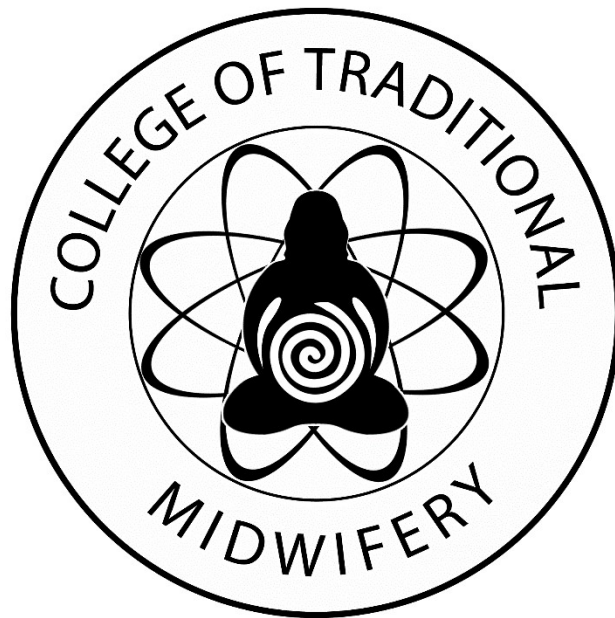


# **COLLEGE OF TRADITIONAL MIDWIFERY**

## **PRECEPTOR HANDBOOK**



Volume 9

© January 2025



Administrative Office, 320 Evergreen Drive, Summertown, TN 38483  
931-964-4892, Fax-931-903-1314

Dear Preceptor,

Thank you for choosing to advance the education of a midwifery student from The College of Traditional Midwifery. We appreciate your dedication to the development and integrity of Competency-Based education. We welcome your experience and guidance to our students as they gain the education and clinical experience to become midwives of their community.

The CTM Midwifery Program is a competency-based education program developed from the core competencies for entry into the practice of Midwifery. As a preceptor you will provide a key role in the student's education by mentoring them and overseeing their clinical experience.

Preceptors will have access through video conference and phone calls to speak with their students appointed Student Liaison which they will receive once entering the program. We encourage preceptors to reach out to CTM at any time for questions or concerns about the program or any issue they may want to discuss. CTM builds a foundation of community between the student, preceptor, student liaison and faculty to create an open and honest educational relationship between all parties involved.

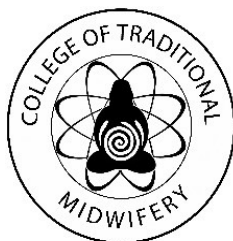
The CTM Associate of Applied Science in Midwifery program is based on the knowledge, skills, abilities and attitudes set by the North American Registry of Midwives (NARM) and the International Confederation of Midwives (ICM). CTM uses the Portfolio Evaluation Process to verify a students' knowledge, skills, abilities, and clinical experience.

The College of Traditional Midwifery utilizes academic courses and clinical experience to create a well-rounded education for our students. Each Term students must attend an In-Residence Week at the CTM campus located in Summertown, TN where they will participate in standardization workshops, face-to-face meetings with their Student Liaison, take the Term Written Examination and receive a general assessment of their progress. When not on campus, students will be working with their preceptor to gain clinical experience as an observer, and assistant under supervision, and a primary under supervision. CTM believes that the combination of academic education and clinical experience creates a learning environment conducive to developing a strong foundation for midwives.

We look forward to working with you and we appreciate all you do. Thank you for taking on this important role for our future midwives.

Sincerely,

The College of Traditional Midwifery



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## PRECEPTOR GUIDELINES

### MISSION OF THE COLLEGE OF TRADITIONAL MIDWIFERY (CTM)

The mission of the College of Traditional Midwifery is to preserve the apprenticeship model of education, increase community-based Midwives Model of Care, and enable midwife-led research by providing a competency-based, degree granting midwifery education program for aspiring midwives who want to pursue the profession of midwifery and the Certified Professional Midwife (CPM) credential.

### PRECEPTOR RIGHTS AND REQUIREMENTS

The Preceptor/Student relationship is an important component of CTM's Associate of Applied Science in Midwifery degree. Preceptors must be NARM approved, they must be certified through NARM as a CPM or they must be a state licensed midwife.

<http://narm.org/pdf/PreceptorRegHandbook.pdf> ©1992-2020 All Rights Reserved NARM- North American Registry of Midwives

Preceptors are required to provide the below information to CTM:

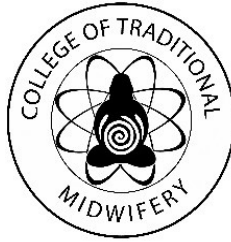
- A copy of the Policy and Procedure for HIPPA Regulations currently used in my practice.
- A copy of my current NARM CPM Certificate or other maternity care provider certificate/license and my state license if required in my practice location.
- A copy of my current NARM Preceptor Registration Certificate.
- The signed Student/Preceptor Agreement.
- The signed Preceptor/CTM Agreement
- A statement describing how non-discriminatory, culturally responsive and respectful care is provided in my practice.
- For Preceptors who are not CPM's, submit samples of Emergency Care Form, Practice Guidelines, and Informed Consent Documents

Preceptors are required to submit a video documenting emergency equipment for birth safety.

See Page 10

Preceptors are required to complete classes on CTM Canvas or submit certificates of completion from a MEAC Accredited School for the following required preceptor trainings:

- FERPA Training
- Sexual Harassment
- HIPAA Training
- OSHA, Bloodborne Pathogens, Universal Precautions Training
- Informed Consent and Shared Decision-Making
- Cultural Competency/Addressing Diversity in Healthcare
- Adult Learning Principles - Effectiveness Training



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Preceptors are required to Contact the Director of Education at 931-629-8566 within 24 hours to report and submit an incident report for any incident with an adverse outcome where the student was present.

See Page 16-17

Preceptors have the right to:

- Attend Adjunct Faculty Meetings and Educational offerings/events
- Audit CTM Workshops for free
- Attend CTM Chart (Peer) Review Sessions offered each Term
- Utilize the CTM Complaints and Grievances procedure including Mediation and Full Board Review
- Discuss any material which has a significant relationship to the subject matter as defined by the CTM Term Syllabus/Student Workbook or NARM Written Examination Test Specifications (NARM Candidate Information Booklet p. 34-47)
- Determine how an identified area and skill is taught
- Conduct research and to engage in creative endeavors;
- Publish or present research findings and creative works;
- Engage in public service activities;
- Participate in the:
  - development, implementation, and evaluation of curriculum
  - evaluation and advancement of students
  - periodic evaluation of student admissions criteria
  - periodic evaluation of program resources, facilities, and services; and
- Seek changes in institutional policy through established CTM procedures and by lawful and peaceful means.

