

P11: Supervision Policy
**(Assessment and Supervision Requirements for Clinical
Placement and Plan for Reporting)**

Policy Name	Supervision Policy (Assessment and Supervision Requirements for Clinical Placement and Plan for Reporting)		P11
Date Approved by Council: January 21, 2000	Effective Date: January 21, 2000	Revised by Council: March 8, 2002 January 30, 2013 March 15, 2013 September 18, 2015 March 25, 2020	
<p>PURPOSE</p> <p>The College of Midwives of Alberta (CMA) is mandated to protect the public interest by regulating the profession of midwifery under the <i>Health Professions Act (declared December 5, 2019)</i>, <i>Fair Registration Practices Act (March 1, 2020)</i>, <i>Midwives Profession Regulation (237/2018)</i> and associated CMA Standards of Practice, Code of Ethics and Competencies. The CMA must uphold a transparent, objective, impartial and procedurally fair registration process in accordance with the <i>Fair Registration Practices Act</i>. This will help the CMA Registration Committee to ensure a responsible and unbiased review of the registration process with no conflict of interest (fair to the applicant and to the public). Appropriate assessment and supervision provides assurance to the community that a midwife’s practice is safe and does not place the public at risk. This policy applies to any registered midwife who requires assessment and temporary supervision and has, for any reason a condition placed on their registration by the CMA.</p> <p>POLICY</p> <p>The CMA Registration Committee decides on the details of the supervision arrangements in accordance with the legislation set down in the <i>HPA, Midwives Profession Regulations, Registration Policy and Terms of Reference</i>. The supervision process is a responsibility and function of the Registration Committee of the CMA. No other body will make these decisions.</p> <p>DEFINITIONS</p> <ul style="list-style-type: none"> - <i>Assessment</i>: a systematic process for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies. 			

- *Competence*: a complex knowledge-based state that encompasses an integrated set of knowledge, skills, attitudes and judgements that enables one to meet expected standards in various environments and situations
- *Conflict of Interest*: a situation in which a midwife, contrary to the obligation and absolute duty to act for the benefit of the public or a designated individual, also has a professional, personal, financial or other interest, or relationships with third parties when may undermine the midwife's professional judgement. Such competing interest can make it difficult to fulfill duties impartially. A conflict of interest exists even if no unethical or improper act results" (CMA Bylaws, May 14, 2019).
- *Direct Supervision*: the supervisor takes on an assessment role with primary responsibility for the midwifery care provided. The supervisor must be physically present at the workplace, assessing and observing at all times when the supervised midwife is providing clinical care, according to the supervision plan. The supervised midwife must consult with the supervisor about the midwifery care before delivering the care. The supervised midwife does not provide any service without the presence of the supervisor. During the direct supervision period, the supervised midwife may be exempt from the CMA practice permit fee.
- *Indirect Supervision*: the supervisor and supervised midwife share the responsibility for individual clients. The supervisor is easily contactable and is available to observe and discuss the midwifery care provided by the supervised midwife. The supervisor must be physically present at the workplace for the majority of time when the supervised midwife is providing clinical care. The supervisor must inform the supervised midwife at agreed intervals about the management of each client and discussions must happen regarding the care provided. If the primary supervisor is temporarily absent during any day, they must make arrangements for a secondary supervisor to provide temporary oversight. Ideally, a secondary supervisor stated on the supervision agreement will provide such temporary supervision. While under indirect supervision, appropriate permit fees to the CMA are required.
- *Supervised Midwife*: is a midwife holding provisional registration or registration with conditions. The supervised midwife practices under the oversight and direction of a supervisor to meet the objectives of a supervision plan.

- *Supervision Plan*: is an agreement by the CMA Registration Committee, the supervisor and the supervised midwife.
- *Primary Supervisor*: is a qualified person approved by the CMA to be responsible for overseeing and evaluating the performance of an individual undertaking a period of supervised practice under (*Midwives Profession Regulation (237/2018)*). The supervisor assesses, monitors, provides feedback, and reports to the CMA Registration Committee.
- *Upgrading*: includes academic requirements, formal refresher training requirements, experiential requirements, and/or examination and testing (*Midwives Profession Regulation, 237/2018*).

