

VANDERBILT



School of Nursing

Nurse-Midwifery Student Guide  
2024–2025

*Where Tradition Meets Innovation*

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## Welcome

Congratulations on your admission to the Vanderbilt School of Nursing nurse-midwifery program! I am so excited to have you. After hours of reading through applications, the nurse-midwifery faculty and admissions committee picked you! Yes you! I hope that when you walk through the front door into our beautiful atrium, that you are filled with excitement about the journey before you! The profession of nurse-midwifery is a noble one unlike any other nursing specialty.

There are many reasons to choose Vanderbilt. In person classes and on-site instruction provide a great sense of belonging within the cohort. Vanderbilt faculty and clinical placement staff work hard to find excellent sites for clinical placements all over the country. The Vanderbilt faculty are experts within the profession and leaders at the state and national level. The Vanderbilt reputation is one of excellence and rigor and...excellent board pass rates! Maybe you specifically wanted a fast-paced, accelerated program. You have all chosen the same path to obtain an education as a nurse-midwife, but for many different reasons. While the faculty here are incredibly experienced midwives and educators, you are going to learn so much from each other. With approximately thirty of you from very different backgrounds, the rich tapestry of life experience that you all have will to your experience here. From day one, I invite you to connect with each other, support each other, and guide each other on this journey.

Midwifery is an ancient practice. From attending births to helping families navigate heartache, midwives serve in a unique and intimate role. It is an honor to be invited into these moments. I want you to hold space for that and space for yourself to grow as you learn the art and science of midwifery. From memorizing lab values on flashcards to developing the emotional intelligence on how to enter a room with a laboring person, you will be using every part of your mental capacities! It is precisely this holistic approach that defines midwifery.

So, to my future colleagues, WELCOME! I ask that you come with an open mind. Be curious. Be kind to each other. Be kind to yourself. All of you, from our prespecialty students to our most experienced nurses, have gifts to bring to this program. I cannot wait to get to know you, to teach you, and to learn from you!

See you in August!



Kendra Faucett, DNP, CNM, APRN, CNE, FACNM  
Program Director, VUSN Nurse-Midwifery Program

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## Introduction to the Program

**T**he Nurse-Midwifery Student Guide will help you succeed in the Nurse-Midwifery Program and Vanderbilt University School of Nursing. It also holds many answers to your questions. Icon keys are used throughout the handbook, to help guide your focus to important points.

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### ICON KEY



**Valuable Information**

*Valuable information* will be helpful to students throughout the program.



**Take Note**

*Take Note* indicates information that students should be familiar with.



**Your Responsibility**

*Your Responsibility* denotes standards students are expected to know and follow.

# Chapter

# 1

## Purpose Statement

The purpose of the VUSN Nurse-Midwifery Program is to graduate nurse-midwives who:

1. manage the health care of well newborns and individuals with antepartum, intrapartum, postpartum, gynecological, and primary health care needs, particularly in rural and underserved areas, and in a manner that is respectful of unique social, cultural and personal preferences.
2. function safely and independently within an interdependent health care system promoting person and family centered care, utilizing current knowledge, therapeutic use of the human presence, and skillful communication in the nurse-midwifery practice role while honoring the normalcy of lifecycle events.
3. are prepared for certification by the American Midwifery Certification Board (AMCB).

## Program Philosophy

The Vanderbilt Nurse-Midwifery Program is intentional about and assume accountability for fostering advancement and respect for equity, diversity, and inclusion for all students, faculty, and staff. We support our efforts with respect for the inherent dignity, worth, and unique attributes of every person. To bring to life our vision of inclusive excellence, we seek to recruit, admit, retain, promote, and support diverse and underrepresented individuals. We value social justice and human rights. We embrace the plurality of humanity that composes our community including, but not limited to: age, race, ethnic origin, gender identity, sexual orientation, and religion. We affirm the inherent worth of each individual in order to protect, promote, and optimize the health and abilities of all people. As educators of advanced practice nurses and nurse leaders, we accept the responsibility to foster and graduate highly-educated, culturally-sensitive health care professionals who mirror and support the diverse populations they serve.

The nurse-midwife is a professional whose advanced scientific education is built on a liberal basic education, which serves as a basis for life-long learning. Faculty believe in the inherent worth, dignity, and individuality of the student, with respect for social, cultural, and personal diversity and life experiences. The educational process at VUSN results in excellence and innovation in preserving and advancing the art and science of nursing/midwifery in the scholarly domains of education, practice, research and informatics.

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Graduates are prepared to function independently, through the therapeutic use of human presence and skillful communication in the nurse-midwifery practice role, while honoring the normalcy of lifecycle events. Graduates are also prepared to work in collaboration with other health professionals. The importance of leadership, lifelong education, and inclusivity are emphasized.

## Program Objectives

At the end of the program, the graduate will be able to:

1. Utilize advanced specialty knowledge and expertise to function independently and collaboratively in the practice of nurse-midwifery.
2. Use critical thinking, creative reasoning, and scientific investigation in order to integrate current knowledge into the health care of individuals, neonates and their families.
3. Collaborate within nurse-midwifery and interprofessional teams to effect positive change and improve equity in health care delivery systems.
4. Participate in the creation, evaluation and dissemination of health care knowledge as it relates to the practice of nurse-midwifery.
5. Use a systematic approach to managing care by which client needs are assessed and evidence-based and individualized care is planned, implemented and evaluated.
6. Incorporate bio-psycho-social, economic, ethical principles, environmental and cultural influences in the provision of care.
7. Apply technology in clinical practice as appropriate, practice evaluation for continuous quality improvement and as a clinical resource.

## Policies & Procedures

See the VUSN Student Handbook that applies to your degree program (MSN or DNP).

<https://nursing.vanderbilt.edu/students/current/pdf/handbook.pdf>

## Statement on Reproductive Rights

*“Within the framework of the World Health Organization’s definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the rights of men and women to be informed of and to have access to safe, effective, affordable and appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a health infant.” -- WHO*

The American College of Nurse-Midwives (ACNM) affirms the following:

- Every woman has the right to make reproductive health choices that meet her individual needs;

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- Every woman has the right to access factual, evidence based, unbiased information about available reproductive health choices, in order to make an informed decision;
  - Women with limited means should have available financial resources to support access to services to meet their reproductive health care needs.

In support of the international definition of reproductive health, and in deference to the position statement of the American College of Nurse-Midwives on Reproductive Health, the nurse-midwifery faculty endorse the fundamental empowerment of people to have control over their own fertility. Faculty respect that students may have varying beliefs in regards to reproductive health. The expectation for all VUSN nurse-midwifery students is that they learn about all reproductive options and be able to demonstrate competence with appropriate selection, counseling, implementation, and follow up with clients in the clinical setting consistent with the ACNM Core Competencies.

## Faculty Advisor

Your advisor serves as a link to the larger program and the School of Nursing. Faculty members work together to assist you in your academic progress. If you are struggling in a course or need guidance on the program, you may contact your advisor or the specific course coordinator. To best meet your needs, please make an appointment with your advisor and let him/her know the reason for your visit. This will allow them to prepare and allot enough time for the meeting.

## The Interplay of Work, Life, & School

By enrolling in Vanderbilt, you have chosen to make learning a top priority in your life. Vanderbilt's accelerated program will help you grow into an excellent beginning nurse-midwife, in a relatively short time period. This dramatic growth requires a huge amount of focus and dedication. If you are unable to complete the requirements of the program, including attendance at all classes and clinical time, you are not taking full advantage of your educational experience.

We strongly advise that you not work during full-time study, or at best, if you must work, work a drastically reduced schedule. During the intrapartum/post-partum/newborn clinical course (summer), as well as for integration (2<sup>nd</sup> fall), both full and part time students, will be expected to be in the clinical setting for at least 35 hours a week (and depending on clinical site and volume, this number could be higher) in addition to completing coursework and preparing for your comprehensive examination. There is not time for a job during these semesters.

During your intrapartum and integration semesters you will be expected to be on-call for long periods of time, including nights, weekends, and holidays. You will also need to have adequate child and pet care. We will do our best to help you plan your clinical experiences to take advantage of family and community resources you have available, but your learning needs are our first priority.

You will be expected to travel outside the Nashville area for at least one of your clinical rotations. You will need a reliable car during the program, especially for your intrapartum and integration experiences, as you will be "on-call" and may be expected to arrive at your clinical site with little advance notice.

If at some point you are unable to balance your school and life demands, there are many options available including part-time study, specialty changes, and temporary leaves of absence. Please contact your advisor if you would like to adjust your course of study.

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## Student Concerns

Our goal is to provide you with an excellent midwifery education. If you are struggling in a course or have a problem that needs resolution, please speak with us. We have resources to assist you and will respectfully develop a plan to meet your needs.

### Delegation of Issues

Listed below is who to contact when you have a problem. This allows you to speak with the appropriate person and avoid wasted time or confusion.

#### Personal Issues

Please talk with your faculty advisor about resources to assist you.

#### Specific to an academic course

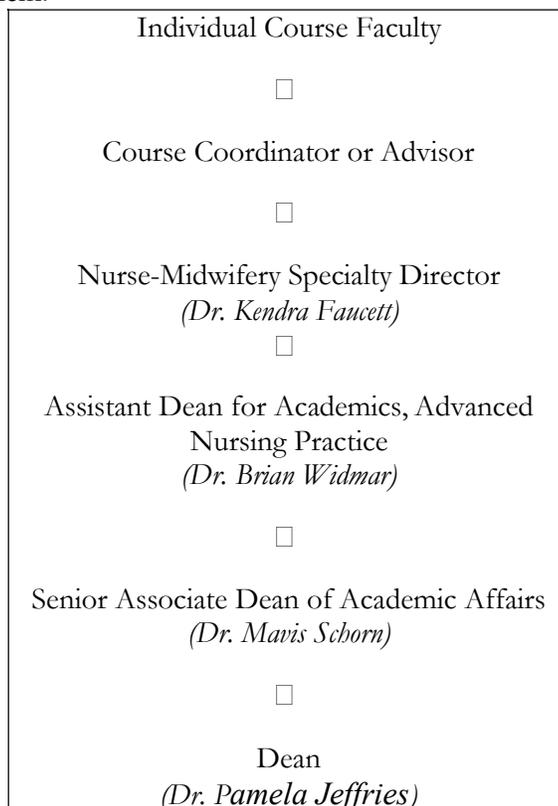
Please speak directly with the course faculty, then the course coordinator, then the Specialty Director.

#### Specific to a clinical course

Please talk with your preceptor, then the faculty member who is tracking your clinical progress, listed on your class roster (provided each semester).

### Chain of Communication for Appeals

We want you to have resolution to your problem and will work to assist you. If you still don't have resolution to your problem or you desire an appeal, please refer to the chain of communication listed below. Please start with the appropriate faculty to allow us the opportunity to discuss the issues with you. Each class syllabus lists the course faculty and the course coordinator. Usually speaking directly to the faculty responsible will resolve the issue but if not, you are welcome to appeal to higher levels. We take your concerns seriously. The faculty and the Senior Associate Dean of Academic Affairs will work together to address your problem.