## PRECEPTOR CONTINUING EDUCATION

Preceptors must be up to date with their recertification or renewal of licensure. Preceptors must complete any needed continuing education hours that are determined by the state with which they practice or by the NARM recertification requirements. Preceptors will be responsible for sending CTM a copy of their up-to-date State License or Certification. If a Preceptor has licensure or certification renewal during the time of the Preceptor/Student relationship, it is the Preceptors responsibility to send in copies of the renewed certification or license.

CTM Preceptors also have the option to complete In-Service trainings including but not limited to:

- Copy Write, Fair Use and Plagiarism
- Race, Privilege, Inequities and Implicit Bias
- Creating a PowerPoint
- Developing Multiple-choice Test Questions
- Standardization Workshop Development



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- Currency of References
- Conflict Resolution

CTM Preceptors have the option of attending workshops offered by CTM during In-Residence weeks.

### PRECEPTOR/STUDENT RELATIONSHIP

Preceptors must have a Student / Preceptor agreement and should agree to respect the terms outlined within it. See pages 23-27

### PRECEPTOR/CTM AGREEMENT

Preceptors must sign a Preceptor/CTM Agreement in order to be a CTM approved Preceptor.  
See pages 28- 33

### CLINICAL REQUIREMENTS

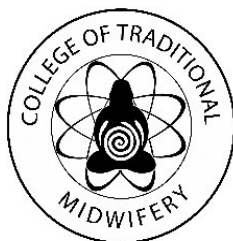
Preceptors will be responsible for witnessing and signing off certain Clinical Experiences with the Student. Students will complete Observations, Assists and Primary under Supervision for Prenatal Exams, Births, Newborn Exams and Postnatal Exams. Below is the Clinical Requirements for a Student at the College of Traditional Midwifery. Preceptors and students must use the appropriate NARM Entry Level Application forms which can be found and downloaded the NARM website <http://www.narm.org> under the PEP Applicants tab. CTM observation forms will be provided by CTM. Any skills and experience that the student executes with the Preceptor must be signed at the time of the Clinical Experience.

CTM Provides Preceptors with rubrics as a guidance tool for consistent measure of when competency has been achieved. See Pages 18- 22

### CLINICAL CONTACT HOURS

Clinical contact hours are acquired in multiple prescribed ways:

- Midwifery care requires additional tasks beyond the NARM experience requirements. These include: updated 7/10/23
- Clinical Time Log See page 34
  - Client appointments
  - Client interviews
  - Other client contact
  - Charting
  - Cleaning
  - Sterilizing
  - Stocking birth bags
  - Stocking clinic rooms
  - Inventory/ordering
  - Data collection



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## CLINICAL CONTACT HOURS

	HOURS/VISIT	REQUIRED	TOTAL HOURS	CREDIT HOURS
<b>Observations Term 1 and Term 2</b>				
Initial Prenatal	1hr	10	10 hours	
Prenatal Visits	1hr	10	10 hours	
Postpartum Visits	1hr	10	10 hours	
Newborn Exams	1hr	10	10 hours	
Births	14hrs rev.	10	140 hours	
<b>Subtotal</b>			<b>180 hours</b>	<b>6 equivalent credit hours</b>
<b>Assistant Under Supervision Terms 3 &amp; 4</b>				
Initial Prenatal	1hr	3	3 hours	
Prenatal Visits	1hr	22	22 hours	
Postpartum Visits after Immediate Postpartum	1hr	10	10 hours	
Newborn Exams	1hr	20	20 hours	
Births	14hrs	20	280 hours	
<b>Subtotal</b>			<b>335 hours</b>	<b>11 equivalent credit hours</b>
<b>Primary Under Supervision Terms 5 &amp; 6</b>				
Initial Prenatal	1hr	20	20 hours	
Prenatal Visits	1hr	55	55 hours	
Postpartum Visits	1hr	40	40 hours	
Newborn Exams	1hr	20	20 hours	
Births	24hrs	25	600 hours	
<b>Subtotal</b>			<b>735 hours</b>	<b>24 equivalent credit hours</b>
<b>TOTAL CLINICAL HOURS</b>			<b>1,250 hours</b>	<b>41.6 equivalent credit hours</b>



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## STUDENT AND PRECEPTOR RESPONSIBILITIES

Students at the College of Traditional Midwifery are responsible for securing their own NARM approved preceptor prior to enrolling.

The student and preceptor will apply and be approved together prior to acceptance in the program. Each student has the ability to change preceptors or have more than one preceptor. However, each preceptor the student works with will need to be NARM approved and submit the CTM Preceptor Agreement to the College of Traditional Midwifery prior to using any clinical experiences performed with that preceptor. Clinical experiences performed with a preceptor who is not NARM approved and who has not completed and signed the CTM Preceptor Agreement will not be counted.

Adopted 11/10/2020

The College of Traditional Midwifery accepts only NARM Registered Preceptors.

The North American Registry of Midwives (NARM) states-

"A NARM Registered Preceptor is a midwife who meets requirements for supervising CPM candidates and has current, approved registration through NARM. The Registered Preceptor must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years."

( <http://narm.org/preceptors/> ©1992-2020 All Rights Reserved NARM - North American Registry of Midwives)

The College of Traditional Midwifery appreciates the importance a preceptor has within the midwifery community. We share in your passion to educate new midwives and recognize the impact your contribution has worldwide. The relationship between preceptor and student is invaluable. By choosing to work with CTM you have the ability to create your own working relationship with your student. Together, we can train future midwives to have all the clinical and educational experience necessary to succeed.

## PRECEPTOR/STUDENT LIAISON RELATIONSHIP

Preceptors are required to meet with the Student Liaison for one (1) Onboarding virtual meeting between the student and preceptor and one (1) virtual evaluation meeting between the student and the preceptor during each Term. The Student Liaison schedules one (1) virtual meeting for all CTM preceptors for each Term.

See Pages 11-14



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### DISSOLUTION OF THE PRECEPTOR/STUDENT RELATIONSHIP

This agreement may be terminated by the preceptor, student, or the College of Traditional Midwifery upon 30 days written notice. If the Preceptor or Student decides to end their Preceptor/Student relationship a signed copy of the dissolution contract stating that the Student/Preceptor Agreement is no longer active must be mailed/emailed to the administrative office. The Dissolution Agreement is not required for students and preceptors who have a previously documented the end NARM phase of their preceptorship in the Student/Preceptor agreement.