SUPERVISION

Midwives may be assessed and required to work under supervision if they:

- hold provisional registration;
- hold general registration with conditions;
- need to address a health, conduct, recency of practice, or performance issue that has been assessed as affecting safe and/or competent practice;
- have not fulfilled the required registration examinations, Canadian Midwifery Registration Exam (CMRE), Objective Structured Canadian Examination (OSCE) and Culture and Jurisprudence Exam.

The Supervision Plan will consist of:

- signed Supervision Agreement Form;
- signed Conflict of Interest Form;
- work in a community-based established midwifery practice (see CMA Policy # 1);
- a minimum amount of supervision period required to provide prenatal, postpartum and newborn care;
- a minimum number of births to be attended;
- requirements for regular chart review;
- reports on progress written by both the supervisor and supervised midwife (see reporting requirements);

- other clinical requirements deemed appropriate by the Registration Committee;
- either direct and/or indirect supervision (see definition section);
- reports on progress jointly written and reviewed by both the supervisor and supervised midwife (see Reporting Requirements section).

As per the *Fair Registration Practices Act* and to avoid any conflict of interest, a separate supervision assessment process needs to be undertaken apart from an employment setting. Therefore, the supervision must not take place in the same practice that the supervised midwife intends to or may eventually work as a registered midwife directly after completing the supervision period.

CRITERIA FOR APPROVAL OF SUPERVISORS

On behalf of the CMA, supervisors are assessing and evaluating midwifery care demonstrated by the supervised midwife. Therefore, supervisors must apply their knowledge of the Model of Midwifery Care in Alberta, their understanding of the CMA Standard of Practice and their clinical experience.

The CMA Registration Committee has determined that the following criteria must be met, in order to qualify as a supervisor of a midwife in Alberta:

1. General Registered Midwife with a full practice permit in good standing;
2. Practiced in Alberta for a minimum of one (1) year;
3. Primary midwife with a minimum of 40 births total (student/supervised births are not acceptable) of which:
 - at least 20 births were in Alberta,
 - at least 10 births were in the last 2 years.
4. Work within an established practice (see CMA Policy #1).

The supervisor must be approved by the Registrar of the College of Midwives of Alberta and must agree to the terms of supervision prior to supervision taking place (see requirements and responsibilities below).

REQUIREMENTS AND RESPONSIBILITIES

Prior to the beginning of the supervision period,

The supervised midwife must:

- Read the “Supervision Policy (Assessment and Supervision Requirements for Clinical Placement and Plan for Reporting), CMA Policy # 11” (this policy, in its entirety);
- Submit the completed and signed “**Supervision Agreement**” (**Appendix B**). The “Supervision Agreement” must be approved by the Registrar of the CMA and will be placed on the supervised midwife’s file;
- Review the identified learning plan from CMA with the supervisor;
- Review the required CMA policy and statement resource documents listed in the reference section at the end of this policy.

The supervisor must:

- Read the “Supervision Policy (Assessment and Supervision Requirements for Clinical Placement and Plan for Reporting), CMA Policy # 11” (this policy, in its entirety);
- Complete and submit to the CMA the “**Conflict of Interest Declaration**” (**Appendix A**);
- Complete and submit to the CMA the “**Supervisors’ Checklist**” (**Appendix C**) completed and signed by all supervisors;
- Provide the supervised midwife with information as to their usual practice routines;
- Review the CMA learning plan outlining the areas identified by the CMA with the supervised midwife. This learning plan must be developed and reviewed by all supervisors with the supervised midwife prior to the beginning of the supervision period.

RESPONSIBILITIES OF SUPERVISORS

The following responsibilities in the supervision agreement apply to the supervisor:

- disclose to the CMA any conflict of interest, (Appendix A);
- be committed to this role with significant time towards the supervised midwife, provide accurate, timely and responsible reports and be aware of the supervised midwife’s learning needs;
- assess the supervised midwife’s competency to provide primary care;
- provide appropriate assessment, supervision, evaluation and mentoring to the supervised midwife;

