

Working with students without prior labor and delivery experience

An increasing number of student admitted to graduate schools of midwifery have little or no experience as labor and delivery nurses. Many preceptors feel that working with these students is too much of a burden on their time. Before deciding to reject these students outright, however, consider the following:

- Technical skills are usually the easiest skills to accomplish for otherwise competent graduate students. They simply require experience.
- Many labor and delivery nurses have little experience with vaginal exams especially if they worked in teaching hospitals. Labor and delivery nurses sometimes over react to fetal monitor strips and need to be shown how to see the whole picture as a provider.
- Medical providers do not have years of experience working in labor and delivery before they become students. They are able to learn the skills.
- Many students without labor and delivery skills have graduated from midwifery schools and gone on to practice safely and effectively.
- Everyone brings unique skills to the table as a student. We can't discount other kinds of experiences like working in another department in the hospital, working in the clinic setting, teaching childbirth classes, or even experience in business as an entrepreneur. These other experiences can be as valuable as labor and delivery experience.

Here are some tips if you decide to work with students without labor and delivery experience:

- Require the student to have recently attended a fetal monitoring course or send them to a fetal monitoring class early in their clinical practicum.
- Ask the nurses if the student could shadow them during otherwise quiet call shifts to learn skills like vaginal exams and monitoring fetal status. Alternatively, have the student start with a 2-3 week preceptorship with one or more nurses on the unit.
- After the student has a basic understanding of the vaginal exam, choose to do every other vaginal exam with the student or trade off doing one exam each every other time to assess their abilities and not tax the laboring woman too much.
- When a woman has an epidural, ask if you can check behind the student. When women are comfortable, they are more likely to agree.
- Utilize the experience that the student has had... perhaps they have worked in a medical or surgical unit and bring increased knowledge about medical conditions or have experience placing foley catheters or IVs. If they have experience with birth as a doula or direct entry midwife, they will shine in that area. Give them an opportunity to demonstrate the experience they do have from their past.