



**Midwifery  
Education  
Program**

# **Planning MEP Placements**

**February 2024**

Loreto Freire (TMU)

GTA Experiential Learning Coordinator

Martha Sharpe (MU and TMU)

GOA Placement Coordinator

Vicki Van Wagner

Clinical Education Coordinator (TMU)

# Outline

Curriculum change

Understanding MEP birth number requirements

Understanding MEP student workload policies

Reflecting on your practice/preceptor models

Student placement planning tools

Placement planning recommendations

Completing the placement recruitment spreadsheet

Questions or assistance

# Curriculum change

## In 2025

Change from 1 term of NC (16 weeks) and 2 terms of 3rd year interprofessional placements

Ideally 2 terms of **twelve week midwifery placements**: Fundamentals of Midwifery I and II (FUN I and FUN II) and 1 term of interprofessional placements

FUN I and II are ideally offered in the **same practice** in either Winter and Summer, Winter and Fall or Summer and Fall –may or may not be same preceptors

We will **accept shorter** placements (totalling at least 16 weeks) to maximize placements in every region and fill gaps with IP placements

# Curriculum change

In 2025

Both FUN I and FUN II **focus on “normal” and variations of normal**

FUN I focuses on **antenatal & postpartum** knowledge and skills and provides an **intro to intrapartum**

FUN II focuses on **intrapartum knowledge and skills**

# Understanding MEP birth numbers

Each clinical course has birth number requirements, including:

- Minimums and maximums for primary, second, planned and attended births
- Guidelines for continuity

Birth numbers are tailored to the level of responsibility:

- FUN I 18 total and FUN II 20 total
- Fall third year midwifery placements 4 weeks
- Clerkship has higher maximum attended and second births

See the MEP Guide to Planning Birth Numbers (next slide)

**DRAFT Revised** MEP Guide to Planning Clinical Experience

Sept 26/2023

| Course                       | Length             | Continuity  | Observed   | Primaries  |                  | Seconds    |                  |                  | TOTAL Minimum |                | TOTAL Maximum |                |
|------------------------------|--------------------|-------------|------------|------------|------------------|------------|------------------|------------------|---------------|----------------|---------------|----------------|
|                              | Weeks in Placement | Planned     | Planned    | Planned    | Minimum Attended | Planned    | Minimum Attended | Maximum Attended | TOTAL Planned | TOTAL Attended | TOTAL Planned | TOTAL Attended |
| Intro to Midwifery           |                    |             | ≥ 2        |            |                  |            |                  |                  |               |                |               |                |
| Normal Childbearing          | 17                 | 12          | 2          | ≥ 14       | 12               | ≥ 6        | 6                | 12               | 22            | 18             | 32            | 30             |
| <b>FUN 1</b>                 | <b>12</b>          | <b>6</b>    | <b>2-4</b> | <b>≥10</b> | <b>8</b>         | <b>≥6</b>  | <b>4</b>         | <b>8</b>         | <b>18*</b>    | <b>14**</b>    | <b>20</b>     | <b>18*</b>     |
| <b>FUN 2</b>                 | <b>12</b>          | <b>6</b>    | <b>0</b>   | <b>≥12</b> | <b>10</b>        | <b>≥ 6</b> | <b>4</b>         | <b>8</b>         | <b>18</b>     | <b>14</b>      | <b>20</b>     | <b>20</b>      |
| Third Year<br><b>FUN 3</b>   | 12                 | 0           | No limit   | No limit   | NA               | No limit   | NA               | NA               | NA            | ≤5**           | No limit      | No limit       |
| Complications & Consultation | 12                 | ≥ 7         | 0          | ≥ 12       | 10               | ≥ 6        | 4                | 8                | 18            | 14             | 24            | 22             |
| Maternal & Newborn Pathology | 13                 | ≥ 18        | 0          | ≥ 12       | 10               | ≥ 6        | 4                | 8                | 18            | 14             | 24            | 22             |
| Clerkship                    | 13                 |             | 0          | ≥ 12       | 10               | ≥ 8        | 6                | 10               | 20            | 16             | 26            | 24             |
| <b>TOTAL</b>                 |                    | <b>≥ 37</b> | <b>4</b>   | <b>50</b>  | <b>42</b>        | <b>26</b>  | <b>20</b>        | <b>38</b>        | <b>78</b>     | <b>62-67</b>   | <b>106</b>    | <b>98</b>      |
| <b>New total</b>             |                    | <b>≥37</b>  | <b>4</b>   |            | <b>48</b>        | <b>32</b>  | <b>22</b>        | <b>42</b>        | <b>92</b>     | <b>72-79</b>   | <b>114</b>    | <b>106</b>     |

\*includes an average of 2 observed births

\*\* includes births supervised by a physician or any care provider other than a CMO registered midwife

# Understanding MEP workload policies

MEP student workload policies are *mandatory* as per the practice's agreement with the university

Student workload standard is 1.0 full time equivalent (FTE) midwife:

- FTE workload includes one day of academic study
- Clinical workload will be somewhat less than a full time midwife

Workload policies include:

- Birth number requirements
- 24 hour Academic Study Day Thurs 1700-Fri 1700
- 15-20 prenatal and postnatal visits per week (averaged over 2+ weeks)
- 12 hours off call following 24 hours awake

# Academic study day variations

Variations allowed with *advance* tutor approval

All students allowed to stay on call for out of hospital births - some students may be required to stay on for OOH

Variations approved as temporary or ongoing

Variations for all students include:

- Later or earlier start time to accommodate routine clinic schedules on Thursdays or Fridays if required to meet 20 visits per week standard
- Attendance at birth up to 2359 Thursday

Variations for students at risk of birth shortfalls include:

- 'Soft' call during ASD to attend imminent primary birth or all OOH births
- Absence from one tutorial (and possibly more if at risk of extension)

# Reflecting on practice/preceptor models

When creating a student placement, consider the practice model and the work arrangements of the midwives in the preceptor team

- Size of the preceptor team
- On call arrangements of preceptors
- Combined caseload of preceptors
- Is an NR on the team?