- notify the CMA immediately if, for any reason, the supervisor is unable to continue with the supervision arrangements;
- ensure that the supervised midwife:
 - understands their legal responsibilities and the conditions within which they must operate,
 - follows the ethical principles that apply to the midwifery profession in Alberta, and
 - acts in accordance with the direction of the supervisor,
 - is practicing in accordance with the supervision plan arrangements approved by the CMA;
- report to the Registrar of the CMA, if at any time during supervision period the supervised midwife displays unprofessional conduct (*HPA, Dec 5, 2019*) or if the supervised midwife is not practicing in accordance with the supervision plan;
- take reasonable steps, such as direct observation, individual case review, and remediation of identified problems to ensure that the supervised midwife is practicing safely;
- give clear direction and constructive feedback as necessary to the supervised midwife;
- identify and report to the CMA any further gaps in knowledge and skill not previously recognized. Add these additional gaps to the supervised midwife's conditions and reflect the appropriate learning required. Use the "Supervisor's Report" (Appendix E).

RESPONSIBILITIES OF SUPERVISED MIDWIFE

The following responsibilities in the supervision agreement apply to the supervised midwife:

- discuss with the primary supervisor learning objectives or identified needs for learning/skills development;
- attend regular meetings with the primary supervisor to discuss reports, update objectives and review progress plan;
- submit to the CMA Registrar, accurate, responsible and timely reports in accordance with this policy (see reporting requirements section below);
- plan and lead regular chart reviews with the primary supervisor;
- contact the supervisor when:
 - a midwifery client is in active labour,
 - immediately when a midwifery client is in an urgent need for consultation or transfer of care;
- explain to clients the nature, terms, and duration of their supervision and the implications to the client's care;

- plan for desired learning and seek out learning experiences to complete supervision requirements.

REPORTING REQUIREMENTS

Reporting will be done based on CMA-identified conditions and any additional conditions that may be recognized during the supervision period.

The supervised midwife must complete the reports below and submit to the Registrar of the CMA:

- a one-page summary written report (**“Supervised Midwife’s Report -1 Month” (Appendix D)**) at the one (1) month period stating the progress of the supervision with any additional identified gaps;
- the **“Supervision Report” (Appendix F)** at the two (2) month period or by the end of direct supervision (whichever is first), completed by supervisor and supervised midwife;
- the **“Supervision Report” (Appendix F)** at the three (3) month period or by the end of direct supervision (whichever is first), completed by supervisor and supervised midwife;
- the **“Evaluation of Supervised Practice” (Appendix G)** completed by supervisor and supervised midwife at the end of the direct supervision period and upon successful completion of all the requirements.

The supervisor must complete and submit to the Registrar of the CMA:

- a written progress report to the Registrar of the CMA, at the 1-month period, 2 month-period and 3-month period or by the end of the direct supervision (whichever is first) and at least quarterly for the duration of the supervision period (**“Supervisor’s Report” Appendix E**). This report must describe the supervised midwife’s progress and must include any additional gaps identified during the supervision period.
- the **“Evaluation of Supervised Practice” (Appendix G)** at the three (3) month period or by the end of the supervision period (whichever is first). This report details the supervised midwife’s clinical experience and progress to date and must be signed by both, the supervisor and the supervised midwife.

Note: These reports must be discussed and written with full disclosure by both supervisor and supervised midwife.

[Additional Concerns](#)

At any time during the supervised period the supervisor or the supervised midwife may,

after notifying the other party, report concerns with respect to the matters outlined above or regarding any other aspect of the supervision arrangement to the Registrar of the CMA.

CONCLUSION OF SUPERVISION

Upon successful completion of the supervision requirements:

1. the supervised midwife will submit to the CMA the **“Supervision Report” (Appendix F)** with completed records documenting their clinical experience;
2. the supervised midwife will submit to the CMA the **“Evaluation of Supervised Practice” (Appendix G)** completed and signed by both supervisor and supervised midwife;
3. the supervisor must submit to the CMA a **final written report (“Supervisor’s Report” Appendix E)**, stating whether or not the supervised midwife has, in the supervisor’s opinion, satisfactorily addressed all requirements for supervision and any other areas for improvement identified during the supervision period.

The Registration Committee of the CMA will review each report and if all supervision requirements have been satisfactorily fulfilled and the necessary level of competence demonstrated, it will direct that:

1. conditions on the supervised midwife’s registration be removed, and
2. General Registration with a Full Practice Permit be issued.

