of being called out. Students are required to have access to a vehicle, have a driver's license and a cell phone. Note that there are on-call expectations in all midwifery practice group (MPG) placements and some interprofessional placements.

SAFETY

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

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

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

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

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STUDENT OFF-CALL TIME FROM CLINICAL RESPONSIBILITIES

Students have a minimum of four personal days off-call per month in midwifery placements

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(FUN I-Clerkship), which include two weekend days. The student arranges with the preceptor and practice group the specific dates to be off-call. In interprofessional or FUN III midwifery practice placements, students are expected to be present at all scheduled shifts/hours. In addition, for all midwifery clinical placements, students have an off call 24-hour academic day commencing each Thursday at 1700 hours. This includes FUN III MPG placements but does not include interprofessional placements.

If a student moves from one geographic location to another during a midwifery placement, due to an unplanned change of placement site, the student may take up to five days off-call to accomplish the move.

Students are off call and relieved of all clinical duties for **36 hours** prior to writing a midterm exam in a clinical course, and **72 hours** prior to writing final exams in a clinical course. If the student's normal clinic day falls within the 24 hours prior to the exam, the tutor, student, and preceptor should discuss alternatives to ensure the student not only has protected study and off-call time but continues to conduct the expected number of client visits.

Students who have placements lengthened beyond planned dates, (e.g., a remedial placement due to Provisional Satisfactory grades, an extension of the placement due to low birth numbers, a compassionate leave or changes in placement location during the term) will usually have the additional time planned at least in part in the break between placements. This should be planned to occur as soon as possible, based on placement availability & exam timing. Tutors should ensure students have a two week break before subsequent midwifery clinical placements. The student must undertake any didactic course component (intensive, tutorials) planned during that time off. The tutor will include recommended off-call dates in any plan that is brought forward to the Course Coordinator for approval by ARC. Any deviations from this policy must be confirmed and accepted in writing by the tutor, the site course coordinator and the student.

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ACADEMIC STUDY DAY VARIATIONS – GUIDELINES & PROCEDURES

GUIDELINES FOR VARIATIONS TO THE ACADEMIC STUDY DAY

The Academic Study Day for students in midwifery placements is a 24-hour period beginning at 1700 on Thursdays where students are off call and away from clinical work. Variations to the Academic Study Day policy will be considered on a case by case basis and require

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approval by the tutor. Most students will require a variation to stay on call for community births (home or out of hospital). The tutor will report approved Academic Study Day variations to the course site lead, who will report to the Student Workload Committee at the end of the course.

There are two categories for variations to the Academic Study Day that are outlined below – variations open to all students; and variations due to anticipated or actual shortfall in birth numbers. More flexibility may be required for students with birth shortfalls.

1. VARIATIONS FOR ALL STUDENTS

The start time of the Academic Study Day may be adjusted for MEP students to accommodate routine clinic days on Thursdays or Fridays, and/or attendance at an imminent birth on Thursday late afternoon or evening. Students are expected to attend all tutorial classes.

a. Routine clinic days on Thursdays or Fridays

The start time of the Academic Study Day may be adjusted to accommodate routine clinic times on Thursdays after 1700 or Fridays before 1700. The Academic Study Day will remain a 24 hour off call period in most cases, unless an alternate arrangement is approved by the tutor.

Tutor approval is required in advance for variations in the Academic Study Day for routine clinic days. The preceptor must make a written request to the tutor and copy the student. The request must indicate the routine clinic times on Thursdays or Fridays, the proposed start time to the Academic Study Day, whether the clinic time is necessary for the student to meet the standard of 20 prenatal and postnatal visits per week, if the variation request is temporary or ongoing during the placement, and if it is required weekly or on another schedule, e.g. biweekly. The tutor reviews the request and informs the student and preceptor if the request is approved.

b. Attendance at an imminent birth

A student may delay the start of the Academic Study Day to attend an imminent birth on Thursday evening. An imminent birth is defined as a birth that is likely to occur between 1700 and 2359 on Thursday. The student must be off call and leave the clinical setting by 2359 on Thursday at the latest, even if the birth has not yet taken place. The student must report their attendance at the birth and the delayed start time of the Academic Study Day to their tutor prior to the following Friday morning tutorial

c. Attendance at a community (home or birth centre) births

All students have permission to stay on call for community births during their Academic Study Day. They may not miss more than one tutorial per term or a tutorial they are facilitating. Many students will be required to stay on call to avoid a shortfall in community births.

