

**UNIVERSITY OF IOWA HEALTH CARE NURSE-
MIDWIFERY EDUCATION PROGRAM**

STUDENT HANDBOOK

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INTRODUCTION

The University of Iowa Health Care (UIHC) Nurse-Midwifery Education Program has been approved for preaccreditation status by the Accreditation Commission for Midwifery Education through July 31, 2027. The Nurse-Midwifery Education Program is located within the University of Iowa Health Care in the Department of Obstetrics and Gynecology. With its many resources, University of Iowa Health Care is recognized for its excellence as a teaching institution.

Located in an academic medical center, the UIHC Nurse-Midwifery Education Program offers unique experiences in interprofessional education. Student midwives, medical students, and resident physicians from obstetric and gynecologic and family medicine experience shared learning experiences around overlapping content and learn the concepts of interdisciplinary collaborative practice.

Through collaboration with Thomas Jefferson University (TJU), University of Iowa Health Care Nurse-Midwifery Education Program students complete a master's degree study concurrently with the midwifery curriculum. On completion of both the Midwifery Education Program and the master's degree courses, graduates will have earned a Certificate in Nurse-Midwifery from the University of Iowa Healthcare Nurse-Midwifery Education Program and a Master of Science in Midwifery degree from Thomas Jefferson University. If a student has already earned a Masters degree that qualifies them to take their American Midwifery Certification Board (AMCB) board exam, they do not need to participate in the TJU program.

The same Student Handbook will be used for the duration of a student's time in the program. If changes to the Handbook are necessary while a student is enrolled, notification will be given via email and an announcement from the Program Director.

PHILOSOPHY

The University of Iowa Health Care Nurse-Midwifery Education Program (UIHC NMEP) believes in a fundamental respect for the dignity of every human being. We embrace the diversity of our students and faculty as well as the people we serve. Our goal is to teach future Nurse-Midwives how to provide holistic, research-oriented and evidence-based care that meets the needs of people in Iowa.

The program is committed to preparing nurse-midwifery students to have a positive impact on the healthcare outcomes of the people of Iowa with a focus on addressing the unique needs of rural Iowans. Additionally, this program will prepare students to address healthcare disparities in the population we serve.

In the process of preparing our students we encourage excellence, ethical awareness, personal integrity, and self-directed learning. We encourage promotion of equal human rights including sexual health and reproductive justice, especially for groups that are oppressed, marginalized and/or disenfranchised.

The UIHC NMEP educates learners regarding full scope midwifery care. Students will be prepared for both independent practice and professional collaborative practice with other healthcare providers.

The UIHC NMEP promotes the critical analysis and dissemination of current research, quality assurance and professional involvement as we strive to provide world class education.

We embrace the philosophy of the American College of Nurse Midwives, the Carver College of Medicine, as well as the University of Iowa College of Nursing.

Philosophy of the American College of Nurse-Midwives

We, the American College of Nurse-Midwives, affirm the power and strength of all people seeking midwifery care and the importance of health in the wellbeing of families, communities, and nations. We believe in the basic human rights of all persons and recognize that some incur disproportionate risk when these rights are violated. Human dignity and bodily autonomy are basic human rights that should be protected and respected in all areas of care, including in reproductive and sexual health.

We believe every person has a right to:

- Equitable, ethical, accessible, quality health care that promotes healing and health.
- Health care providers that demonstrate respect for human dignity, individuality, and diversity among groups; act without bias or discrimination; and actively seek to disrupt systems of power and privilege that cause harm.
- Complete, accurate, and accessible information to make informed healthcare decisions.
- Self-determination and active participation in health care decisions, as the final decision maker of the health care team.
- Involvement of people the individual considers important to them, to the extent desired, in all health care experiences.

We believe the best model of health care.

- Includes the full scope of health across the lifespan.
- Involves a continuous and compassionate partnership between persons seeking care and their health care providers.
- Recognizes the importance of interdisciplinary, collaborative care.
- Respects the individual's absolute right to bodily autonomy.
- Honors a person's expertise, life experiences, community, and historical knowledge.
- Includes methods of care and healing guided by research and best available evidence, centered on the individual's decisions, values, and preferences.
- Balances watchful waiting and support of physiologic processes with the appropriate use of interventions and technology.
- Involves therapeutic use of human presence and skillful communication.
- These beliefs and values, centered in cultural humility and delineated in ACNM's Vision, Mission, and Core Values provide the foundation for commitment to individual and collective leadership at the community, state, national, and international levels to improve health. We affirm that midwifery care incorporates these qualities and that healthcare needs are well-served through midwifery care.

*Midwifery as used throughout this document refers to the education and practice of certified midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Midwives (ACNM) or American Midwifery Certification Board (AMCB).

PURPOSE

The purpose of the Program is to prepare competent clinicians who:

1. Are eligible to take the American Midwifery Certification Board, Inc. (AMCB) examination.
2. Are committed to providing equitable care with a particular emphasis on meeting the health care needs of marginalized communities.
3. Will promote health equity through practice and involvement in community and professional activities.

PROGRAM OBJECTIVES

A graduate of the Program will be able to:

1. Utilize a family-centered approach in accordance with the Management Framework Process, Principles and Skills to:
 - a. Manage the primary, reproductive and gynecologic health care of essentially healthy patients;
 - b. Collaboratively manage the primary, reproductive and gynecologic health care of patients with obstetrical, gynecological or medical complications;
 - c. Manage the care of the normal newborn;
2. Provide relevant patient education to foster health promotion and disease prevention in an understandable and culturally appropriate format;
3. Assume responsibility for their own professional growth and for fostering the professional growth of other midwives;
4. Work effectively with diverse populations
5. Work to reduce health disparities.
6. Develop and evaluate midwifery services targeted to improve health care.

PROGRAM GOALS

Goals:

1. Utilize a variety of teaching methods to fully engage learners
2. Utilize a variety of evaluation methods to assess student learning
3. Recruit a diverse group of students
4. Recruit and develop exceptional, diverse faculty and preceptors
5. Promote scholarly activity among faculty
6. Promote excellence in clinical care among faculty
7. Develop excellence in evidence-based clinical care among students.
8. Ensure fiscal stability
9. Maintain 100% pass rate on the AMCB certification exam within one year of the program completion for all graduates

COURSE OF STUDY

The following courses will be mastered by all students prior to graduation.

NMEP 01: ADVANCED HEALTH ASSESSMENT (AHA, 3 credits)

- Develops the knowledge and skills necessary to perform health assessments of women and those seeking midwifery care.
- Includes principles of teaching, counseling, and adult education using a shared decision-making model.
- Integrates cultural safety in all care encounters.

NMEP 02: PRIMARY CARE IN MIDWIFERY (PC, 2 credits)

- Focuses on the common health problems of women and those seeking midwifery care using health promotion, disease prevention, and health education.
- Complementary content is included in Foundation in Ambulatory Midwifery and Advanced Ambulatory Midwifery courses.

NMEP 03: FOUNDATIONS IN AMBULATORY MIDWIFERY (FAM, 4 credits)

- Provides the basic knowledge and clinical skills to manage the care of healthy women and persons seeking midwifery care in the outpatient setting.
- The care of women with essentially normal pregnancies and gynecologic needs from menarche through postmenopausal periods are included, using a holistic, family-centered approach.
- Care of patients includes care of transgender and gender non-conforming patients.

NMEP 04: PHARMACOLOGY 1 (PHARM 1, 2 credits)

- Addresses principles of pharmaco-therapeutic management in midwifery care.

NMEP 05: ADVANCED AMBULATORY CARE IN MIDWIFERY (AAM, 4 credits)

- Builds on the Foundations in Ambulatory Midwifery content to include screening for and treatment of gynecologic problems, and common variations of normal encountered in pregnancy through complete antepartum complications.
- Independent and collaborative management options are presented and explored

NMEP 06: PROFESSIONAL ISSUES AND COMMUNITY HEALTH (PICH, 2 credits)

- Explores the historical and current development of the role and responsibilities of the certified nurse-midwife/midwife
- Reviews midwifery and maternal and child health programs; the incorporation of research into practices; evaluation of community health indicators; and legislative issues affecting midwifery
- Emphasis is placed on the understanding of the social determinants of health to provide high-quality, equitable care.

NMEP 07: PHARMACOLOGY 2 (PHARM 2, 1 credits)

-Continuation of PHARMACOLOGY 1, Addresses principles of pharmaco-therapeutic management in midwifery care.

NMEP 08: MOTHER BABY 1 (MB 1, 2 credits)

-Presents management of care, support and education needs during the postpartum period and normal newborn including the integration of the parent/baby dyad into the family.

NMEP 09: INTRAPARTUM 1 (IP 1, 4 credits)

-Focuses on the management of care during physiologic childbearing including the development of clinical judgment and decision making.

NMEP 10: PHARMACOLOGY 3 (PHARM 3, 1 credits)

-Continuation of PHARMACOLOGY 2, Addresses principles of pharmaco-therapeutic management in midwifery care.

NMEP 11: MOTHER BABY 2 (MB 2, 2 credits)

-Continuation of MOTHER BABY Presents management of care, support and education needs during the postpartum period and normal newborn including the integration of the parent/baby dyad into the family.
- postpartum and newborn complications and appropriate intervention.

NMEP 12: INTRAPARTUM 2 (IP 2, 3 credits)

- The course progresses from concepts of physiologic birth and its variations through management of intrapartum complications.

NMEP 13: INTEGRATION 1 (INT 1, 2 credits)

-Full time clinical experience which synthesizes all learning within the curriculum, emphasizing refinement of skills, management, decision making and self-evaluation.

NMEP 14: INTEGRATION 2 (INT 2, 8 credits)

-Full time clinical experience which synthesizes all learning within the curriculum, emphasizing refinement of skills, management, decision making and self-evaluation.

NMEP 15: ADVANCED PATHOPHYSIOLOGY 1 (PATHO 1, 1 credits)

-Advanced Pathophysiology I examines the pathophysiology of common acute and chronic health conditions across the lifespan, with an emphasis on physiologic adaptations and alterations associated with pregnancy, childbirth, and reproductive health. Students develop foundational knowledge of disease mechanisms and apply pathophysiologic concepts to clinical assessment, diagnostic reasoning, and evidence-based midwifery care. Concepts introduced in this course are expanded upon in Foundations of Ambulatory Midwifery and Primary Care in Midwifery.

NMEP 16: ADVANCED PATHOPHYSIOLOGY 2 (PATHO 2, 1 credits)

-Advanced Pathophysiology II builds on foundational pathophysiology concepts through the examination of complex acute and chronic health conditions across the lifespan, with an emphasis on reproductive, maternal, and primary care populations. Students apply pathophysiologic principles to clinical assessment, diagnostic reasoning, and evidence-based management in midwifery practice. Concepts introduced in this course are further expanded and integrated into clinical decision-making in the Advanced Ambulatory Midwifery course.

NMEP 17: ADVANCED PATHOPHYSIOLOGY 3 (PATHO 3, 1 credits)

-Advanced Pathophysiology III synthesizes advanced pathophysiologic concepts related to complex maternal, fetal, neonatal, and intrapartum conditions. Students apply pathophysiologic principles to clinical assessment, diagnostic reasoning, and evidence-based management across the perinatal continuum. Concepts introduced in this course are further expanded and integrated into clinical decision-making in the mother-Baby and Intrapartum Care courses.

THE MODULAR CURRICULUM

The Nurse-Midwifery Education Program is based on a modified mastery learning curriculum. The Midwifery Management process serves as the basic framework for this curriculum which: (1) builds on existing knowledge and skills; (2) provides midwifery theory and practice; and (3) incorporates selected obstetrical, gynecological and neonatal theory and skills to enhance the ability of the individual to provide management of primary care for women, people seeking midwifery care, and newborns. Emphasis is placed on the ability of the student to utilize a culturally sensitive, family-centered approach to patient care. The curriculum is consistent with the current Core Competencies for Basic Midwifery Practice as outlined by the American College of Nurse-Midwives.

Within a mastery learning curriculum, theoretical and clinical objectives are specified. Each course module contains learning objectives that are organized into units of study and arranged in a logical sequence, with each unit serving as a necessary building block. Principles of adult learning apply to the process of progressing through the modular curriculum. Students are considered responsible individuals who can identify, articulate, and meet their learning needs. Self-direction and realistic self-evaluation are critical to achievement and serve as a necessary foundation for learning as a lifelong process. Faculty serve as resources in assisting students to meet learning needs and objectives. At the onset, students are informed of learning expectations, evaluation, and the criteria utilized to evaluate the level of proficiency expected. Seminar, conference, and case management learning experiences replace traditional classroom lectures. Selected lectures are provided by department-wide faculty and guests when appropriate to meeting learning needs and program objectives.

The Advanced Health Assessment (AHA), Foundations (FAM) and Advanced Ambulatory Midwifery (AAM), Intrapartum (IP), Mother Baby (MB), and Integration course (INT) modules are organized to facilitate student learning experiences in the clinical setting. Specific laboratory and/or clinical practice experiences are planned to closely correlate with the content of each course. This related subject and practice content, grouped in a self-contained unit of learning, provides students with the opportunity to master theory and practice more easily and utilize their most effective learning patterns. Advanced Physiology/Pathophysiology content is included within these course modules. All clinical practice experiences are closely supervised by midwifery faculty. Students must demonstrate mastery of the clinical objectives stated in each course to the faculty. Theoretical evaluation is accomplished through written examinations and presentations.

The Pharmacology (PHARM), Professional Issues and Community Health (PICH), and Primary Care in Midwifery (PC) courses occur concurrently with courses described above since their content, both in theory and practice, is needed throughout the clinical practice of midwifery.

The Program, 5 semesters in length, provides for an intensive development of skills and knowledge to manage comprehensive health care services for patients, newborns, and families. During the second through fifth semesters, students who need to complete a master's degree will also enroll in one, 3-credit master's course each semester through Thomas Jefferson University.

A student will be eligible for graduation from the UIHC Nurse-Midwifery Education Program after successfully completing the clinical and theoretical requirements of the program. Graduates of the program are awarded a Certificate in Nurse-Midwifery and are eligible to take the Certification Examination of the American Midwifery Certification Board, Inc (AMCB) once a graduate degree has been conferred. Students who complete the courses required by Thomas Jefferson University will earn the degree of Masters of Science in Midwifery.