In the event that, at any point during the supervision period or at the end of the supervision period:

1. the supervised midwife and/or the supervisor do not submit required records and reports stating that supervision requirements have been met,
2. the supervisor is not satisfied the supervised midwife has satisfactorily addressed all supervision requirements or that the supervised midwife has not yet attained an adequate level of competence, or
3. the College of Midwives of Alberta determines that the supervision requirements have not been satisfactorily addressed,

the College of Midwives of Alberta, may:

1. extend the supervision period;
2. revise supervision requirements and/or registration conditions accordingly;

3. recommend that the supervised midwife undertakes upgrading: additional training, education or practice experience; or
4. refuse renewal of the supervised midwife's registration in the following year.

Failure on behalf of the supervised midwife to meet supervision requirements may have implications for renewal of registration and continued registration status.

REFERENCES

- CMA Code of Ethics (CMA website)
- CMA Policy # 1 Established Practice
- CMA Policy #7 Midwifery Client Records and Recordkeeping
- CMA Policy # 6 Registration (Appendix C checklist for reviewing an application for registration as an internationally educated midwife)
- CMA Position statement on Continuity of Care S4 (CMA website – “Statements)
- CMA Registrant's Handbook (CMA Website)
- Health Professions Act: (RSA 2000) Queens Printer, Alberta
- Fair Registration Practices Act: (March 1, 2020)
- Midwives Profession Regulation (237/2018)

Approved by Council:

March 25, 2020

Cassandra Evans RM, President
College of Midwives of Alberta

Date

APPENDIX A

CONFLICT OF INTEREST DECLARATION

College of Midwives of Alberta (CMA) has a mandate to ensure that the process and outcome of registering a new midwife into Alberta is procedurally fair, objective, impartial (unbiased), and transparent to all parties involved. A Conflict of Interest Declaration must be made by the supervisor.

A conflict of interest arises when the supervisor has a personal interest that conflicts, might conflict, or may be perceived to conflict with the interests of the CMA and with the supervised midwife.

A conflict of interest could arise as follows, but is not limited to:

- a previous or existing professional or personal relationship with the supervised midwife (for example: have previously been mentored by the supervised midwife; have a friendship or familial relationship, or is in an employer/employee relationship);
- an existing or previous client/care provider relationship with the supervised midwife.

As a supervisor, I support the primary purpose of the CMA, which is to protect the safety of the public in the provision of midwifery services. I will be transparent, objective procedurally fair and impartial in carrying out my assessment and supervisory responsibilities.

I also understand that I must officially declare any conflict of interest that exists between the midwife that is to be supervised and myself (the supervisor).

I _____, declare that
Name of Supervisor

I **DO NOT** have a conflict of interest

I **DO** have a conflict of interest: all sources of bias need to be identified and steps taken to address that bias (below)

with _____.
Name of Supervised Midwife

If you do have a conflict of interest, or a source of bias, please disclose below:

Signature of Supervisor

Date

APPENDIX B

The supervisor and supervised midwife will develop a learning plan specific to gaps/conditions identified by the CMA. It is the responsibility of the supervisor to identify and report to the CMA any further gaps in knowledge and skills not previously recognized. These additional gaps will be added to the conditions and should be reflected in the learning plan.

I _____ agree that while the applicant named above is under supervision, I will assess and supervise their midwifery practice at the site indicated above to ensure the delivery of safe, ethical and effective midwifery services. Resource: Supervision Policy (Assessment and Supervision Requirements for Clinical Placement and Plan for Reporting) - CMA P# 11.

I confirm that I meet the requirements of a supervisor as outlined in the Supervisor's Checklist (attached) and I agree to assess the practice of _____ based upon the CMA's requirements. I understand the reporting requirements and will submit these reports to the CMA within two weeks of the deadline.

I will communicate any concerns regarding the safety of the supervised midwife immediately to the CMA. If I am unable to provide the opportunity for a supervised midwife to meet the gaps identified I will identify these to the supervised midwife and the CMA so that alternate arrangements can be facilitated to address the supervised midwife needs.

Primary Supervisor Signature

Date: ____/____/____
 day mon year

Secondary Supervisor (if applicable)

I _____ agree that while the applicant named above is under supervision, I will assess and supervise their midwifery practice at the site indicated above to ensure the delivery of safe, ethical and effective midwifery services. Resource: Supervision Policy (Assessment and Supervision Requirements for Clinical Placement and Plan for Reporting) - CMA P# 11.

