

CARLSBAD MEDICAL CENTER

CERTIFIED NURSE MIDWIFE (CNM) JOB DESCRIPTION

NAME OF APPLICANT: _____

SUPERVISING PHYSICIAN: _____

CERTIFICATION: _____

LICENSURE/CERTIFICATION/QUALIFICATIONS

The Certified Nurse Midwife may be eligible for approved functions if the Midwife:

- a. Is licensed as a Registered Nurse in the State of New Mexico;
- b. Is licensed as a Certified Nurse Midwife by the Public Health Division of the New Mexico Department of Health;
- c. Is a graduate of a midwifery education program accredited by the American College of Nursing Midwifery, Division of Accreditation;
- d. Is certified by the American College of Nurse Midwives (ACNM);
- e. Maintains Continuing Education and Peer Review as required by State Regulations (16 NMAC, Chapter 11, Part 2, 8.6) for renewal of license and certification;
- f. Can present a case list of delivery and managed patients of ten (10) patients in the last 12 months or fifteen (15) patients in the last two (2) years;
- g. Has evidence of liability insurance with limits of 1/3;
- h. Has current BLS Certification.

APPOINTMENT/REAPPOINTMENT

Applicants for initial appointment and reappointment to the AHP Staff will be required to demonstrate sufficient training and experience to ensure competence. This assessment will include information from performance improvement activities which will include an assessment of the CNM's clinical judgement and skills. Competence may also be documented by the following:

- a. a letter from an individual with at least equal licensure and comparable training and current practice experience who has observed the applicant in the requested functions;
- b. a letter from the program director of the training facility; and/or
- c. Continuing Medical Education programs.

PROCTORING REQUIREMENTS

All provisional appointees shall undergo a period of observation/proctoring to determine clinical/technical competence. Members of the AHP staff requesting additional functions are required to be proctored for those functions. The terms and methods of proctoring are contained in the Allied Health Practitioner Staff Rules and Regulations, Article IV and where applicable, the Medical Staff Policy on Proctoring.

SUPERVISION

A supervising physician shall be a current member in good standing of the medical staff of the hospital who holds Obstetrics and Gynecology privileges. The supervising physician shall be responsible for the admission to the hospital of each patient who contemplates using the services of the nurse midwife and shall retain overall responsibility for the patient's medical care. Supervision does not require the physical presence of the supervising physician, but consultation must be readily available at all times. The Supervising physician must co-sign all progress notes and other medical record entries. Please see the Allied Health Practitioner Rules and Regulations (7.1-4-6) for further requirements of the supervising physician.

JOB DESCRIPTION – CERTIFIED NURSE MIDWIFE

Please check the appropriate boxes related to those functions that you would like included in your job description.

R = Requested G = Granted D = Denied

COGNITIVE FUNCTIONS

R	G	D	
[]	[]	[]	Medical History and Physical
[]	[]	[]	Progress Notes
[]	[]	[]	Orders (including prescribing orders)

PROCEDURAL FUNCTIONS

OBSTETRICAL

R	G	D	
[]	[]	[]	Management of the normal antepartum patient
[]	[]	[]	Management of the normal labor in patients with no medical, surgical or obstetrical complications
[]	[]	[]	Management of the normal vaginal cephalic delivery in patients with no known medical, surgical, or obstetrical complications.
[]	[]	[]	Performance and repair of episiotomy.
[]	[]	[]	Repair of minor perineal and vaginal lacerations.
[]	[]	[]	Manual Removal of Placenta
[]	[]	[]	Placement of internal fetal scalp electrode and intrauterine pressure catheter and interpretation of electronic fetal monitoring during labor.
[]	[]	[]	Interpretation of non-stress test
[]	[]	[]	Amniotomy with vertex 0 station and cervix 4 cm. or greater dilation
[]	[]	[]	Management of normal puerperal patient
[]	[]	[]	Surgical wound care including changing of dressings, removal of sutures, clips and treatment of superficial wound separations
[]	[]	[]	Limited ultrasound for fetal heart tones and position

OBSTETRICAL FUNCTIONS TO CARRY OUT AFTER DISCUSSION WITH AND UPON ORDER OF THE SUPERVISING PHYSICIAN OR ALTERNATE.

[]	[]	[]	Installation of cervical or vaginal prostaglandin medication for cervical ripening
[]	[]	[]	Medical induction or augmentation of labor with intravenous oxytocin
[]	[]	[]	Contraction stress test; non-stress for indications other than decreased fetal movement.



AUTHORIZATION FOR BACKGROUND CHECK

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

Print Name

Signature

Date