See Page 15



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## PRECEPTOR/VIDEO SUPPLIES CHECKLIST

NARM Registered Preceptor Name \_\_\_\_\_

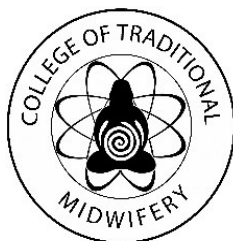
CTM AASM Student Name \_\_\_\_\_

Method of Review:

\_\_\_\_\_ Video  
\_\_\_\_\_ Pictures

A list of emergency equipment for birth safety, including but not limited to:

	All equipment for oxygen administration
	Adult Mask
	Infant Mask
	Res-Q Vac Manual Suction System or DeLee Suction Catheter
	Ambu Resuscitator
	Infant sure seal mask
	Heating pad or hot water bottle
	Cutting board for a hard surface
	Baby blanket
	Anti-hemorrhagic pharmaceuticals and/or herbs as allowed by state law and regulation
	At least 3 containers, bags or areas for equipment (Prenatal, Labor and Delivery, and Infant Resuscitation)
	Sharps container
	Gloves
	Safety needles
	Hand-washing area
	If applicable – compliance with safety standards for facilities, equipment, and supplies in line with federal, state, and local requirements (inspection certificate and/or multiple exits and fire extinguishers, safe oxygen storage, etc.)



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## PRECEPTOR EVALUATION OF THE STUDENT AND THE ASSOCIATE OF APPLIED SCIENCE IN MIDWIFERY PROGRAM

Date\_\_\_\_\_

Preceptor Name\_\_\_\_\_

Student Name\_\_\_\_\_

Term\_\_\_\_\_

NARM Phase 1-4

\_\_\_\_ Observations

\_\_\_\_ Assists

\_\_\_\_ Primary under Supervision

\_\_\_\_ Number of total skills checked off on NARM Form 201a

	Always	Sometimes	Never
Student is performing at the expected level of Phase 1-4			
Student is proactive in learning. Student seeks out learning opportunities during clinical work with the preceptor according to CTM Syllabus/Study Guide			
Student takes the initiative to meet with preceptor outside of clinical time to discuss progress in the appropriate NARM Phase, demonstrate skills, discuss items identified on the Term Syllabus/Study Guide for knowledge.			
Student meets with me after every birth or at least every 1-2 weeks if there is no birth in that time frame			
Student has been available and reachable at all times, ready to attend a visit or a birth at a moment's notice, and matched the preceptor's work schedule at all times, including holidays, semester breaks and summer months.			
The preceptor is physically present at all clinical experiences			
The student and I are meeting virtually with the CTM Student Liaison two (2) times during a Term			
The student and I have access to the Student Liaison when necessary			



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The student is conscientious about and keeps current in our exchange for my services as a preceptor			
The Rubrics provided by CTM for knowledge, skills, and clinical experience is a good guideline for student competency			
The student provides culturally responsive and respectful care.			

Please check the box if applicable, or answer below.

1. Please provide input on the midwifery program at CTM and offer recommendations to our program staff and faculty, or to suggest curriculum updates.

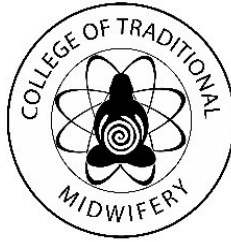
<input type="checkbox"/>	No input or recommendations needed at this time
--------------------------	---

Comment -

2. Program Evaluation: Please enter any general feedback on the CTM Midwifery Program

<input type="checkbox"/>	No feedback applicable at this time
--------------------------	-------------------------------------

Comment -



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3. Curriculum Evaluation: Please submit any recommendations you have regarding curriculum improvement and/or modifications of the Associate of Applied Science in Midwifery.

<input type="checkbox"/>	No Recommendations at this time
--------------------------	---------------------------------

Comments-

4. Please submit any recommendations you have regarding the Skills Rubric, Observations Rubric, Assistant Rubric, and Primary Under Supervision for Competency

<input type="checkbox"/>	No Recommendations at this time
--------------------------	---------------------------------

Comments-



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5. Are there any additional requirements that CTM should consider prior to admitting AASM students? CTM's admission requirements meet those set by the North American Registry of Midwives (NARM) and the Tennessee Higher Education Commission (THEC). The requirements include:

- Official high school transcript or equivalent
- One form of legal identification (US Passport, US Driver's License, Birth Certificate)
- Applicant must be beyond the age of compulsory school attendance.
- Each student must submit a complete physical from a licensed physician, including a tuberculin test
- Each Student must submit two Essays: Why do you want to be a midwife? Why is CTM the right choice for you?
- Each student must verify Basic Healthcare Skills as a prerequisite to the AASM program.

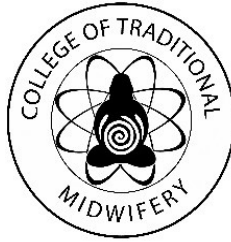
<input type="checkbox"/>	No Recommendations at this time
--------------------------	---------------------------------

Comments-

6. Have you discussed program resources, facilities, and services with your student? Are there areas that you would like CTM to put more emphasis on?

<input type="checkbox"/>	No Recommendations at this time
--------------------------	---------------------------------

Comments-



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## STUDENT/PRECEPTOR DISSOLUTION OF AGREEMENT

I, \_\_\_\_\_, (Student, Preceptor, or CTM) agree to dissolve the current  
Preceptor/Student agreement.  
Print Name

The Preceptor \_\_\_\_\_ and the student \_\_\_\_\_ will no  
Print Name Print Name

longer have an active agreement beginning on this date \_\_\_\_\_.

Please provide a reason for the dissolution: \_\_\_\_\_  
\_\_\_\_\_

---

*Signature of Student, Preceptor, or CTM*

*Date*



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## COLLEGE OF TRADITIONAL MIDWIFERY CLINICAL EXPERIENCE INCIDENT REPORT

Incident Report Date \_\_\_\_\_

Preceptors are required to Contact the Director of Education at 931-629-8566 within 24 hours to report and submit an incident report for any incident with an adverse outcome where the student was present.