I confirm that I meet the requirements of a supervisor as outlined in the Supervisor's Checklist (attached) and I agree to assess the practice of _____ based upon the CMA's requirements. I understand the reporting requirements and will submit these reports to the CMA within two weeks of the deadline.

I will communicate any concerns regarding the safety of the supervised midwife immediately to the CMA. If I am unable to provide the opportunity for a supervised midwife to meet the gaps identified I will identify these to the supervised midwife and the CMA so that alternate arrangements can be facilitated to address the supervised midwife needs.

Secondary Supervisor Signature

Date: ____/____/____
 day mon year

APPENDIX C

PRIMARY SUPERVISOR CHECKLIST

All supervisors are required to meet the criteria for supervision as per Policy # 11 Assessment and Supervision for Clinical Placement and Plan for Recording

To be eligible to assess and supervise, a registered midwife must: **Supervisor's Initial**

- Have current General Registration in Alberta with a full Practice Permit without conditions;
- Be in good standing with the College of Midwives of Alberta (CMA);
- Have practiced in Alberta for a minimum of one year without conditions;
- Have been the primary midwife at a minimum of **40** births:
 - 20 of which were in Alberta / 10 of which were in the last two years
 - (Births you attended as a student or conditional registrant do not count);

I understand that supervision of the supervised midwife's care has to be directly assessed and observed. This period will continue for a minimum of two (2) months, when a report shall be submitted by me to the CMA. If the Registration Committee of the CMA is satisfied, then direct supervision may be lifted.

.....

Please list locations where you hold admitting privileges and when were these privileges granted:

1. _____
2. _____
3. _____

Name and address of practice site

Name Signature

Date Name of Supervised Midwife

To be completed by the CMA:				
Supervised Midwife	Agreement signed and dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Principal Supervisor	Agreement signed and dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Second Supervisor	Agreement signed and dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Additional Supervisor(s)	Agreement signed and dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Contracts and Learning plan	Submitted to College for Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

APPENDIX D

APPENDIX E

APPENDIX F

SUPERVISION REPORT

Date of report: _____

Name of supervised midwife

Signature of supervised midwife

What is the purpose of this report?

- Progress (provide details below)
- 1 Month
- 2 Months
- 3 Months
- Other _____

Commencement date of reporting period: _____

Conclusion date of reporting period: _____

Name of established practice location:

Name of primary supervisor

Signature of primary supervisor

Name of secondary supervisor

Signature of secondary supervisor

Name of additional supervisor

Signature of additional supervisor

1. Have there been any changes in the primary or secondary supervisors since supervision commenced?

- Yes
- No

If yes, please provide details below

1. Supervision Requirement: Newborn Assessment

To fulfil supervision requirements for Newborn Assessment:

- (1) the supervised midwife must complete a thorough newborn assessment,
- (2) the supervisor must directly observe the thorough newborn assessment being completed.

In order for the required newborn assessment to be considered acceptable, the supervisor must be satisfied that the supervised midwife competently completed all components of a thorough assessment, independently, with little or no coaching/teaching.

The attached chart must be completed and submitted to the Registrar of the CMA for review.

NEWBORN ASSESSMENT RECORD (1)

Name of Midwife _____

#	Date	Client Id.	Gest. Age at Birth by Date	Gest. Age at Birth by Exam	Postpartum Date of Exam	Site	Description of any problems Identified	Sprvsr Initials	Satisfactory/ Unsatisfactory	Comments
1										
2										
3										
4										
5										

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s) _____

NEWBORN ASSESSMENT RECORD (2)

Name of Midwife _____

#	Date	Client Id.	Gest. Age at Birth by Date	Gest. Age at Birth by Exam	Postpartum Date of Exam	Site	Description of any problems Identified	Sprvsr Initials	Satisfactory/ Unsatisfactory	Comments
6										
7										
8										
9										
10										

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s) _____

2. Supervision Requirement: Perineal Repair

To fulfil supervision requirements for Perineal Repair:

1. the supervised midwife must independently infiltrate and repair a second-degree tear or episiotomy,
2. the supervisor must directly observe the supervised midwife infiltrating and repairing a second-degree tear or episiotomy.

In order for the required perineal repair to be considered acceptable, the supervisor must be satisfied that the supervised midwife competently completed all aspects of the infiltration and repair, independently, with little or no coaching/teaching.