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## VUSN Resources

There are several resources that students may need within the school of nursing building itself:

Gender-neutral and handicap restrooms are located in Godchaux Hall and in the School of Nursing

A lactation room located on the 1<sup>st</sup> floor in the student lounge in Frist Hall.

An emergency AED device is located in the atrium near the elevators.

## Vanderbilt University Resources & Assistance

Please see the Vanderbilt Bulletin, School of Nursing, for a full discussion of disability services. Midwifery is an emotionally and physically demanding profession and therefore midwifery clinicals are also emotionally and physically demanding. To enter midwifery clinicals you must be able to meet all the Core Performance Standards of VUSN examples include:

- receive and incorporate constructive feedback on your performance
- read, interpret and write on client charts with minimal errors
- use your eyes and hands to perform patient assessments
- maneuver your body quickly in tight spaces
- hold a wet newborn securely without assistance
- adjust to changes in stress level and sleep schedule with manageable, minimal effects on your physical and mental health
- arrive at your intrapartum and integration clinical sites within 30 minutes, at any time of day
- keep anxiety to a functional level while in the clinical setting
- conduct yourself in a professional manner including appearance and conduct
- incorporate constructive feedback on your performance into the management of patients
- More information on Core Performance Standards can be found at:

[https://nursing.vanderbilt.edu/students/current/handbook/academic\\_regulations.php#core](https://nursing.vanderbilt.edu/students/current/handbook/academic_regulations.php#core)

If you have any questions about your specific needs please talk with Dr. Kendra Faucett, NM Program Director, or Dr. Feylyn Lewis, Assistant Dean for Student Affairs at [feylyn.m.lewis@Vanderbilt.Edu](mailto:feylyn.m.lewis@Vanderbilt.Edu) or 615-343-3334.



### **KEEP THE FOLLOWING REFERENCE MATERIALS HANDY**

- Nurse-Midwifery Student Guide
- Vanderbilt University School of Nursing Handbook
- School of Nursing Catalog

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## Academics

**S**tudents are responsible for understanding and complying with the requirements for the academic and professional degree requirements. This chapter will assist you with meeting these requirements.

# Chapter

# 2

## Degree Requirements

Students will take a variety of courses to complete the MSN or DNP degree. Specific course information can be found in your student handbook. Your course of study is designed to prepare you for practice in the dual perspectives of advanced practice nursing and midwifery. We aim to prepare excellent clinicians for a diverse world. If you have questions about your plan of study, talk to your faculty advisor.

## Dual-Specialty Students (NM/FNP)

Those students admitted as NM/FNP students will complete the NM portion of the program with your cohort, taking the FNP coursework along with the NM coursework, with one additional semester required for completion of the FNP coursework. Take advantage of opportunities to attend educational sessions offered for FNP students. Once you complete the NM program, you are eligible to take the AMCB certification exam to become a CNM. The clinical assignments in the FNP clinical portion of the program will focus on pediatrics and chronic adult primary care conditions to enhance your clinical knowledge. You will work closely with faculty to ensure your course of study meets the requirements for both specialties.

What about certification in Women's Health? If you are interested in dual certification, we strongly encourage the Family Nurse Practitioner option so that your scope of practice is broadened. Although the program content in Nurse-Midwifery is similar to the Women's Health, the women's health certification agency requires 500 additional clinical hours specific to that specialty and would not expand your scope of practice. If you have additional questions regarding this, please meet with the NM program director or your faculty advisor.

## Course Descriptions

Full course descriptions and information on course availability can be found online, among resources for current students.

## Absence from Class / Clinical

If you cannot attend class, you will be responsible for asking classmates to collect class handouts and take notes for you. This is not the responsibility of the faculty. Please review the syllabus for the course for relevant course policies.

If you fail to attend all scheduled clinical experiences you place yourself at risk for not providing the instructor with sufficient data for assessing a passing performance. This will impact the professionalism portion of your grade. In case of insufficient data, you will receive a failing grade.

## Personal Emergencies

The faculty acknowledges that true life emergencies do exist that may prevent attendance and will work with students in these situations as they arise. Dean Lewis and the Student Care Coordination Network are great places to reach out for additional support resources.

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NOTE: True-life emergencies do NOT include:

- Scheduling work or vacation during class or clinical times
- Non-emergent medical or dental appointments
- Being fatigued due to your own actions
- Planning “special” events that interfere with class or clinical (weddings, family trips, parties, etc...)



Vacations should  
**ONLY** be scheduled  
during official breaks

**If students have an emergency that will cause them to miss class, they are required to notify the course faculty by email or phone.**

## Student Evaluation

### Exams

All program examinations are modeled on the national certification examination of the American Midwifery Certification Board (AMCB). You must pass the AMCB certifying exam, also known as “Boards”, to become a Certified Nurse-Midwife. The certifying exam has a multiple-choice format in which you must choose the BEST answer from among the available choices. We have chosen to maintain this format for most examinations in order to prepare you for the certification exam.

#### *Test Taking Skills*

Many students struggle with multiple choice format tests. Dean Rolanda Johnson can tutor you personally in test taking skills. You can arrange to meet with her by reaching out via email. Implementing a few techniques can help your test scores better reflect your knowledge.

### Skill Check-offs

In addition to examinations, you will be asked to complete skills check-offs prior to entering clinical. These check-offs help ensure a foundation level of ability to safely enter the clinical setting. Preceptors have many styles. You will learn a variety of methods to accomplish similar skills; however, the faculty strive to present you with a consistent and accurate method of performance

### Clinical Evaluations

Clinical evaluations will be collected at regular intervals, depending on the particular clinical course requirements. NM students must receive satisfactory performance by the final clinical evaluation of the semester. If at any point during the semester the preceptor or faculty feel that you are not making satisfactory progress, we will all work together to make a learning plan to assist your progression. Please see Chapter 3 for more information. The faculty may require an additional clinical experience, to help you demonstrate competency, before a final grade is posted. The syllabus for each course provides the requirements for each clinical course and the frequency of evaluations.

### Comprehensive Examination

All NM students are required to take, and pass, a written comprehensive examination at the conclusion of the program, in order to graduate. This test is cumulative and assesses higher-level midwifery knowledge and reasoning.

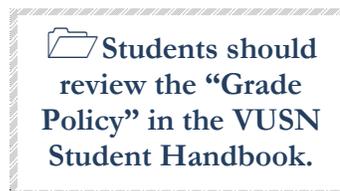
You **must** pass the Integration clinical course (NURS 6895) before you are eligible to take the comprehensive exam. The examination is graded on a pass/fail basis similar to the AMCB certification exam. There will be more information given to you about the comprehensive examination as you progress through the program. The comprehensive examination is a regional examination prepared by

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the Southwestern Association of Nurse-Midwifery Educators (SWAE). In the event that a student fails the comprehensive exam on the first attempt, one retake of a separate exam is offered. If a student fails the retake of the comprehensive examination, it will result in failure of the NURS 6895 course.

## Grading Policy

Students are encouraged to review the [VUSN Student Handbook](#) for a complete listing of VUSN Academic Policies, including the grading system and list of current grade policies.



## Sub-Standard Performance

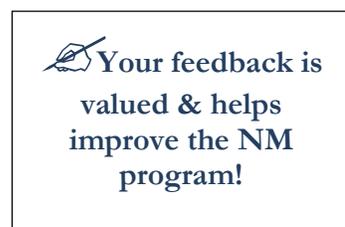
In order to proceed through the NM program, you must achieve at least a “B-” in all clinical and didactic courses. A grade less than “B-” will necessitate the course be successfully repeated and may delay the student from progressing in the program. A student may repeat one course, one time due to a grade less than a “B-”. If, upon second attempt of the course, the student receives less than a “B-” in that same course, the student will be dismissed from the program. A second grade less than a “B-” in any other course, after a prior grade less than “B-” will result in dismissal.

If at mid-term you are not making adequate progress in a course, the course coordinator and course faculty will devise a plan with you to help work towards successful completion of the course. This plan of action will contain resources to help you be successful. Our meetings and plans are designed to clarify expectations and outline a clear course of action for you. Please do not hesitate to contact us if you feel in danger of failing a course. We want to help you succeed knowing that you are earning your grades on your own merits.

A failing grade, as outlined in the individual course syllabus, requires you to retake the course.

## Faculty, Course, & Program Feedback

At the end of each course, students are invited to evaluate the faculty and the course via a confidential online evaluation. Each evaluation is a series of standard questions with space for written comments at the end. We value your feedback on courses and use it to continually improve the classes and offerings. We need to know what enhanced your learning and what activities and lectures did not work for you. The evaluations are confidential, the faculty desires input from all students.



As you are preparing to finish the nurse-midwifery program we will ask you to evaluate the midwifery curriculum as a whole. We occasionally contact graduates to survey them on the effectiveness of the program in preparing them for clinical practice. Your feedback will help shape the future of Vanderbilt midwifery education. We value your comments, suggestions, and praise.

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## Teaching & Learning in the Classroom Setting

**F**aculty strive to provide NM students with a robust, creative, and unique classroom experience. A variety of teaching modalities and course designs are used to facilitate student learning. Information on individual course format is provided in the course syllabi at the beginning of each semester.

# Chapter

# 3

### Timeliness

Students are *expected* to arrive to class on time. Class schedules are provided in the course syllabus.

**Didactic, lab, and clinical courses begin at the top of the hour (unless specifically noted otherwise).** In courses where there is a participation component to the student grade, faculty may deduct a portion of the student's course grade for late arrivals and/or early departures.

### Student Conduct

Students should come to class prepared to interact and engage in the planned learning activities. Respect and professionalism in all interactions with fellow classmates, faculty, and guest speakers is expected. Use of smartphones, laptops, and tablets is encouraged for learning purposes, but non-educational use should be kept to a minimum. Personal phone calls in class are prohibited, except in the case of an emergency.

Obscene or vulgar language is never acceptable.

### Photos, Recordings, and Social Media

Photos and recordings may be taken during class *only with permission* of the instructor and/or Student Access Services Office. Photos and recordings should be for learning purposes only.

Photos may be permissible during lab for learning reasons with the permission of your instructor and (if applicable) your colleagues/peers. Recording within the lab is *not allowed* to protect patients/surrogates and create a safe learning environment for all students.

Photos and recordings are *NOT allowed* in any clinical areas to protect patients, preceptors, and health data. This is consistent with the media policies of most hospitals and clinics.

Please see the VUSN social media policy in the student handbook for valuable information on how you represent yourself online and the implications of representing yourself as a VUSN student online. This is a great time to revamp your social media postings to be consistent with your role as a professional or become totally social with no association with your school or work. The VU Best Practices for a Successful Social Media Presence for guidance: <https://social.vanderbilt.edu/handbook/best-practices.php>.