Submitted by: \_\_\_\_\_

Incident Date \_\_\_\_\_

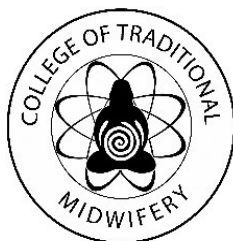
Incident Time \_\_\_\_\_

Client ID# \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Student Name \_\_\_\_\_





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## KNOWLEDGE RUBRIC

This Rubric is applied to every knowledge item identified in the Term Syllabus/Study Guide and NARM Form 201a

<b>KNOWLEDGE RUBRIC</b>			
<b>LEVEL 1 (Introduction)</b>	<b>YES (Meets requirements)</b>	<b>NO</b>	<b>NEEDS PROMPTING</b>
1. Student has read and recorded in CTM Term Syllabus/Study Guide all the information required.			
<b>LEVEL 2 (Demonstration)</b>			
1. Discussed with the preceptor the designated knowledge 2. Understands the underlying physiology 3. Understands normal limits 4. Understand the S & S of normal 5. And recognizes when it is not normal			
<b>LEVEL 3 (Competency)</b>			
1. Integrates the knowledge into clinical practice. 2. Can explain the underlying physiology to clients. 3. Recognizes normal limits. 4. Can list appropriate recommendations and options to clients when outside of normal limits. 5. Needs prompting 5% or less of the time.			

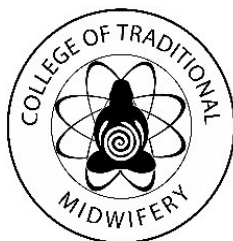


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## SKILLS RUBRIC

This Rubric is a guideline for assessing competency in each skill in the NARM Comprehensive Skills, Knowledge and Abilities Essential for Competent Midwifery Practice Form 201a

	YES	NO	NEEDS PROMPTING
Level 1 (Introduction)			
Demonstrate the isolated skill identified by NARM in introductory situations according to steps listed in the <i>Practical Skills Guide for Midwives</i> (PSGM).			
Level 2 (Demonstration)			
Demonstrate the isolated skill in the clinical situation as an assistant.			
Level 3 (Competency)			
Consistently and competently performs the skill appropriately in all clinical setting.			



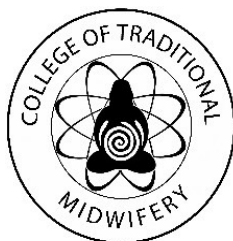
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## HOW WILL CLINICAL COMPETENCY BE MEASURED?

1. Clinical progress in observations for NARM Phase 1, including NARM Form 110 Observations for Births and CTM Clinical Forms, Phase 1 Initial Prenatal/Prenatal, Newborn, and Postpartum forms as one measure of student progress using specific Rubric for each Clinical Experience.
2. This Rubric does not have to be filled out and turned in. This Rubric is to be a guide for reviewing each specific Clinical Experience.

Observations of Initial Visits, Prenatal Visits, Birth, Postpartum Visits, Newborn Exams  
RUBRIC (10 each)

CLINICAL EXPERIENCE RUBRIC FOR OBSERVATIONS PHASE 1			
LEVEL 1 (Introduction)	Yes	No	Needs Prompting
Attended 5 IPEs, Prenatal Exams, Births, Postpartum Visits, Newborn Exams as a silent observer <ol style="list-style-type: none"> <li>1. Charted with assistance in Student Charts</li> <li>2. Acknowledges limits as a beginning student</li> <li>3. Accepts information given by the preceptor with a positive attitude</li> </ol>			
LEVEL 2 (Demonstration)			
Attended all 10 IPEs, Prenatal Exams, Births, Postpartum Visits, Newborn Exams <ol style="list-style-type: none"> <li>1. Charted Accurately in the Client Chart</li> <li>2. Begins to perform isolated health care skills</li> <li>3. Has Logged all clinical observations on the appropriate forms</li> </ol>			
LEVEL 3 (Competency)			
<ol style="list-style-type: none"> <li>1. Demonstrates appropriate confidence at all clinical observations</li> <li>2. Consistently charts accurately in the Clients Chart under supervision</li> <li>3. Performs isolated health care skills</li> <li>4. Has all signatures and necessary verification for signatures on the appropriate forms</li> <li>5. Has prepared a journal or charts with client codes and names whited out for Observations to present at CTM Chart Review</li> </ol>			



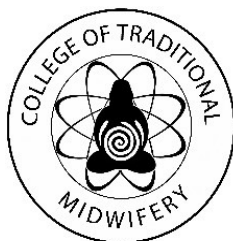
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## HOW WILL CLINICAL COMPETENCY BE MEASURED?

1. Clinical progress in assistant under supervision for NARM Phase 2, including NARM Form 111a-d, Assists for Births, Initial Prenatal/Prenatal, Newborn, and Postpartum forms as one measure of student progress using specific Rubric for each Clinical Experience.
2. This Rubric does not have to be filled out and turned in. This Rubric is to be a guide for reviewing each specific Clinical Experience.

Assistant Under Supervision of Initial Visits, Prenatal Visits, Birth, Postpartum Visits and Newborn Exams (RUBRIC)

CLINICAL EXPERIENCE RUBRIC FOR ASSISTANT UNDER SUPERVISION PHASE 2			
Level 1 (Introduction)	YES	NO	NEEDS PROMPTING
Performs isolated health care skills with no prompting Accepts information given by the preceptor with a positive attitude.			
Level 2 (Demonstration)			
Assisted the Midwife in IPE's, Prenatal Exams, Births, Postpartum Visits, Newborn Exams with limited prompting Charts consistently and accurately in the Client Chart with no prompting. Has logged all Assists on the forms for CTM.			
Level 3 (Competency)			
Assists appropriately in all clinical experiences with no prompting Clients are comfortable with the student participating in their care as an assistant Follows Preceptors instructions in all situations All logged clinical experiences for Assists have been signed by the Preceptor All charts have been checked for accuracy and signatures All charts have been copied with Client codes and client names whited out			



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## HOW WILL CLINICAL COMPETENCY BE MEASURED?

1. Clinical progress in primary under supervision for NARM Phase 3 &4, including NARM Form 112a-d & 113a Primaries for Births, Initial Prenatal/Prenatal, Newborn, and Postpartum forms as one measure of student progress using specific Rubric for each Clinical Experience.
2. This Rubric does not have to be filled out and turned in. This Rubric is to be a guide for reviewing each specific Clinical Experience.