2. SPECIAL CONSIDERATIONS FOR STUDENTS WITH PROJECTED OR ACTUAL SHORTFALL IN BIRTH NUMBERS

The preceptor or student will notify the tutor if a shortfall of births is projected early in a placement or if risk of a shortfall arises during the placement. The tutor will arrange a meeting with the preceptor and student to discuss strategies to maximize attendance at labours and births. Strategies to increase planned births may include:

- Increase the number of maximum planned births for the placement
- Assign clients with another preceptor or midwife within the MPG
- Stagger off call days for students to “cover” births for one another

The tutor may also approve temporary or ongoing variations to the Academic Study Day for students with projected or actual birth shortfalls. These variations may include:

- “Soft call” for imminent *primary or community* births during the Academic Study Day period
- Stagger the start/end time of the Academic Study Day with other students to maximize student attendance at births
- Students who do not have at least 5 home or birth centre births (with at least 2 in the role of primary) planned in FUN I/NC are required to remain on call during the Academic Study Day for community births only. Any student who did not attend at least 3 community births (2 in the role of the primary) during FUN I/NC is required to remain on call during the Academic Study Day. Any student who does not have at least 10 community births (with at least 3 in the role of primary) planned in senior year is required to stay on call during the Academic Study Day in Complex Care I. Any student projecting a shortfall in community births by graduation is required to stay on call for community births.

Midterm and final evaluation meetings will include a report about Academic Study Day variations and a review to assess their necessity.

One tutorial per term may be missed for variations to the Academic Study Day for students with birth shortfalls. Additional tutorial absences may be approved in exceptional circumstances by the tutor in advance, e.g. the student is at risk of a placement extension due to insufficient clinical experience.

Approved by Management Committee – June 19, 2019

Revised and Approved by Management Committee – February 21, 2024

Revised and Approved by Management Committee – April 17, 2024

STUDENT – PRACTICE GROUP – PRECEPTOR RESPONSIBILITIES

STUDENT RESPONSIBILITIES

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

PRACTICE GROUP RESPONSIBILITIES

- a. Provide a student placement in accord with MEP and CMO policies and standards and MEP course outlines, including policies regarding student workload, level of supervision required and time off call.
- b. During the first week of placement the practice will provide an orientation that includes an introduction to group members and information about group practices and protocols. The orientation must include safety concerns and an introduction to the hospital (also birth centre, if applicable) and its procedures. (See Annex II for the complete orientation guide).
- c. Practice groups should plan clinic days so that students have reasonable breaks, including meals. If appointments for students are widely spaced, there should be access to study materials and a space for quiet study.
- d. Practice groups should plan, in conjunction with the student(s), the timetable of clinic and home visits taking account of the Academic Study Day, times when students will attend tutorials, exams and having scheduled time off. An important part of care planning is anticipating absences and scheduling extra visits as needed and

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

providing clear information to clients about the student's availability and role.

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

PRECEPTOR RESPONSIBILITIES

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

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

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

midwifery colleagues.

- q. Participate in the preceptor workshops and continuing education developed for clinical preceptors.

Approved by Management Committee – June 21, 2000

Revised and Approved by Management Committee – June 18, 2008

Revised and Approved by Management Committee – September 21, 2018

Revised and Approved by Management Committee – February 21, 2024

Revised and Approved by Management Committee – April 17, 2024

NEW REGISTRANTS AND PRECEPTING

The CMO requires preceptors to be registered in the general class without new registrant (NR) conditions. In shared caseload MPGs where a preceptor shares call with a NR, the student should normally follow the preceptor's call schedule. If additional births are needed and cannot be assigned from the caseload of a General Registrant (GR), the preceptor and student should review with the tutor. The tutor may approve the student to attend a minimum number of births with a NR and in these cases the student may act as primary or second midwife if the GR preceptor or another GR is present. For greater clarity, students may attend planned primary births with a NR but will require a GR to supervise the student in a primary role. The student should be aware they will not be able to assume the same responsibilities until a preceptor or another GR is present. The student may be at the birth in a limited or observational role until a GR is in attendance.