STUDENT POLICIES AND PROCEDURES

These student policies are in addition to and in concert with the general student policies of the University of Iowa Healthcare. *Policy changes will not occur within a cohort.*

I. Progression through Courses

- A. Evaluation: Based on achieving goals set for the Program. Program goals are reflected through the course's theoretical and clinical objectives. Each course module has specified requirements for meeting objectives, which the faculty will provide during the module orientation. All theoretical and clinical objectives must be completed before a student can complete the Program.
- B. Program Length: The length of time for completion of the Nurse-Midwifery Education Program is five (5) consecutive semesters. Students are required to complete this Program within the specified time frame. The faculty is committed to facilitating the efforts of each student to achieve the program objectives and complete all requirements within the allocated time framework.
- C. Progress through the Courses: Each course has an accompanying module that outlines learning objectives and provides references for achievement of learning goals. Upon entry into a course, the students will be oriented by the course coordinator. Expectations of and progression through individual course modules will be discussed. Students must complete coursework within the maximum time limits specified by the Master Schedule. In clinical courses, each student will have periodic meetings and reviews with the course coordinator. Mastery of both clinical and theoretical objectives must take place before the end of each course.
- D. Sequence of Courses: Students are required to complete courses in the sequence described on the next two pages.

A schedule that includes vacations, holidays, and specific dates for each course will be distributed during orientation and is available from the program manager.

Academic Calendar

FALL 1 SEMESTER (15 weeks)

- Classes begin Tuesday after Labor Day
- Thanksgiving & Friday after Thanksgiving off
- Finals week 15
- 3 weeks off between Fall and Spring semesters to work, do extra clinical, etc.

SPRING 1 SEMESTER (15 weeks)

- Classes begin Monday before Martin Luther King Day
- One week vacation in March
- Finals week 15
- 4 weeks off between Spring and Summer semesters

SUMMER SEMESTER (12 weeks)

- Classes begin End of May
- Finals week 12
- 3 weeks off between Summer and Fall

FALL 2nd SEMESTER (15 weeks)

- Classes begin Tuesday after Labor Day
- Thanksgiving & Friday after Thanksgiving off
- Finals week 15
- 3 weeks off between Fall and Spring semesters

SPRING 2nd SEMESTER (15 weeks)

- Integration (starts Monday before Martin Luther King Day)
- Graduation 1st or 2nd week of May

UNIVERSITY OF IOWA HEALTH CARE NURSE- MIDWIFERY EDUCATION PROGRAM MASTERS IN MIDWIFERY DEGREE COLLABORATION

	Fall	Spring	Summer	Fall	Spring
TJU Master's Courses		Health Policy (3)	Reproductive Health Care in Global Contexts (3)	Theoretical Foundations of Midwifery (3)	Evidence-Based Care: Evaluation of Research (3)
UIHC Didactics	Advanced Health Assessment (3) Primary Care (2) Pharmacology I (2) Foundations in Ambulatory Midwifery (4) Advanced Pathophysiology I (1)	Advanced Ambulatory Care in Midwifery (4) Pharmacology II (1) Professional Issues and Community Health (2) Advanced Pathophysiology II (1)	Intrapartum I (4) Mother Baby I (2) Pharmacology III (1) Advanced Pathophysiology III (1)	Intrapartum II (3) Mother Baby II (2) Integration I (2)	Integration II (8)
UIHC experiences	½ day of ambulatory clinical weekly, weeks 8-15	1 day of ambulatory clinical weekly	2 x 12-hour L&D shifts weekly, additional half-day clinical experiences	2 x 12-hour L&D shifts weekly, additional half day clinical experiences	Full-time clinical CNM schedule
CREDITS					TOTAL CREDITS
	12	8	8	7	8 43
Masters	0	3	3	3	3 12
Total	12	11	11	10	11 55

II. Assessment of Progress/Evaluation

A. Theoretical Objectives

Faculty-constructed written examinations and other required assignments will be used to determine achievement of the theoretical objectives. Clinical objectives must be mastered before the end of each course. Specific dates for all exams and assignments will be announced at the beginning of each course. The examinations must be taken in-house in a designated classroom and will be proctored. Exams are time-limited. It is expected that the student's completed work will be organized, legible, and grammatically correct. The Program Exam Policy is appended as Attachment A. The Distribution of Grades Policy is appended as Attachment B.

The student will be required to achieve a score of no less than 80% on all examinations to demonstrate successful completion of the theoretical objectives; less than 80% is considered exam failure. If the student scores less than 80% on an examination in a course, they will meet with the Course Director and NMEP program leadership to develop a remediation plan. A second failed exam within the same course will result in failure of the course. The student will be able to retake the course when it is offered again but will not be able to advance in the program until they successfully pass. A final grade of 80% for each course is required to continue in the Program. Failure of two courses will result in dismissal from the program.

Students will have the opportunity to discuss their exam results with the course coordinator.

During the Integration Course, all students must complete an in-person four-hour written comprehensive examination.

B. Clinical Objectives

The courses with a clinical component include Foundation in Ambulatory Midwifery, Advanced Ambulatory Midwifery, Intrapartum 1 and Intrapartum 2, Mother Baby 1 and Mother Baby 2, and Integration 1 & 2. Clinical progress is reviewed with the clinical faculty during pre-conference before a clinical session, and

post-conference upon completion of a clinical session. The Clinical Evaluation form is to be used for each clinical experience throughout a clinical course to monitor students' progress toward the acquisition of the course clinical goals. The student will maintain a single Clinical Evaluation form and statistics tool for each class. The Clinical Evaluation Tool is reviewed at each faculty meeting.

The performance code for the behavioral objectives that comprise the clinical evaluation is as follows:

NA - Not observed and/or unnecessary to include.

- 1- Not Competent.** Commits/omits behaviors that place in danger or harm the client. Omits important aspects of the management process. Unprofessional attitude, inadequate theory base or inappropriate initiative.
- 2- Minimally Competent.** Performs safely under close supervision, requires frequent verbal and physical cues. Some omissions in theory, assessment, clinical or communication skills
- 3- Competent**
Demonstrates appropriate knowledge base, obtains essential information. Can begin to make differential diagnoses and discuss management plans.
- 4- Mostly Independent**
Can make differential diagnoses and give rationale for management plans. Organized, complete, good theory base.
- 5- Fully Independent** Good grasp of role. Consults appropriately. Evaluates alternative management options. Has met clinical objectives.

The student will be responsible for completion of the self-evaluation tool, which will include self-assessment of clinical performance and a plan for continued growth in the clinical setting. Once the student has completed the Clinical Evaluation tool, they give it to the faculty preceptor for that clinical experience, most commonly during a post conference session. The faculty member then reviews the evaluation, may agree with, or change, performance code designations and plan, and/or add comments, and the preceptor will sign the form. Any changes or additions will be discussed during post conference.

Periodic assessment of progress will be performed by the course coordinator and student and will include use of the Clinical Performance Evaluation Qualtrics survey. In general, these periodic assessments will occur mid-course and upon course completion. The Summation of Clinical Performance Evaluation and a clinical check-

out will be used as the final evaluation of clinical performance at the completion of each clinical course.

C. Development of Learning Behaviors

The development of clinical skills is an expectation for all students over the course of the program. These skills are necessary for successful life-long learning and are adjuncts to safe midwifery practice. Additionally, they ensure that the student will become an active part of a multidisciplinary healthcare team, participate in the professional arena, and continue to provide themselves with ongoing performance assessment. These skills will be developed in the classroom through written assignments, case presentations and topic presentations. In the clinical setting the expectation will be that each client interaction will be presented to the preceptor using standard formats.

There are several skills students will develop through the course of the program. These skills are necessary for successful life-long learning and are adjuncts to safe midwifery practice. They teach the student to become a midwife who will be an active part of a multidisciplinary healthcare team, participate in the professional arena, and continue to provide themselves with ongoing performance assessment. These skills will be developed in the classroom through written assignments, case presentations and topic presentations. In the clinical setting the expectation will be that each client interaction will be presented to the preceptor using standard formats.

Self-evaluation and goal setting are critical skills for professional success that will be developed during the program. Pre- and post-conference will enable the student to assess their clinical performance, identify needs and create a plan for continued development. As students progress through the clinical courses, goal setting will be emphasized culminating in goals for the first year of practice as a midwife. Students will have the opportunity to critique and receive evaluations from one another. Students will be encouraged to evaluate experiences throughout the program.

To capitalize on learning opportunities the student will be prepared, read widely, and be interactive in seminar. Students are encouraged to follow up on interesting cases and to take advantage of the many opportunities available to them at the University of Iowa Health Care.

D. Learning Agreements

If a student receives the designation “1” in one or more clinical objectives, a conference is required between the Course Coordinator and the student. The

substance of this conference will be documented in writing, including a mutually agreed upon plan to facilitate the efforts of the student to gain progress and achieve mastery of the objective(s). Copies will be given to the student, the Course Coordinator, Program Director, and any preceptor(s) involved. By mid-course students are expected to consistently demonstrate beginning level of practice “3” in all categories of clinical objectives. Failure to do so calls for joint development of an objective-based learning plan between student and the Course Coordinator.

Written warning of the risk of failure, including documentation of deficits, will be provided to a student who has not demonstrated appropriate progress in response to the learning plan. A performance contract which outlines an individual program of study will be planned and agreed upon by both the student and the course coordinator. Such a program must be completed within a faculty approved timeframe. This contract will be documented in writing and signed by both parties. If a student does not demonstrate mastery of the clinical objectives by the completion of the course, the student may not take the final exam, will not have completed the course, and may not continue in the Program.

E. Student Resources

Services are available upon request and do not require a learning plan to be in place. There are a number of opportunities available to students to support successful achievement of course objectives. Students are assigned a faculty mentor at the beginning of the program. Tutoring is available and can be arranged by the course coordinator. The Reference Librarian is available to assist with literature search and reference acquisition to meet assignment requirements. There are local midwives willing to act as mentors to current students.

Students are eligible for certain services available through the Student Health Program. Services include behavioral health assessment, brief counseling, and consultation. (Attachment C)

F. Course Conference

When the Clinical Performance Evaluation and final exam have been completed, the student and the course coordinator will schedule a conference to discuss the student’s summative evaluation for that course. Clinical tools must be up to date and completed with all preceptor signatures and the Summative Evaluation should be completed in preparation for the course check out conference. For some courses, seminar and preceptor evaluations will also be required.

G. Grading

A minimum final grade of 80% is required for all courses. Final course grades will be based on the criteria outlined in each course. Clinical performance is not graded, but course clinical objectives must be accomplished in the specified time frame. Written assignments handed in late without prior arrangement with the course coordinator will not be accepted.

Grades for each requirement will be given within one week of assignment completion. Final grades will be distributed either in writing or electronically within one week of completion. Exceptions will be discussed by individual course coordinators. Distribution of final grades is dependent on the students' completion of the course evaluation and any other required documentation.

H. Graduation

At the conclusion of satisfactory completion of coursework and clinical objectives, students will take a Comprehensive Exam during INT 2.

The Program Director will issue a Declaration of Clinical Safety and a certificate from the UIHC Nurse-Midwifery Education Program. If a student does not already have a master's degree, the degree will be conferred from Thomas Jefferson University once that coursework is completed. These documents enable the student to register for and take the certification exam through the American Midwifery Certification Board.

A graduation ceremony will be held at the conclusion of the final semester. Student will be offered to receive a hand blessing, or other ritual that honors their cultural beliefs if desired.

I. Termination or withdrawal from the Program

If a student is terminated or withdraws from the UIHC Nurse-Midwifery program the student automatically withdraws from the Master of Science completion option at Thomas Jefferson University. Refund policies in effect at each institution will apply. A student must have a 3.0 average overall in the four master's courses to earn the Master's in Midwifery. Master's courses may be repeated once to achieve the overall 3.0. A student may petition to repeat a course a third time but must be granted approval to do so.

III. Student Responsibilities

A. Students are expected to:

1. Assume responsibility for their own learning.
2. Constructively evaluate their own performance and progress throughout the program.
3. Keep all records accurately.
4. Initiate communication between the student body program manager and faculty whenever there are problems that affect the group.
5. Make known to the program manager and faculty any learning and/or practice needs including suggesting seminar topics and guest speakers.
6. Contribute to the evaluation of their peers, specific courses, preceptors, seminars, learning experiences, and the total Program. The faculty acknowledges the importance of students' evaluative efforts and utilizes these when implementing Program changes. Students must recognize that the learning process includes communicating criticism effectively and taking ownership of comments made on all evaluations.
7. Contribute to the learning of classmates by sharing experiences in post-clinical conferences, actively participating in seminars, helping with clinical teaching when appropriate, and demonstrating sensitivity to the learning needs of classmates and clients.
8. Practice cell phone etiquette in clinical and classroom setting. Cell phones will be left in the clinical office during ambulatory sessions. Cell phones and personal devices are allowed in the classroom, but it is the expectation of faculty that personal use of these devices will not occur during classroom activities. The student is expected to leave the classroom if urgent use is necessary. A mechanism will be provided for sharing material pertinent to subject under discussion from personal devices to the classroom video screen.
9. Take credit for only their own work and assist others in maintaining a high standard of professional ethics. Students are expected to maintain exam confidentiality and are not to share exam content with previous or subsequent classes. No student shall solicit or accept help from others on examinations. Any form of cheating or plagiarism constitutes grounds for dismissal.

10. Adhere to the Confidentiality Policy of the University of Iowa Healthcare.
11. Adhere to the Policy on Academic Integrity University of Iowa Health Care Nurse-Midwifery Education Program. (Attachment E)
12. Adhere to University of Iowa Healthcare Social Media Policy.
13. Sign a statement which documents receipt of policies. (Attachment Y)
14. Check email frequently for announcements, schedules, etc. All students will be assigned a University of Iowa Email. UIHC-initiated announcements will arrive in this way as well as all program communication. This email should be checked daily. All students who are also enrolled at TJU for the masters program will also be assigned an official TJU email. This email should also be checked daily once the program begins. Students are required to respond to email requests from Program Manager within 48 hours. Lack of response to program emails will be reported to Program Director.
15. Students are required to have their own computer or laptop when working remotely. Computer equipment will be available while on campus, but will not be provided to learners for personal use. Remote access options for resources for the University of Iowa Healthcare are available, on an as-needed basis:
<https://medcom.uiowa.edu/theloop/wp-content/uploads/2020/03/Citrix-Remote-Access.pdf>. Suggested system requirements can be found on the ITS webpage:
<https://its.uiowa.edu/support/article/100895>

B. Classroom Expectations

It is the Program expectation that students will attend all classes/seminars. Students are expected to come to seminar prepared to participate in the discussion of seminar topics. Students are expected to be on time for all classes/seminars and clinical experiences. Absence from a seminar must be discussed with the program manager and the course coordinator prior to the seminar. In any instance, responsibility for content covered in classes and seminars lies with the student. If a student has an unexcused absence from a required seminar, the student may be required to complete an assignment designed by the Course Coordinator, on the seminar topic presented prior to completion of the course.