### Interactions with Faculty

Students should address all VUSN faculty members by their professional and/or academic title. For faculty members with doctoral degrees, it is appropriate to use the title of “doctor” or “professor”. For faculty members without a doctoral degree, it is appropriate to use the title of “professor”. When in doubt, or unsure of the faculty member's highest degree earned, the title of “professor” is always appropriate and acceptable for any VUSN faculty member.

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NM faculty contact information is provided in each course syllabus. In the event of an after-hours emergency, students should send an email using their Vanderbilt email account or leave a voice message for faculty by phone. Texting a faculty member is appropriate if the message is urgent and brief. Email is the preferred method of contact for faculty.

## Teaching & Learning in the Clinical Setting

Faculty members determine student clinical sites based on many factors. You will be asked for input as far as geographic areas in which you may have family or friends to stay with, as well as anything else you would like for us to keep in mind. We will take all information into consideration when making site assignments (including the requirements of the sites for students that they will accept), but our greatest concern is helping you to become a competent midwife and meeting the course and program requirements for all students.

We want to place you in a site where you will learn and encounter the clinical experiences you need for progression. Our goal is to have a good match between you and the preceptor/site. Our clinical sites are diverse and wide ranging. We understand that travel to distant sites is a hardship, and we aim to rotate students from distant to near sites to share the burden among the cohort.

Clinical sites for the first spring semester are typically in the Southeast, within a 5-hour drive from Nashville. Distant clinical sites often have unique opportunities that make them worth the drive. Your courses will be clustered to allow you to travel to these sites for several days at a time. You **must** have a working car and be able to drive throughout the program.

Clinical sites for the summer and second fall semesters may be located throughout the United States. For multiple reasons, we do not *regularly* place students in international settings. We are open to forming a new clinical site; however, there are advantages to attending a well-known site with preceptors experienced with Vanderbilt students. If you have a potential site in mind, please let faculty know and if suitable, we will make the first contact with the site and preceptor. **DO NOT** contact the potential preceptor yourself. There are advantages and disadvantages to all sites and locations, and we will work with you as an individual to meet your learning needs and maximize your clinical experience.

In order to represent yourself as a VUSN midwifery student, you must be in an approved VUSN course within the dates established for the course. Please reach out to your faculty if you need to extend beyond the normal course dates. Do not participate in any clinical care as a Vanderbilt midwifery student without approval of the specialty director and clearance from clinical placement.



**Students should never contact a potential preceptor without faculty approval.**

## Preparation for Clinical

To attend clinicals you must have fulfilled requirements for registration, and the following documentation must be on file with VUSN Clinical Placement Office or within your online clinical tracker:

- annual HIPAA & OSHA training program at the School of Nursing;
- proof of adequate health/hospitalization insurance;
- active Tennessee RN licensure,
- current CPR certification,
- required immunizations,

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- criminal background check as required by clinical placement,
  - drug testing if required by your clinical site,
  - prior to your intrapartum clinical rotation:
    - Neonatal Resuscitation Provider status and fetal monitoring education is necessary.  
*(We will discuss these items in more detail during fall and spring classes.)*

***You must receive a clearance email from Lee Ann Ruderer in clinical placement prior to going to your clinical site.*** You may only go to the sites detailed in the email with the preceptor, *not any other site.*

Students with clinical sites outside of Tennessee may be required to secure a nursing license in the state of your clinical rotation. This requirement may be associated with additional state licensing fees, which are the responsibility of the student. Questions about requirements for specific clinical sites should be directed to the clinical course coordinator and/or clinical placement.

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## STUDENTS ARE RESPONSIBLE FOR OBTAINING ADDITIONAL STATE NURSING LICENSES FOR CLINICAL ROTATIONS OUTSIDE OF TENNESSEE



- Work with the Clinical Placement Office to determine if the state is part of the Nursing Compact Act (*separate licensure may not be needed*)
- Begin the application process **as soon as** you receive your clinical site assignment (*in some states it can take up to 12 weeks to get a license*)
- Keep copies of all forms and paperwork submitted, and note the date submitted
- Plan ahead to ensure that you are able to meet all requirements in a timely manner (*many states require fingerprints or independent background checks*)
- Follow-up with the Board of Nursing to get an estimated timeline for receiving your state nursing license and keep your clinical course coordinator apprised of the anticipated timeline

### Your Clinical Credentialing Folder:

Throughout the program you may be asked to provide a copy of various documents before proceeding to a clinical site. Many of these documents will be uploaded into your online clinical tracker but may also be needed in other forms throughout the program. You will also need this information again when you are employed as a nurse-midwife. To make things easier, create a credentialing folder that contains scanned copies of each of the following:

- Your RN license
- Your current CPR certification card
- Any other certifications you have (e.g. NRP, PALS, Electronic Fetal Monitoring)
- Immunization record
- Driver's license for photo identification
- A brief, personal biosketch with photo to place in the waiting room of the clinic site

Set phone or computer reminders well in advance of the dates that your RN license and CPR expire so that you do not forget (consider setting an electronic reminder for a 6-weeks and month ahead). When you get new information please upload a new copy into the online clinical tracker and be sure to store all of your original documents in a safe location.

### *What to bring with you on your first day of clinical:*

- Name, address, and phone number of clinical site
- Directions or navigation mobile application
- **Vanderbilt name badge**
- Stethoscope

- Pen
- Gestational age smartphone application
- Pocket references and 1-2 reference books or mobile applications
- A watch with a second hand (**required** for monitoring fetal heart tones)
- Eye protection

### *Signing your name*

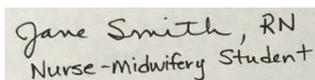
Preceptors will vary on how much they allow you to chart within the official client record, due to legal and billing regulations specific to the site. Even if your preceptor cannot allow you to chart the entire visit, you should chart the visit on your laptop or an extra sheet of paper and have her/him critique your note. The way you sign your name varies based on where you are in the nurse-midwifery program.

### **During the Specialty year**

Sign your name, followed by the title RN (once you have passed the NCLEX). On the line following your signature, print your program name accordingly. (Do **NOT** use CNM or CNM student, as you are not legally entitled to use those credentials until after you pass the AMCB certification exam.)

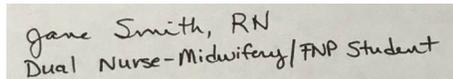
You also do **NOT** need to include VUSN, but may include “Vanderbilt University School of Nursing” in front of “Nurse-Midwifery” or Dual Nurse-Midwifery/FNP student”. Always be sure to have your preceptor sign after you in the medical record or co-sign any electronic notes.

#### NM students



Jane Smith, RN  
Nurse-Midwifery Student

#### Dual NM/FNP students



Jane Smith, RN  
Dual Nurse-Midwifery/FNP Student

\*\*SNM and/or SNP was formerly used as a way of designating a Student Nurse-Midwife/ Student Nurse Practitioner, however these are NO LONGER an approved designation and should NOT be used during advanced practice level clinicals.\*\* Additionally, there is no such designation as “candidate” at the Master’s level, so “Candidate for Master’s degree” and “Master’s Candidate” are not appropriate designations to use.

## **Clinical Placements**

At several points in the program we will ask you for your input regarding clinical placements. These items are uploaded into Exxat for ease of use. We understand that clinical placements can have a large impact on your life. We strive to create a good match between you, the preceptor and the site. Our goal is to provide you with clinical opportunities that help you become an excellent entry-level practitioner.

We hope to provide you with a diversity of clinical experiences to create a balance in your skills. You will be rotated through a variety of clinical sites to expose you to a diverse set of patients, preceptors, and skill sets. Many of our sites involve travel; student travel is an expectation for attendance in this program. It may be necessary to travel for clinical semesters. We will do our best to work with you in selecting sites that may be close to relatives or other housing resources. As stated earlier, some of our sites have housing available for students.

The requirements for clinical rotations include the student’s ability to be on duty during a variety of days and times including day, night, and weekend shifts. Students will be expected to complete clinical shifts, as assigned, at their site with those stipulations in mind.

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## Variety of Clinical Sites

We aim to provide you with a diversity of clinical sites so that you can experience a wide range of experiences and see how multiple practices approach midwifery. Our goal is to make each student a well-rounded midwife. We place you with preceptors whom we feel will enhance your learning and encourage your growth. We respect that you bring a unique perspective to midwifery, and we want to enhance and augment your strengths. We do not have a rigid structure of required experiences as our focus is on your *competency*. Some students will need more or less time than others in a clinical setting to be and feel complete. We want to make diverse midwives to serve our world – not “cookie cutter” midwives. Our approach to education is intensely personal, looking at your goals and needs. This means that your experience will not be the same as your classmates. For some students this causes anxiety. We track the progress of each student individually with the goal of *competency*. Students rotate between high and low volume sites so it is not uncommon for one student to have greater numbers of clinical experiences than another. Your educational path is unique. Please share your experiences but do not compare your educational path to others.

## Professionalism in the Clinical Setting

### *Timeliness*

Plan to arrive 30 minutes ahead of schedule on your first clinical day, to allow for traffic and a few wrong turns. Be sure and know what time zone your site is in – most sites east of Nashville are on Eastern Time (ET), one hour ahead of Nashville. Also, be cognizant of standard versus daylight savings time – almost all sites in the Southeast observe Daylight Savings Time from mid-Spring to early-Fall.

On most clinical days, plan to arrive 15-30 minutes early to have time to review charts before patients arrive. If you cannot attend a clinical day or must be late, *you need to call and let your preceptor know as soon as possible*. Preceptors often have made arrangements for students and may need to alter the office schedule if you cannot attend. If a student is unable to attend clinical for the day, he/she should speak directly to the preceptor, rather than leaving a voice message or text. If you must leave a message, please continue to call back until you reach the preceptor personally. Your timeliness is a component of your professionalism and will be reflected in your daily evaluations and also in your preceptor’s recommendation for you in the future.

### *Dress Code*

The dress code serves to make both your preceptor and your clients comfortable and to help you blend into the practice. While these items are a suggestion, your preceptor can guide you as to local policies and norms. There are many great second-hand shops within Nashville, if cost is an issue. You should always arrive in professional clothing, even if you anticipate changing into scrubs after your arrival.