Primary Under Supervision of Initial Visits, Prenatal Visits, Birth, Postpartum Visits and Newborn Exams (RUBRIC)

CLINICAL EXPERIENCE RUBRIC FOR PRIMARY UNDER SUPERVISION PHASE 3 & 4			
LEVEL 1 (Introduction)	Yes	No	Needs Prompting
<ol style="list-style-type: none"> <li>1. Acts as Primary Under Supervision in IPEs, Prenatal Exams, Births, Postpartum Visits, Newborn Exams and Performs all parts of all clinical experiences</li> <li>2. Accepts information given by the preceptor with a positive attitude</li> <li>3. Educates clients appropriately</li> </ol>			
LEVEL 2 (Demonstration)			
<ol style="list-style-type: none"> <li>1. Acts as Primary Under Supervision in IPEs, Prenatal Exams, Births, Postpartum Visits, Newborn Exams with few prompts</li> <li>2. Acts independently to educated client</li> <li>3. Charts consistently and accurately in the Client Chart</li> <li>4. Has logged all Primary Under Supervision in IPEs, Prenatal Exams, Births, Postpartum Visits, Newborn Exams on NARM Forms</li> </ol>			
LEVEL 3 (Competency)			
<ol style="list-style-type: none"> <li>1. Acts as Primary Under Supervision in IPEs, Prenatal Exams, Births, Postpartum Visits, Newborn Exams</li> <li>2. Interacts easily with Clients as Primary Under Supervision</li> <li>3. Is Culturally respectful with clients</li> <li>4. All logged clinical experiences for PUS have been signed by the Preceptor</li> <li>5. All charts have been checked for accuracy and signatures</li> <li>6. All charts have been copied with Client codes and client names whited out</li> <li>7. Prepared to present at CTM Chart Review confidently</li> </ol>			



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## STUDENT/PRECEPTOR AGREEMENT

### **Student Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Preceptor information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Credentials (Circle all that apply) CPM CNM CM MD DO State Licensed Midwife

### **Practice or Birth Center Information:**

Name of Practice or Birth Center \_\_\_\_\_

Type of Practice (Circle all that apply) Homebirth Birth Center Hospital Clinic

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you work with midwifery partners who will also be preceptors for this student? YES \_\_\_\_\_ NO \_\_\_\_\_

How many births (average) does the preceptor do per month? \_\_\_\_\_

How many total students does the preceptor take at one time? \_\_\_\_\_



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### **STUDENT/PRECEPTOR AGREEMENT**

**All midwives at a clinical site must be onboarded and approved by CTM in order to sign students off on skills and experience. CTM approved preceptors may not sign students off for skills and experience unless they were physically present and personally witnessed the student's performance.**

**This agreement is valid for:**

- ☐ NARM Phase 1
- ☐ NARM Phase 2
- ☐ NARM Phase 3 and 4

#### **STUDENT**

**Student is expected to:**

- Retain a signed copy of this agreement for their records.
- Attend prenatal and postpartum visits \_\_\_\_\_ day(s) per week.
- Be available on call to attend births \_\_\_\_\_ days per week.
- Arrive on time and provide \_\_\_\_\_ days advance notice of time off.
- Perform the following non-clinical duties: \_\_\_\_\_
- Maintain confidentiality of the practice and the clients' confidential information and adhere to the preceptor's policy regarding client communication and social media, including:
  - \_\_\_\_\_
  - \_\_\_\_\_
- Adhere to the preceptor's dress code, including:
  - \_\_\_\_\_
  - \_\_\_\_\_
- Understand unacceptable behavior that is grounds for termination as a student include:
  - \_\_\_\_\_
  - \_\_\_\_\_

**Student Agreements and Commitments: (Please initial your acceptance of each item below)**

\_\_\_\_ I have received and read the College of Traditional Midwifery (CTM) Catalogue and Student Handbook, which outlines my rights and responsibilities as a student.

\_\_\_\_ I agree to be reliable for all clinical appointments and to be available when on-call as agreed upon.

\_\_\_\_ I agree to bring my NARM PEP/CTM Forms each time I attend client interactions in order to acquire appropriate preceptor signatures.



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### **STUDENT/PRECEPTOR AGREEMENT**

\_\_\_ I agree to respect confidentiality within the preceptor's practice. This includes not sharing information about clients or their care with other students or midwives other than as appropriate within confidential case presentations, maintaining HIPAA compliance, and adherence to any other preceptor policy or requirement as described in the section above.

\_\_\_ I agree to maintain appropriate dress and behavior in each clinical setting as described in the section above and CTM Student Handbook.

\_\_\_ I agree to maintain open and honest communications with my preceptor.

\_\_\_ I agree to discuss my preceptor/student relationship and any conflicts with my Student Liaison in a timely manner.

\_\_\_ I agree to seek to resolve conflicts through relationship and honest communications with the preceptor, and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the CTM Catalogue and Student Handbook and/or the NARM Preceptor/Student Accountability Committee

<https://narm.org/accountability/preceptor-student-accountability/preceptor-student-complaint-form/> for differences with the preceptor that are irresolvable on our own.

\_\_\_ I agree to take part in 1 phone call per Term with my preceptor and my Student Liaison to discuss my progress in skills, knowledge, abilities and attitudes necessary to be an entry level midwife

#### **PRECEPTOR:**

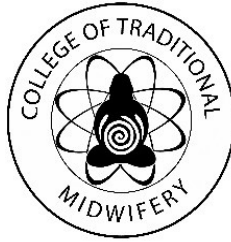
##### **Preceptor is expected to:**

- Retain a signed copy of this agreement for their records.
- Provide a copy of this signed agreement to the student.
- Orient the student to the policies and procedures of the preceptor's practice. Orientation period of days is anticipated.
- Create an appointment and on-call schedule with the student that is acceptable to both parties.
- Disclose to clients their practice's policy regarding student participation during the client's care, including hospital transfers. The client should be informed of their right to refuse student participation in their care.
- Make the following accommodations to provide culturally responsive and respectful treatment of the student as agreed:

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### **STUDENT/PRECEPTOR AGREEMENT**

**Preceptor Agreements and Commitments:** (Please initial your acceptance of each item below)

The preceptor will assess adequate progress in student skills utilizing the guidelines set by the CTM Knowledge, Skills, and Experience Rubrics. The student may need more than the minimum number of clinical experiences to demonstrate proficiency. If the student is not meeting the preceptor's expectations for progress or proficiency, the preceptor will make sure the student is made aware of this, a plan should be made to help the student meet the preceptor's expectations, and there should be a timeline for resolution.

☐ I am committing to giving the student named above the agreed upon amount of clinical experience numbers toward graduation.

☐ I agree to provide the student with adequate opportunities to observe and participate in clinical skills.

☐ I agree to spend a minimum of 2 hours per week discussing knowledge and allowing the student to demonstrate skills.

☐ I agree to verify competencies for NARM's Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.

☐ I agree to be physically present in the room when the student performs all skills or clinical experiences, as required by CTM and North American Registry of Midwives (NARM).

☐ I agree to assume all responsibility for care provided by a student under my supervision.

☐ I agree to maintain open and honest communications with the student and Student Liaison. This includes but is not limited to clinical experience review, peer review, and other feedback on their performance.