Some assignments will require access to the medical record of a patient. Printing of the medical record is discouraged. Please refer to Attachment G: for Guidelines for Student Review and Printing of Medical Records.

Missed exams will be considered a failure. Exceptions can be made at the discretion of the Program Director.

Childcare is the responsibility of the student/parents. Bringing babies or children to class is not generally accepted. Individual circumstances must be negotiated with the Course Coordinator prior to class. The parent is responsible for the behavior of the baby/child when permitted in class; but if in the opinion of the seminar presenter or Course Coordinator that the baby/child is disruptive to class learning or the person conducting the class, the parent and baby/child will be asked to leave.

The intent is for students to come to class in person. Circumstances may arise that make in-person attendance impossible (weather, illness, etc). Students should contact the Course Coordinator as soon as they become aware of an in-person absence. Zoom may be offered by the Course Coordinator if appropriate for the seminar being delivered.

D. Clinical Expectations:

SNM clinical experiences are scheduled in compliance with the Scheduling Policy (Attachment H). Attendance is required for scheduled clinical practice experience. If a scheduling conflict develops after the clinical schedule is set, the student should attempt to trade sessions with another student and notify the Program Manager as well as the Course Coordinator of the change. If, for extraordinary circumstances, a student is unable to attend a scheduled clinical practice experience, it is the responsibility of the student to notify the Course Coordinator and Program Manager, and the missed clinical experiences must be made-up and will be scheduled by the Program Manager. If there is no additional available clinical time within the semester, clinical make up time may occur between semesters.

Students will wear attire appropriate to the specific clinical sites as determined by the faculty preceptor. Appearance will follow the University of Iowa Health Care Professional Appearance Policy. ID badges must be worn at all times.

If a student arrives unprepared for a clinical session, the session may be cancelled and rescheduled at the discretion of the preceptor.

Students will interact with patients only under the clinical supervision of Program faculty or their designees. The boundary of safety (i.e. the ultimate decision) in patient care will rest with the faculty preceptor, not the student. All clinical experience must adhere to Midwifery Faculty Clinical Supervision Policy and University of Iowa Healthcare Practices Chaperone Policy.

Students are expected to know and practice within the midwifery guidelines of the clinical site. Practice Guidelines for the Division of Midwifery are available on Canvas.

A pre-conference will occur prior to each clinical session. The student will review, with the preceptor, the plan that was developed from the previous experience. It is the responsibility of the student to discuss learning needs for the session with the clinical preceptor before the beginning of the session. Learning needs should be jointly agreed upon by preceptor and student.

Students are responsible to fill out all Qualtrics Clinical Surveys. Students will assume the responsibility for maintaining current and accurate records of the clinical experiences on the designated forms. Students are responsible for monitoring their statistics and bringing low frequency experiences to the attention of the preceptor and module course coordinator.

Students are responsible for completing clinical Qualtrics forms following each clinical session and maintaining running clinical statistics for the Program at the end of each clinical course.

Students will assume the responsibility for clinical evaluations done on the appropriate form for each clinical experience. This includes self-assessment for each clinical objective, specific comments on performance and development of a plan for the next session. If post conference does not occur at the end of a clinical session, the student and preceptor must arrange a time to discuss clinical performance prior to the next clinical session. In these circumstances, the student must complete the self-evaluation within 24 hours of the end of the session and notify the clinical preceptor of that session that the tool is completed.

Students should seek specific suggestions for ways to improve. If a student finds a preceptor's comments on the evaluation form are not helpful in directing their learning it is their responsibility to ask for clarification of these comments from the preceptor.

The faculty reserves the right to request the withdrawal of any student whose conduct, physical or mental health, or performance demonstrates lack of fitness for continuation in the Midwifery Education Program.

Upon occasion, student attendance is requested for the care of a family member or friend. These situations need to be discussed in advance with basis with the Program Director and will be considered on a case-by-case basis.

E. Written Assignments

All written assignments will be submitted in APA format.

F. Communication/Open Meetings:

A meeting or open forum of faculty and students of the Midwifery Education Program may be scheduled or called as needed, initiated by either faculty or students. A meeting with the Program Director may be scheduled through the program manager.

IV. Attendance

- A. Vacation: Given the intensive nature of this education program, and to minimize interference with student progress, it is expected that students not schedule absences during the defined weeks of the program. Absence during class or clinical time in the remainder of the schedule must be approved by the Program Director and will be granted only for personal, medical, or family emergencies. Clinical time missed by the student must be made up. Classroom missed time is the student's responsibility.
- B. Holidays: University of Iowa holidays will be recognized during the course of the Program:

New Year's Day
Martin Luther King Day
Memorial Day
July 4
Labor Day
Thanksgiving Day
Friday after Thanksgiving (Black Friday)
Christmas Eve
Christmas Day

Students may be scheduled to have clinical over the following holiday weekends: July 4, Thanksgiving, and President's Day of the second spring. Students may not take more holidays than noted on the official calendar unless they have made mutually agreed upon arrangements with the Program Director in consultation with the appropriate course faculty.

Accommodation will be made for individuals' religious and cultural observances. The students should discuss needs with the Program Director prior to the anticipated date.

- C. Absence Due to Illness: Report an absence due to illness to the Program Manager, the Course Coordinator and/or the appropriate clinical preceptor. Long term illnesses may necessitate a leave of absence.
- D. Emergency Leave: should be arranged through the Program Manager, the Course Coordinator and the Program Director.
- E. Leave of Absence: A written request for a leave of absence is submitted to the Program Director. This request should include the reason(s) requiring the leave and the amount of time requested. If the request is approved, a written contract including the terms of the agreement is made between the student and the Program Director.

V. Program Expense

- A. Tuition: All tuition is to be prepaid for each semester, two weeks prior to the beginning of each semester. Late tuitions payments will incur a charge. Students are expected to meet all additional financial obligations prior to exiting from the Program. Cost of the course modules is included in the tuition. Please refer to Tuition Policy. Tuition refunds for program withdrawal are at the discretion of the Program Director and will be evaluated on a case-by-case basis (AttachmentJ).
- B. Iowa State Nursing License: Licensure to practice nursing in the state of Iowa is required. Prior to entering the clinical area validation of licensure will be performed by the Program Manager. Licensure in the state of Iowa must be maintained throughout the Program. Other state nursing licenses may be required depending on the student's Integration placement.
- C. Clinical Supplies: Students are expected to provide their own supplies for clinical sessions. A watch with a second hand, and a stethoscope with a bell and diaphragm are required.

- E. Student Membership ACNM: All students are encouraged to become student members. The application is available on-line and should be completed during orientation. <http://www.midwife.org/Join-ACNM>
- F. ACNM Annual Meeting: Students are expected to attend the Annual Meeting of the ACNM. Students are advised to budget for this expense, as the annual meeting activities are considered to be a vital part of the historical and professional objectives of the Program. If the annual meeting is not occurring or does not work for class schedule, there is also an Iowa ACNM meeting that you may be requested to attend instead.
- G. National Certification Examination: The graduating student must be recommended without reservation by the Program Director in order to take the American Midwifery Certification Board's National Certification Examination. This recommendation is given upon completion of all requirements of the Educational Program and confirmation that a master's degree will be conferred by Thomas Jefferson University.

There is a \$500 examination fee (subject to change) which must accompany the graduating student's application to the American Midwifery Certification Board for taking the Certification Examination. It is strongly recommended that students budget for this expense throughout the educational year. Applications for the exam are available at the AMCB website: <https://www.amcbmidwife.org/>.

Certification is required for either licensure to practice or as a job qualification in most states and in midwifery practice settings in which midwives practice. It is expected that all graduates of this educational program will take the American Midwifery Certification Board National Certification Examination.

- I. CPR: All students must show evidence of CPR certification prior to beginning the program. CPR certification must be maintained throughout the Program. A copy of the current CPR card must be in the student's file in the Program office. BLS required.
- J. Neonatal Resuscitation Certification: All students must either enter the Program with, or obtain during the Post Partum/Newborn Care course, certification in Neonatal Resuscitation. Neonatal Resuscitation will be provided as part of the program curriculum. There is a \$25 fee (subject to change) for taking the on-line examination. All students must have current Neonatal Resuscitation upon graduation. A copy of this certification must be in the student's Program file.

- VI. University of Iowa Healthcare Compliance Training: Must be completed annually.

VII. Student Health

- A. Health Insurance: While in the Midwifery Education Program, students are responsible for maintaining their own health insurance policy and for any expenses incurred from illness or hospitalization. Students must present evidence of health insurance coverage prior to beginning in the program. A copy of this coverage must be in the student's Program file.
- B. Student Health Policy: Tuberculosis screening must be repeated annually.

VIII. Malpractice Coverage

Student malpractice insurance is paid by the Program. This policy covers liability for the student performing any function or duties which are part of program requirements at any affiliated program site. Coverage begins on the first day of orientation and ends at Program graduation. Students should be aware that they are not covered for employment, activities outside Program curriculum, or clinical undertaken without the supervision of Program faculty preceptors.

IX. Faculty Advisor/Review of Records

- A. Advisor: At the beginning of the Program each student will be assigned a faculty advisor. The student is encouraged to meet with her/his faculty advisor as needed. The faculty advisor will contact the student during the first week of the program. The faculty advisor, when meeting with the student in an advising capacity, will have no role in evaluation. The faculty advisor is a support and resource.
- B. Review of Records: A student may request to review her/his records at any time during the Program. Requests for review of records should be made to the Program Manager. Clinical performance can be reviewed with the Course Manager at the request of the student.

X. Tuition Refund

Tuition for the Program is refunded to the student on a prorated basis should the student withdraw or be dismissed from the Program. The amount to be refunded is to be prorated based on the number of weeks in the semester excluding vacations.

No refund will be due once the student has completed 60% of the semester.

XI. Grievance Procedure

If a student feels they have been unfairly evaluated and if that evaluation is of such a serious nature that their presence in the Program is jeopardized, the following recourse is available: First, the student will request in writing a formal meeting with the instructor from whom the evaluation in question was received. If the student is dissatisfied with the results of that meeting, they may request in writing that the Director of the Program convene a subcommittee of no less than two midwifery faculty to review the issue. This group will investigate the appeal and recommend the action to be taken to the Program Director. If a student is still dissatisfied, they may request, in writing a meeting with the department DEO. Although it is expected that this process will be rarely, if ever, used, the appeals process provides the student with a mechanism to have a fair hearing of the grievance or appeal. The organizational structure of the University of Iowa Healthcare defines an oversight responsibility by the Chair of the Department of Obstetrics and Gynecology and the Chief Academic Officer. As such, student midwives do have access to these individuals should they feel that grievances cannot be resolved.

XII. Exceptions

Exceptions to these student policies may be made at the discretion of the faculty.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment A

Expectations of Clinical Faculty

The document that follows is meant to clarify expectations of the clinical faculty.

1. Prior to the first clinical session the Course Coordinator will provide all clinical faculty with a copy of the course module, the seminar schedule, access to the clinical evaluation tool and any other materials that outline faculty expectations of the students.
2. All preceptors are expected to provide the student with a copy of all applicable written Midwifery practice guidelines. It is the expectation that the student will practice within these guidelines.
3. Faculty is expected to review “General Expectations” and “Clinical Expectations” of the student which are found in the Student Policies and Procedures.
4. The student is expected to complete the clinical evaluation tool and clinical statistics form at end of each clinical session.
 - a. The clinical evaluation tool for each clinical course will reside On Qualtrics. An identical clinical evaluation tool is used for each clinical course throughout the Program. Clinical Specific Objective Behaviors differ for each course and will be uploaded to Canvas for the associated course. These specific behaviors elaborate upon each clinical objective. If a student is not meeting specific clinical objectives, the specific behaviors can be helpful in identifying the area of deficit. It is helpful for student learning if the preceptor makes specific suggestions for ways in which the student might improve.

Clinical evaluation occurs according to the steps of the management process and facilitates the development of critical thinking skills. Each clinical objective reflects a step of the management process:

Clinical Objective I: data collection/assessment

Clinical Objective II: interpretation/diagnosis

Clinical Objective II: development of a plan

Clinical Objective IV: implementation of the plan

Clinical Objective V: evaluation of plan

Clinical Objective VI: professional behaviors

- b. Pre-conference. The tool should be reviewed with the student prior to the beginning of clinical sessions. Students may request direction in choosing appropriate clinical experience to meet objectives established in previous sessions.
 - c. Post-conference. Students will complete the self-evaluation form after the completion of the clinical session. This includes self assessment for each clinical objective, summarized self evaluation, and formulation of a plan to meet learning need identified. The clinical statistics tool should also be completed and reviewed with the preceptor for accuracy. The preceptor will discuss the tool with the student, change any ratings with which she disagrees, and add comments and plan. In the ambulatory setting, it can be helpful if this process is started while the preceptor sees the last patient of the day
 - d. It is a Program expectation that evaluation occur at the end of a clinical sessions. If this is not possible, the student and preceptor should make arrangement to complete the evaluation process as soon a possible and prior to the next clinical session. Completion of the clinical evaluation tool without face to face discussion is strongly discouraged.
5. All students are expected to review medical records and present patients prior to any interaction with patients. A management plan, with rationale, should be presented to the preceptor once data collection is complete.
- a. Different clinical preceptors may set different limits of safety. It must be clear to students what can be done without the CNM preceptor and what the student may do only with direct supervision (i.e., pelvic exams, certain counseling, etc.).
7. Faculty are expected to support the student's approach to Midwifery practice as long as it meets criteria of safety and minimal discomfort to the patient and is supported by a sound rationale, given the realities of your setting. Faculty will provide theoretical rationale for clinical practice when requested by the student.
8. The student is expected to be in house or immediately available (defined as within 30 minutes of the LDR unit) while on labor shifts, if agreed upon by the preceptor on for that shift.
9. The Course Coordinator will contact clinical preceptors at pre-specified times during the module to discuss student process. However, all preceptors should feel free to contact the Course Coordinator at any time with questions of concerns.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment B

Exam Policy

PURPOSE: To provide for exam security.