The attached chart must be completed and submitted to the Registrar of the CMA for review.

PERINEAL REPAIR RECORD

Name of Midwife _____

#	Date	Client Identifier	Type of Repair	Supervisor Initials	Satisfactory/Unsatisfactory	Comments
1						
2						
3						
4						
5						
6						
7						
8						

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s) _____

3. Birth Attendance at Specified Site Birth Record

To fulfil supervision requirements for Attendance at a Birth at a Specific Site:

1. the supervised midwife must be the primary or second midwife in attendance at the birth,
2. the supervised midwife must be present at a birth during the time the backup/second attendant would normally be in attendance at the birth,
3. the supervisor must also be in attendance at the birth, during the time the backup/second attendant would normally be in attendance, to observe the supervised midwife.

The attached chart must be completed and submitted to the Registrar of the CMA for review.

BIRTH ATTENDANCE AT SPECIFIED SITE BIRTH RECORD

Name of Midwife _____

BIRTH

#	Date	Client Identifier	Site	Outcome	Role	Supervisor Initials	Comments
1							
2							
3							
4							
5							

(Please identify each client by number or initials only)

Role: 1= Principal

2= Backup/Second Midwife

Name and Initials of Supervisor (s) _____

4. Supervision Requirement: Primary Care

To fulfil supervision requirements for Primary Care:

1. the supervised midwife must:
 - a) manage care from the onset of labour,
 - b) catch the baby (or provide supportive care if transfer of care has occurred) and
 - c) manage immediate postpartum care.
2. the supervisor must directly observe the supervised midwife managing care from the onset of active labour until immediate postpartum care is completed for each client.

If, however, the supervisor is satisfied the supervised midwife has demonstrated an acceptable level of competence, the supervisor may:

3. at their discretion, provide indirect supervision via telephone **during early labour**. Indirect supervision must consist of a minimum of one call every four hours from the onset of active labour.
4. the supervisor **must always be present to directly observe the supervised midwife** during the period that the back-up/second midwife is normally in attendance at the birth. The supervisor may be the back-up/ second midwife, if appropriate.

Note: Items (3) & (4) do not apply when direct supervision has been recommended in the first 2 - 3 months. Only applicable once direct supervision has been lifted by the CMA.

The attached chart must be completed and submitted to the Registrar of the CMA for review.

PRIMARY CARE RECORD (Please copy chart as necessary to document condition) Name of Supervised Midwife _____

BIRTH

#	Date	Client Identifier	Site	Outcomes	Supervisor Initials	Comments
1						
2						
3						
4						
5						
6						
7						
8						

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s) _____

5. Supervision Requirement: Continuity of Care

To fulfil supervision requirements for Continuity of Care:

1. review the Position Statement on Continuity of Care (CMA Website “Statements”)
2. the supervised midwife must, for each client:
 - a. attend a minimum of 7 visits which include:
 - a minimum of two (2) and up to four (4) prenatal visits,
 - a minimum of two (2) and up to three (3) postpartum visits
 - b. attend the birth
3. the supervisor must ensure by monthly chart review that the supervised midwife has conducted the total number of visits and births necessary to meet continuity of care requirements.

The attached chart must be completed and submitted to the Registrar of the CMA for review. One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.

CONTINUITY OF CARE RECORD*One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.*

Name of Midwife _____

Name and Initials of Supervisor (s) _____

Client Identifier _____

PRENATAL CARE

#	Date of Visit	Gest. Age	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

BIRTH

Date	Role	Site	Supervisor Initials	Comments

(Continued on next page)

CONTINUITY OF CARE RECORD (Continued)

Name of Midwife _____

Name and Initials of Supervisor (s) _____

Client Identifier _____

POSTPARTUM CARE

#	Date of Visit	PP Day	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

Please include any Legend necessary

6. Supervision Requirements: Antenatal and Postnatal Care

To fulfill supervision requirements for Antenatal and Postnatal Care:

1. the supervisor must assess and directly observe the supervised midwife conducting each of the following visits until she is satisfied the supervised midwife has attained a minimum level of competence:
 - a. initial visit
 - b. second trimester visit
 - c. third trimester visit
 - d. postpartum home visit and
 - e. six-week follow up visit

2. the supervisor must also assess and directly observe the supervised midwife as either primary midwife, or second midwife (not just an observer) during at least one birth.