☐ I agree to participate in at least 1 virtual meeting per Term to openly and honestly discuss student progress with the student and the Student Liaison.

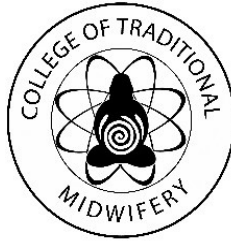
☐ I agree to participate in 1 Preceptor Group Virtual Meeting each Term

☐ I have a form for each client giving permission for student involvement in their care and the use of their charts, with the identifying information blocked out, for educational purposes.

☐ I give permission for the student to make copies of client forms, with the client identifiers blocked out, to be used by the student for educational purposes.

☐ I agree to maintain an awareness of the inherent power imbalance of the Student-Preceptor relationship, resolve conflicts through honest communication with the student and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the CTM Catalogue and Preceptor Handbook and/or the NARM Preceptor/Student Accountability Committee <https://narm.org/accountability/preceptor-student-accountability/preceptor-student-complaint-form/> for differences with the student that are irresolvable on our own.

☐ **I agree to contact the Director of Education at 931-629-8566 within 24 hours to report and submit an incident report for any incident with an adverse outcome where the student was present. In such capacity you will report directly to Sharon Wells, the CTM Director of Education.**



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### **STUDENT/PRECEPTOR AGREEMENT**

Compensation plan for the student and preceptor.

- a. The student \_\_\_\_\_ (will/will not) be compensated by the preceptor financially for their role during clinical experiences.
  - b. The preceptor will be compensated by the student financially for their role during clinical experiences
- OR
- c. The preceptor will be compensated by the student through performance of the following tasks:

Client appointments  
Client interviews  
Other client contact  
Charting  
Cleaning  
Sterilizing  
Stocking birth and other bags  
Stocking clinic room  
Inventory/ordering  
Data collection  
Other

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**We agree to respect the terms as outlined in this Preceptor and Student Agreement.**

Preceptor signature: \_\_\_\_\_

Preceptor initials: \_\_\_\_\_ Date \_\_\_\_\_

Student signature: \_\_\_\_\_

Student initials: \_\_\_\_\_ Date \_\_\_\_\_



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## PRECEPTOR/CTM AGREEMENT

PRECEPTOR/CTM AGREEMENT, made and effective as of \_\_\_\_\_, between \_\_\_\_\_ Preceptor and The College of Traditional Midwifery (CTM), a Tennessee post-secondary educational institution with its administrative office at 320 Evergreen Drive, Summertown, TN 38483.

CTM is pleased that you have formed a formal agreement with \_\_\_\_\_ (student name) to be their preceptor. According to MEAC Standards this makes you a CTM faculty member with rights and responsibilities, including the right and responsibility to participate in the:

- a. development, implementation, and evaluation of curriculum
- b. evaluation and advancement of students
- c. periodic evaluation of student admissions criteria
- d. periodic evaluation of program resources, facilities, and services

We look forward to your input and participation.

Your starting date will be on \_\_\_\_\_.

This contract and your CTM Preceptor Approval will be valid for 3 years, until \_\_\_\_\_, although your Student /Preceptor Agreement may be for a different period of time. At the end of 3 years, you will repeat the on-boarding process to be reapproved and sign a new contract with CTM.

### **I agree to provide CTM with:**

1. A copy of the Policy and Procedure for HIPPA Regulations currently used in my practice.
2. A copy of my current NARM CPM Certificate or other maternity care provider certificate/license and my state license if required in my practice location.
3. A copy of my current NARM Preceptor Registration Certificate.
4. The signed Student/Preceptor Agreement.
5. A statement describing how non-discriminatory, culturally responsive and respectful care is provided in my practice.
6. A video or series of photos showing:
  - All equipment for oxygen administration
  - Adult Mask
  - Infant Resuscitator with mask
  - Res-Q Vac Manual Suction System or DeLee Suction Catheter
  - Heating pad or hot water bottle
  - Cutting board for a hard surface
  - Baby blanket
  - Anti-hemorrhagic pharmaceuticals and/or herbs as allowed by state law and regulation



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## PRECEPTOR/CTM AGREEMENT

- At least 3 containers, bags or areas for midwifery equipment and supplies, demonstrating sufficient, well maintained, and safely stored equipment and supplies for the provision of safe care to low-risk midwifery clients (Prenatal, Labor and Birth, and Infant Resuscitation)
  - Compliance with safety standards for facilities, equipment, and supplies in line with federal, state, and local requirements (inspection certificate and/or multiple exits and fire extinguishers as applicable, safe oxygen storage, etc.)
  - Use of universal precautions, hazardous waste and hazardous materials management (hand-washing area, gloves, sharps containers, safety needles, etc.)
7. Completion of CTM classes on Canvas or certificates of completion from a MEAC Accredited School for the following required preceptor trainings:
- FERPA Training
  - Sexual Harassment
  - HIPAA Training
  - OSHA, Bloodborne Pathogens, Universal Precautions Training
  - Informed Consent and Shared Decision-Making
  - Cultural Competency/Addressing Diversity in Healthcare
  - Adult Learning Principles - Effectiveness Training

### **I understand it is my responsibility to:**

1. Complete all Onboarding and CTM Preceptor Approval requirements and renew my approval every 3 years.
2. Submit updated certificates if licensure or certification is renewed during the time of the Preceptor/Student relationship.
3. Read and understand the College of Traditional Midwifery (CTM) Catalogue and Preceptor Handbook.
4. Give the student named above the clinical experience numbers required for graduation.
5. Provide practice facilities, equipment, and supplies that are sufficient for students to gain the required skills and knowledge on the NARM Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
6. Provide the student with a clinical site that adheres to Universal Precautions that CTM finds suitable. Including but not limited to:
  - Education
  - Hand washing
  - Use of personal protective equipment (PPE)
  - Cleaning of contaminated surfaces
  - Safe Handling/Disposal of contaminated, biohazardous material
7. Review the student's Clinical Requirements in the NARM PEP Phase 1 through 4
8. Provide the student with adequate opportunities to observe and participate in clinical skills.