SCOPE: Education Program faculty and

students POLICY:

1. The Course Coordinator has responsibility for exams during course, including writing, grading, and evaluating.
2. A pre-exam review session is scheduled for most exams. This is a student-directed session, and not a wholesale review of content by the Course Coordinator.
3. Exams will be proctored. A strict honor code applies in both cases. Further detail is in the "Student Policies and Guidelines".
4. Students will leave all books, bags and paper outside of the exam testing room. Program Manager will provide all exam materials, including scrap paper. No notes or scrap paper may be taken from the exam testing room.
5. Before beginning exams, cells phones will be set on vibrate and placed face down on table in front of student and in view of proctor. If spreading out and taking exam at other tables, cell phone shall be given to the exam proctor. Inform proctor in case of emergency need to use phone.
6. A post-exam group review session is scheduled after all exams in clinical modules to answer general questions and clarify answers.
7. Students will have access to their exams during post-exam review sessions. In order to preserve exam security, students are not allowed to take notes on the content of the exam questions. Any notes taken during the review sessions need to be reviewed by the Course Coordinator before they can be removed from the classroom area.
8. If a student needs further clarification of exam results after the post-exam review session, they should make an appointment with the Course Coordinator.
9. Review of exams outside the post-exam review session needs to be scheduled with the Program Manager during regular business hours. Students may review their exams under the direct surveillance. No notes may be taken during this review.

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Director, Nurse-Midwifery Education Program

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment C

Student Health

I. PURPOSE:

University of Iowa Student Health provides care to registered UI students, just like you would receive from your hometown healthcare provider, but we are experts in the care of college students! We are staffed with MDs who are board-certified in family medicine, gynecology, and psychiatry. We also have certified physician assistants on staff.

II. SCOPE:

The Student only.

III. POLICY:

a. Student Health Cost:

Students enrolled at the UI are automatically assessed a health fee with their tuition. This fee supports many of our services to students at no cost, including unlimited office visits, and subsidizes the costs associated with other services.

Students are required to have health insurance to cover other charges accrued during health visits at Student Health, such as immunizations, lab tests, physicals, or procedures. Charges may be placed on your U-Bill.

For more information about what your health fee covers, visit our Health Fee/Costs page. For information on all assessed fees, visit the Office of the Registrar's Tuition and Fees website.

b. Visit Types:

- Evaluation and treatment of acute illness and injury
- Non-urgent health concerns (like skin issues, sleep problems)
- Health maintenance visits/physicals
- Chronic disease management (like diabetes, asthma)
- Evaluation and management of mental health/psychiatric issues

- Gynecologic health care: pap smears, contraceptive management, procedures
- Sexually transmitted disease evaluation and treatment
- Eating disorder evaluation and treatment
- Weight management services
- LGBTQ services
- Allergy clinic: continuation of immunotherapy (allergy shots)
- Travel clinic: counseling and immunizations prior to international travel
- Nurseline: telephone advice from Registered Nurses 24/7
- Nurse visits for immunizations and health requirements
- On-site laboratory
- Coordination of care with specialists at nearby University of Iowa Healthcare (UIHC)
- Collaboration with other UI services such as University Counseling Service and Student Wellness
- Management of disease outbreaks on campus, in partnership with local and state health departments

C. Student Requirements and Forms

All professional students starting a health science program should not use Med+Proctor, but instead submit all records to student-immunizations@uiowa.edu

Requirements for Health Science Students at the University of Iowa

These requirements are consistent with healthcare workers at the UIHC and other patient care settings and will protect you AND your patients.

MMR (Measles, Mumps, Rubella): (2) vaccines or positive antibody titers (blood tests) of all three diseases.

(2) doses of each of the single component vaccines are acceptable. The first MMR must be given no sooner than one year after date of birth to be valid, and the MMR vaccines must be at least 28 days apart. For health science students, there is no age exemption for MMR.

Hepatitis B: A vaccine series with 2 or 3 vaccines completed at the appropriate intervals, followed by an initial antibody titer 1 month or more after third vaccine. The titer is REQUIRED, even if series was completed as a child. If you have no hep B vaccination records but believe you got them, you can just get the titer to check for immunity. If antibody titer is negative, follow the algorithm outlined in the "Hepatitis B Titer Protocol" link listed

in this Health Science students section. You may need more than (1) additional hep B vaccine in order to achieve a positive titer- so start this process early.

Varicella (chicken pox): (2) vaccines or positive antibody titer. We do not accept report of disease history. If you had varicella disease as a child and no history of (2) vaccines, you must have a titer to document immunity.

Tetanus/diphtheria/pertussis: (1) Td (tetanus/diphtheria) at least every 10 years. Must have documentation of (1) Tdap (Tetanus, diphtheria, pertussis) vaccine.

TB (Tuberculosis) screening: A two-step TB skin test (TST) or the blood test- IGRA (Interferon Gamma Release Assay- QuantiFERON Gold or T-Spot) is required at the start of your program.

- If you have never had any TB skin testing, the two-step TST is done as follows: The first test is placed, and results are read in 48-72 hrs. The second test is placed at least 7 days after the placement of the first test and read at 48-72 hrs. Send documentation of both tests, and include placement date, reading date, result and mm induration. Having (2) negative TSTs within the past 12 months will meet the two-step requirement.

- If you have documentation of (1) negative TST in the past 12 months, or documentation of (2) negative TSTs in your past, you only need one more TST to meet the two-step requirement.

- If you have ever had the Bacille Calmette-Guerin (BCG) vaccine, given to children in some countries to prevent TB, you should get the IGRA blood test instead of skin tests.

- If you have a negative TB blood test (IGRA) performed in the US within the past calendar year, that meets the initial TB screening requirement and a two-step TST is not needed. Indeterminate IGRA results will not be accepted.

- If you have a negative IGRA that was done longer than one year ago, you will need to repeat the IGRA (must be done in the US) or complete the two-step TST (if you have never gotten BCG vaccine).

Those with a history of a positive TST or IGRA must provide a copy of the CXR (Chest x-ray) report. If treated for LTBI (Latent TB Infection), provide medication information and treatment dates. Students with a history of a positive TST are also required to complete a symptom assessment at the start of their program. The "History of Positive TB Screening Results" form is in the link listed in this Health Sciences student section.

Health Screening: Complete the Health Screening form once upon entry to the Health Science program. Can be signed by RN, MD, DO, PA, ARNP. The form link is in this Health Sciences student section.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment D

Distribution of Grades

PURPOSE: To maintain consistency among Course Coordinators and establish standards for distribution of exam grades and module grades.

SCOPE: Education Program faculty and students

POLICY:

1. Exams, presentations, and other assignments will be graded within one week.
2. Grades will be given to students within one week. Students will either receive grades during exam review, or online via Canvas gradebook.
3. If a student fails an exam, the Course Coordinator will notify the student as soon as possible either by phone, email or in person.
4. At the end of the course, once all course evaluations have been received, Course Coordinators will complete and distribute final course grade.

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UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment E

Academic Integrity

PURPOSE: To define student expectations regarding ethical conduct and honesty in their academic work. Academic integrity and honesty are fundamental to the educational and professional community.

SCOPE: Education Program Policy

POLICY:

The health care professions require women and men of superb character who lead lives that exemplify high standards of ethical conduct. A shared commitment to maintaining those standards, embodied in an Honor Code, creates an atmosphere in which community members can develop professional skills and strengthen ethical principles.

The Honor Code demands that community members tell the truth, live honestly, advance on individual merit, and demonstrate respect for others in the academic, clinical and research communities.

The central purpose of the Honor Code is to sustain and protect an environment of mutual respect and trust in which students have the freedom necessary to develop their intellectual and personal potential. To support the community of trust, students and faculty must accept individual responsibility and apply themselves to developing a collegial atmosphere. The intent of the Honor Code is not merely to prevent students from lying, cheating and stealing or to punish those who violate its principles. Rather, participation in the Honor Code assures the University of Iowa Healthcare community that the integrity of its members is unquestioned and accepted by those in the academic, clinical and research communities. Participation in the Honor Code confers upon students the responsibility to respect and protect the integrity of the University of Iowa Healthcare.

The foundation of the Honor Code rests upon the willingness of each individual to live up to the standards established by the student body and faculty. Violation of the Honor Code affronts us individually and collectively. The community of the University of Iowa Healthcare regards such violations as serious offenses.

The Honor Code presumes the absolute honesty of each individual. As a result, community members live with the freedom of knowing that:

1. Their integrity, intentions, work and word are unquestioned;

2. Their personal property and academic work are respected and free from theft;
3. Classroom, clinical and research environments for learning and evaluation are honorable;
4. The learning environment is safe and equitable regardless of the student's gender, race, religion or sexual orientation. Students and faculty together establish, maintain and protect trust in these beliefs.

Application

The Honor Code applies to all work submitted for academic credit. Infractions of the Honor Code include but are not limited to:

- Cheating: A community member who does not do his or her own work on an academic exercise or otherwise gains unfair advantage over his or her colleagues is guilty of cheating. Examples of cheating are:
 - Copying from another student's examination
 - Allowing another student to copy from your examination
 - Collaboration during an examination with any person
 - Using unauthorized materials during a test
 - Preparing notes to take into a closed-book examination, for example, writing on one's hand or desk
- Plagiarism: Like other institutions of higher learning, the NMEP recognizes plagiarism as "the act of appropriating the literary composition of another, or parts or passages of his writings, or the ideas or language of the same, and passing them off as the product of one's own mind." (Webster's New Collegiate Dictionary)
- The Honor Council identifies two distinct categories of plagiarism, conscious and unintentional. Both are violations of the Honor Code. This means that students who do not understand the process of crediting sources consulted in the writing of a paper may inadvertently find themselves subject to Honor Council investigation.

To avoid such unintentional plagiarism, students must familiarize themselves with the appropriate documentation of resources. Students should also consult faculty for assistance should there be any doubt about what constitutes plagiarism.

- Fabrication: When a community member consciously manufactures or manipulates information to support an academic exercise, he or she has fabricated evidence. Some examples are:
 - Falsifying citations

- Manufacturing data to support research
- Taking an examination or writing a paper on behalf of another student
- Listing sources in the bibliography that were not used in the academic exercise
- Falsifying information in patients' charts
- Sexual Harassment, and/or Discriminatory Practices Based on Race, Religion, Gender or Sexual Orientation.
- Violation of Confidentiality: Knowingly releasing confidential information inappropriately, or using INFORMM/IDX to gain access to patient records without justification are each examples of such violations.
- Other Acts: Students who misrepresent information to Program officials – for example by falsifying grades or by forging Program documents or records – have violated the HonorCode.

Participation:

The NMEP Honor Code is designed to protect students' academic freedom and professional integrity. For this to happen, however, all those who agree to live and work under the Honor Code must support the code by fulfilling specific obligations:

Students must:

- Not condone cheating on the part of others
- Refuse to assist others in fraudulent acts
- Take steps to ensure that other students cannot cheat from one's examination or paper
- Ask the professor for clarification if the student does not understand how the HonorCode pertains to any given assignment.
- Be willing to speak to fellow students about violations of the Honor Code, or to report suspected violations to the Honor Council.

Faculty and Administrators should:

- Explain completely how the Honor Code applies to coursework undertaken for each class
- Discuss how the Honor Code applies to coursework and behavior during the clinical years
- Include a statement about academic integrity in each course syllabus
- Contact the Honor Council regarding suspected infractions of the Honor Code
- The commitment to personal and professional integrity embodied in this Honor Code releases the faculty from the obligation to proctor exams

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*Acknowledgement: Thank you to Carver College of Medicine for sharing their Academic Integrity Policy with our program.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment F

Guidelines for Student Review and Printing of Medical Records

PURPOSE: To protect patient confidentiality and to protect the hospital from unauthorized release of medical information.

SCOPE: Education Program students

POLICY:

1. In the overwhelming majority of cases not more than a total of five pages of any medical record should be printed.
2. Very complicated patients with very lengthy charts may justify more printing. Seek the advice of your Course Coordinator in these cases.
3. Other information from the hospital record should be transcribed by hand in outline form. No identifying patient information should be on this paper.
4. For all printed copies, all identifying information including name, medical record, and date of birth should be cut off the page.
5. Duplicated medical records are the specific responsibility of the individual student. Use of these records fall under the confidentiality policy of UIHC. These copies should be maintained in a secure place and destroyed completely when the student is finished with them.
6. Failure to comply with patient confidentiality is grounds for dismissal from the program.

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Director, Nurse-Midwifery Education Program

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment G

Scheduling SNM Clinical Experiences

PURPOSE: To ensure adequate rest to maximize learning and maintain safety in the clinical setting

SCOPE: Education Program faculty and students

POLICY:

1. Students will not be scheduled for LDR the night before scheduled classes or ambulatory clinical
2. It is the student's responsibility to arrive well rested for scheduled clinical sessions
3. Students will be scheduled for no more than 12 hours of consecutive LDR time. Students are encouraged to be mindful of the degree of fatigue experienced and to communicate needs for rest or sleep with their preceptor. All reasonable requests will be honored by the clinical preceptor.
4. Faculty can insist that students take time from LDR to sleep if it is the faculty member's assessment that the student's ability to function safely is in question. Make-up time may be scheduled for LDR time lost to sleep.
5. A student's request to stay beyond the end of the scheduled shift will be considered on case-by-case basis but will be honored only if there has been adequate sleep time during the preceding clinical shift.
6. Students must carefully assess their ability to travel home safely following their LDR shifts. Sleep space for students is provided.
7. This applies to working for pay. A rest period is also required if working overnights. Students may not work night shifts and have clinical or didactic assignments without adhering to the rest policy.