- Make sure your VUSN identification badge is always visible on your *upper body*
- Wear closed-toe shoes that are impervious to liquids
- Hair up and pulled back off the collar so it cannot touch patients (lice is an issue)
- Clothes that are clean and wrinkle-free
- No jeans, shorts, mini-skirts or capri pants
- Fingernails should be clipped to a short length and not have any polish for infection control reasons
- No rings other than a single plain band ring should be worn during client care for infection control and safety reasons

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- Remove all visible piercing jewelry (i.e. nose, eyebrow, lip, etc) other than one subtle, stud earring in each ear. Ear gauges must be removed and plugs placed in the hole. Jewelry of any type can be a risk to your safety in the clinical and lab environment as they can be grabbed or if you are inadvertently hit or bumped.
  - Minimize visible tattoos. Any tattoos that could be perceived as offensive should be covered (even religious symbols can be offensive to those with prior trauma)
  - No revealing clothing; i.e. bare midriff or back, spaghetti straps, visible cleavage, and undergarments should be worn to minimize nipple visibility
  - You must wear appropriate protective equipment if there is a risk of fluid exposure. Eye covering is essential in the intrapartum environment and may be required in the clinic
  - You will need to comply with all CDC and site requirements related to COVID-19 prevention. This may include bringing your own mask for building entry and using site-required masking for clinical care.

### *Personal Hygiene*

Clinic rooms are small and pregnant women have extra-sensitive sense of smell. Refrain from wearing perfumes or strong scents. Long hours and stressful experiences can lead to unexpected body odors; pack and prepare accordingly.

### *Office Politics*

Be sensitive to the office politics where you are placed. You may hear privileged information from your preceptors or staff and this information should be treated cautiously. Very few offices are free from inter-office drama; take what good knowledge and lessons you can find and let the rest go.

You may encounter people in your site who have different life views than your own. While we attempt to place you in a setting you will feel comfortable, there are always surprises. Please deal with any differences of religion, lifestyle, or practice with discretion and tact. Reach out to tracking faculty if you have concerns or need strategies for navigating this.

 **Our preceptors mentor student out of kindness and a desire to further midwifery. They receive *no financial compensation* for assisting you in your journey to midwifery.**

**PLEASE BE GRATEFUL FOR THEIR SACRIFICE OF TIME AND ENERGY!**

### *Dating & Sexuality*

While in the clinical setting you will have the opportunity to meet and spend time with people who share many of your interests. It has occurred in the past that professional student/preceptor relationships progressed to a personal, and even sexual level. Dating and sexual relationships during a clinical rotation alter the clinical and learning environment and are not professional behaviors. If personal feelings arise, students should discuss this situation with their course coordinator so that alternate arrangements can be made.

If you are approached in a manner that makes you feel uncomfortable, please discuss this with your course faculty. Your safety is paramount to us.

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## Clinical Safety

### *OSHA Compliance*

Students **MUST** adhere to all OSHA requirements throughout their clinical experiences. The student must use appropriate contact precautions with each patient encounter, even if the site or preceptor does not follow OSHA guidelines. This includes:

- Closed-toe shoes in all clinical settings
- Use of gloves for all contact with bodily fluids
- Use of eye protection in the labor and birth setting and if needed in the clinic
- COVID prevention consistent with CDC guidelines
- Use of protective garments as needed in the labor and birth setting, this should include gloves, a protective gown, and a face mask
- Careful needle awareness. Always use a needle holder while suturing. Be aware of the location and trajectory of all needles.

These standards are for the protection of BOTH the client & the student.

	<p><b>OSHA compliance is the responsibility of the student. Failure to comply will result in consequences ranging from a failing grade for the day to removal from the clinical site.</b></p>
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### *Management of Possible Exposures to Blood Borne Pathogens*

Students **MUST** report any incident considered to place them at risk (needle-stick, puncture or cut with exposure to potentially contaminated source, splash injury to eyes or mucous membranes, secretions contact with non-intact skin) to individual course faculty and Dean Lewis and will need to submit a report in the Origami system. To minimize the risk of acquiring an infection due to occupational exposure and in keeping with CDC recommendations for post-exposure prophylaxis (PEP) the student should take the steps outlined at <https://nursing.vanderbilt.edu/students/current/handbook/general.php> :

<p> <b>NOTIFY YOUR CLINICAL COURSE FACULTY if you experience a possible exposure to blood, bodily fluids, or coronavirus. She/he will talk with you to make sure you have completed everything needed for your safety and can refer you to additional resources.</b></p>
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### *Coronavirus and COVID prevention*

You must follow all local and clinical site guidance for coronavirus prevention. This is to protect you as well as your friends, colleagues, faculty, and patients. Guidance for coronavirus is changing frequently and is different across cities, institutions, and states. Stay up to date on the regulations where you are in clinical. If you think you COVID please report this at the student health center webpage: <https://www.vumc.org/student-health/welcome>. Please complete the REDCap survey to note your results and the clinic will reach out to you. You will also need to notify your tracking faculty. Use the guidance from student health to determine the next steps.

### *Physical Safety*

Physical safety should be paramount in your mind. Speak with your preceptor about local safety measures that may be necessary. Ask about the surrounding area as well as the clinical site so

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you can be prepared. For example, you may want to know where to buy gas and if the preceptor feels like local eateries are safe for you to enter. Safety takes many forms, and individuals from marginalized groups may want to ask their preceptor for specific guidance about safety in the local area. Sometimes individuals can avoid local areas known to be problematic. However, if you do not feel safe in an area after this conversation, please notify your faculty.

It is ideal to carry a cell phone while traveling and to be aware of your physical surroundings at all times. Some clinical sites are in neighborhoods where residents are suspicious of outsiders or there is a high rate of crime. You also might be going in and out of the building at night or during low-traffic times. Any time you book housing, ensure the door can be thoroughly secured from inside the room without the ability to open the door with a key. Speak with your preceptor about local safety measures that may be necessary.

### *Fatigue*

We want you to have a safe and robust clinical experience. Safety is an essential part of that experience. Fatigue is a leading contributor to medical errors, and learning to plan for lost sleep, assess your level of alertness and ability in the moment, and react appropriately is a part of clinical learning. Planning includes taking naps before clinical shifts, scheduling rest time between extended shifts if possible, and recognizing signs that you may not be optimally alert. You will need to find a routine that works for you to stay alert during a normal shift. This can include eating regular meals, staying busy, and taking naps when the clinical load permits. Use your fatigue as a gauge and work with your preceptor to ensure you have the rest needed to be safe in the clinical space. You will also need to have at least 4 hours of uninterrupted time for sleep after 20 hours of active clinical time. Speaking up when you need rest for safety is a facet of ensuring high-quality care for the individuals you serve.

Safety extends to your trip home after a clinical shift. If you are sleep deprived or feel drowsy, you are advised to take naps prior to driving. Signs of fatigue while driving may include yawning, nodding off, missing road signs/turns and drifting onto rumble strips on the shoulder of the road. Stop driving and either rest or reawaken.

If you have health issues that affect your ability to complete the regular schedule of a midwife in the practice, the Student Access Services center and your faculty can work with you to determine a plan. We are here to help if you are having difficulty. Please feel free to reach out to your clinical faculty if you have questions or concerns.

### *Emotional Health*

Your emotional health may need extra nurturing through the stresses of school. Some students find that latent anxiety or psychological issues resurface under the stress and sleep changes of clinical experiences. Please seek resources and help as soon as possible. Vanderbilt has excellent resources to assist you through the Student Care Coordination Network and the Center for Student Wellbeing. Their Instagram feeds provide information on ongoing offerings. Your individual course faculty and your advisor can recommend additional resources if needed.

### *Personal Belongings*

Safeguard your belongings while in clinical sites. Laptops locks can be purchased to anchor your computer or find a secure place to keep your purse and laptop while in clinic. Please lock your car and room even when in seemingly safe surroundings. Make sure that you can secure the door from the inside wherever you are staying. Also make sure your home residence is secure during your absence.

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### *Snow & Extreme Weather*

Many clinical sites involve travel, often at night. Please use your judgment in inclement weather. Your first priority should be your safety. There are many weather websites to consult prior to leaving or call your preceptor for a quick check on local conditions.

If an area is evacuated for a natural disaster or emergency, please do what is best for your safety. Notify your individual course faculty of your location and plan once you are safe.

## Numbers, Hours, & Competency

The Accreditation Commission for Midwifery Education suggests a minimum number of clinical experiences programs should have available for students. Also, each clinical course has a number of clinical hours clinical competencies expected. These are guidelines to help you plan your clinical experiences. What is the final determination of completion of the course is mastery of the course objectives and competencies.

All students are required to log all clinical experiences and hours. However, to pass a clinical course you must have mastered the course objectives as measured by your clinical performance. Your preceptor and your faculty are closely monitoring your progress to aid you in your progression.

Evaluations help to identify goals and needs so you can target your learning.

 **The goal of the nurse-midwifery program is to help you become a competent, entry-level practitioner, not just to accrue hours or log a certain number of experiences.**

**YOUR GOAL IS COMPETENCY – NOT NUMBERS!**

## Meeting Clinical Competency Goals

### *Learning Contract*

The goal of the preceptor and the faculty is to produce a competent entry-level practitioner. We are committed to assisting your growth. Evaluations are used to gauge your progression through the course objectives. In some cases, it is clear that a student is not progressing at the needed rate. When this happens, a learning contract is developed. The learning contract serves to bring the faculty, student, and preceptor together to discuss the student progress and develop a plan to assist him/her in focusing learning efforts. The learning contract is a chance to discuss clinical expectations and goals; it is not punitive and will not affect the final clinical grade. This frank discussion of expectations helps the student better plan her clinical experience to meet the course objectives.

### *Extensions of Clinical Course Time / Travel Plans*

The successful completion of all nurse-midwifery clinical courses is based on demonstrated competency, rather than the completion of a requisite number of clock hours. Students should be aware that clinical course end dates might necessitate adjustment beyond posted end dates printed in the course syllabus, if a student experiences difficulty meeting course competencies. Reasons for clinical course extensions can arise for any number of reasons, and may be out of the student's control (e.g. unanticipated low clinical volumes, personal illness, preceptor resignation).

 **Travel plans to/from clinical sites, OR for vacations during official breaks should be flexible. Avoid non-refundable airfare or vacation, in case you need to extend your clinical time.**

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At the discretion of the student's tracking faculty, extra time may be required to complete the clinical competencies for a course. Therefore, travel plans on the part of the student are subject to change. We ***strongly advise*** students to make flexible travel plans for both the end of the semester and any vacations scheduled during semester breaks. Avoid booking non-refundable reservations for trips, as these may need to be cancelled at the last minute.

## Signing up for Clinical Time

At some clinical sites, you will have a great deal of input into your schedule, while at other clinical sites, it will be necessary for the site to compose your schedule independently.

