

## Supervision Policy

### Assessment and Supervision Requirements for Clinical Placement and Plan for Reporting

Policy Number: P11

Initial Date Approved: January 21, 2000

Date for Review:

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## Purpose

The College of Midwives of Alberta (CMA) is mandated to protect the public interest by regulating the profession of midwifery under the *Health Professions Act (declared December 5, 2019)*, *Fair Registration Practices Act (March 1, 2020)*, *Midwives Profession Regulation (237/2018)* and associated CMA Standards of Practice, Code of Ethics and Competencies. The CMA must also uphold a transparent, objective, impartial and procedurally fair registration process in accordance with the *Fair Registration Practices Act*. 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 provide assurance to the community that a midwife's practice is safe and does not place the public at risk.

The CMA Registration Committee decides on the details of the supervision arrangements in accordance with the legislation set down in the *HPA, Midwives Profession Regulations, Registration Policy* and *Terms of Reference*. The supervision process is a responsibility and function of the Registration Committee of the CMA. No other body will make these decisions.

## Scope

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. This policy is not applicable to new registrants or midwifery students, who may refer to P24 New Registrants (New Graduates) Policy and P5 Student Registration Policy.

## Definitions

**Assessment:** 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, 2019).

**Direct Supervision:** The supervisor takes on an assessment role with primary responsibility for the midwifery care provided. The supervisor is advised to 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 should 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.

**Full Scope Midwifery Care:** As per Schedule 13 of the *HPA*, midwives do the following: *provide comprehensive prenatal, labor, birth and postpartum care to clients experiencing normal pregnancy, provide preventative monitoring, health education and advice to clients, provide counselling, education and emotional support related to clients' physical, psychological and social needs, provide restricted activities authorized by the regulations, and teach, manage and conduct research in the science, techniques and practice of midwifery.* In addition, the midwife has met all the requirements of the CMA Continuing Competence Program.

**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 is expected to be physically present at the workplace for the majority of time when the supervised midwife is providing clinical care. The supervisor should 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 are recommended to 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:** 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:** An agreement by the CMA Registration Committee, the supervisor, and the supervised midwife.

**Primary Supervisor:** 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 any of the following applies:

- 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 include:

- A Signed Supervision Agreement Form
- A Signed Conflict of Interest Form
- Work in a full scope capacity in a community-based midwifery practice
- 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 should preferably not take place in the same practice that the supervised midwife intends to work as a registered midwife directly after completing the supervision period.

### Criteria for the Approval of Supervisors

On behalf of the CMA, supervisors are assessing and evaluating midwifery care demonstrated by the supervised midwife. Therefore, supervisors are encouraged to 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 should be met 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 a full-scope community midwifery practice.
5. Work in a midwifery practice that is preferably outside of the supervised midwife's intended workplace.

The supervisor is required to be approved by the Registrar of the College of Midwives of Alberta and 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* should:

- 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” should 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* is expected to:

- 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 should 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
  - 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 the 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 the 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 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 is expected to complete the reports below and submit to the Registrar of the CMA:

- *One, two and three months:* A one-page summary written report ("**Supervised Midwife's Report**" (**Appendix D**)) at the one 1 month, 2 month and 3 month period stating the progress of the supervision with any additional identified gaps.
- *One, two and three months:* The "**Supervision Report**" (**Appendix F**) 1 month, 2 month and 3 month period or by the end of direct supervision (whichever is first), completed by supervisor and supervised midwife.
- *Upon completion of all requirements:* 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 should 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 is required to describe the supervised midwife’s progress and should 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 direct supervision period (whichever is first). This report details the supervised midwife’s clinical experience and progress to date and should be signed by both, the supervisor and the supervised midwife.

**Note:** These reports are expected to 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 will 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
2. General Registration with a Full Practice Permit be issued



If at any point during the supervision period or at the end of the supervision period, one of the following is not met:

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
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
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

College of Midwives of Alberta. (2019, April). [\*Code of Ethics\*](#).

College of Midwives of Alberta. (2021, June). [\*Alberta Competencies for Midwives\*](#).

