

AMERICAN COLLEGE OF NURSE-MIDWIVES STUDENT NEWSLETTER

Hello Students,

Welcome to the **ACNM Student Newsletter!** These quarterly newsletters compile events and student-oriented topics. If you have something you would like to share, suggest a topic, or nominate a student for the Student Corner, please contact the Student Representative to the Board of Directors, **Lillian Medhus** at lillianmedhus@gmail.com or the newsletter editor, **Yuliya Labko**, MSN, CNM at ylabko@gmail.com.

UPDATES

Save the Date and Register!

[American College of Nurse Midwives 63rd Annual Meeting and Exhibition](#)

Savannah, GA

May 20-24th, 2018

Don't forget about existing resources!

The ACNM Midwifery Students webpage has many wonderful resources.

- List of Current Midwifery Programs
- Financial Aid Resources
- Prepare for AMCB Certification Exam
- Transition to Practice
- ...and [MORE!](#)*

* By becoming an [ACNM Member](#), you can gain access to more resources about topics above, read the student blog, and apply for scholarships.

Don't forget to "Like Us" on **Facebook** at: <https://www.facebook.com/groups/acnmstudent/>
& join the New Midwives Facebook Page.

Liability

This issue of the ACNM Student Newsletter will focus on the topic of liability as it relates to student midwives. We will discuss the transition of the RN role to SNM/CNM as well as how to obtain insurance as a student and a CNM.

[Get Familiar: Insurance Terms](#)

Professional Liability Insurance: covers "acts, errors, and omissions in the performance of professional services"^{1(p4)}, e.g., patient injury or failing to train a new practice member appropriately.

Medical Malpractice Insurance: covers the patient being injured¹

Four Sources of Coverage¹:

- Insurance through the American College of Nurse-Midwives
- Hospital or Group Practice Self Insures
- Joint Underwriting Associations
- Federal Tort Claims Act (if you work for a Federally Qualified Health Center, Indian Health Center or Military Hospital)

Two Kinds of Coverage¹:

- **Occurrence-Based:** this type of insurance covers “events that occurred during the policy period regardless of the discovery period or the date the claim is filed”^{1(p5)}
 - **Case:** You work at a practice for 15 years and have occurrence-based professional liability insurance, 10 years after you leave them you receive notice that a claim is being filed for an event that happened 25 years ago – you are still covered.
- **Claims-Made:** this type of insurance only covers claims that occur while you are being covered by the policy
 - **Case:** You work for Practice A for 10 years where you have claims-made insurance, you then switch to Practice B where you have different insurance. A claim is filed for an event that occurred during your time working for Practice A when you have been at Practice B for a year – you are not covered, unless you have Tail Coverage.
- **Moral of the Story:** Cover your Tail! Tail coverage is expensive, while a practitioner may purchase it outright, it may also be negotiated as part of a contract (e.g., the practice pays for it after you work there for a length of time)

For more information, read the ACNM’s Professional Liability Primer.

1. Woodruff A, Guidera M, McCool WF. Professional Liability Primer: What Every Midwife Should Know About Professional Liability Insurance. 2014:72. <http://www.acnmstore.com/v/vspfiles/downloadables/ProfessionalLiabilityResourceKit.pdf>. Accessed January 8, 2018.

Rebecca R. S. Clark, MSN, RN, CNM, WHNP-BC, PhD(c)

How To Purchase Insurance as a SNM

Obtaining malpractice insurance for the first time can be a bit of an overwhelming and confusing experience. Thankfully, obtaining malpractice insurance as a midwife student is fairly straightforward with minimal input or decision making required. However, it is important that you understand that while there is only 1 type of student malpractice insurance policy that is issued, it can be a lengthy process to complete.

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Step 1: Do not delay! Generally, you cannot begin antepartum or intrapartum clinical time without an active malpractice policy. Obtaining this policy usually takes about 30 days, sometimes longer.

Step 2: Find a company to issue your policy. My class had the greatest success with Contemporary Insurance Services (<https://www.cisinsurance.com/Midwives/free-quote.cfm>) This was the only company that answered the phone, responded to emails, and issued our policies in a timely manner. No one in my class was able to successfully obtain a policy through any other company. Attempts to do so resulted in further delays.