Consider how the student will fit into the team

- Primary call vs rotating call
- Assigned clients vs combined caseload
- How workload will be modified to a 1.0 midwife FTE standard
- Is an academic study day variation request anticipated

# Placement planning tools

See the [“Placement Planning Templates”](#) documents

- Template 1: Births planned per placement
- Template 2: Births planned per student

# Births planned per placement

| FUN I                      |         |        |          |        |         |        |
|----------------------------|---------|--------|----------|--------|---------|--------|
| Student #/<br>Preceptor(s) | January |        | February |        | March   |        |
|                            | primary | second | primary  | second | primary | second |
| student 1 with Team A      |         |        |          |        |         |        |
| Student 2 with Team B      |         |        |          |        |         |        |
|                            |         |        |          |        |         |        |
|                            |         |        |          |        |         |        |

# Births planned by student

Add student and preceptor names

Add dates and year

Add month

| <b>Primary (5-6/month)</b>           | <b>Back up (3-4/month)</b> | <b>EDD</b> | <b>Attended</b> |
|--------------------------------------|----------------------------|------------|-----------------|
| Add client name – preceptor initials |                            |            |                 |
| to each line                         |                            |            |                 |
|                                      |                            |            |                 |
|                                      |                            |            |                 |
|                                      |                            |            |                 |
|                                      |                            |            |                 |
|                                      |                            |            |                 |
|                                      |                            |            |                 |

# Other resources

<https://www.torontomu.ca/midwifery/Clinical-Teaching-Learning/>

# Midwifery Education Program

About

Program

Admissions

Student Resources

**Clinical Teaching and Learning**

News and Events

Contact

**For Practice >  
Education  
Coordinator  
s**

**IBPOC  
Mentorship  
Program**

**For  
Students**

**For**

## For Practice Education Coordinators



**For Practice  
Education  
Coordinators** >

**IBPOC  
Mentorship  
Program**

**For Students**

**For Preceptors**

**Adjunct Faculty  
Members**

**Toronto  
Metropolitan  
University  
Affiliated  
Teaching  
Practices**

# For Practice Education Coordinators



Each Toronto Metropolitan University affiliated teaching practice assigns a midwife or team of midwives who liaise with the Midwifery Education Program (MEP) and are responsible for placement planning and quality. Find information and resources to guide and support practice education coordinators/teaching practice coordinators.

- [Teaching Practice Coordinator Roles and Responsibilities](#) 
- [Toronto Metropolitan University MEP Preceptor Policy Book](#) 
- [Guide to Planning Clinical Experience/Birth Numbers](#) 
- [Planning MEP Placements](#) 
- [Using the MEP Placement Recruitment Spreadsheet](#) 

- [Teaching Practice Coordinator Roles and Responsibilities](#) 
- [Toronto Metropolitan University MEP Preceptor Policy Book](#) 
- [Guide to Planning Clinical Experience/Birth Numbers](#) 
- [Planning MEP Placements](#) 
- [Using the MEP Placement Recruitment Spreadsheet](#) 
- [Tips for Structuring an Effective Placement](#) 
- [Tips for Integrating Students into Client Care](#) 
- [Placement Orientation Checklist](#) 
- [MWF370 Elective Placement FAQs](#) 
- [Student Workload Policy Revisions](#) 
- [Guidelines for Variations to the Academic Study Day](#) 
- [Midwifery Teaching Practice Website Template](#) 
- [Sample Student-Preceptor Communication Practice Protocol](#) 
- [Preceptor Status Review Policy and Procedures](#) 
- [New Preceptor Education Program Handbook 2022-2023](#) 

# Placement planning recommendations

Use a template planning tool to map out placements before completing the placement recruitment spreadsheet

Be sure to plan for preceptor holiday coverage

Try to balance preceptor and client continuity in planning placements

Consider assigning clients to a student from the preceptor team and having the student work in a primary call model

Try to avoid a rotation where the student is regularly off clinical work

Plan placements according to MEP birth numbers and student workload policies

Consider if a request for an academic study day variation may be needed

# Completing recruitment spreadsheet

Placement recruitment spreadsheet is posted in your practice's Google drive folder

See "Using the Placement Recruitment Spreadsheet" slides posted on the TMU website for guidance for how to complete the spreadsheet

# For questions or assistance

TMU GTA:

Loreto Freire

[L2freire@torontomu.ca](mailto:L2freire@torontomu.ca)

TMU and MU GOA:

Martha Sharpe

[Martha.sharpe@torontomu.ca](mailto:Martha.sharpe@torontomu.ca)

TMU Faculty Clinical Education Coordinator:

Vicki Van Wagner

[vvanwagn@torontomu.ca](mailto:vvanwagn@torontomu.ca)