College of Midwives of Alberta. (2022, November). [\*Standards of Practice for Midwives in Alberta\*](#)

College of Midwives of Alberta. (2016, January). [\*Model of Midwifery Care\*](#)

College of Midwives of Alberta. (2020) *Registration Policy*. P6.  
<https://albertamidwives.org/uploaded/web/P06%20-%20Registration%20Policy.pdf>

Government of Alberta. (2019). *Fair Registration Practices Act*.  
<https://www.qp.alberta.ca/documents/Acts/f01p5.pdf>

Government of Alberta. (2000). *Health Professions Act*.  
<https://www.qp.alberta.ca/documents/Acts/h07.pdf>

Government of Alberta. (2018). *Health Professions Act: Midwives Profession Regulation*.  
[https://www.qp.alberta.ca/documents/Regs/2018\\_237.pdf](https://www.qp.alberta.ca/documents/Regs/2018_237.pdf)

Approved by Council:

March 8, 2002  
January 30, 2013  
March 15, 2013  
September 18, 2015

March 25, 2020  
September 23, 2021  
June 15, 2023

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Tiffany Harrison, President  
College of Midwives of Alberta

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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

Please submit form to: admin@albertamidwives.org





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 .....

<b>To be completed by the CMA:</b>				
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"/>

**Please submit form to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**







APPENDIX F

**SUPERVISION REPORT**

**Please complete a separate report for each month - pages 17 to 31**

Duplicate form as necessary

**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 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


**Please submit form to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

## 1. Supervision Requirement: Newborn Assessment

To fulfill 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. Please duplicate this form for the required numbers and submit to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

**NEWBORN ASSESSMENT RECORD**

Name of Midwife \_\_\_\_\_

#	Date	Client Identifier	Gest. Age at Birth by Date	Gest. Age at Birth by Exam	Postpartum Date of Exam	Site	Description of any problems Identified	Supervisor Initials	Satisfactory/Unsatisfactory	Comments

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s): \_\_\_\_\_

## 2. Supervision Requirement: Perineal Repair

To fulfill 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. Please submit form to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

**PERINEAL REPAIR RECORD**

Name of Midwife \_\_\_\_\_

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

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s): \_\_\_\_\_

### 3. Supervision Requirement: Primary Care

To fulfill 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. Please duplicate the form prior to filling in for relevant numbers and submit to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

**PRIMARY CARE RECORD** *(Please copy chart as necessary to document required numbers)*

Name of Midwife \_\_\_\_\_

**BIRTH**

#	Date	Client Identifier	Site	Outcomes	Supervisor Initials	Comments

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s) \_\_\_\_\_

5. Supervision Requirement: Record of Birth Attendance as Secondary Midwife at Specified Site

To fulfill supervision requirements for being a Second Attendant at a Birth at a Specific Site:

1. the supervised midwife must be the second midwife in attendance at the birth,
2. the supervised midwife must be present at the birth during the time the backup/second attendant would normally attend the birth,
3. the supervisor must also attend 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. Please duplicate the form prior to filling in for relevant numbers and submit to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**



**BIRTH ATTENDANCE AS SECONDARY MIDWIFE AT SPECIFIED SITE**

Name of Midwife \_\_\_\_\_

**BIRTH**

#	Date	Client Identifier	Site	Outcomes	Supervisor Initials	Comments

(Please identify each client by number or initials only)

Name and Initials of Supervisor (s) \_\_\_\_\_

## 6. Supervision Requirement: Continuity of Care

To fulfill 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 also directly observe the supervised midwife at the birth.
4. 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 and submit to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

**CONTINUITY OF CARE RECORD**

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						

**BIRTH**

Date	Role	Site	Supervisor Initials	Comments

(Continued on next page)

**Supervision Policy**  
**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						

***Please include any Legend necessary***

**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.**

## 7. 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

**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 and submit to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

**ANTENATAL/POSTNATAL CARE RECORD**

*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) \_\_\_\_\_

**PRENATAL CARE**

#	Date of Visit	Client Identifier	Type of Visit (Initial, 2 <sup>nd</sup> Trim,	Gest. Age	Site	Supervisor Initials	Supervisory Method	Comments

**BIRTH**

Date	Role	Site	Supervisor Initials	Comments

(Continued on next page)