Approved by Management Committee – February 16, 2022

Revised and Approved by Management Committee – February 21, 2024

EVALUATING STUDENT PERFORMANCE

GRADING OF CLINICAL COURSES

The following policy applies to the clinical courses – Normal Childbearing/Fundamentals in Midwifery I, Fundamentals in Midwifery II, Complex Care I, and Complex Care II. The Midwifery Clerkship has other specific policies for calculating the final grade.

1. Courses are graded as Pass/Fail. An interim grade of "provisional satisfactory" may be assigned in the clinical practicum. This grade must be converted to either pass or fail at the end of a specific time period.
2. To achieve an overall Pass for a course, a student must achieve the following:
 - a. 70% or above in tutorial work.

Written papers, oral presentations and tutorial participation are graded. The weighted contribution of each paper or presentation, etc. to this component of the course grade will be detailed in individual course outlines. Rewrites on

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

papers are only permitted if specifically requested or approved by the course tutor. The grade obtained on the rewritten paper will be the final grade for that assignment.

- b. 70% or above on exam component.

The weighted average of the midterm and final examinations must be 70% or above. The final evaluation is to contribute more to the average than the midterm examination, but should not account for more than 70% of the weighted average. The specific weighting of the midterm and final examinations will be detailed in individual course outlines.

- c. Satisfactory rating for the clinical practice component.
- 3. Students who do not achieve the criteria specified above will receive a Fail for the course.
 - 4. Students must Pass each clinical course before proceeding to the next course.

Approved by Management Committee – August 6, 1997

Revised and Approved by Management Committee – December 8, 2010

ASSIGNING A GRADE TO THE CLINICAL PRACTICE COMPONENT

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

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

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

- 7. The following categories for **final** grade are available
 - a. Satisfactory – student achieves objectives at a "B-" level or above.
 - b. Unsatisfactory – student fails to meet the course objectives at a "B-" level.
 - c. Incomplete –

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- i. **Provisional Satisfactory** – the student has a deficit relating to one or more of the objectives of the course and the deficit is such that it can be made up within a limited time frame (cannot be longer than four weeks). Provisional Satisfactory is a temporary grade and results in a remedial process (See section following on “Remedial Contract for a Grade of Provisional Satisfactory”). This grade must be converted to an Unsatisfactory or Satisfactory at the end of the specified time period.
 - ii. **Unable to Grade** – the student is unable to complete the course due to absence, illness, or other (severe) extenuating circumstances. The reasons for the Incomplete must be documented in writing and approval obtained from the program Director for grades to be assigned. An Incomplete must be removed from the record before the student can proceed to the next clinical course.
- 8. The procedure for completing the evaluation depends on the grade assigned and whether there is agreement among the parties concerned.
 - a. **Satisfactory by Preceptor and Tutor**

The Preceptor and Tutor concur that the information is adequate to substantiate a decision of Satisfactory. The Tutor will notify the Course Coordinator of the final grade.
 - b. **Satisfactory by Preceptor but not supported by Tutor**

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

The Preceptor and Tutor concur about the deficit(s) and that a period of remediation should be undertaken. A written report is prepared by the tutor stating the nature and extent of the deficits and providing recommendations for the remediation period in a draft remedial contract. The Tutor submits the draft contract to the Course Coordinator who will forward it to the Academic Review Committee. (See sections, “Grades submitted to the Academic Review Committee” and ‘Remedial Contract for a grade of Provisional Satisfactory’.)
 - d. **Provisional Satisfactory by Preceptor but not supported by Tutor**

The Tutor will include the reasons for lack of concurrence in their report, will assign a grade of either Satisfactory or Unsatisfactory, and submit the report to the Course Coordinator, who will forward it to the Academic Review

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Committee. (See section, "Grades submitted to the Academic Review Committee".)

e. **Unsatisfactory by Preceptor and Tutor**

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

f. **Unsatisfactory by Preceptor but not supported by Tutor**

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

9. Grades submitted to the Academic Review Committee

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

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

10. Remedial Contract for a Grade of Provisional Satisfactory

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

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

11. Student Complaint/Grievance with Assigned Grade

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

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

ABSENCE

Attendance is mandatory in all clinical courses. Students are off call for tutorials and are expected to attend all sessions. For students with Academic Study Day variations a maximum of one missed tutorial per clinical course can be approved by the tutor for attendance at births or other learning needs approved by the tutor. Students follow university policies about absence.