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Step 3: Pay for the Policy. Surprisingly, Contemporary Insurance Services only accepts payment in the form of a check mailed to their office. This is important to keep in mind as it results in an additional week before you receive confirmation that your policy has been issued.

Step 4: Finally, some good news! Once Contemporary Insurance Services has issued your policy, they will email you a confirmation as well as mail a copy of the policy with instructions to send your payment. Once payment is received, they will also send a copy of your active policy by email.

Step 5: At last, you can officially begin clinical!

The ACNM website offers great education on the various types of malpractice insurance that are available to midwives. This information does not apply to student midwives as there is only 1 type of policy is issued. As graduation approaches, take time to review this information so that you are more knowledgeable about the types of malpractice insurance available in the future.

Heather Richmond RNC, BSN

Transition

As a Registered Nurse working in labor and delivery for over a decade, one would think the transition from RN to CNM would have been seamless. One would have to think again. The role change hit me hard. In my time as an RN I moved through the stages of Patricia Benner's From Novice to Expert theory (Davis & Maisano, 2016). By the time I became a CNM I can safely say I was an expert nurse: I no longer relied on just protocols and rules to determine my actions. I often relied on my instincts. I had well over ten years of experience behind me (working at multiple different facilities) and I was highly proficient at most technical aspects of the job (Davis & Maisano, 2016). I also functioned as a preceptor for new nurses, helped with fetal monitoring education, and often filled the roll of charge nurse. I felt ready to become a midwife.

What I was not ready for was taking a huge step backward to once again being a novice. It was always easy to watch the midwives work, imagine myself in their position, and know exactly what I would do, or so I thought. When I began practicing, what I quickly realized was that I was in for an awakening.

One of the biggest changes for me was the shift in responsibility. As a Registered Nurse, if I were uncomfortable with a fetal heart rate tracing, I would call the midwife and ask her or him to evaluate it. I would then document that they were aware of what I was seeing, shifting the responsibility (the majority of it at least) from me to the midwife. I soon came to realize that I was now the midwife, and, in my setting at least, my practice colleagues (MD or CNM) were not always present in the hospital with me. So unless I wanted to wake someone up at 3am to discuss a Category II FHR, I needed to get right with the idea that the buck stopped with me. The other change that was pretty big for me was asking other people (nurses) to do things that I previously did. Don't get me wrong. I would still change pads, and clean bottoms, but there were things I could no longer do, like increasing oxytocin, hanging antibiotics, and starting IVs. While of course I could still do these things but my role was different, and at my facility, I was not permitted to perform these tasks. There were defined roles and I had to learn what my new role was, to keep my colleagues, my patients, and myself safe.

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Another challenge that I faced was transitioning into my new role, with my old work colleagues. To them, I was an expert in all things; they didn't see me as a novice midwife, and in some cases, didn't see me as a midwife at all (a problem particular to my physician colleagues). They weren't sure who I was, and honestly, neither was I. I had to set aside long-standing friendships and re-establish boundaries that were appropriate with my newly acquired role.

All and all, to be safe, you must understand the expectations of a midwife at your facility. You may know how to do something, but what you should know is IF you can do it. Discussing these transitional issues with your midwife colleagues can help smooth over your role change and make your life much easier.

Davis, A., & Maisano, P. (2016). Patricia Benner: Novice to Expert -- A Concept Whose Time Has Come (Again). *Oklahoma Nurse*, 61(3), 13-15.

Danielle Melican, CNM

Calling All Politically Engaged Student Midwives!

We are starting the processes of recruiting for the [Government Affairs Committee](#) (GAC) and [Political Action Committee](#) (PAC) Student Rep position!!

We need **2 new GAC student reps and 1 more PAC student rep** to serve a **one year term** (May 2018-May 2019). If you are a student for most but not all of this year you are still eligible for the position!

Stepping into this leadership role allows you, as a student, to have a seat and a voice at the table as ACNM raises money and makes decision about our legislative agenda! If you are interested in applying please email Zoe Gutterman, CNM at zoe.gutterman@gmail.com.