**Supervision Policy**

**ANTENATAL/POSTNATAL CARE RECORD (Continued)**

Name of Midwife \_\_\_\_\_  
Client Identifier \_\_\_\_\_

Name and Initials of Supervisor (s) \_\_\_\_\_  
\_\_\_\_\_

**POSTPARTUM**

#	Date of Visit	Client Identifier	PP Day	Site	Supervisor Initials	Supervisory Method	Comments

***Please include any Legend necessary***

## EVALUATION OF SUPERVISED PRACTICE pages 32 to 41

The following reporting tool is for the supervisor and supervised midwife and is meant to facilitate the evaluation process between the supervisor and the supervised midwife, as well as provide a template for reporting to the CMA. While there may be more than one supervisor, there should be a primary supervisor who is responsible for the completion of this evaluation.

**Date of report:** \_\_\_\_\_

\_\_\_\_\_  
**Name of supervised midwife**

\_\_\_\_\_  
**Signature of supervised midwife**

\_\_\_\_\_  
**Name of practice location:**

\_\_\_\_\_  
**Name of primary supervisor**

\_\_\_\_\_  
**Signature of primary supervisor**

There are two parts to this evaluation:

- **Part One** is a self-assessment tool for the supervised midwife with conditions to assess her own progress at the time of the required reporting period.
- **Part Two** is an evaluation tool for the supervisor. It may be used for both interim reports and the final evaluation report.

Please be aware that you will need to consult the [CMA Standards of Practice](#), the [Alberta Competencies for Midwives](#), the [CMA Code of Ethics](#) and the [Canadian Model of Midwifery Care](#) to assist you when completing this report.

<b>Conditions as outlined by the CMA: (Fill out according to letter sent by the CMA listing your conditions)</b>

**Please submit form to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**



**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, seeks advice appropriately and is receptive to feedback regarding performance as outlined in the [CMA Standards of Practice](#), the [Alberta Competencies for Midwives](#) and the [CMA Code of Ethics](#).


ETHICAL PRACTICE

Demonstrates a responsibility to midwifery practice as outlined in the [Canadian Model of Midwifery Care](#), and in the [CMA Code of Ethics](#).


STANDARDS OF PRACTICE

Demonstrates competence with the provision of service as outlined in the [CMA Standards of Practice](#) and the [Alberta Competencies for Midwives](#)


**Please submit form to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)**

**B.** Please complete the following information

Birth numbers completed during this reporting periods:

	#Required	#Completed
Primary Midwife:		
Secondary Midwife:		
Continuity of Care:		
In Hospital:		
Out of Hospital		

**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	
<b>Independent:</b>	I need no cues and direction
<b>Supervised:</b>	I need minimal support and/or supportive cues and direction
<b>Assisted:</b>	I need frequent supportive cues and direction
<b>Marginal:</b>	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	
<b>Independent:</b>	I need no cues and direction.
<b>Supervised:</b>	I need minimal support and/or supportive cues and direction.
<b>Assisted:</b>	I need frequent supportive cues and direction.
<b>Marginal:</b>	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, seeks advice appropriately and is receptive to feedback regarding performance as outlined in the [CMA Standards of Practice](#), the [Alberta Competencies for Midwives](#) and the [CMA Code of Ethics](#).


**ETHICAL PRACTICE**

Demonstrates a responsibility to midwifery practice as outlined in the [Canadian Model of Midwifery Care](#), and in the [CMA Code of Ethics](#).


**STANDARDS OF PRACTICE**

Demonstrates competence with the provision of service as outlined in the [CMA Standards of Practice](#) and the [Alberta Competencies for Midwives](#)


***Please submit form to: [admin@albertamidwives.org](mailto:admin@albertamidwives.org)***

**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	
<b>Independent:</b>	I need no cues and direction
<b>Supervised:</b>	I need minimal support and/or supportive cues and direction
<b>Assisted:</b>	I need frequent supportive cues and direction
<b>Marginal:</b>	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:	

Criteria for each level of competency	
<b>Independent:</b>	I need no cues and direction.
<b>Supervised:</b>	I need minimal support and/or supportive cues and direction.
<b>Assisted:</b>	I need frequent supportive cues and direction.
<b>Marginal:</b>	I need considerable supportive cues and direction
Condition:	
Level of Competence:	
Comments:	
Condition:	
Level of Competence:	
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Condition:	
Level of Competence:	
Comments:	