- Schedule your clinical days in advance and document your schedule in the Exxat calendar template.
- Occasionally the clinical preceptor's schedule may change due to illness, accidents, and other unforeseen circumstances; be flexible and understanding. If your preceptor is unavailable, DO NOT see clients without your preceptor!! Instead, go home and plan to reschedule your clinical time. In some cases, it may be possible for you to work with an alternate preceptor, but this should be discussed with your clinical course faculty first.
- Be realistic about your capabilities. Make sure you are well rested before class and clinical. Observe all protected timeframes in courses where there are guidelines on when students must not be in clinical. For example, do not schedule yourself for a 24-hour call shift that includes the overnight shift prior to a class day. Negotiating with your preceptor and site will be a necessary skill. Class has important information that will not be repeated, so make the most of your student experience.
- Try to spread out your clinical days during the semester and leave 'reading days' to allow time to complete academic assignments.
- Avoid placing most of your clinical days at the end of the semester. You will have many assignments due and it will leave little time for make-up in case of illness. Ideally, your clinical days are evenly spaced throughout the semester, leaving a few extra days at the end, in case of emergency.
- You have chosen school as your priority. Do not expect to work your clinical and call shifts around your employment schedule. If you must remain employed, consider part-time study options. During the intrapartum and integration clinical courses, you may need to consider loans or scholarships.
- If you sign-up for a particular clinical shift, plan to keep that commitment unless there are extenuating circumstances. Even if you have met course competencies, stick to your commitment. Reliability is a professional trait that speaks volumes!

## Clinical Professional Conduct & Reminders

The following are expectations and professional standards for behavior that NM students are held accountable for:

1. Respect other's space and quiet time (*i.e., no talking on cell phones while in clinical areas*)
2. Maintain a professional appearance and demeanor when in the clinical setting
3. Accountability for preparation
4. Constructive verbal and non-verbal behavior

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5. Caring for others in an empathetic manner
  6. Honest, open, appropriately-assertive communication
  7. Confidentiality of all patient information (*e.g. use initials or pseudonyms when discussing cases*)
  8. Teamwork and helping behavior with colleagues
  9. Honesty and integrity
  10. Personal and professional ethics
  11. Respect all individuals' differences (*i.e., culture, ethnicity, religion, work experience, gender, age, sexual orientation, etc.*)
  12. Respect for client, student, and preceptor privacy and confidentiality
  13. Ask questions – you are here to learn but occasionally preceptors may not be practicing by current guidelines. Current literature that is the basis for testing and your future practice, so make sure you understand the differences between what you are seeing and what is best evidence!
  14. Use alternate resources to find answers to clinical questions (*i.e. online books, other references*). Sources may offer varying information.
  15. Keep in mind that nurse-midwives are not clones and may have different ways to teach the same thing clinically. Open and professional communication will help both student and preceptors know when the teaching style is working and when it isn't.

	<p><b>ALWAYS...</b></p> <ul style="list-style-type: none"><li>• <b>Wear your name tag</b></li><li>• <b>Wash your hands</b></li><li>• <b>Take precautions against blood, body fluid, and airborne exposures</b></li></ul>
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## Student Guidelines for the Various Clinical Settings

### The Outpatient Setting

1. Arrive professionally dressed 15-30 minutes before scheduled start time & begin reviewing the list of appointments for the day.
2. Review charts if possible and ask questions of the preceptor, as needed.
3. Communicate your specific goals for that day's experience with the preceptor
4. Come to an agreement with the preceptor about an approach/plan for the day, including the acceptable degree of management responsibility and/or amount of direct supervision needed
5. Evaluate the client history and conducting the physical examination with direct supervision from your preceptor (*i.e. preceptor in the examination room*) unless otherwise directed.
6. Have the preceptor validate physical exam findings, as needed.
7. Give a full case report to your preceptor privately, as needed
8. Work with the preceptor to devise & revise a clinical management plan
9. Discuss & implement the plan with the client

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10. Document all encounters in the health record or separately for preceptor review. *The requirements for documentation as a student will be different according to the practice site.*
  11. Ask the preceptor to review and co-sign all student documentation
  12. Complete the electronic Exxat evaluation form as required by the clinical course syllabus (*daily/weekly*)
  13. Ensure that clients never leave the facility until the preceptor has seen them and has been informed regarding the client status and a plan of care has been approved

### The Intrapartum / Postpartum Setting

1. Items 2 – 15 from above apply, with the following modifications:
  - a. Your preceptor must be present with you when plan of care is implemented.
  - b. Specific priorities are clarified early (e.g., need for quick assessment and plan due to rapidity of labor).
  - c. You provide report of progress and management plan to preceptor at appropriate “clinical milestones” (e.g., need for vaginal examination to monitor progress).
  - d. Your preceptor initiates all consultations with physician consultants, unless specifically modified by faculty or unless jointly planned otherwise.
2. Additional guidelines include:
  - a. The preceptor should be available and on-site when you are learning the labor management role of a nurse-midwife. Be sensitive to the preceptor’s need to repeat your assessments until she/he is comfortable with your skill level.
  - b. The preceptor is to be notified prior to any hands-on care of clients. Skills such as AROM, or internal monitor placement require close communication with your preceptor and she/he needs to observe and assist you.
  - c. All student documentation must be co-signed by the preceptor. Chart entries/progress notes are to be completed promptly & in accordance with the site’s clinical practice guidelines. Requirements for student documentation that vary from the aforementioned standards should be discussed with clinical course faculty.

### *Birth Experiences*

1. The preceptor should be present for **all** births. Discuss with her/him what you should do if a birth occurs unexpectedly and she/he is not present.
2. All documentation completed by the student must be co-signed or attested by your preceptor.
3. In the event of birth complications requiring physician involvement, the student should assume an assistant role or other role specifically delegated to them. Students should never perform a skill for which they have not been trained, but should remain involved in the care of the client to the fullest possible extent if possible (*e.g. you may assist with the birth of the baby’s body after the physician delivers the head by vacuum extraction. In addition, you may perform the placenta delivery and/ or perineal repair after the physician completes the birth*).
4. You may observe C-sections for clients where you have participated in the labor management and you can assess the newborn after birth. You may scrub in but you **MUST** break scrub and leave if your preceptor breaks scrub or leaves.

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5. Students must wear full OSHA-approved personal protective equipment including gloves, gown, eye protection, and mask even if your preceptor does not. This is for your safety – learning is messy work!

 **Failure to follow OSHA guidelines is grounds for dismissal from the clinical site.**

### *Postpartum Experiences*

1. Discharge rounds are wonderful opportunities for patient teaching and physical assessment; Students should participate fully in these experiences, based on clinical course learning objectives.
2. During initial postpartum experiences, you will make rounds with the preceptor present (*at the bedside*).
3. Documentation completed by students must be co-signed or attested by the preceptor. Students should always give a full case report to your preceptor and ensure that the preceptor sees the client before she leaves the facility.

### *Newborn Experiences*

1. Students will perform newborn assessments on all babies whose birth you attend. A nurse-midwife or other qualified healthcare provider can assist you with the newborn assessment as necessary.
2. If your preceptor charts on the baby, you may chart as well. The preceptor must co-sign the student note. If your preceptor does not manage the care of the neonate, you may perform the assessment but should not chart on the infant.
3. If you are in a birth center, you may go on home visits with the nurse-midwife or nurse. During these home visits you can perform postpartum and newborn assessments in the student role. (*Students performing home visits will maintain a nurse-level role during this type of visit until integration.*) The practitioner supervising you should sign your note.

### **Non-Core Skills**

1. **Ultrasound** training is not included in the basic midwifery program. Do not perform an ultrasound, even with the assistance of your preceptor.
2. **Vacuum Extraction** – If a physician or nurse-midwife performs a vacuum extraction you may complete the birth and repair after she/he has delivered the head and removed the vacuum cup. You may not assist with the vacuum application or pull.
3. **Surgical First Assist** is not a core competency any involves the broadening of existing skills. During the intrapartum rotation there is much to master; first assist is not to be your focus but you can participate if there are no other experiences.

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During integration you may scrub in (if your preceptor acts as the first assist) and closely observe/begin to learn the first assist role. Your preceptor should be the first assist of record and if she/he must break scrub for any reason, you also must break scrub. If you have any questions please contact your individual course faculty prior to scrubbing in.

4. **Circumcision** training is not included in the basic midwifery program. Do not perform a circumcision, even with the assistance of your preceptor.
4. **Colposcopy** training is not included in the basic midwifery program. Do not perform a colposcopy, even with the assistance of your preceptor.
6. **Repair of 3<sup>rd</sup> and 4<sup>th</sup> degree lacerations** is **not** included in the basic midwifery program. Do not perform 3<sup>rd</sup> or 4<sup>th</sup> degree laceration repairs, even with the assistance of your preceptor.

### Liability Insurance

As a Vanderbilt student, you are covered under Vanderbilt's malpractice insurance as long as you are within your clinical site and functioning as outlined in your program and course objectives.

You may not take extra clinical time over break to get additional experiences *unless you are still completing a clinical course*. Do not go to a clinical site to see patients without being enrolled in a clinical course. If you need additional experiences in order to meet clinical objectives, you, your faculty, and preceptor will discuss supplementary clinical time.

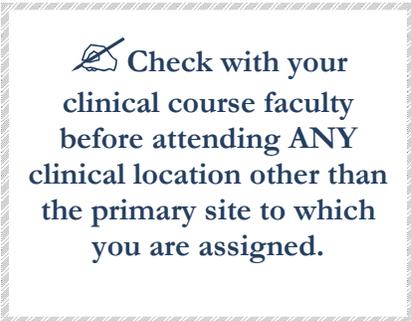
If you are working or volunteering outside of your clinical assignment, you CANNOT represent yourself as performing such clinical or volunteer work as a VUSN NM student.

### Attending Satellite Sites with your Preceptor

Some preceptors work at different offices or deliver at multiple sites. You may only enter sites if we have a contract in place with that organization. Please call your clinical course faculty to check if a contract is in place BEFORE you enter a site. You may NOT follow your preceptor, *even for observation*, unless we have a contract in place. Failure to follow this guideline will result in consequences that may affect your clinical progression. We are open to getting a contract with satellite clinics or additional hospitals if it would improve your clinical experience. Please notify your clinical faculty of this need.

Sometimes it is hard to understand what constitutes a different clinical location. Here are some examples:

1. S. is in her outpatient clinical experience, N6825. Her preceptor is called away from the office to discharge a patient at the hospital across the street.  
– S. is NOT allowed to go with her unless there is a contract in place with the hospital.
2. J. is in his intrapartum rotation at a free-standing birth center when the client is transferred to the hospital for failure to progress. The CNM preceptor accompanies the woman to the hospital. J. can NOT go to the hospital to observe unless there is a contract in place with the hospital.



 **Check with your clinical course faculty before attending ANY clinical location other than the primary site to which you are assigned.**

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- D. is in her integration semester and is feeling weak on estimated fetal weight. Her preceptor sees clients in the office 2 days a week and goes to the local health department 1 day a week. Her preceptor suggests she can increase her clinical expertise if she attends the health department clinic. D. may only enter the health department if Vanderbilt has an agreement with that facility.

## Untoward Outcomes

Please notify your clinical course faculty if there is an untoward outcome associated with any patient you have cared for. Your faculty may direct you to complete a report in the VU system known as Origami: <https://live.origamirisk.com/Origami/IncidentEntry/Welcome> Your faculty will help you process the experience and refer you to additional resources, if indicated.