Bree Herring, DNP, CNM, ARNP
Director, Nurse-Midwifery Education Program

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment H

Midwifery Faculty Clinical Supervision of Midwifery Students

PURPOSE: To insure and enhance the patient's comfort, safety, privacy, security and dignity during sensitive exams.

To assure appropriate patient care through supervision of student midwives in the clinical setting.

SCOPE: Midwifery Education Program Faculty and Students

POLICY:

1. Patients will be informed by the CNM faculty, medical assistant or nurse that a student midwife may be involved in their care, and given the opportunity to accept or decline the participation of a student.
2. Each clinical interaction with a patient will occur in the presence of a faculty member. As the program progresses, and student competence has been confirmed, interviewing of patients and non-intimate physical exam may occur in the absence of direct faculty supervision.
3. At no time during the program will a student perform a sensitive exam (breast, vaginal, pelvic, rectal) or a procedure (IUD/implant insertion/removal, birth) without a faculty member present.
4. Faculty will see each patient who has received care from a student before the patient leaves the office/clinic in order to meet any final needs the patient may have.
5. Faculty will also review, edit, and cosign all student notes.
6. A chaperone will always be provided upon patient request in accordance with UIHC policy.

Bree Herring, DNP, CNM, ARNP
Director, Nurse-Midwifery
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UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment I

Chaperones

- I. POLICY** The University of Iowa Healthcare would like to provide and utilize patient chaperones when requested or necessary during sensitive examinations, procedures and care. This policy is to protect both patients and providers.
- II. PURPOSE** To protect the provider from the misunderstanding that may occur concerning the physical part of the examination, in particular that which involves the private areas of the patient's body.
- III. SCOPE** All UIHC Employees
- IV. PROCEDURE**

Definition of sensitive exam/procedure: A sensitive examination or procedure includes any procedure or physical exam by a health care provider of the genitalia, rectum, female breast or the breast of a patient who identifies as female. This includes a transvaginal ultrasound or urodynamic testing.

Definition of a chaperone: A chaperone is a person who acts as a witness for a patient and a health professional during a medical examination or procedure. A chaperone should stand in a location where he or she is able to assist as needed and observe the examination, therapy or procedure.

A chaperone may be a health care professional or a trained unlicensed staff member. This may include medical assistants, nurses, technicians, therapists, staff physicians, residents and fellows. A student enrolled in a health profession's school/program may serve as a chaperone if the student is willing to be a chaperone by attestation. Students who choose to not serve as chaperones will not be penalized in any way. Family members or friends of an adult patient should not be considered a chaperone in typical circumstances. Family members are not able act as the chaperone for minor patients nor can family members opt out of a chaperone on behalf of their minor child.

This is an opt-out policy. This means that a chaperone will be discussed, and the patient may decline. The staff who rooms the patient will notify the patient that, *"a sensitive examination or procedure may be indicated today, and a second staff member is typically present for this. You are able to*

decline a chaperone for your exam today.” The patient’s decision will be documented in the electronic medical record as accepted or refused

Exception: All residents, regardless of gender of the patient or provider, will have staff chaperones for all sensitive examinations.

Procedure Processes

Clinical sites will teach and enforce the policy within their facilities. Confidential patient acceptance or refusal of a chaperone should take place before the sensitive examination or procedure. The acceptance or refusal of a chaperone will be documented in the patient chart.

The health care provider will explain all procedures and examinations including the reason for the exam and what will occur. At any time, the patient may request that an examination or procedure be aborted and if medically safe as determined by the provider, the patients requests will be followed. Any photography of sensitive areas will be done with the expressed permission of the patient.

A chaperone has the right to stop a sensitive procedure or exam if they feel that the health professional’s behavior is inappropriate. A chaperone who witnesses inappropriate behavior on the part of the health professional will immediately report this to their supervisor, even if they did not stop the procedure while it was ongoing.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment J

Tuition Policy

PURPOSE: To provide clear expectations for tuition payment

SCOPE: Education Program students

POLICY:

1. Tuition for a full-time student is per semester.
2. Tuition is billed per semester. Invoices will be sent out one month in advance of payment due. Tuition payment is due two weeks prior to the beginning of each semester.
 - a. A fee of \$100 will be charge for each week of late payment.
 - b. Students with approved loans should present verification of the loan to the Program Manager when tuition is due. Payment will be deferred without late charge in these cases.
3. Tuition may be paid by personal or bank check made out to: "UIHC Nurse-Midwifery Education Program."
 - a. A fee of \$100 will be charged for a returned check.
4. First semester tuition payment is required in full. The program deposit will be applied to first semester tuition.
5. Additional costs associated with attending the program (for example: housing, health insurance, books, travel, Annual Meeting attendance, lab coat, stethoscope) are the responsibility of the student. Cost of course modules is included in the tuition.
6. Failure to pay tuition on time will result in inability to continue in the program.

- a. If tuition is not paid at the start of the semester, the student may not attend class or clinical sessions until payment is made.
 - b. If tuition is not paid by the end of the first week of the semester, the Program will consider the student withdrawn from the Program.
 - c. The Program will not be responsible for providing make up seminars or clinical sessions for student absences due to late tuition payments.
7. Graduated tuition payment plans can be set up with the Program Manager and Program Director on a case-by-case basis. The fee for graduated payment \$50 per additional payment.
8. Tuition refunds for program withdrawal are at the discretion of the Program Director and will be evaluated on a case-by-case basis.

Bree Herring, DNP, CNM, ARNP
Director, Nurse-Midwifery Education Program

UNIVERSITY OF IOWA HEALTHCARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment K

Professional Appearance Standards

- I. **POLICY:** This policy outlines dress and grooming expectations that promote a consistent, professional image throughout the organization, and address safety and infection control concerns, specific to the work environment. Every employee is expected to exercise good judgment and to dress appropriately.
- II. **PURPOSE:** The purpose of this policy is to ensure employees and volunteers dress in a way that establishes confidence in and respect for the organization, while maintaining the health and safety of patients, visitors and employees. Appropriate personal appearance is a condition of employment.
- III. **SCOPE:** This policy applies to all UIHC employees, physicians, volunteers, residents, students and temporary staff. *Please note Caregiver Identification Program Addendum of this policy.*
- IV. **PROCEDURES:** The following standards have been established in order to create a common understanding of what is considered appropriate dress while at work.

Personal taste and conduct must reflect concern and respect for the diverse group of individuals served at University of Iowa Healthcare and instill confidence in the professional care provided here. We look forward to playing our part in presenting a unified professional appearance at our hospital. Please review the brief overview below. If you have questions after reviewing the new policy, please speak with your staff supervisor or Jean Reed in Volunteer Services.

As part of the continuing effort to provide excellent customer service and patient-centered care, UI Healthcare has a [Professional Appearance Policy](#) (Internal access only). Basically, the policy asks staff members, faculty, physicians, students, and volunteers to ensure that their appearance contributes to a positive, respectful, and safe health environment for patients, staff, and the public.

To create a professional appearance, please remember while on duty to:

The ID badge and volunteer hangtag must be worn at the breast pocket or lapel level with picture and name forward, immediately visible to patients, families, and others. Nothing should be attached to the badge which obscures identification. Badges must be clipped on; lanyards are prohibited.

- Be physically clean and well groomed and take steps to prevent or address problems of offensive body odor.
- Promote a fragrance-free environment by not wearing perfume or other scents. Fragrances may cause allergic or adverse reactions in others and must be avoided.
- Ensure that hairstyle, jewelry, scarves or other accessories do not interfere with assigned duties or pose a threat of infection or physical hazard.
- Tattoos, piercings, and body art with wording, images, or placement (e.g. tongue) that are inappropriate or offensive in a professional work environment must be covered or removed while on duty.
- Wear clothing that is neat, clean and free from offending odors.
- Wear uniforms if required and footwear appropriate to job duties.

Please remember that the following is not appropriate while on duty:

- Shorts, denim clothing of any type, yoga pants or other exercise or workout clothing, t-shirts, sweatshirts, fleece apparel or sweatpants.
- Beach-type footwear such as thongs or flip-flops, or bedroom slippers. No open-toed shoes in patient care areas, including clinics.
- Caps or hats, unless worn for medical or religious reasons or for the nature of specific duties, such as food service work.
- Shirts or other apparel with inappropriate images, wording or logos that may be perceived as offensive to patients, families or others.
- No clothing that is too tight, too short, form fitting, loose fitting, exposes cleavage, undergarments, mid-section, underwear or buttocks.

Some additional items to remember:

- Your department may have additional guidelines not covered by this policy due to safety concerns particular to your unit.
- If you have questions about your specific situation due to medical, religious or ethnic issues, please discuss with your supervisor.
- Your compliance with these guidelines will prevent a request for you to change into appropriate attire before being able to begin work.

UNIVERSITY OF IOWA HEALTHCARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment L

Health & Safety Clearance for Students, non-University of Iowa Healthcare Faculty

POLICY:

It is the policy of the University of Iowa Healthcare Nurse-Midwifery Education Program that, prior to beginning their educational experience, all students will have evidence of meeting the Employee Health Service's requirements for onboarding and will complete basic safety training in order to receive their identification badges. All students are required to wear approved UIHC identification badges.

I. PURPOSE:

To protect the health and safety of students, patients, and employees.

II. SCOPE:

All matriculated and non-matriculated students, residents, and non-UIHC health faculty and non UIHC employees from other institutions, and others participating in an educational experience more than 8 hours per week at any UIHC facility under officially recognized training or educational programs.

III. PROCEDURE:

- A.** It is the responsibility of UIHC department heads or managers who enter into any agreements providing educational opportunities to ensure that all individuals listed in the scope section of this policy are permitted to begin their educational experience after they receive proper clearance and an identification badge.
- B.** Affiliating institutions must submit a list of all students, assignment areas and time periods of affiliation to Healthcare Education offices (see attachment A), four weeks prior to the start of their assignment.
- C.** In order to receive an identification badge, the parties listed in the scope section of this policy must have:

- Completion of Confidentiality, and Safety Requirement.
 - Appropriate background checks
- D. Students returning to UIHC for a second year must meet UIHC current immunization requirements and updated TB test.
- E. If a student in the same matriculated program leaves the UIHC program for more than 90 days a background check does not need to be repeated.
- TB skin test results must be submitted to Employee Health Services.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment M

Smoke Free Environment

POLICY: Smoke-Free, Tobacco-Free, and Electronic Cigarette-Free Environment

PURPOSE: University of Iowa Healthcare is an advocate for a healthy environment by creating a workplace free of tobacco smoke, all tobacco products and electronic (E) cigarettes and supporting smokers who wish to quit by offering smoking cessation assistance. Research shows that secondhand smoke is a significant source of disease even when the exposure occurs outdoors.

SCOPE: Institutional

PROCEDURES:

- A. Staff: Faculty and staff are expected to comply with State of Iowa, University and hospital policies and assist with the education of UIHC patients, visitors and staff. Enforcement of the policy rests with the appropriate supervisory staff, department directors, general administrative staff, and clinical department heads. When faculty or staff members observe violations of the policy, they should remind the staff member of the policy and ask them to extinguish the cigarette/cigar/pipe or other tobacco related or electronic products. If the staff member continues to violate the policy, the location and time of the violation can be reported by contacting the appropriate Department Director or Safety & Security (6-2658). Violation patterns will be assessed and appropriate action initiated in accord with UIHC and University of Iowa policies and the provisions of the State of Iowa "Smoke Free Air Act." Note: the state "Smoke Free Air Act" covers the smoking of tobacco products.
- B. Patients: Clinical staff, nursing staff and others who have patient care responsibilities are responsible for ensuring compliance. Patients violating the State of Iowa "Smoke

Free Air Act” will be requested to extinguish smoking materials and if they do not comply, enforcement actions may be initiated in accord with this “Act.” Patients wishing to register a complaint can be referred to the Patient Representative Office (6-1802) for resolution.

- C. Visitors: Visitors will be informed of the policy and asked to comply while they are at the UIHC or at other locations on campus. All hospital staff are encouraged to assist with the education of visitors regarding the policy and where visitors may obtain nicotine replacement therapy if necessary.
 - Staff members are also expected to help enforce the policy with visitors. If staff observe visitors smoking on campus, they should ask the visitor to extinguish their cigarette/cigar/ pipe and respect our smoke-free environment. If a visitor is observed repeatedly violating the policy after a warning, staff can report the location and time of the violation by contacting Safety & Security (6-2658). Violation patterns will be assessed and appropriate action initiated in accord with the State of Iowa “Smoke1Free Air Act” and/or the University Tobacco Free Campus policy.
- D. Smoking Cessation Services: UIHC encourages individuals who smoke to avail themselves of tobacco substitution and smoking cessation services.

1. CHAMPS(individual)	356-4652
2. Rehabilitation Therapies – Smoking Cessation Clinic (individual)	356-2663
3. University Employee Health Clinic (individual – UI employees only).	356-3631
4. Cancer Information Service – Information on smoking and quitting	356-3000
5. American Lung Association	1-800-586-4872
6. American Cancer Society.....	1-800-227-2345
7. Quitline Iowa (English and Spanish)	1-866-822-6879
	TDD-1-866-822-285

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment N

Anti-Harassment

POLICY:

PURPOSE: The purpose of this policy is to prevent harassment within The University of Iowa community and to provide a process for addressing all forms of harassment if and when it occurs. The University of Iowa is committed to maintaining an environment that recognizes the inherent worth and dignity of every person, and that fosters tolerance, sensitivity, understanding, and mutual respect. This commitment requires that the highest value be placed on the use of reason and that any harassment in the University community be renounced as repugnant and inimical to its goals. Harassment destroys the mutual trust that binds members of the community in their pursuit of truth.

SCOPE: Institutional.

PROCEDURE:

14.2 Harassment of any member of the University community is prohibited.

- a. Definition of harassment. "Harassment" means intentional conduct, including speech, directed toward an identifiable person or persons that:
 1. threatens serious harm and is directed or likely directed to provoke imminent unlawful actions; or
 2. is sufficiently severe, pervasive, and subjectively and objectively offensive that it unreasonably interferes with work or educational opportunities or benefits, including, without limitation, on-campus living or participation in a University activity on or off campus

See *Iowa Code* [261H.3.5](#): "This chapter shall not be interpreted as preventing public institutions of higher education from prohibiting, limiting, or restricting expression that the first amendment to the Constitution of the United States does not protect,

including but not limited to a threat of serious harm and expression directed or likely directed to provoke imminent unlawful actions; or from prohibiting harassment, including but not limited to expression which is so severe, pervasive, and subjectively and objectively offensive that the expression unreasonably interferes with an individual's access to educational opportunities or benefits provided by a public institution of higher education."

