

The Midwifery Institute of Philadelphia University – Clinical Site Form

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 students 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 your willingness to precept this student. Please feel free to call or write with additional questions or feedback.

The Midwifery Institute of Philadelphia University
222 Hayward Hall, Schoolhouse Lane & Henry Avenue
Philadelphia, PA 19144
215-951-2525, Instituteofmidwifery@philau.edu, Fax 215-951-2526

The student nurse-midwives begins their studies with a week on-campus in Philadelphia. This is followed by 2 semesters of study at home and is followed by another intensive week on-campus. They then begin outpatient care in the antepartum and well-woman areas. **Therefore, you can anticipate students starting outpatient clinical with you in the third semester.** After an additional on-campus session, students will continue in full scope clinical with the addition of intrapartum, postpartum and newborn care in the 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.

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

Possible questions to discuss:

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 practice in the fifth and sixth terms.
- Part-time students start with office based clinical in the fifth term and continue into full-scope in the eighth term.

What areas of full-scope midwifery (antepartum, intrapartum, postpartum, newborn, gynecologic and/or family planning 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 to complete and send into us. We suggest that you bring along an addressed, stamped envelope which the preceptor can seal & sign and you can then mail. If the preceptor is agreeable, they can fax a copy before it is mailed.

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Applicant's Name _____

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!

	Highest				Lowest
1. Professional Goals	5	4	3	2	1

Appears to have clear, realistic, professional goals with intent to practice midwifery

Comments:

2. Personal and Professional Experiences	5	4	3	2	1
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Demonstrates maturity in professional and personal life

Comments:

3. Professionalism	5	4	3	2	1
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Prepared and on time; appropriately dressed, thorough, organized, and thoughtful responses; appropriate eye contact and body language

Comments:

Interviewer Agrees To:

1. If student is admitted, act as preceptor.
2. If student is admitted, act as preceptor for this student with reservations. Please explain:
3. **Will not** act as preceptor for this student: Please explain:
4. I do not recommend this student for midwifery school.

Please explain your decision if you **have concerns/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:

Name, Title (Please Print) : _____

Agency: _____

Address: _____

Phone Number: _____

Signature of Evaluator: _____ Date: _____

PLEASE NOTE: Place this recommendation in a sealed envelope, with your signature across the flap, and return to Midwifery Institute of Philadelphia University, 4201 Henry Avenue, Philadelphia, PA 19144. If you are comfortable you can fax a copy before you mail it. Fax – 215-951-2526