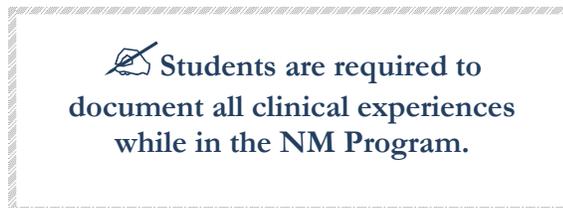
If you are unsure if an occurrence qualifies as an untoward outcome, treat it as if it is one and notify the faculty tracking your clinical progress. Your call serves to help you process the experience and give you needed resources – doing so is not punitive in any way.

## Clinical Record Keeping

### 1. Purpose

You will track numbers of clinical experiences and clinical hours as you progress through the program. This serves as:

- Assessment of the number of experiences available at each clinical site.
- A final record of all experiences for application for certification.
- Verification of experiences for future employer.
- Documentation for the provision of learning opportunities for program accreditation.



### 2. Evaluations

- Mid-term and Final evaluations** are the summative evaluations. Only the final evaluation score is included in your grade for the course.
- Electronic Submissions** – All evaluations for clinical courses are performed within the Exxat system. An orientation to Exxat will be provided prior to your first clinical course and will include how to fill out the evaluation. You should self-evaluate prior to asking for your preceptor's feedback.
- The Clinical Log** – All experiences should be logged into the Exxat clinical log. Your log must be updated at least once a week.



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### 3. Your Responsibilities for Evaluation

- a. Fill in your ratings, comments, goals, and experiences prior to your preceptor.
- b. Discuss the evaluation and the experience with the preceptor, identifying own strengths and areas for improvement, and remain open to constructive feedback.
- c. Give the preceptor and/or individual course faculty feedback as to your learning style and learning needs.
- d. You will need to turn in an electronic course portfolio at the end of each semester.
- e. At the end of each semester you will be asked to evaluate each course. We use the course evaluations to adjust the class to meet student needs. We need to know what did not enhance your learning AND what worked within the course. The feedback is confidential and helps ensure that our program incorporates student suggestions.



### The Clinical Course Portfolio

Each semester you will be required to turn in a course portfolio as a summary of your progress for that semester. This will verify your completion of the clinical component of the course to both the School of Nursing and our larger accrediting organization, the Accreditation Commission for Midwifery Education (ACME). Information about how to extract your clinical statistics, time log, and evaluations will be provided in your clinical courses as Exxat performs frequent updates.

Refer to the instructions provided in each class when constructing your course portfolio each semester. Each document and folder contained within your portfolio is to be labeled uniformly, and specifically, according to construction instructions.

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# Chapter

# 4

## Core Competencies for Basic Practice

**T**he Core Competencies for Basic Midwifery Practice updated and revised on a regular basis to ensure they represent the skill set needed by AMCB-certified nurse-midwives in the United States. The main professional organization for nurse-midwives is the American College of Nurse-Midwives (ACNM). The ACNM sets the Core Competencies based on a task analysis of recent midwifery graduates to ensure that you are educated in the skills you will need to competently enter the midwifery profession.

The Core Competencies are the basic skills you need to have to begin midwifery practice safely and competently. The Vanderbilt midwifery program is designed to meet the core competencies and provide you with the knowledge and skills needed to function competently as an entry-level nurse-midwife. The Core Competencies also serve as the blueprint for your educational experience. The Core Competencies for basic midwifery practice describe the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy-makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/pre-accredited by the Accreditation Commission for Midwifery Education (ACME).

The Core Competencies are revised approximately every five years to reflect changes in practice and to make sure educational programs prepare graduates to meet the demands of the current clinical environment. The 2020 ACNM Core Competencies for Basic Midwifery and the VUSN curriculum updated to ensure you meet all of these competencies. Since the Core Competencies change, it is wise to keep a copy of the Core Competencies from when you graduated, in case your education preparation for a skill is ever questioned.

The scope of midwifery practice can be expanded beyond the Core Competencies as you mature as a clinician. There is a clear process for incorporation of a new skill into your practice outlined in the *Standards for the Practice of Midwifery*. It is important to document your knowledge and training in non-core skills prior to use with clients. This process helps to protect you and your clients and ensure safe practice.

## Nurse-Midwifery Program Accreditation

The **Accreditation Commission for Midwifery Education (ACME)** accredits programs of midwifery education. Previously accredited programs must undergo reaccreditation at least every 10 years. Vanderbilt's Nurse-Midwifery Program was re-accredited in 2021 through 2031.

*Accreditation Commission for Midwifery  
Education (ACME)*

*8403 Colesville Road, Suite 1230  
Silver Springs, MD 20910-6374  
(240) 485-1803*

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## Professional Organizations

The **American College of Nurse-Midwives (ACNM)** is the professional organization for the profession of nurse-midwifery. Part of your role as a student is to become a member of your professional organization. You will receive ACNM membership information during program orientation. It is **highly recommended** that you become a member of at least one local affiliate of a professional organization. Attendance at local meetings, if available, will help you understand current professional issues and will give you an opportunity to meet and talk to community leaders and nurse-midwives. Membership entitles you to select opportunities (e.g. Tennessee's ACNM affiliate offers a scholarship to a student member once a year). Local meetings provide opportunity for networking and an opportunity to meet potential mentors or employers.

*American College of Nurse-Midwives (ACNM)*  
8403 Colesville Road, Suite 1230  
Silver Springs, MD 20910  
(240) 485-1800  
<http://www.midwife.org>

Promotion of midwifery on the state and local level is a Core Competency of midwifery practice and helps shape the path of midwifery. We want to encourage you to use the resources and discounts available to you as a nurse-midwifery student.

 For information about the Tennessee Affiliate of ACNM go to: <http://tennessee.midwife.org>

In the past, students have conducted a variety of fund-raising activities to afford the registration and travel to the ACNM annual meeting. The faculty wants to assist you in any way possible.

 **Student attendance at the ACNM Annual Meeting is strongly recommended!**

*student registration cost is approximately  
\$400*

## National Certification

Completion of the Vanderbilt Nurse-Midwifery Program qualifies you to take the National Certifying Examination of the American Midwifery Certification Board (AMCB). You must pass this examination to become a Certified Nurse-Midwife (CNM). You are not required to take the examination in order to obtain your MSN degree, but you must pass the examination to practice as a CNM.

**American Midwifery Certification Board (AMCB)** is the certifying body for the profession of nurse-midwifery. The mission of AMCB is to protect and serve the public by providing the certification standard for individuals educated in the profession of midwifery. Certification for nurse-midwives was initiated by the ACNM in 1971, and has been continued since 1991 by a separate corporation, the ACNM Certification Council (ACC) which changed its name in July 2005 to American Midwifery Certification Board (AMCB).

*American Midwifery Certification Board*  
849 International Dr. Suite 120  
Linthicum, Maryland 21090  
<http://www.amcbmidwife.org>

**Cost of the Exam in 2024 was \$500**

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Completion of all nurse-midwifery program requirements is necessary before sitting for the AMCB examination. You must carefully follow the application information. Registration information and can be found in the candidate booklet posted on the AMCB website.

The test is computer based and is given at designated testing centers throughout the nation. Information about the test can be found in the candidate booklet on the AMCB website. You will know whether you have passed once you submit the computerized exam. It is strictly forbidden for you to discuss any questions or components of the exam. The examination may be repeated, but the examination fee must be paid again to re-take the exam.

### Tips for Passing the AMCB Examination

Vanderbilt has a high pass rate for the AMCB exam. We have extensively studied what has worked for students. To increase your chance of success we suggest you:

1. If you need special testing accommodations, work with AMCB early to ensure proper documentation to permit those accommodations during the test.
2. Take the AMCB examination AS SOON AS POSSIBLE after graduating while your knowledge is fresh and sharp.
3. Study with classmates; use the mini-objectives to focus your study.
4. Focus your study according to the percentages given in the candidate booklet. For instance, ***there are more questions on normal findings*** than abnormal findings.

Don't schedule the exam around another stressful event (i.e. wedding, break-up, anticipated death in the family) so that you can fully focus on the exam.

### CNM Certificate Maintenance

All CNMs must renew their certification every 5 years. The American Midwifery Certification Board has a Certification Maintenance Program (CMP) that must be completed in order to receive a new certificate for another 5-year period and remain a Certified Nurse-Midwife. The CMP program is ongoing and involves modules and CEUs and cannot be completed within one calendar year. There are yearly fees associated with the CMP program. For more information about CMP or certification in general, see the AMCB website. The AMCB's plan for certificate renewal may change over your career. Use your membership in national organizations and AMCB to stay current on your professional obligations.

If you do not practice in one area of midwifery for a length of time, you may be required to demonstrate your knowledge and skills in that area. Official paths to re-entry to practice are still being explored at a national level. Be sure and check the ACNM and the AMCB websites for more information if your plan to leave or re-enter full-scope practice. The Vanderbilt Nurse-Midwifery Specialty Director can discuss re-entry training programs with you if needed.

### Lifelong Learning

Many parts of midwifery are timeless and enduring, but much of clinical practice changes with new studies and recommendations. We encourage you to use continuing education, peer review, and personal study to update your clinical practice and ensure quality care. Participating in midwifery education through preceptorship and guest lecturing can also encourage your professional and personal growth.

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## Transition into practice

Transition to practice after graduation can have multiple layers as you apply for jobs, continued education etc. Below are links to some resources you may find helpful.

### Transcripts

- Where to get a Vanderbilt transcript – you can get specific link from: <https://nursing.vanderbilt.edu/students/current/enrollment/transcripts.php>

### Registrar

- How to get verification of specific course content from the VUSN registrar ([vusn-studentrecords@vanderbilt.edu](mailto:vusn-studentrecords@vanderbilt.edu)) – found at: <https://nursing.vanderbilt.edu/students/current/enrollment/transcripts.php>

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# Chapter

# 5

## Grants

**T**here are currently three Health Resources & Services Administration (HRSA) grants for Nurse-Midwifery and dual Nurse-Midwifery/Family Nurse Practitioner students. Each HRSA grant has specific goals, qualifications, and affects.

### *MEADOW (Midwifery Education—Access & Diversity for Optimizing Workforce)*

#### ***What are the goals of the grant?***

MEADOW seeks to grow and diversify the maternal and perinatal nursing workforce through support for education and training in rural and underserved communities.

The MEADOW program goal is to train nurse-midwives through trainee scholarships, stipends, curricular enhancement, and community-based training.

#### ***Who qualifies for this grant?***

Full-time nurse-midwifery and dual midwifery/FNP\* students from rural or underserved areas or populations historically under-represented in midwifery.

Full-time nurse-midwifery and dual midwifery/FNP \* students who wish to work in rural or underserved areas or with medically underserved populations and/or individuals with limited English proficiency (LEP).