- b. Conduct that constitutes a protected exercise of an individual's rights under the First Amendment to the United States Constitution (and related principles of academic freedom) shall not be deemed a violation of this policy. Note: Sexual harassment is addressed by the University's Policy on Sexual Harassment ([II-4](#)) and/or the University's Policy on Sexual Misconduct Involving Students ([IV-2](#)).
- c. Evidence of harassment. Behavior that may constitute, or be evidence of, prohibited harassment includes, but is not limited to, the following:
 - 1. repeated contact with another in person, by telephone, in writing, or through electronic means (see also [II-19](#) Acceptable Use of Information Technology Resources), after the recipient has made clear that such contact is unwelcome.
 - 2. harassment proscribed by the *Iowa Criminal Code*, [Chapter 708](#), including, for example, stalking, the placement of simulated explosives, ordering merchandise or services with intent to annoy, or false reports to police.
 - 3. stalking as a course of conduct that is directed at a specific person that would cause a reasonable person to feel fear.
 - 4. domestic/dating violence which is coercive, abusive, and/or threatening behavior toward a current or former intimate or romantic partner.
- d. Penalty enhancement. The University reserves the right to impose more severe sanctions on individuals whose actions in violation of this policy are motivated by the race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences of the impacted party.
- e. In determining whether alleged conduct constitutes prohibited harassment, the investigator will consider all available information and will review the totality of circumstances, including the context in which the alleged incident(s) occurred. Although repeated incidents generally create a stronger claim of harassment, a single serious incident can be sufficient. Determinations will be made on a case-by-case basis.

f. Definitions of other terms used in this policy:

1. Academic or administrative officer includes the following:
 1. Collegiate deans (including associate deans and assistant deans),
 2. Faculty members with administrative responsibilities at the level of departmental executive officer (DEO) or above,
 3. Any staff member whose primary job responsibility is to provide advice regarding a student's academic pursuits or other University-related activities,
 4. A faculty member serving as departmental (or collegiate) director or coordinator of undergraduate or graduate studies, or as a director or coordinator of any departmental, collegiate, or University off-campus academic program (including any study-abroad program),
 5. The President, Director of Equal Opportunity and Diversity, vice presidents (including assistant and associate vice presidents), and Provost (including assistant and associate provosts), and those persons' designees,
 6. Directors and supervisors in an employment context, including faculty and staff who supervise student employees, in relation to matters involving the employees they supervise (other than Department of Public Safety personnel when receiving criminal complaints or reports), and
 7. Human resource representatives (including all central University Human Resources staff).
2. Allegations: to the extent possible, allegations of policy violations should provide factual details such as, but not limited to, time, place, actions, participants, and witnesses. Allegations do not necessarily have to be based on firsthand observation of events to be "specific and credible," but direct observation normally results in greater specificity and credibility than indirect knowledge.
3. Graduate assistant: a graduate student employed by the University as a research assistant or teaching assistant
4. Human resources representative: the individual designated as a unit's departmental authority on human resource policies and procedures, and all central human resources staff.

5. Impacted party: a person who allegedly has been harassed.
6. Instructor: a person engaged in teaching students or in evaluation or supervision, direct or indirect, of a student's academic work.
7. Member of the University community: any University student, or faculty or staff member.
8. Protected interests: University employment, education, on-campus living, or participation in a University activity.
9. Reporting party: the person who brings a complaint of violation of this policy, who could be an impacted party, a third-party reporter, or an academic or administrative officer of the University.
10. Responding party: a person who has been accused of harassment.
11. Stalking:
 1. "Stalking" means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
 1. Fear for their safety or the safety of others; or
 2. Suffer substantial emotional distress.
 2. Examples of stalking include:
 1. Attempting to gather information about the target of unwelcome conduct;
 2. Vandalism, including attacks on data and equipment;
 3. Direct physical and/or verbal threats against an impacted party or an impacted party's loved ones, including animal abuse;
 4. Gathering of information about an impacted party from family, friends, co-workers, and/or classmates;
 5. Manipulative and controlling behaviors such as threats to harm oneself, or threats to harm someone close to the impacted party;
 6. Defamation or slander against the impacted party, posting false information about the impacted party and/or posing as the impacted

party to post to websites, newsgroups, blogs, or other sites that allow public contributions, encouraging others to harass the impacted party;

7. Posing as someone other than oneself to initiate transactions, financial credit, loans, or other contractual agreements;

8. Arranging to meet an impacted party under false pretenses.

12. Supervisor: a person who has authority either: 1) to undertake or recommend tangible employment decisions (those that significantly change an employee's employment status, such as, but not limited to, hiring, firing, promoting, demoting, reviewing performance, reassigning, and compensation decisions) affecting an employee, or 2) to direct the employee's daily work activities.

13. Third-party reporter: a person who brings a complaint alleging that someone else has been harassed. A third-party reporter does not need to be a member of the University community (i.e., a current University faculty, staff, or student).

14.4 Bringing a Complaint

a. Individuals who believe they have experienced harassment are encouraged to report it, even if they are not certain whether a violation of this policy has occurred. Reports of protected class harassment (see [II-3](#) Human Rights) should be brought to the [Office of Equal Opportunity and Diversity](#) under this policy. Reports also may be directed separately to other offices under applicable policies and procedures as follows:

1. Complaints that a student violated the rights of any member of the University community may be investigated under a process initiated by the Dean of Students (such as, but not limited to, the [Code of Student Life](#);

2. Complaints that a faculty member violated the rights of any member of the University community may be investigated under a process initiated by the Provost (such as, but not limited to, [III-15](#) Professional Ethics and Academic Responsibility);

3. Complaints that a staff member violated the rights of any member of the University community may be investigated under a process initiated by the Senior Human Resources Leadership Representative for the staff member's unit (such as, but not limited to, [III-16](#) Ethics and Responsibilities for University of Iowa Staff). The Senior Human Resources Leadership Representative may appoint a designee to conduct the investigation with the approval of University Human Resources and The Office of Civil Rights Compliance.

- b. A complaint that this policy has been violated may be brought through informal or formal channels by any member of the University community, including a third-party reporter, or by the University itself. A complaint must clearly state the allegations of harassment to warrant an investigation. There is no time limit for bringing a complaint; however, it may be difficult to substantiate the allegations if they are made after significant time has passed. Therefore, prompt reporting of complaints is strongly encouraged.
- c. Substantial weight will be given to the wishes of the impacted party when determining how to respond to a complaint. However, the University may investigate the allegations even without the impacted party's consent, if circumstances warrant (such as when there are multiple complaints of harassment involving the same person or allegations are particularly egregious).
- d. Anyone (impacted parties or others) who wishes to consult with someone about a specific situation without making a complaint, or who wishes simply to learn more about enforcement of this Anti-Harassment Policy may contact any of the following offices or organizations: These offices are exempt from the reporting requirements set forth below in II-14.5e. In addition, staff in these offices and organizations generally have professional or legal obligations to keep communications with their clients confidential. Faculty and staff in other University offices typically do not have confidentiality obligations and may be required to report allegations as described below in II-14.5e.
 - 1. [Office of the Ombudsperson](#) (for faculty, staff, or students), 308 Jefferson Building;
 - 2. [University of Iowa Student Health](#) (Students), 4189 Westlawn
 - 3. [Women's Resource and Action Center](#) (for faculty, other instructors, staff, students, or visitors), Bowman House;
 - 4. [Domestic Violence Intervention Program](#) (certified advocates) (for faculty, other instructors, staff, students, or visitors), 1105 South Gilbert Court, Iowa City.

14.5 Informal Resolution of Complaints

- a. A complaint may be brought informally to any academic or administrative officer of the University (as defined above in [II-14.2g\(1\)](#)). If the complaint alleges harassment based on a protected classification as defined by [II-3](#) Human Rights (race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual), the complaint should be brought to the office of Civil Rights Compliance 319-335-0705).
- b. The academic or administrative officer will:

1. counsel the impacted or reporting party as to the options available under this policy and, at the impacted party's request, will help the impacted party resolve the complaint informally and/or refer the impacted party to the appropriate office as described below in [II-14.6a](#) so that the impacted party may bring a formal complaint; and
 2. take appropriate interim action, which may include those actions described below in [II-14.10](#), to address the alleged behavior and protect the health or safety of the impacted party, reporting party, and/or witnesses.
- c. The following assistance is available to the academic or administrative officer:
1. The Office of Civil Rights Compliance will assist in determining whether there is a potential policy violation related to a protected classification, and whether reporting pursuant to paragraph e below is required.
 2. The Threat Assessment Team is available to assist with assessing situations and risk, planning the actions needed, and carrying out those actions. This team may be accessed by contacting Organizational Effectiveness, 121-50 University Services Building. (See also [VI-32](#) University of Iowa Threat Assessment Program or <https://hr.uiowa.edu/tat>.)
 3. For situations involving students, contact the [Dean of Students](#), 135 Iowa Memorial Union.
- d. Substantial weight will be given to the wishes of the impacted party when determining how to respond to a complaint. When a complaint is brought informally, the person(s) charged in the complaint will not ordinarily be informed of the complaint without the consent of the impacted party unless circumstances require (such as when there are multiple complaints against the same person or allegations are particularly egregious). No disciplinary action can be taken against a person, and there will be no record of the allegations in the person's employment or student disciplinary file, unless the person is notified of the allegations and given an opportunity to respond.
- e. Any academic or administrative officer of the University who becomes aware of specific and credible allegations of harassment based on a protected classification (race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual), whether through the report of an impacted or a reporting party (including a third-party reporter) or otherwise, shall report the allegations promptly to the Office of Civil Rights Compliance for assistance in evaluating the situation and determining an appropriate course of action, even if the impacted party has requested that no action be taken.

If there is a supervisory relationship between the reporting party and/or impacted party and the responding party, the appropriate course of action will include development of a plan to avoid any perceived or actual conflict of interest until the complaint is resolved.

The initial report may be verbal, but a written report also must be made after the complaint is resolved using The Office of Civil Rights Compliance Informal Harassment Complaint Resolution form, which requires disclosure of the employment or student status of the impacted party(ies), the reporting party(ies) (if other than the impacted party), and the person(s) charged; the department(s) with which those persons are affiliated; a summary of the allegations; and a description of the steps taken to resolve the complaint.

If the person alleged to have engaged in harassment was notified of the existence of the informal complaint and given an opportunity to respond, the names of the parties must be provided to The Office of Civil Rights Compliance. If the person was not informed of the allegations or was not given an opportunity to respond, then the names of the parties shall not be provided to The Office of Civil Rights Compliance.

- f. Reasonable efforts will be made to process complaints within 21 days, giving consideration to the nature of the allegations and the circumstances surrounding the complaint process.
- g. It is the responsibility of the academic or administrative officer who facilitates the informal resolution of the complaint to monitor compliance with the terms of the informal resolution. Sanctions up to and including termination of employment or separation from the University may be imposed in the event that an individual fails to comply with the terms of the informal resolution.

14.6 Investigation of Formal Complaints

- a. A formal complaint pursuant to this policy must be brought to one of the following offices for investigation depending upon the status of the responding party and the nature of the allegations:
 - 1. Protected class harassment. If the complaint alleges harassment based on a classification covered by [II-3](#) Human Rights (race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual), a formal complaint should be brought to the [Office of Equal Opportunity and Diversity](#) (202 Jessup Hall, 319-335-0705) regardless of the status of the responding party.
 - 2. Other harassment. If the complaint alleges harassment that is not based on a classification covered by [II-3](#) Human Rights (race, creed, color, religion, national origin,

age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual), a person should bring a formal complaint to one of the following offices depending on the status of the responding party:

1. Faculty or instructor. If the responding party is a faculty member, teaching assistant, or other instructor, a formal complaint should be brought to the responding party's collegiate dean or to the [Office of the Provost](#) (111 Jessup Hall, 319-335-3565);
 2. Staff member. If the responding party is a staff member, a formal complaint should be brought to the Senior Human Resources Leadership Representative for the unit employing the responding party;
 3. Student. If the responding party is a student, a formal complaint should be brought to the [Dean of Students](#) (135 Iowa Memorial Union, 319-335-1162) or the Dean of the [Graduate College](#) (201 Gilmore Hall, 319-335-2143).
- b. A formal complaint may be brought after an informal resolution was not successfully reached, or may be brought immediately without pursuing informal resolution.
 - c. The purpose of the investigation is to establish whether there is a reasonable basis for believing that a violation of this policy has occurred. In conducting the investigation, the investigating office will make reasonable efforts to interview the impacted party, the reporting party (if other than the impacted party), and the responding party, and may interview other persons believed to have pertinent factual knowledge, as well as review any relevant documentary evidence. At all times, the investigating office will take steps to ensure confidentiality to the extent possible.
 - d. When a formal complaint is brought, the responding party will be informed of the allegations, the identity of the impacted and/or reporting party, and the facts surrounding the allegations. The investigation will afford the responding party an opportunity to respond to the allegations and evidence provided by the reporting party and/or impacted party, and to provide a statement of the facts as perceived by the responding party.
 - e. At the conclusion of the investigation, the investigating office will issue a written finding which will summarize the evidence gathered and state whether or not there is a reasonable basis for believing that a violation of this policy has occurred. The written finding will normally be issued within 60 days of when the complaint was filed. When it is not reasonably possible to issue the finding within 60 days, the investigating office will notify the impacted party and the responding party that the finding will be delayed and indicate the reasons for the delay. The impacted party and the responding party will receive a copy of the written finding, which is to

remain confidential as defined below by [II-14.12c](#). Third-party reporters will be notified only that the proceedings are concluded.

- f. If the investigating office finds a reasonable basis for believing that a violation of this policy has occurred, the matter will be referred to the appropriate administrator for further consideration as outlined in [II-14.7](#) below.