Attendance at births is not an acceptable reason to miss examinations or presentations for which students are responsible and will result in a failure of that component of the course.

Revised and Approved by Management Committee – November 20, 2024

PROGRAM EVALUATION

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

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

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

EVALUATION FORMS

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

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

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

REQUIRED TO WITHDRAW

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

Approved by Management Committee – June 15, 2016

Revised and Approved by Management Committee – September 19, 2018

ADDITIONAL POLICIES REGARDING CLINICAL COURSES**STUDENTS PRACTISING ON EACH OTHER**

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

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

Therefore, the program holds that:

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

Approved by Management Committee – November 16, 2005

OUT OF SYNC PLACEMENTS & ACADEMIC COURSES

Under normal circumstances the tutorial and placement components of a clinical course will be taken at the same time. Students whose placement has not yet been finished will be permitted to start the tutorial of a subsequent course, but the tutorial and placements may not be out of sync (i.e. tutorials need to align with corresponding placement) by more than one term.

Approved by Management Committee – February 16, 2022.

LIABILITY CONCERNS, INCIDENT REPORTING, SUPPORT FOR STUDENTS WHEN THERE IS AN ADVERSE OUTCOME

LIABILITY RELATING TO STUDENT CARS

Students should not transport clients in their cars.

Revised and Approved by Management Committee – November 20, 2024.

PROFESSIONAL LIABILITY INSURANCE

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

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

INCIDENT REPORTING PROCEDURE FOR CLINICAL PLACEMENTS

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

Saadia Israr
Program Manager
McMaster University
israr@mcmaster.ca

Rheney Castillo
Program Manager
Toronto Metropolitan University
rcastillo@torontomu.ca
Fax: 416.979.5271

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

STUDENT ACCIDENT/INJURY IN CLINICAL PLACEMENTS

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

It is the student's responsibility to know the reporting requirements of their home university for

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reporting a WSIB accident/injury.

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

STUDENT SUPPORT FOLLOWING AN ADVERSE OUTCOME

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

TRAVEL, RELOCATION & ACCOMMODATION POLICY

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

REIMBURSEMENT RATE FOR KILOMETERS DRIVEN IN PRIVATE VEHICLES

The rate utilized is the Canada Revenue Agency (CRA) Automobile Allowance Rates as published annually on the CRA government website. Reimbursement is made at a base rate for the first 5000km driven in a calendar year. Any mileage that exceeds 5000km in a calendar year is reimbursed at the CRA’s reduced rate.

COURSES INCLUDED FOR REIMBURSEMENT

- a. Pre-Clinical Courses include: Midwifery the Profession I & II/Introduction to Midwifery
- b. Clinical courses included: Normal Childbearing/Fundamentals of Midwifery I, Fundamentals of Midwifery II, Complex Care I, Complex Care II, and Midwifery Clerkship for placements done in Ontario.
- c. Interprofessional Courses: In addition, students may submit claims (excluding travel mileage) for the 4 weeks of OB and the 4 weeks of L&D placements, if done in Ontario as part of Interprofessional Practice I/Interprofessional Placements I, Interprofessional

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

Practice II/Interprofessional Placements II, or Fundamentals of Midwifery 3. If there are funds remaining after claims for all other eligible non-clinical and clinical courses have been processed, these claims will be considered at fiscal year end.

- d. If a student fails a course or is repeating a course due to leave of absence, withdraw, or repeat due to previous failure, a claim will be considered at the discretion of the MEP, depending on the amount of funding available.

CLAIMING EXPENSES

- a. Expenses must be directly related to the student's clinical placement and reimbursement will only be considered for expenses incurred during the official dates of placement, during the official dates of refreshers/extensions/provisionals, and within a reasonable timeframe pre-placement and post-placement for applicable relocation expenses.
- b. Travel and accommodation claims must be economical.
- c. When receipts are required as detailed below, the learner must provide digital copies to the program and are responsible for keeping and providing the original receipts if requested by the MEP.
- d. Forms and all accompanying documentation must be submitted by the specified deadlines at the conclusion of each clinical course. Students who do not submit their forms by the deadline forfeit the opportunity and cannot do so later.
- e. When a course is in progress and continues past March 31st, two separate sets of forms and accompanying documentation must be submitted: one for the period up to March 31st and one for the period from April 1st through to the end of the course or placement. The deadline for the first set of forms is within five business days of March 31st.
- f. When a course is in progress and continues into a new calendar year, two separate set of forms and accompanying documentation must be submitted at the end of the placement: one for the period of the previous calendar year and one for the period of the current calendar year. If the expenses in the second set of forms include any expenses from April 1st onward, three sets of claim forms are required. See bullet "e" above.