For more information about what sites qualify, please see the page titled “HRSA’s website.” The designations most relevant are: primary care HPSA (health professional shortage area), PC MCTA (primary care maternity care target areas), and MUA/P (medically underserved area or population).

Ten students will be selected as MEADOW trainees each fall in 2024, 2025, and 2026 (contingent on continued federal funding), and support will be provided to trainees for three semesters.

\*Dual nurse-midwifery/FNP students can qualify for the grant during their nurse-midwifery clinical semesters.

#### ***What support does this grant provide?***

Grant recipients, known as trainees, receive stipends during the three semesters of midwifery clinicals.

This is the spring, summer and second fall semester of the specialty year for MSN students.

Small stipends are also provided to preceptors of the MEADOW trainees.

#### ***How does this grant affect midwifery education for recipients?***

Trainees receive the same excellent coursework as all midwifery students to be able to provide person-centered, evidence-based care, including incorporation of social and structural determinants of health, culturally and linguistically appropriate care, and improve reproductive health care in the communities they serve.

Placement in rural or underserved areas or with underserved populations for clinical rotations.

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Coursework dedicated to advanced behavioral health to expand the trainee’s knowledge of treatment of mental health disorders (3-credit hour course; tuition is grant-funded)

Simulations focused on care in rural areas and with underserved populations – including telehealth and regional perinatal referral simulations

Exam fees to become a certified medical interpreter are paid by the grant (if applicable for the student)

Opportunities to learn about employment in rural and underserved areas and with underserved populations from providers working in these areas

***Grant leaders:***

Hannah McGrew – Program Coordinator | hannah.c.mcgrew@vanderbilt.edu

Julia Phillippi – Project Director

***Formal grant information:***

Department of Health and Human Services Health Resources and Services Administration (HRSA) Maternity Care Nursing Workforce Expansion (MatCare) Training Program <b>HRSA-23-120</b>
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## HRSA Scholarships for Disadvantaged Students (SDS)

***What are the goals of the grant?***

SDS seeks to transform the healthcare workforce with a focus on preparation of nurse-midwives and family nurse-practitioners to serve rural and underserved populations in the United States.

SDS provides tuition scholarships for students from underserved areas, economically disadvantaged backgrounds, or populations historically under-represented in the healthcare workforce.

***Who qualifies for this grant?***

Full-time nurse-midwifery and dual nurse-midwifery/FNP students can qualify for this funding in any semester of their education, including during their pre-specialty year. Recipients must come from educationally/ environmentally or economically disadvantaged backgrounds and have interest in working in rural and/or with underserved populations.

The number of awards is dependent on the funds available each year and the number of students who meet the criteria.

***What support does this grant provide?***

Tuition support

***How does this grant affect education for recipients?***

Placement in rural or underserved areas or with underserved populations for clinical rotations.

Simulations focused on care in rural areas and with underserved populations – including telehealth simulations.

Opportunities to learn about employment in rural and underserved areas and with underserved populations from providers working in these areas.

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**Grant leaders**

Mavis Schorn – Project Director

**Formal grant information:**

Department of Health and Human Services  
Health Resources and Services Administration (HRSA)  
Scholarships for Disadvantaged Students **HRSA-20-006**

## Collaborative Academic Practice (CAP) Program

**What are the goals of the grant?**

Increase the Advanced Practice Registered Nurse (APRN) primary care workforce in rural and underserved communities through partnerships with statewide health agencies.

**Who qualifies for this grant?**

Dual nurse midwifery/FNP students\* who wish to work in rural or underserved areas or with medically-underserved populations or individuals with limited English Proficiency.

Dual nurse midwifery/FNP students\* from rural or underserved areas or populations historically under-represented in healthcare.

\*Dual nurse-midwifery/FNP students can receive this grant in the final semester of their dual nurse-midwifery/FNP program of study.

**What support does this grant provide?**

Grant recipients, known as trainees, receive stipends for financial support in the semester they are in FNP clinicals. This is the final spring of the specialty year for MSN students.

Stipends for trainees and tuition support.

Site payments are also provided to the sites/preceptors of CAP trainees.

**How does this grant affect family nurse-practitioner education for recipients?**

Placement for the FNP-related clinicals will be in a rural or underserved clinic.

Comprehensive simulation experience focused on primary care in rural and underserved areas.

Focused educational content on behavioral health, social determinants of health, and maternal health.

**How and when do I apply?**

Information sessions about the grant are offered to all students during orientation. Interested dual midwifery-FNP students apply for CAP funding in the final fall of their midwifery coursework using an online application link.

**Contact Info for Grant Leaders:**

Dr. Shannon Cole – Program Coordinator - [shannon.cole@vanderbilt.edu](mailto:shannon.cole@vanderbilt.edu)

Dr. Jannyse Tapp – Project Director

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*Formal grant information:*

Department of Health and Human Services  
Health Resources and Services Administration (HRSA)  
Advanced Nursing Education Workforce Program **HRSA-23-014**

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## Program Faculty

**T**he faculty of the Vanderbilt Nurse-Midwifery Program have a wide-range of experience and interests. We strive to provide students with a broad perspective to best prepare you for midwifery practice. We are excited to assist you in your journey to midwifery.

### Faculty Bios

# Chapter

# 6

## Jenna B. Boren, MSN, CNM



Jenna Boren holds a BS in Biology from Trevecca Nazarene University (2005) and an MSN in nurse midwifery from Vanderbilt University School of Nursing (2007). Upon graduating from VUSN, she practiced in an inner-city practice in Chattanooga for seven years. During this time, she provided full scope midwifery care with an emphasis on prenatal education, nutrition throughout the lifespan and contraception. In 2014, she joined the Vanderbilt midwifery faculty practice. Since that time, Jenna has also taught obstetrical simulation labs and clinicals for the BSN program at Belmont University. In 2020, she began teaching in the pre-specialty, nurse midwifery and psych mental health nurse practitioner programs at

## Amanda Cripe, CNM



Amanda Cripe has practiced as a certified midwife since 2005. She received her BSN from College of Mount St. Joseph and her MSN from Georgetown University. Amanda works primary at Vanderbilt Midwives Melrose and teaches courses within the MSN program.

## Kathleen Danhausen, MSN, CNM



Kathleen practices midwifery with both School of Nursing practices and attends births in and out of the hospital. She serves as a clinical tracking faculty in the midwifery program and loves working with, encouraging, and mentoring student midwives. She completed her MSN at VUSN in 2013 and practiced at a busy community hospital before coming to Vanderbilt. She earned a Masters in Public Health from Columbia University in 2006, and worked in the field of reproductive health and violence prevention prior to becoming a midwife. Kathleen loves to travel, hike, read, and spend time with her girlfriends. She is married and has two children, both born out of the hospital into the hands of midwives. She began her DNP in May 2022.

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## Melissa G. Davis, DNP, CNM, FNP, FACNM



Dr. Davis is a 2003 graduate of the dual Nurse-Midwifery/Family Nurse Practitioner program at Vanderbilt University. She also holds a Bachelor's of Science in Nutrition from the University of Tennessee at Knoxville and spent the first 2 years of her APRN career working in rural Middle Tennessee as an FNP.

Since joining VUSN faculty in 2005, Dr. Davis has worked in various capacities including as a dually certified CNM & FNP at Vine Hill Community Clinic, Franklin Road Women's Health Center, and West End Women's Health Center. She currently maintains full-scope nurse-midwifery practice, attending births at Vanderbilt University Medical Center and fulfills her FNP certification requirements by providing primary care at the Williamson County Walk-in Clinic, a Vanderbilt Medical Group entity.

She began teaching at VUSN in 2013. Her areas of interest include chorioamnionitis, vaginal birth after cesarean, obesity, and caring for normal newborns. In 2016, Dr. Davis completed her DNP studies at Samford University in Birmingham, AL, with a focus on chorioamnionitis rates in obese pregnant women.

Professor Davis is married and the mother of three children: two boys and one girl.

## Stephanie DeVane-Johnson, PhD, CNM, FACNM



Stephanie DeVane-Johnson, PhD, CNM is a native of North Carolina, but recently moved to Tennessee to join the Vanderbilt University School of Nursing faculty. She received a Bachelor of Science Degree in Nursing from the University of North Carolina at Charlotte, a Master of Science Degree in Nursing and Certification in Nurse-Midwifery from Vanderbilt University and a PhD in Nursing from UNC-Chapel Hill.

Dr. DeVane-Johnson, joined the Vanderbilt School of Nursing faculty August 2019, as an Associate Professor. She has been a Certified Nurse Midwife for 20+ years and has extensive experience in maternal /child health. Dr. DeVane-Johnson has worked in private practice settings as well as academic institutions, providing care for women from all ethnic and socio-economic backgrounds. Additionally, she has extensive experience in well-woman gynecology as well as low and high-risk obstetrics.

Her passion and program of research is breastfeeding and health disparities in African Americans. She has written and published on the impact that cultural and socio-historical influences have on African American infant feeding decisions. Dr. DeVane-Johnson is also on the Board of Directors for a "Pathway 2 Breastfeeding" program, a community initiative that aims to combat health disparities in the African-American community by increasing the number of Internationally Board Certified Lactation Consultants (IBCLC) of color who can provide breastfeeding education and support. Dr. DeVane-Johnson has one daughter, whom she adores. She enjoys shopping as well as spending time with her family and friends.

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## Hannah Diaz, DNP, CNM



Hannah Diaz DNP, CNM is a 2009 graduate of the VUSN Nurse-Midwifery Program. She also holds a Bachelor of Science in Neuroscience from the College of William and Mary. She spent the first eight years of her practice as an active-duty Air Force midwife, stationed at both Eglin AFB in Florida and then Aviano AB in Italy. She separated from the Air Force in 2017 to be closer to family and joined the faculty nurse- midwifery practice at Melrose.

Dr. Diaz received her DNP from Samford University in 2021 with a focus in early pregnancy loss. She is certified in point-of-care ultrasound and has assisted in teaching ultrasound to midwives since 2018. She is passionate about ultrasound, early pregnancy loss management, maternal mental health care, and providing midwifery care to high-risk patients and those that prefer a hospital setting.

She is an avid traveler and loves to experience new cultures, having been to 45 countries and counting. In her spare time, you can find her practicing yoga, hiking and spending time with her family.

## Kendra Faucett, DNP, CNM, APRN, CNE, FACNM



After graduating from Vanderbilt University in 2000 with a BS in Comparative Religion, Dr. Faucett attended the Lexington Healing Arts Academy to become a Licensed Massage Therapist. For nine years, she was a certified labor doula, a childbirth educator (HypnoBirthing), and owned her own pregnancy massage practice. In 2007, Dr. Faucett became a registered nurse. While working as a Labor & Delivery and Postpartum nurse, she finished her MSN at Frontier Nursing University. From 2012-2019, Dr. Faucett practiced in various clinical settings, including rural and urban. She then completed a DNP at Yale School of Nursing.