The attached chart must be completed and submitted to the Registrar of the CMA for review. One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.

ANTENATAL/POSTNATAL CARE RECORD

One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.

Name of Midwife _____

Name and Initials of Supervisor (s) _____

Client Identifier _____

PRENATAL CARE

#	Date of Visit	Gest. Age	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

BIRTH

Date	Role	Site	Supervisor Initials	Comments

(Continued on next page)

ANTENATAL/POSTNATAL CARE RECORD (Continued)

Name of Midwife _____
Client Identifier _____

Name and Initials of Supervisor (s) _____

POSTPARTUM

#	Date of Visit	PP Day	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

Please include any Legend necessary

APPENDIX G

PART ONE: SUPERVISED MIDWIFE’S SELF-EVALUATION

To be completed by the midwife under supervision.

A. Describe how you demonstrate the following:

PROFESSIONAL PRACTICE

Demonstrates accountable, responsible, safe midwifery care and seeks advice appropriately as outlined in the Principles of Midwifery Practice (Section 2.3 of the Registrant’s Handbook) and is receptive to feedback regarding performance.

ETHICAL PRACTICE

Demonstrates a responsibility to midwifery practice as outlined in the Alberta Model of Practice, “Philosophy of Care” (Section 2.2 of the Registrant’s Handbook) and in the CMA Code of Ethics (CMA website).

STANDARDS OF PRACTICE

Demonstrates competence with the provision of service as outlined in the Practice of Midwifery (Section 2.4 of the Registrant’s Handbook) and Standards of Conduct (Section 2.5 of the Registrant’s Handbook) or the CMA Standard of Practice (CMA website).

B. Please complete the following information

Birth numbers completed during this reporting periods:

	#Required	#Completed
Primary Midwife:		
Secondary Midwife:		
Continuity of Care:		

C. The following criteria may be used when reporting on specific conditions unrelated to birth numbers. Please review the list of conditions and then outline where you feel your level of competency is at this time. Provide comments including what you need to assist you in each area.

Criteria for each level of competency	
Independent:	I need no cues and direction
Supervised:	I need minimal support and/or supportive cues and direction
Assisted:	I need frequent supportive cues and direction
Marginal:	I need considerable supportive cues and direction

Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:

Criteria for each level of competency	
Independent:	I need no cues and direction.
Supervised:	I need minimal support and/or supportive cues and direction.
Assisted:	I need frequent supportive cues and direction.
Marginal:	I need considerable supportive cues and direction

Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:

PART TWO - EVALUATION TOOL FOR SUPERVISOR

To be completed by the Primary Supervisor

A. Describe how the supervised midwife demonstrates the following:

PROFESSIONAL PRACTICE

Demonstrates accountable, responsible, safe midwifery care and seeks advice appropriately as outlined in the Principles of Midwifery Practice (Section 2.3 of the Registrant’s Handbook) and is receptive to feedback regarding performance.

ETHICAL PRACTICE

Demonstrates a responsibility to midwifery practice as outlined in the Alberta Model of Practice, “Philosophy of Care” (Section 2.2 of the Registrant’s Handbook) and the CMA Code of Ethics (CMA website).

STANDARDS OF PRACTICE

Demonstrates competence with the provision of service as outlined in the Practice of Midwifery (Section 2.4 of the Registrant’s Handbook) and Standards of Conduct (Section 2.5 of the Registrant’s Handbook) or the CMA Standards of Practice (CMA website).

B. Please provide feedback on the following specific conditions.

The following criteria may be used when reporting on specific conditions unrelated to birth numbers. Please list the condition, outline the level of competency at this time, and provide supporting comments.

Criteria for each level of competency	
Independent:	I need no cues and direction
Supervised:	I need minimal support and/or supportive cues and direction
Assisted:	I need frequent supportive cues and direction
Marginal:	I need considerable supportive cues and direction

Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:

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Comments:
Condition:
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Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:
Condition:
Level of Competence:
Comments:

- E. Please provide comments to support the above recommendations to assist the CMA in making a decision regarding supervision requirements.**

Signature of Supervisor:
Name of Supervisor:
Signature of Supervised Midwife:
Print Name of Supervised Midwife:
Date: