Dear Potential Student & Fellow Midwife:

The Midwifery Institute of Philadelphia University values the involvement of community midwives in the education of future midwives. We thank you for your participation!

In preparation for being a student and/or potential clinical site, we suggest that applicants and potential preceptors discuss some of the issues listed below. We then ask that the potential preceptor send us some feedback and the signed agreement below indicating willingness to precept this applicant if accepted into the program and to work with program toward a formal clinical site agreement. Please feel free to call or write with additional questions or feedback. We understand that different sites have different processes for clinical site agreements.

Students begin their studies with several semesters of midwifery foundation coursework and an intensive on-campus session. Students then return to their home community and begin outpatient care in antepartum, well-woman, & primary care two days per week. Therefore, you can anticipate full-time students starting outpatient clinical with you in the third semester. Part-time students begin clinical in the sixth semester of study. After two semesters of outpatient clinical (2x/wk), students attend an additional on-campus intensive week. Students will then continue one day per week in outpatient care and add full scope on-call clinical including intrapartum, postpartum and newborn care in their final two semesters. The Midwifery Institute students are expected to keep on track and move through courses together. This should help you with your planning. Minimum guidelines for clinical cases are: 40 births/labor management, 130 return AP, 30 gyn, 30 family planning, 40 primary care, 40 newborn exams, plus breastfeeding and preconception counseling.

Each midwifery practice will be offered an honorarium at the conclusion of its work with the student. If multiple sites are utilized, the honorarium will be prorated among the sites.

Possible questions to discuss with a potential student:

• Why do you want to be a midwife?
• How did you learn about midwifery? Include any past experiences with midwives.
• What skills/experiences do you bring as a student?
• What skills do you anticipate needing?
• What do you think will be your strengths and weaknesses as a midwifery student?
• What is your preferred teaching/learning style? How do you respond to other types of learning/teaching styles?
• What about this practice attracts you as a student? / What types of experiences does this site have to offer?
• What are your future goals as a midwife?
• When do you anticipate starting clinical?

  • Full-time students start with office based clinical in the third and fourth terms and continue with full-scope clinical in the fifth and sixth terms. (CMW-631,632, 633, 634, one per clinical term)
  • Part-time students start with office based clinical in the sixth and seventh terms and continue with full-scope clinical in the eighth and ninth terms. (CMW-631,632,633, 634, one per clinical term)

  See http://www.philau.edu/midwifery for both the full-time and part-time course of study and program requirements.

• What areas of full scope midwifery (antepartum, intrapartum, postpartum, newborn, gynecology and/or family planning, primary care) does your practice offer?
• What is your practice like (types of services, clientele, number of midwives, other providers, setting, etc.)?

APPLICANT: Please fill out the top of the following page and then give both pages to your potential preceptor. We suggest that you bring along an addressed, stamped envelope which the preceptor can seal and sign across the sealed flap to be mailed. If the preceptor is agreeable, s/he can fax a copy before it is mailed.
The family educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Applicants may waive their right of access to recommendations. Failure to sign this form constitutes a waiver of the applicant’s right to review this recommendation.

- I hereby voluntarily waive my right of access to any information contained in this recommendation form and agree that the information contained in the form should remain confidential.
- I do not waive my right of access to any information contained in this recommendation form.

Applicant Signature: _______________________________________________ Date: ____________________

Based on your evaluation of the candidate’s answers to the interview questions and your personal observations, please circle the number you feel most accurately summarizes your impressions of this applicant and your willingness to precept this student. Thank you for all your help!

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<td>1. Professional Goals</td>
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<td>Appears to have clear, realistic, professional goals with intent to practice midwifery</td>
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Comments:
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<td>2. Personal and Professional Experiences</td>
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<td>Demonstrates maturity in professional and personal life</td>
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<td>3. Professionalism</td>
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<td>Prepared and on time; appropriately dressed; thorough, organized, and thoughtful responses; appropriate eye contact and body language</td>
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Interviewer agrees to:

- 1. If applicant is admitted, willing to precept this student pending a clinical site agreement with the University.
- 2. If applicant is admitted, consider acting as a preceptor for this student with reservations. Please on the next page.
- 3. **Will not** act as preceptor for this applicant. Please explain on the next page.
4. I do not recommend this applicant for midwifery school. Please explain below.

Please explain your decision if you **have concerns or reservations (checked 2, 3 or 4 above)** about this candidate’s ability or appropriateness for midwifery. Please attach additional page if needed.

May we contact you for additional information?  Yes  No

Comments (use back of sheet if necessary):

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Name (please print clearly):

Full Name of Agency: ___________________________________________________________

Address: __________________________________________________________________________________________________________________________    STREET

__________________________________________________________________________________________________________________________________

CITY         STATE            ZIP CODE         COUNTRY

Telephone: ________________________________________________________   Email: ________________________________________________________

If full-scope:  Home births  Birth center  Hospital    Full Name of bc/hosp: __________________________________________________________

Signature of Evaluator: ________________________________________________________ Date: __________________

**PLEASE NOTE:** Place this recommendation in a sealed envelope with your signature across the flap. If you are comfortable, you can fax a copy before you mail it.

RETURN TO:
Midwifery Institute of Philadelphia University,
4201 Henry Avenue, Philadelphia, PA 19144.
Telephone: 215.951.2943