GUIDELINES FOR MOHLTC FUNDING FOR TRAVEL AND ACCOMMODATION ALLOWANCES FOR MIDWIFERY**STUDENTS**

The MEP criteria for assessing claims are listed below.

PRE-CLINICAL COURSES

Students may request reimbursement for expenses related to observing midwifery clinic / following of pregnant clients arranged during Midwifery the Profession I & II/Introduction to

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

Midwifery. Expenses eligible for reimbursement are as follows:

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

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

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

CLINICAL COURSES

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

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

Students in clinical courses are eligible to submit a claim for travel, accommodation, and relocation/moving expenses for each course completed. Adjustments to eligible claims totals may be made based on (1) available funds (2) total claims submitted (3) the geography of the midwifery practice group (MPG) and when available (4) historic information on student travel expenses while placed in that MPG.

TRAVEL EXPENSES

Eligible expenses for travel include:

- a. Mileage driven in a personal vehicle: mileage claims assume the most efficient routing and include travel to client's homes, clinics or hospitals for prenatal visits, birth, and postpartum visits, or other trips for midwifery placement business. The commute from the learner's residence to the primary practice for routine clinic days is not eligible and should not be reported or tracked. When an MPG operates multiple practice sites, the travel from the learner's residence to the primary practice is not eligible; however, subsequent travel for midwifery business to secondary or satellite practice sites is eligible.
- b. Parking (with receipts) for midwifery business (including parking at practice site)
- c. Taxi or taxi-type services, e.g., Uber, Lyft (with receipts)
- d. Public transit (with receipts)

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

The following will not be reimbursed:

- a. Gas expenses
- b. Electric vehicle charging costs
- c. Parking and other bylaw infraction fines or towing expenses related to illegal parking or operation of the student vehicle

ACCOMMODATION & RELOCATION/MOVING EXPENSES

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

Students may submit a claim for accommodation and relocation/moving expenses incurred for Clinical Courses as follows:

Accommodation Expenses:

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

- a. move from their primary residence (in Ontario)¹ to a secondary residence,
- b. relocate to within an approved driving distance² of their assigned practice site (hospital/midwifery clinic) for midwifery clinical placement;
- c. provide an original receipt at the completion of the course (or by March 31st, whichever occurs first). Receipts must include: learner's name; address of accommodation; dates of occupancy; amount paid per month; name and signature of the property owner, and telephone number at which the property owner can be reached. If secondary rental residence is managed by a property management company rather than an individual, an official receipt from the company is acceptable without a signature.
 - i. In some cases, the use of temporary rentals with receipts (e.g. Airbnb) may be approved as an eligible accommodation expense if the student is maintaining a primary residence in addition to renting accommodation; however, those considering the use of a temporary rental as a secondary residence for clinical placements must obtain pre-approval from the MEP admin at their home university before submitting their claims.

The following will not be funded:

- a. The cost of utilities when such expenses are not inclusive in the base monthly rental amount of the temporary residence rental agreement
- b. Hotel expenses

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

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

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

- c. Rent during whole months when student is not in placement such as during a leave of absence or withdraw and during month-long or term-long breaks between consecutive clinical placement courses

Relocation/Moving Expenses

Students may claim relocation/moving expenses to their new residence for each midwifery clinical course within Ontario. If a student claims for both accommodation and moving expenses, accommodation expenses will take priority. If funds are available, moving expenses may also be reimbursed.

Eligible expenses for relocation/moving include:

- a. The rental cost of a moving vehicle (with receipts)
OR
- b. One-way relocation mileage driven in a personal vehicle: mileage claims assume the most efficient routing in Ontario. If the student is driving into Ontario from out-of-province, they must determine the point of entry into Ontario and begin mileage calculations from that point in Ontario. Mileage driven out of Ontario is not eligible.
 - i. Moving vehicle expenses or one-way relocation mileage can be based on either (1) the trip from the primary residence to the secondary residence for placement before placement begins or (2) the trip from the secondary residence back to the primary residence at the end of placement. Students may not claim both trips and cannot claim more than one type of relocation expense per course.