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## PRECEPTOR/CTM AGREEMENT

9. Spend a minimum of 2 hours per week discussing knowledge and allowing the student to demonstrate skills.
10. Verify competencies for NARM's Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
11. Be physically present in the room when the student performs all skills or clinical experiences, as required by CTM and the North American Registry of Midwives (NARM).
12. Assume all responsibility for care provided by a student under my supervision.
13. Maintain open, honest, and culturally responsive and respectful communications with the student and Student Liaison. This includes but is not limited to clinical experience review, peer review, and other feedback on their performance.
14. Participate in at least 1 virtual meeting per Term to discuss student progress openly and honestly with the student and the Student Liaison.
15. Participate in 1 Virtual Preceptor Group Meeting each Term.
16. Have a form for each client giving permission for student involvement in their care and the use of their charts, with the identifying information whited out, for educational purposes.
17. Give permission for the student to make copies of client forms, with the client identifiers whited out, to be used by the student for educational purposes.
18. Resolve conflicts through honest and culturally respectful communication with the student and make every effort to address conflicts quickly and with kindness and grace. If necessary, I know I can utilize the Grievance Procedure found in the CTM Catalogue and Preceptor Handbook for differences with the student that are irresolvable on our own.
19. Contact the Director of Education at 931-629-8566 within 24 hours to report and file an incident report for any incident with an adverse outcome where the student was present. In such capacity you will report directly to Sharon Wells, the CTM Director of Education.

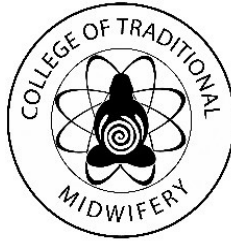
### **Compensation:**

**There is no compensation agreement between Preceptors and the College of Traditional Midwifery (CTM). All compensation arrangements are between the Student and Preceptor as agreed upon in the Student/Preceptor Agreement.**

### **Preceptor Rights and Responsibilities**

I understand that I have the Right to:

1. Attend Adjunct Faculty Meetings and Educational offerings/events
2. Audit CTM Workshops for free
3. Attend CTM Chart (Peer) Review Sessions offered each Term
4. Utilize the CTM Complaints and Grievances procedure including Mediation and Full Board Review



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## PRECEPTOR/CTM AGREEMENT

5. Discuss any material which has a significant relationship to the subject matter as defined by the CTM Term Syllabus/Student Workbook or NARM Written Examination Test Specifications (NARM Candidate Information Booklet p. 34-47)
6. Determine how an identified area and skill is taught
7. Conduct research and to engage in creative endeavors;
8. Publish or present research findings and creative works;
9. Engage in public service activities;
10. Participate in the:
  - a. development, implementation, and evaluation of curriculum
  - b. evaluation and advancement of students
  - c. periodic evaluation of student admissions criteria
  - d. periodic evaluation of program resources, facilities, and services; and
11. Seek changes in institutional policy through established CTM procedures and by lawful and peaceful means.

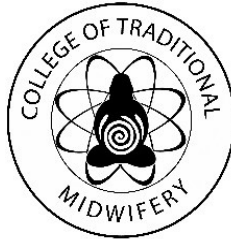
**Grievance Process:** CTM has policies and procedures in place for the resolution of complaints and grievances. Members of administration, faculty members, staff members, students, volunteers, or contractors are encouraged to first attempt to resolve the matter amongst themselves. Any Board of Trustee member can be approached for assistance in this informal process. If the aggrieved parties are unable to come to a resolution, the matter can be handled through the non-binding Mediation process. If Mediation does not lead to a resolution satisfactory to all parties, a formal complaint can be submitted to the Board of Trustees. In all cases, participants in the complaint and grievance process will be safeguarded against discrimination, harassment, and retaliation as a consequence of their participation in the complaint process. This protection is ensured through strict adherence to confidentiality protocols, impartial investigation procedures, and comprehensive anti-retaliation policies.

After following the entire CTM Grievance Process, including a review by the Board of Trustees, if the administrator, faculty member, staff member, student, volunteer, or contractor remains unsatisfied with the decision, the complainant has the right to file a complaint with the Tennessee Higher Education Commission, Nashville, TN 37243-0830. (Tel: 615-741-5293). Complaints about MEAC accredited schools can be filed online at <https://www.meacschools.org/resources/for-current-students-at-meac-schools/#1614196904447-cecf81bf-c04d>

The complete Policy and Procedure for Complaints and Grievances can be found in the Preceptor Handbook and on the CTM website FAQ page.

Please initial the Grievance Process has been read and agreed to \_\_\_\_\_

**Confidentiality Agreement:** As a Faculty Member, Preceptor or Student, you agree to maintain the confidentiality of all information, data, reports regarding CTM, and communications in connection with



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## PRECEPTOR/CTM AGREEMENT

CTM or its students, in accordance with Federal Educational Rights and Privacy Act (FERPA). Further, you shall not make public any information relating to activities or students enrolled at CTM without prior consent of CTM. All activities related to CTM shall be exclusively for educational purposes consistent with CTM's mission and purposes, and all applicable laws and regulations. This Confidentiality Agreement will survive in perpetuity.

Please initial the Confidentiality Statement has been read and agreed to \_\_\_\_\_

**Affirmation Of Honest Intent:** As a Preceptor, I agree to be academically and personally honest at all times. I understand that academic dishonesty is directly prohibited by the CTM and is a condition leading to dissolution of the Preceptorship. Actions that can fall under the description of academic dishonesty can include but are not limited to: plagiarism, fabrication of information or citations, and the facilitation of academically dishonest actions by a student. (see [https://en.wikipedia.org/wiki/Academic\\_integrity](https://en.wikipedia.org/wiki/Academic_integrity))

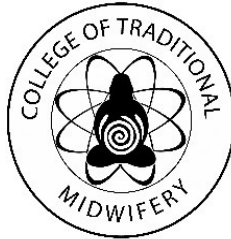
Please initial the Affirmation of Honest Intent has been read and agreed to \_\_\_\_\_

### **Notice of General Nondiscrimination Policy of the College of Traditional Midwifery:**

The College of Traditional Midwifery admits students of any race, color, national origin, and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. (IRS Form 5578)

Furthermore, all faculty members, other employees and students are recruited, hired, appointed and/or promoted without discrimination, harassment, retaliation, or discipline against any individual or group on the basis of their actual, implied or perceived: race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity, sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category under federal, state or local law. (MEAC 5-18-23)

**Discrimination and Harassment Complaints** - Discrimination or harassment against any individual or group on the basis of their actual, implied or perceived: race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity, sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category under federal, state or local law will not be tolerated. Complaints or grievances regarding discrimination or harassment may bypass the mediation process and go directly to review by the Board of Trustees



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## PRECEPTOR/CTM AGREEMENT

Please initial the Notice of General Nondiscrimination Policy has been read and agreed to \_\_\_\_\_

**Term and Termination:** The term of this agreement is for the 3 year period starting \_\_\_\_\_. This agreement may be terminated by the preceptor or the College of Traditional Midwifery upon 30 days written notice. This agreement will be considered for renewal after 3 years.

This agreement constitutes the entire agreement between the parties and supersedes all prior agreements, memoranda and understandings, whether oral or written.