In 2019, Dr. Faucett joined the faculty at Frontier Nursing University in 2019. As assistant professor and course coordinator at Frontier, Dr. Faucett taught over 1,000 midwifery students, preparing them for the AMCB board certification exam. She developed unique and memorable test-taking tips and now presents the Certification Prep Course at the American College of Nurse-Midwives annual meetings. Dr. Faucett joined the Vanderbilt School of Nursing in 2023.

Dr. Faucett enjoys political advocacy. In the early 2000s, she advocated for a CPM licensure pathway in Kentucky. In the 2010s, she worked toward removal of the collaborative agreement for non-scheduled drugs. In 2023, Dr. Faucett and her colleagues on the Kentucky Association of Nurse Practitioners and Nurse-Midwives (KANPNM) advocacy team enjoyed a landmark victory when the Governor signed a bill to sunset the Collaborative Prescriptive Agreement for Controlled Substances.

Dr. Faucett is an active member of the American College of Nurse-Midwives. As a student in 2011, she received the Varney Leadership Award. She served as the Kentucky Affiliate President and was on the board of the Political Action Committee (PAC) for several years. She served on the National and State Government Affairs Committees (the NGAC and SGAC). In 2022, she received the Excellence in Teaching Award and was inducted as a fellow of the ACNM. Dr. Faucett also served as the CNM representative to the APRN advisory council of the Kentucky Board of Nursing.

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## Hannah Cole McGrew, MSN, RN, APRN, CNM, FNP-C



Hannah Cole McGrew is a CNM, FNP-C with a background in community-and patient-engaged research, and a long-standing commitment to serving underserved and vulnerable populations. Hannah has lived in Brazil and Chile and speaks Spanish at home. She has a special interest in global health initiatives and providing a welcoming healthcare environment to those new to the United States.

Prior to becoming an APRN, Hannah worked within the University of New Mexico Office for Community Health and Project ECHO on grants and initiatives involving Community Health Workers and Patient-Engaged Research. She has also been involved with projects through WHO Collaborating Centers in development of medical education curriculum in community health.

Languages: English, Spanish (Native/Bilingual fluency with background in medical interpreting), Portuguese (Proficient)

## Tonia L. Moore-Davis, MSN, CNM, FACNM



Professor Moore-Davis is a Middle Tennessee native who returned to Nashville in 2005 to join the clinical faculty of the School of Nursing. From 2006-2011, she served as the Clinical Practice Manager and Director of Women’s Health Services for the Nurse-Midwifery Faculty Practices at VUSN, a role that included clinical education of residents, medical students and student nurse-midwives. She began didactic teaching in the nurse-midwifery education program in 2011, while continuing to practice full-scope midwifery at West End Women's Health Center.

Professor Moore-Davis completed her pre-nursing coursework at the University of Mississippi before earning her BSN from Johns Hopkins University. Her MSN training was a dual-focus in nurse-midwifery and OB/GYN nurse practitioner studies from the University of Pennsylvania. In 2005, she completed a post-masters certificate in Nurse Education at the University of Pennsylvania. She is currently pursuing her PhD in Nursing, and her research interests include epigenetic influences on perinatal health, specifically related to spontaneous preterm labor. She is also interested in the use of mindfulness-based therapies as an intervention for improving health patterning following chronic social defeat. During her professional career, Professor Moore-Davis has practiced in birth center and hospital settings and after just three years of clinical practice, she found herself in the role of “Service Director”. During her time as a practice manager, she was responsible for oversight of two outpatient centers (including one FQHC), and served on multiple inpatient care committees at Vanderbilt University Medical Center. Professor Moore-Davis was instrumental in launching the labor hydrotherapy program at Vanderbilt Medical Center. Because of her leadership, the VUSN Nurse-Midwifery Faculty Practice has a reputation as one of the best in the country and continues to prides itself on annual participation in the ACNM Benchmarking project and ongoing quality improvement.

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Professor Moore-Davis is active nationally in ACNM, having served as a trustee on the A.C.N.M. Foundation Board of Trustees. She is the recipient of the ACNM 2010 Kitty Ernst Award for her innovation and creative endeavors in midwifery and women's health. She is a four-time recipient of the ACNM Excellence in Teaching Award, in 2013, 2016, 2018, and 2019.

Professor Moore-Davis lives in the Old Hickory area with her husband John (a civil engineer) and their son Spencer. She is an avid SEC football fan, and can usually be found enjoying Vanderbilt football during weekends in the fall. Spring semester finds her following the Vandy Women's Basketball Team to tournaments and hoping for a trip to the NCAA Women's Final Four.

In 2016, Professor Moore-Davis was inducted as a Fellow of the American College of Nurse-Midwives.

## Jeremy L. Neal, PhD, CNM, FACNM



Dr. Neal is an Ohio native. He received his BSN from Bowling Green State University (Bowling Green, Ohio) in 1995, MS with a focus in nurse-midwifery from The Ohio State University (Columbus, Ohio) in 2005, and PhD from The Ohio State University in 2008. Dr. Neal conducts translational research aimed at improving the quality and safety of care to laboring women. His professional goal is to improve perinatal and public health by optimizing short- and long-term pregnancy and birth outcomes for mother and baby while decreasing health care costs.

Dr. Neal joined the Vanderbilt School of Nursing in 2014 as an Assistant Professor of Nursing. Prior to coming to Vanderbilt University, he was a faculty member in The Ohio State University College of Nursing where he directed the nurse-midwifery specialty track while concurrently initiating his research program. Dr. Neal also held a faculty position in The Ohio State University College of Medicine. Dr. Neal's goals as a faculty member at Vanderbilt are 1) to develop outstanding future nurse-midwives; 2) to prepare the next generation of perinatal nurse scientists; 3) to develop future nurse leaders and; 4) to lead research that will equip clinicians with knowledge-based tools that will improve care. Dr. Neal received the ACNM Excellence in Teaching Award in 2017.

Dr. Neal is the father of four amazing children (3 boys and 1 daughter).

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## Julia Phillippi, PhD, CNM, FACNM, FAAN



Dr. Phillippi is a lifelong Tennessee native and graduated from Vanderbilt University School of Nursing in 1999 after completing the pre-specialty program. After graduation, she began practice at her integration site, a free-standing rural birth center, and went on to become Director of Midwifery Services there. She has practiced in a variety of settings including urban and rural birth centers, as well as a small rural hospital and a tertiary care center (Vanderbilt). Her intrapartum experience also includes home birth from apprenticing with a lay midwife prior to midwifery school. She first taught at Vanderbilt in 2002, and has been faculty continuously since 2005, teaching and coordinating classes at the MSN, DNP, and PhD levels. In 2019, she became the Nurse-Midwifery Specialty Director. In addition to teaching and practice, midwifery health services research is one of Dr. Phillippi's areas of interest. Julia is active in research with researchers from around the country studying perinatal care. Her publications can be found [here](#).

Dr. Phillippi has been active in midwifery leadership at the national level, including serving on committees for the American Midwifery Certification Board and chairing the 2012 revision of the Core Competencies for Basic Midwifery Practice. She has also served as an ACNM liaison to other organizations such as the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. She currently serves on the ACOG Committee Opinions group and as an Associate Editor for the Journal of Midwifery & Women's Health. In recognition of her service, she received the Kitty Ernst Award from the ACNM Foundation in 2005. She also received the ACNM Excellence in Teaching Award in 2007 and 2014. She is a fellow in the American College of Nurse Midwives and the American Academy of Nursing.

Dr. Phillippi has authored numerous textbook chapters and is one of two co-editors for the 7<sup>th</sup> edition of *Varney's Midwifery*.

She married her husband, David, between her intrapartum and integration semesters. They lived in a single-wide trailer behind the birth center for the first three months of their marriage. After moving several times, Julia changed roles and David completed his PhD in mathematics. They moved to Nashville in 2011 and currently live South of town. David teaches at Belmont University, helping DNP nursing students with their statistics. They have three children, all born in a rural birth center, two are adults and one is in high school.

## Mavis N. Schorn, PhD, CNM, FACNM, FAAN



Dr. Schorn moved to Tennessee in 2002 for the purpose of coming to Vanderbilt University to teach nurse-midwifery and to begin work on her PhD. She spent her adult life in Houston, TX after graduating from the University of Texas in Austin with a BSN. While working as an L&D nurse and nurse manager in a tertiary care hospital, she completed her Master of Science degree. She gave birth to her daughter in 1987 (with a special CNM), two weeks after defending her thesis. One year later she started her midwifery education at Baylor College of Medicine in Houston. She joined a new

midwifery practice after graduation at the University of Texas Health Science Center in Houston, working at the county hospital and public clinics. After 4 years and hundreds of births, she was offered the opportunity to begin a private hospital midwifery practice in Houston. She stayed there for eight years until making the transition to Nashville.

Since coming to Vanderbilt, she has served in numerous capacities. She was the Nurse- Midwifery Program Director from January 2006 – August 2012 and the Assistant Dean for Academics at the School of Nursing from 2010 to 2013. She is now the Senior Associate Dean for Academics; however, she continues to teach and care for women as a member of the Vanderbilt Nurse-Midwifery Faculty Practice.

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Dr. Schorn has been married to her husband, David, for over 30 years and their daughter, Erin, is a 2012 graduate of the University of Alabama. David retired from the oil business several years ago and is a good cook and avid midwifery supporter. Mavis loves to read mystery novels, go to Vanderbilt baseball games and go for walks.

She completed her PhD program at the University of Kentucky in 2009. Her dissertation research was “The Effect of Guided Imagery on the Third Stage of Labor”. She loves to travel (probably as a result of growing up in a military family), has a working use of Spanish, and tries somewhat unsuccessfully to keep her workaholic tendencies under control. She is proud to be affiliated with Vanderbilt University, a vibrant, cutting-edge nurse-midwifery program, and dynamic faculty.

## Margaret C. Taylor, DNP, CNM, FACNM



My personal path to midwifery came from the birth of my first child when I attempted to have a natural home birth. Unable to find a local midwife, I was forced to seek hospital care where I was separated from my husband, drugged (“Twilight Sleep”), ridiculed for my attempts to breathe & relax, and finally tied into bed when I resisted. I left the hospital thinking, “No woman should ever experience that!” Since that time, I have spent 3 decades working to help couples have safe, healthy, family-centered births.

I have spent most of my career in Memphis, where I started the first private midwife-owned practice in the state, worked in a family practice with the underserved and immigrant population, and started a Centering Pregnancy Program. During this time, I participated in several medical mission trips to Uzbekistan, Afghanistan, and India which further shaped my views about women and birth. I joined the Vanderbilt Faculty Practice in December of 2012. Having “fought the battle” for every aspect of normal natural births, it is wonderful to be part of a practice that provides superb midwifery care for the community as well as producing strong midwifery graduates!