14.7 Process for Formal Disciplinary Action

- a. The following administrators will review the finding of the investigating office:
 1. the Office of the Provost, if the responding party is a faculty member or other instructional personnel (except graduate assistants);
 2. the office of the vice president or dean responsible for the unit employing the person charged, if the responding party is a staff member (including a graduate assistant, in which case the Dean of the Graduate College also must be notified in order to determine whether ramifications apply for the student's academic progress);
 3. the Dean of Students, if the responding party is a student (including a graduate student, in which case the Dean of the Graduate College also must be notified in order to determine whether ramifications apply for the student's academic progress);
- b. The administrator may:
 1. accept all or any part of the findings of the investigating office;
 2. not accept all or any part of the findings of the investigating office;
 3. reach a negotiated settlement of the complaint with the responding party; or
 4. initiate formal disciplinary action.
- c. Violations of this Anti-Harassment Policy may lead to disciplinary sanctions up to and including termination or separation from the University. Sanctions for violations of this policy should be commensurate with the nature of the violation and the responding party's disciplinary history.
- d. In addition to other disciplinary action, persons who are found to have violated this policy may be required to participate in policy and behavioral expectations education. They also may be required to complete community service, enroll in a specific academic course, attend an educational workshop, and/or make restitution for economic damages caused by their behavior.

When the responding party is a faculty or staff member, the [Employee Assistance Program](#),

121-50 University Service Building, is available to assist with locating appropriate resources. When the responding party is a student, [University Counseling Service](#), 3223 Westlawn, is available to assist with locating appropriate resources.

- e. It is the responsibility of the appropriate administrator to follow-up with the parties at a reasonable interval(s) to assess their compliance with the disciplinary and/or remedial sanctions imposed. More serious sanctions, up to and including termination of employment or separation from the University, may be imposed in the event that the individual fails to comply with the sanctions initially imposed.

14.8 Applicable Procedures

Formal disciplinary action taken in response to alleged violations of this policy by:

- a. tenure track, clinical track, and research track faculty members will be governed by the Faculty Dispute Procedures ([III-29](#)) and that portion of those procedures dealing with faculty ethics ([III-29.7](#)); instructional track faculty members will be governed by III-10.11 Instructional Track policy and the grievance procedures therein.
- b. staff members will be governed by applicable Regents Merit System Rules and University policies, including [III-16](#) Ethics and Responsibility Statement for Staff, and the applicable grievance procedures, including [III-28](#) Conflict Management Resources for University Staff;
- c. graduate assistants, when dismissal is sought, will be governed by the procedure for dismissal of graduate assistants ([III-12.4](#)). When disciplinary action other than dismissal is taken by the dean of the employing college, a graduate assistant may appeal through those procedures established for graduate assistant employees;
- d. students will be governed by [Student Misconduct Procedure](#).

14.9 Isolated Behavior

This section addresses isolated behavior that does not rise to the level of a violation of this policy. However, it should be understood that isolated behavior that is sufficiently severe can constitute harassment in violation of this policy. The purpose of this section is preventative, in that it authorizes and encourages appropriate intervention designed to avoid a violation of this policy. However, this section shall not apply to constitutionally protected speech as provided in II-14.2c above.

- a. Isolated behavior of the kind described in [II-14.2](#), which does not rise to the level of harassment but which if repeated could rise to that level, demonstrates insensitivity that may warrant remedial measures. Academic or administrative officers who become aware of such behavior in their areas should counsel those who have engaged in the behavior. Such counsel should include a clear statement that the behavior is not acceptable and should cease, information about the potential consequences if such behavior persists, and a

recommendation, as appropriate, to undertake an educational program designed to help the person(s) understand the harm caused by the behavior.

- b. After such counseling occurs, if a person continues to engage in the conduct described above in paragraph a, they may be deemed to have engaged in harassment.

14.10 Protection of Impacted Parties, Reporting Parties, and Others

- a. Impacted parties will be informed of relevant procedural steps taken during the investigation and any interim protective measures taken. An impacted party may be accompanied by an advocate and other support persons during the investigation process if the impacted party so desires.
- b. Throughout the investigation and resolution of a complaint, steps will be taken to protect impacted parties, reporting parties, witnesses, and others from harm caused by continuation of the alleged harassing behavior.
- c. Retaliation against impacted parties, reporting parties, and/or witnesses who provide information during an investigation pursuant to this policy is prohibited by [II-11](#) Anti-Retaliation. Reasonable action will be taken to assure that impacted parties, reporting parties, and/or witnesses suffer no retaliation as a result of their activities with regard to the process.
- d. Steps that may be taken to protect impacted parties, reporting parties, witnesses, and others from continued harassment and/or retaliation might include:
 - 1. lateral transfers of one or more of the parties in an employment setting and a comparable move if a classroom setting is involved, and
 - 2. arrangement that academic and/or employment evaluations concerning reporting parties or others be made by an appropriate individual other than the responding party.
- e. Any retaliation against impacted parties, reporting parties or witnesses should be reported pursuant to the Anti-Retaliation Policy ([II-11](#)). Retaliation may result in disciplinary action against the person committing the retaliatory act(s).
- f. The Provost, a dean, a DEO, or any vice president may, at any time during or after an investigation of allegations of harassment, place on leave or otherwise restrict from employment and/or access to campus any responding party if the Provost, dean, DEO, or vice president finds that it is reasonably certain that:
 - 1. the employee engaged in harassment in violation of this policy, and

2. serious and immediate harm will ensue if the person continues to be present at work. Similarly, if the responding party is a student, interim sanctions may be imposed pursuant to Section 10 of the [Student Misconduct Procedure](#).

14.11 Protection of the Responding Party

This policy shall not be used to bring knowingly false or malicious allegations of harassment. Making such allegations may subject the complaining party to remedial and/or disciplinary action up to and including termination or separation from the University. Any such disciplinary action will be initiated by the appropriate administrator overseeing the reporting party(ies).

14.12 Confidentiality

- a. In order to empower community members to voice concerns and bring complaints, the confidentiality of all parties will be protected to the greatest extent possible. However, confidentiality cannot be guaranteed in all cases, and legal obligations may require the University to take some action once it is made aware that harassment may be occurring, even when the impacted party is reluctant to proceed. Appropriate University officials will be consulted, including The Office of Civil Rights Compliance when the complaint alleges harassment based on a protected classification (see [II-14.5e](#) above), and information will be shared only with those individuals who need to know it to implement this policy.
- b. Impacted parties, third-party reporters, and responding parties are expected to maintain confidentiality as well. They are not prohibited from discussing the situation outside of the work or educational environment. However, the matter should not be discussed in the work or educational environment.
- c. Dissemination of documents relating to complaints of harassment and/or to the investigation of such complaints, other than as necessary to pursue an appeal, grievance, or other legal or administrative proceeding, is prohibited.
- d. Failure to maintain confidentiality by a responding party may be considered to be a form of retaliation in violation of [II-14.10c](#) of this policy. Failure to maintain confidentiality by any party (impacted party, third-party reporter, or responding party) may result in disciplinary action.

14.13 Education

Training on this policy is included with the mandatory training prescribed in the University's Interim Policy on Sexual Harassment and Sexual Misconduct.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment O

Drug-Free Workplace Policy

12.1 POLICY STATEMENT

- a. The use or possession of illegal drugs as well as the abuse of alcohol and other intoxicants creates a serious threat to the health and well-being of the user and in some instances to fellow employees and private citizens. The University of Iowa has a responsibility to provide a work environment free of drugs and alcohol, and employees have the right to perform their duties with co-workers not impaired by drugs and alcohol.
- b. In compliance with the 1989 [Drug Free Schools and Campuses Act Amendments](#), all University of Iowa faculty, staff, and students are herein notified that the unlawful possession, use, distribution, manufacture or dispensing of illicit drugs and alcohol, including controlled substances, is prohibited on the University's premises, in its activities, either in the workplace, or in such places and at such times that could have an adverse effect on the employee's work performance or behavior, or interfere with the rights and privileges of co-workers or the public. Chapter [V-26](#) Alcoholic Beverage Service Guidelines and Procedures governs serving alcoholic beverages on campus.
- c. To assist students in broadening their knowledge of the harmful effects of illicit drugs, controlled substances, and alcohol, and to assist in the treatment of alcoholism or drug addiction, The University of Iowa will use an annual policy notification, UI Student Health, Learning and Development classes, and other avenues to make students aware of the following:
 1. the dangers of drug and alcohol abuse in the workplace;
 2. the University's Drug Free Environment Policy;
 3. the availability of UI Student Health
 4. staff development training regarding substance abuse;
 5. the existence of regional substance abuse treatment facilities and programs; and
 6. the penalties which may be imposed for Drug Free Environment Policy violations.

12.2 Health Risks Associated with the Use of Controlled Substances and Alcohol

- a. The use of marijuana, LSD, amphetamines, sedatives, tranquilizers, other dangerous drugs or legally defined controlled substances by University staff members is of concern, as is the illegal use or abuse of alcohol. The health risks include, but are not limited to the nervous, cardiovascular, respiratory, muscular, endocrine, and central nervous systems.
- b. These may involve toxic, allergic, or other serious reactions; unfavorable mood alteration; and addiction. Physiological and psychological dependency, which manifests itself in a preoccupation with acquiring and using one or more drugs, may cause severe emotional and physical injury. In the workplace, drug and/or alcohol use may also adversely affect the staff member's workperformance.

12.3 University Sanctions

- a. The University will impose sanctions on any faculty, staff member, or student who is found to be in violation of this policy, the  [Drug Free Workplace Act](#) of 1988, or the 1990 rules under the [Drug Free Schools and Campuses Act](#).
- b. Anyone who violates this policy will be subject to disciplinary action. Following an appropriate investigation and subject to the procedures which are part of the policies governing the relevant type of appointment at the University, the faculty or staff member can be subject to any one or a combination of the following disciplinary and/or educational sanctions:
 1. disciplinary action, including reprimand, suspension, or termination;
 2. required completion of substance abuse treatment;
 3. required attendance at designated staff development or other substance abuse education programs.
- c. In addition to disciplinary action by the University, violations of the policy may also be referred for criminal prosecution.

12.4 Applicable Criminal Sanctions

Both state and federal laws prohibit distribution of, manufacture of, or possession with intent to distribute a controlled substance or a counterfeit controlled substance. Specific drugs, amounts, and penalties are described in *Iowa Code*  [124.401\(1\)](#) Specific drugs, amounts, and penalties are described in  [21 USC 841\(b\)](#). State and federal legal sanctions are subject to change by the General Assembly and Congress, respectively.

- a. **Penalty Enhancement.** The maximum term and fine increase significantly if state or federal penalty enhancement rules apply. Factors which raise maximum penalties under federal penalty enhancement rules include death or serious bodily injury; prior drug conviction; placing at risk or distributing a drug to a person under 21 years old; using a person under 18 years of age to assist in the drug violation; and distributing or manufacturing a drug within 1,000 feet of school property, including The University of Iowa campus. Penalty enhancement rules apply to defendants 18 years or older. Factors which raise maximum penalties under state penalty enhancement rules include using firearms or dangerous weapons in the commission of the offense.
- b. **Possession.** Both state and federal laws prohibit possession of a controlled substance. The maximum state and federal penalty for possession is confinement for one year and a fine of \$1,500. The maximum term and fine increase significantly in the event that state or federal penalty enhancement rules apply. In addition, a person in possession of a small amount of a controlled substance for personal use may be assessed a civil fine up to \$10,000 in addition to any criminal fine.
- c. **Driving While Intoxicated.** Under state law, a person found guilty of operating a motor vehicle while under the influence of drugs or alcohol (blood concentration of .08 or greater) shall be imprisoned for not less than 48 hours and fined not less than \$500 for the first offense. For the second Operating While Intoxicated (OWI) offense the minimum period of confinement is seven days and a fine of not less than \$750. The minimum period of confinement for the third or subsequent OWI convictions is thirty days and could be up to one year, with a fine of not less than \$750.

The driver's license of an individual under 21 years of age who is found guilty of operating a motor vehicle with a blood alcohol concentration of .02 percent or more is subject to a 60-day suspension even if the individual is not legally intoxicated. For individuals convicted of OWI, the period of suspension is 180 days or more regardless of age.

- d. **Alcohol-Related Offenses.** Under state law, the drinking age is 21. State law prohibits:
 1. public intoxication;
 2. driving a motor vehicle with an unsealed receptacle containing an alcoholic beverage in the vehicle;
 3. giving or selling an alcoholic beverage to anyone intoxicated; and
 4. possession of an alcoholic beverage under legal age.
- e. **The City of Iowa City prohibits:**
 1. consumption of an alcoholic beverage in a public place; and
 2. possession of an unsealed receptacle containing an alcoholic beverage in a public place.

Each of these offenses is a simple misdemeanor, punishable by a fine of up to \$100 or a jail sentence of up to 30 days. For certain offenses, state law provides for mandatory fines and suspension of driver's licenses. For example, the mandatory fine for under-age possession of alcohol is \$100 for a first offense and \$200 for a second offense. A person who gives, sells, or furnishes an alcoholic beverage to a person under the legal age commits a serious misdemeanor and is subject to a fine of between \$500 and \$1,500 and in addition may be sentenced to jail for up to one year. If injury results from the furnishing of alcohol, an aggravated misdemeanor is committed, and the guilty person is subject to a fine of between \$500 and \$5,000 and in addition may be sentenced up to two years in prison. If death results from the furnishing of alcohol, a class D felony is committed, and a guilty person may be sentenced to a prison term not to exceed five years.

12.5 Criminal Conviction Reporting Under Drug Free Workplace Act of 1988

Under the  [Drug Free Workplace Act of 1988](#), faculty or staff members who receive a criminal drug statute conviction for a violation occurring in the workplace must notify the head of their department within 5 days of the conviction. The head of the department must in turn notify the Office of Sponsored Programs within 5 days of learning of the conviction. If any of the employee's compensation is from a federal contract or grant program, the University must then notify the contracting or granting agency within 10 days after receiving notice from the employee or of learning about an employee's criminal drug statute conviction for conduct in the workplace.

12.6 Resources Available to University Students

Student Health provides mental health care with a team of MD psychiatrists, primary care physicians, physician assistants, and registered nurses. Students can be seen at Student Health for management of mental health conditions requiring behavioral and medication management. We work collaboratively with the The University of Iowa Healthcare Psychiatry Service , the University Counseling Service and Student Wellness.