If you agree to the terms of this agreement, please sign and date below.

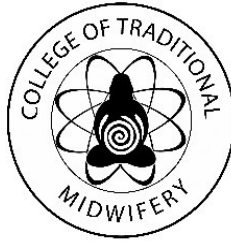
\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carol Nelson, Administrator

\_\_\_\_\_  
Date





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## COMPLAINTS AND GRIEVANCES

CTM has policies and procedures in place for the resolution of complaints and grievances. Members of administration, faculty members, staff members, students, volunteers, or contractors are encouraged to first attempt to resolve the matter amongst themselves. Any Board of Trustee member can be approached for informal assistance at this stage. If the aggrieved parties are unable to come to a resolution, the matter can be handled through non-binding Mediation. If Mediation does not lead to a resolution satisfactory to all parties, a formal complaint can be submitted to the Board of Trustees.

In all cases, participants in the complaint and grievance process will be safeguarded against discrimination, harassment, and retaliation as a consequence of their participation in the complaint process. This protection is ensured through strict adherence to confidentiality protocols, impartial investigation procedures, and comprehensive anti-retaliation policies.

- **Confidentiality of Complaints or Grievances**

CTM has the responsibility to inform the alleged offender of a complaint or grievance in which they are named and to conduct a complete investigation. The investigation may include interviewing the complainant and the alleged offender and any witnesses who have relevant information concerning the complaint; and the gathering and examining of documents relevant to the complaint. The confidentiality of the parties involved is of critical importance to CTM and will be maintained throughout each step to the greatest possible extent. Information will not be shared with persons not directly or allegedly involved in the incident or in its investigation regardless of their position within faculty or administrative leadership.

- **Conflict of Interest**

Investigators, mediators, and other participants involved in the investigation, resolution, or outcome of the complaint will be individuals who are neither directly nor indirectly involved in or affected by the complaint or its resolution. CTM utilizes outside Mediation services. The complainant has the right to request certain individuals to be removed from the Board of Trustees Review if they feel there is a bias against them.

- **Whistleblower Policy**

No administrator, faculty member, staff member, student, volunteer, or contractor who makes a complaint or grievance or in good faith reports a violation of the Code, CTM policies, or law shall suffer harassment, retaliation, or discrimination as a consequence. Any employee who engages in such behavior will face disciplinary action, up to and including termination of employment. Any adverse action directed towards individuals for their involvement in the complaint and grievance process will be promptly addressed and corrected. Participants are encouraged to report incidents of harassment or retaliation, which will be taken seriously and thoroughly investigated. This Whistleblower Policy aims to enable employees and others to raise serious concerns within CTM

before seeking resolution outside the organization. By maintaining a supportive and secure environment, we ensure that all individuals can engage in the grievance process without fear of reprisal, thereby upholding the integrity and fairness of the system.



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### **Mediation**

1. The administrator, faculty member, staff member, student, volunteer, or contractor should provide a detailed written explanation of the complaint or grievance to the Director of Education.
2. If the Director of Education is involved directly or indirectly in the complaint or grievance, the complaint can be submitted to the Administrator. If the Administrator is also directly or indirectly involved, complaints can be made to the President of the Board of Trustees.
3. The Director of Education will facilitate one or two face-to-face meetings with the involved parties and the mediator within thirty (30) days of receiving the written complaint. The Director of Education or other appropriate person will be present at the meetings.
4. If the Complaint or grievance is resolved through this process the involved parties will meet with the Director of Education to sign a Resolution Agreement which will outline the terms of the resolution which all parties agreed to. This will include individual responsibilities, goals, and actions required to resolve the conflict between the parties.
5. The Resolution Agreement will be signed by all parties involved in the mediation meetings and the Director of Education. An additional meeting with the Director of Education will be scheduled for thirty (30) days after the signed Resolution Agreement, in order to assess that all measures outlined in the agreement are being followed, and there have been no instances of discrimination, harassment, or retaliation.

### **Board of Trustees Review**

If Mediation does not bring a resolution, the administrator, faculty member, staff member, student, volunteer, or contractor may request a Board of Trustees Review within 30 days of the incident or mediation.

1. The administrator, faculty member, staff member, student, volunteer, or contractor must provide a detailed written explanation of the Complaint or grievance to the Director of Education. The complaint must be in writing and sent to CTM via traceable carrier, and include the following information:
  - a. A signed, written statement setting out the details of the conduct that is the subject of the complaint, including the complainant's name, signature, and contact information
  - b. The name of the individual directly responsible for the alleged violation and a detailed description of the conduct or event that is the basis of the alleged violation
  - c. The date(s) and location(s) of the occurrence(s)
  - d. The names of any witnesses to the occurrence(s)
  - e. The resolution sought at time of occurrence(s) or through mediation, if any
  - f. Any documents and/or information relevant to the complaint
2. The Board of Trustees will conduct an investigation and make a final determination within thirty (30) days of receipt of the complaint or grievance. If the investigation cannot be concluded and final determination made within thirty (30) days, written notification regarding the need for extension and the expected date of completion must be sent to the complainant and alleged offender and entered into the record of the investigation.



Administrative Office, 320 Evergreen Drive, Summertown, TN 38483  
931-964-4892, Fax-931-903-1314

3. The final decision will be written and sent to the involved parties via traceable carrier within 7 days of the final determination.

### **External Complaints**

After following the CTM Complaints and Grievance Process including a review by the Board of Trustees, if the administrator, faculty member, staff member, student, volunteer, or contractor making the complaint remains unsatisfied with the decision, they have the right to file a complaint with NARM, MEAC, or THEC.

Conflicts between Preceptors and Students can be referred to the NARM Preceptor/Student Accountability Committee at any point in the process. The complaint form can be found here:

<https://narm.org/accountability/preceptor-student-accountability/preceptor-student-complaint-form/>

“Any person claiming damage or loss as a result of any act or practice by the institution may be a violation of the Title 49, Chapter 7, Part 20 of Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization after exhausting the grievance process at the institution” Tennessee Higher Education Commission, Nashville, TN 37243-0830. (Tel: 615-741-5293).

[https://www.tn.gov/content/dam/tn/thec/bureau/student\\_aid\\_and\\_compliance/dpsa/links-and-forms/Complaint%20Form.pdf](https://www.tn.gov/content/dam/tn/thec/bureau/student_aid_and_compliance/dpsa/links-and-forms/Complaint%20Form.pdf)

Complaints about MEAC accredited schools can be filed online at

<https://www.meacschools.org/resources/for-current-students-at-meac-schools/#1614196904447-cccf81bf-c04d>