To qualify for this, students must:

- a. move from their primary residence (in Ontario)³,
- b. relocate to within an approved driving distance⁴ of their assigned practice site (hospital/midwifery clinic) for midwifery clinical placement;
- c. provide original moving vehicle rental receipts at the completion of the course (or by March 31st, whichever occurs first).

The following will not be reimbursed for moving/relocation:

- a. Gas expenses (except where inclusive in the cost of a rental moving vehicle)
- b. Electric vehicle charging costs
- c. Airfare or other public / mass transportation expenses for moving/relocation in or outside of Ontario.
- d. Multiple relocation trips per course

EXPENSE RECEIPTS NOT IN STUDENT NAME

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

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

POLICY & INFORMATION HANDBOOK EXCERPTS FOR PRECEPTORS

Expenses incurred for non-clinical, clinical, and interprofessional courses will only be reimbursed if they are in the name of and paid for by the student enrolled in the course. If a student's expense is paid for by another party (i.e. parent, guardian, spouse, partner, or friend) or from a bank account or credit card that is not in the student's name, the expense may not be eligible for reimbursement. Please contact the admin staff at your MEP home university to alert them of any such expenses and to obtain additional claim paperwork to seek approval for eligibility. When requested, it is incumbent upon the student to provide clear proof of payment and receipt in the student's name or forfeit potential reimbursement.

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

Approved by Management Committee – June 28, 2017

Revised and Approved by Management Committee – September 19, 2018

Revised and Approved by Management Committee – October 2, 2019

Revised and Approved by Management Committee – July 7, 2023

APPENDIX I: CMO POLICY ON CLINICAL EDUCATION AND STUDENT SUPERVISION

<https://cmo.on.ca/wp-content/uploads/2022/09/Professional-Responsibilities-When-Supervising-Students-Approved-Sept-22-EN.pdf>

Revised October 9, 2024

APPENDIX II: GUIDELINES FOR ORIENTATION TO THE PRACTICE GROUP

GUIDELINES FOR ORIENTATION TO THE PRACTICE GROUP

It is important that students be systematically oriented to each midwifery clinic, hospital and birth centre using this guideline. Preceptors or designates should expect to spend three to six hours for orientation.

PRACTICE GROUP CHECKLIST

PHYSICAL LAYOUT OF CLINIC

- ☐ Exam rooms, waiting rooms, staff areas, student areas, kitchen, etc.
- ☐ General rules for areas where students can work/study/eat and take breaks
- ☐ Storage and organization of supplies (clinical and non clinical, including medications)
- ☐ Computers, phone, fax, photocopier etc.
- ☐ Location of fire exits and fire extinguishers
- ☐ Location of first aid supplies and equipment

ACCESS TO THE CLINIC AND PERSONAL SAFETY

- ☐ Student use of clinic space
- ☐ Information to access the clinic building, keys, security system, parking etc.
- ☐ Safety considerations

ADMINISTRATIVE ASPECTS OF THE PRACTICE

- ☐ Roles and work hours of the administrative staff
- ☐ How appointments are booked, cancelled and rescheduled
- ☐ Organization of the clinic schedule
- ☐ Procedures for reporting accidents and injuries
- ☐ Identification and protocol for dealing with any workplace hazards (WHMIS)

PRACTICE PROFILE

- ☐ Catchment area and client demographics
- ☐ Privileging hospital(s)/birth centre

MODEL OF CARE

- ☐ How midwives share care and on call (and second attendants if applicable)

- ☐ Off call/on call schedules for midwives
- ☐ Communication systems, e.g. pagers, answering service, cell phones, apps

MEETING SCHEDULE

- ☐ Practice group meetings and expectations re: student attendance
- ☐ Peer review, rounds other professional meetings and expectations re: student attendance

CONTACT INFORMATION

- ☐ Phone, fax, address, email and website contacts for practice group
- ☐ Contact information and instructions for how/when to contact midwives
- ☐ Contact information for hospital services and staff, and birth centre if applicable
- ☐ Contact information for relevant health/community services, including prenatal education

CHARTING SYSTEM(S)

- ☐ Student training for EHR(s) if applicable
- ☐ Organization of charting systems and storage
- ☐ Components of client chart
- ☐ Expectations for students charting in client records.

KEY DOCUMENTS OF THE PRACTICE GROUP

- ☐ Protocols for practice, hospital and birth centre if applicable
- ☐ Client handouts

CLINICAL EQUIPMENT

- ☐ Clinic equipment and restocking process
- ☐ Instructions
- ☐ IPAC procedures
- ☐ Orientation to preceptor's home visit and birth equipment

EMERGENCY SERVICES

- ☐ How EMS is accessed
- ☐ Protocol for fire or other emergency

HOSPITAL ORIENTATION CHECKLIST

GENERAL HOSPITAL TOUR

- ☐ Parking locations and fees

- ☐ Entrances and hours of access
- ☐ Cafeteria, hours, other sources of food
- ☐ Significant phone numbers
- ☐ Library
- ☐ Lab, admitting, radiology and other relevant services including after hours access

TOUR OF BIRTHING UNIT

- ☐ Staff structure and roles
- ☐ Room organization, ice machine, blanket warmer
- ☐ Medications and equipment including resuscitation equipment
- ☐ Client information board
- ☐ Sleep room, change room, locker, caregiver washrooms
- ☐ Clean-up expectations – room, equipment, restocking, placenta disposal

GUIDELINES AND PROCEDURES

- ☐ Interprofessional services e.g. early pregnancy clinic, LC, pediatric walk in
- ☐ Protocols for L&D, postpartum and nursery; indications for consultation and transfer
- ☐ Communication and reporting to team leader
- ☐ ID Badges
- ☐ Scrubs, clothing policy
- ☐ Infection prevention supplies and procedures
- ☐ Safety procedures, needle stick injuries, incident reports, etc.
- ☐ Emergency codes and procedures, including hospital transfer
- ☐ List of consultants and processes for consultation and transfer of care
- ☐ Computer and paper charting, order entry, admitting, discharge

PLACEMENT CHECKLIST

PRECEPTOR MODEL:

- ☐ Structure of preceptor team (number of preceptors, caseload, call arrangements)
- ☐ Coordinating or first contact preceptor
- ☐ How student will follow preceptor(s) or clients
- ☐ How communication works if more than one preceptor
- ☐ Which preceptor(s) will do the evaluations
- ☐ Preceptor coverage during off call time

STUDENT PLACEMENT:

- ☐ Client assignments and information
- ☐ Student call arrangements
- ☐ Regularly scheduled clinic times
- ☐ Expectations re participation in non-clinical work of the practice

DESIGNATED PLACEMENT:

- ☐ Discussion of student and preceptor expectations for the DP including:
 - ☐ Learning goals specific to the DP
 - ☐ Learning plan specific to the DP
 - ☐ Limitations of the DP
- ☐ Student and preceptor identity in relation to the DP
- ☐ Practice make up in relation to the DP
- ☐ Population served in relation to the DP

OFF CALL ARRANGEMENTS:

- ☐ How student off call days are scheduled
- ☐ How protected study time is scheduled
- ☐ Student to report tutorial days/times and exam schedule that are off call

STUDENT WORKLOAD:

- ☐ How placement is organized to meet MEP birth number guidelines
- ☐ How placement is organized to meet clinical workload policies (15-20 pre/postnatal visits on average per week or slightly less than 1.0 FTE midwife)
- ☐ Who to contact for assistance to prioritize or troubleshoot workload issues

COURSE EXPECTATIONS AND EVALUATION:

- ☐ Student to share course evaluation forms with preceptor
- ☐ Review how feedback and evaluation will be organized
- ☐ Book midterm evaluation meeting (student to coordinate)

TEACHING AND LEARNING:

- ☐ Discuss teaching and learning strategies
- ☐ Review student's learning plan and evaluation from previous course
- ☐ Develop plan to assist student in fulfilling their learning objectives for the placement

PRACTICE GROUP RESOURCES FOR STUDENTS:

- ☐ Computer access, torsos and dolls, library etc.
- ☐ Other local resources for student study/research, e.g. hospital library

Revised and Approved by Management Committee – October 5, 2022

Revised and Approved by Management Committee – April 17, 2024

APPENDIX III: CMRC CANADIAN COMPETENCIES

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

Please consult the full CMRC COMPETENCIES FOR MIDWIVES guidelines (updated 2022) at <https://cmrc-ccosf.ca/competencies>