Free online screening for depression, alcohol use, anxiety, bipolar disorder, and PTSD is available via the Student Wellness website. This free screening is made available to all University of Iowa students. The screening is taken anonymously and results are available in a few minutes. The purpose of the screening is to determine whether a disorder is likely, not to make a diagnosis. Information on referral resources is provided.

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment P

Physical Safety & Security

POLICY: The University of Iowa Healthcare has many measures in place to ensure the physical safety and security of our students, faculty, staff, patients, and visitors.

PURPOSE: To ensure the safety of UIHC students, faculty, staff, patients, and visitors.

SCOPE: Institutional.

PROCEDURE:

- UIHC has limited entrances, and each is staffed with security for tightly controlled access. Security personnel patrol the hospital campus externally, as well.
- UIHC coordinates with law enforcement and they let us know of activities that might affect our facilities so we can adjust our operations, if necessary.
- UIHC uses the UI Health Care Alert notification system to notify employees of significant prolonged activities that impact our facilities, especially at shift changes. If you have a cell phone, make sure the number is registered for notifications by going to Employee SelfService on *The Loop*.

Important safety numbers

Considering saving these numbers to your cell phone so that they're on-hand and ready if you need them in an emergency.

On campus:

- UI Healthcare Safety and Security: 319-356-2658
- Emergency in UI Healthcare: 195 from internal phone
- UI Police: 319-335-5022

Local law enforcement:

- Joint Emergency Communications Center (dispatches to Iowa City, Coralville, North Liberty): 319-356-6800
- Emergency: 911

What you can do to support physical safety and security

- Wear your badge so you are quickly identified as a team member.
- Use the designated staff entrances/exits.
- If you see something that causes concern, call UI Healthcare Safety and Security at 319-356-2658.
- Have quick access to the UI Healthcare internal and external security numbers so you don't have to look them up.
- If you have a cellphone, register the number under Employee Self Service on The Loop to receive alerts. (*The Loop > Employee Information > Employee Self Service > My Self Service [Hawk Alert Change](#)*)
- Be aware of your surroundings.
- Walk in pairs.
- If you are concerned about being able to access parking facilities or our buildings for work, call your supervisor to discuss options.

Safety resources

- Currently CAMBUS, which also provides transportation to commuter parking lots, is operating under normal conditions, however, Parking and Transportation may modify services in some instances, for the safety of their drivers and you. To check on CAMBUS service, the best source with the most timely information is the Parking and Transportation [webpage](#). In addition, they will send alerts to parking permit holders as soon as there is a change, and we share their information on The Loop.
- Security escorts—If shuttles aren't available and you feel uneasy about walking to or from your vehicle for any reason, call Security (319-356-2658) and they will provide an escort. (There may be wait times.)
- Download the [Rave Guardian](#) app—Free to staff and students and offered by the UI Police, this mobile app allows you to schedule a guided walk home or to your vehicle, send

anonymous tips to police, and call the UI Police Department with the touch of a button directly from the app.

CODE OF CONDUCT

1. All students and employees are issued hospital ID cards, which must be worn in plain view at all times while on hospital property.
2. All students and employees are subject to the security policies and procedures of the University of Iowa Healthcare Security Unit
3. Students and employees that witness any criminal action or an emergency shall notify UIHC Security Unit and the Director of the Nurse Midwifery Education Program.
4. Any criminal activity involving students or employees taking place off-site during scheduled clinical experience shall be reported to the UIHC Security Unit and to the Director of the Nurse Midwifery Education Program.
5. A written description of any reported incident will be submitted by the Director of the Nurse Midwifery Education and to the Director of Security.

Bree Herring, DNP, CNM, ARNP
Director, Nurse-Midwifery Education Program

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment Q

Confidentiality

POLICY: It is the policy of the University of Iowa Healthcare to safeguard and maintain the confidentiality of: UIHC business information, proprietary information or trade secrets belonging to or regarding UIHC, confidential information regarding UIHC employees or vendors, and information about UIHC patients or visitors (all referred to as “confidential information”). UIHC considers any inappropriate or unauthorized access to and/or disclosure of confidential information, or failure to secure confidential information from manual or automated systems, a violation of trust that jeopardizes the mission and survival of the organization.

PURPOSE: To protect UIHC and its patients from inappropriate disclosure of confidential information and to limit access to such information to only those who have a legitimate need to know.

SCOPE: Institutional

PROCEDURE:

- A. Expectations of individuals covered within the scope of this policy are:
 - 1. the use of good judgment in the utilization of confidential information;
 - 2. those who have access to confidential information will protect the information and limit dissemination to appropriate individuals at appropriate times;
 - 3. all associated with UIHC will maintain an environment that fosters adherence to strict confidentiality of confidential information and that this environment will be maintained with the highest level of integrity;
 - 4. All individuals will comply with UIHC Privacy and Security policies when accessing, using, disclosing and securing patient information.
- B. Those associated with UIHC shall not seek access to, use nor disseminate confidential information for which they do not have a need or right to know to perform their direct responsibilities.

- C.** Those who have access to confidential information must protect and utilize this information with the greatest level of care. Failure to protect confidential information will result in corrective action up to and including termination of employment.
- D.** Those who do not need access to confidential information but gain access willfully will be subject to corrective action up to and including termination of employment.
- E.** Those who gain access to confidential information inadvertently, either within the organization or outside it, have a responsibility to protect the confidentiality of the information and to take action to stop the further dissemination of confidential information.
- F.** The degree to which the integrity of this policy is breached will determine the level of corrective action.
- G.** A Statement of Confidentiality will be provided, acknowledged, and signed by all associated with the University of Iowa Healthcare.

UNIVERSITY OF IOWA HEALTHCARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment R

Social Media

Introduction

Social media is an increasingly popular way to communicate at work and at home. Since we sometimes use the medium for both personal and professional communication, it is possible for the two arenas to overlap. It's important to remember that personal use of social media can have an impact on professionalism and interfere with one's professional roles and duties.

Those seeking information about the University of Iowa and the people who work here commonly "Google" team members and read social media sites. In some instances this information is taken out of its intended context and could be damaging to the individual's and/or the university's reputation.

The Office of Strategic Communication uses the policy below as a guide for internal team members to minimize institutional, personal, and legal risks. However, it can also be used as a resource by other units if desired.

Appropriate conduct

The Office of Strategic Communication trusts—and expects—team members to exercise personal responsibility in the use of social communication both for official tasks at work and while away from work. This includes not violating the trust of others. You should never communicate material that may violate the privacy and publicity rights of another party. You must also adhere to the Terms of Use of the site you are using.

You may not post any information that is confidential, proprietary, or not generally available to the public. Do not use University of Iowa logos in social media communication to imply that you are speaking on behalf of the university, or that university shares your views, unless you are approved to do so. Approved uses of the UI logo and wordmark must follow the [UI graphic identity guidelines](#).

16.1 POLICY

- a. Staff members will adhere to ethical standards of professional conduct and act in a manner consistent with the University's mission and core values for excellence, learning, community, diversity, integrity, respect, and responsibility.

- b. The accountabilities reflected in this policy statement are essential to the full achievement of the University's mission and goals. The policy is a product of the University's accountability to the citizens of the state, as public employees of the State of Iowa. The adherence to these ethical standards should be reflected both in the work product of each staff member, and in staff members' interactions with students, colleagues, customers, and clients of their work. It is the obligation of each University of Iowa staff member to make a good faith effort to understand these standards and to conduct themselves accordingly.

In addition, University staff members are expected to comply with all Board of Regents, State of Iowa, [policies](#), including the [Regents Code of Business and Fiduciary Conduct](#). Employing units of the University also may establish more specific expectations in addition to these standards or elaborate on these standards in greater detail, such as the Code of Ethical Conduct specific to University of Iowa Healthcare. Such expectations will be clearly communicated to affected staff.

- c. Violations of this policy may result in disciplinary action. Supervisors will investigate and appropriately address perceived violations of the Policy on Ethics and Responsibilities with individual staff members under their authority. Reports of alleged violations of the policy

initiated by other members of the University community may be initiated through the Administrative Review procedures ([III-28.2](#)), unless specifically reserved to a particular procedure defined in University policy.

- d. Alleged violations of University policies should be investigated and addressed promptly, following appropriate procedures for performance management and/or discipline. Disciplinary sanctions may include written letters of discipline, paid or unpaid disciplinary suspensions, and/or termination of employment as warranted by the individual circumstances. Unpaid suspensions may be applied to salaried staff exempt from the [Fair Labor Standards Act](#) for violation of written policies governing workplace conduct rules or for violations of state or federal laws. Disciplinary sanctions should be taken only as necessary to ensure the standards of conduct and performance are maintained.

Responsibilities

The University of Iowa's brand and public image are best represented by its people. Our communication reflect on that brand and impact our reputation. When posting as an identified employee of the University of Iowa:

- Include this disclaimer in your profile or bio: "The personal opinions expressed do not necessarily represent the views and opinions of the University of Iowa" or "My opinions are mine, not the opinions of the University of Iowa."
- Remember that there are consequences to what you publish. If you're about to publish something that makes you even the slightest bit uncomfortable, review these guidelines about personal responsibility. Use your best judgment, but if you're still unsure, you may discuss it with your supervisor prior to posting.
- Respect your audience. Remember that the University of Iowa is a higher education institution operating in all political atmospheres with faculty, staff, students and alumni who share a diverse set of customs, values, and points of view. Never use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in the workplace.
- When addressing misrepresentations made by others about the University of Iowa, always do so with respect and stick to the facts. Avoid participating in unnecessary or unproductive arguments or conflicts.
- You are encouraged to have open and constructive communication that must not attack, demean, or disparage the University of Iowa, Office of Strategic Communication team members, or external parties. You may not post communications that could be viewed as bullying, harassing, malicious, obscene, threatening or intimidating.
- You must be respectful of all individuals and communities you interact with online and be polite and respectful of others' opinions, even in times of heated discussion and debate.
- You are legally responsible for your commentary. Exercise caution with regard to exaggeration, colorful language, guesswork or projections, characterizations, and humor or satire.
- Speak in the first person and use your own "voice." While maintaining respect for the University of Iowa and other parties, it is acceptable to express information using your own personality while maintaining a professional response.

Consequences of noncompliance with policy

Misuse of UI social media accounts may result in removal of administrative access or disciplinary action.

Harassment guidelines

Visit the OSC [guide to managing online harassment](#) or [contact us](#) for more information.

UNIVERSITY OF IOWA HEALTHCARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment S

Organizational Mission, Vision, Values, and Ethics Policy

16.2 PURPOSE

Staff members of the University are integral members of the campus community, as they work to support the University's threefold mission of teaching, research, and service. They provide services necessary for a high-quality educational experience to undergraduate, graduate, and professional program students. They provide services to and participate in the various research endeavors conducted at the University. Staff members also provide a myriad of direct services to students, families, the greater University community, and the State of Iowa.

16.3 DEFINITIONS

- a. "Members of the University community" means faculty, staff, and students; and any individuals using University of Iowa resources or facilities, or receiving funds administered by the University; including University affiliates, and volunteers and representatives who may speak or act as agents for the University, or any other individuals staff members may interact with in the course of their employment.
- b. "Staff members" as referenced in this policy includes the Professional and Scientific and Merit system employees of the University, as well as formally appointed administrators in their capacity in making non-academic decisions (Executive Vice President and Provost, vice presidents, deans, directors and departmental executive officers).

16.4 ETHICS AND RESPONSIBILITIES

These ethics and responsibilities provisions apply to staff in the course of their work for the University of Iowa.

- a. Professional conduct. Staff members will conscientiously and professionally fulfill their assigned responsibilities relative to faculty, students, colleagues, customers, and clients. They will meet reasonable standards of work quality and quantity, as established by their supervisor. They will act with honesty and integrity in all matters related to their employment. When fulfilling workplace responsibilities in supervision of other staff, supervisors will demonstrate professional conduct through both instruction and example. All staff will support

intellectual freedom among all members of the University. For example:

1. Staff will report to work free of influence of alcohol and drugs that may impair their performance and ability to perform their work in a safe manner.

2. Staff will refrain from unauthorized use of work effort or resources for non-University business.
 3. Staff will maintain regular attendance and provide an acceptable quantity and quality of work.
 4. Where appropriate, staff will promote and protect diversity of opinion in the workplace, in support of intellectual freedom.
 5. Supervisors will be responsible for encouraging the intellectual and professional growth of staff members for whom they have supervisory responsibility.
- b. Fairness. Staff will be fair and treat equitably all members of the University community. For example:
1. Staff will adhere to and promote the University Policy on Human Rights ([II-3](#)).
 2. Staff will disclose and manage any real or reasonably perceived conflicts of interest (see [II-18](#) and [III-8](#)), so as not to interfere with objective judgment.
 3. Supervisors will be held accountable for fairness related to those staff members for whom they have supervisory responsibility, and will carry out their supervisory responsibilities consistent with the standards outlined in this policy.
 4. The equitable treatment of staff will be based upon consideration of the relevant facts and circumstances to the individual situations, which may lead to differences in treatment based upon these factors.
- c. Respect. Staff will treat members of the University community with dignity and respect. Staff must not engage in, nor permit, disrespectful behavior in or affecting the workplace or classroom. For example:
1. Staff will respect the diversity of individuals in the workplace and respect the differences among them.
 2. Staff will not use threatening, intimidating, or abusive language, or otherwise engage in conduct that creates a hostile environment that interferes with work of the unit.
 3. Staff will comply with the University Policy on Violence ([II-10](#)).
 4. Supervisors will establish and maintain standards for collaborative interaction among peers and employees that is characterized by respect, honesty, and service, and will

constructively manage conflict as it occurs.

- d. Compliance. Supervisory staff will see that those who report to them are informed about, understand, and comply with laws, regulations, policies, or procedures. Staff will understand and comply with federal, state, and local laws and regulations related to their duties. Staff are responsible for adherence to University policies and procedures. For example:
 - 1. Staff will comply with health and safety regulations and policies, including those governing the reporting of workplace injuries or illnesses, and use of hazardous materials in the workplace.
 - 2. Staff will comply with University policies governing the use and protection of University resources.
 - 3. Staff will comply with procedures to assure the ethical treatment of humans and animals in research.
 - 4. Staff will report any unsafe workplace conditions or practices to appropriate University authorities.
 - 5. Senior managers are responsible for the compliance to the Regents Code of Business and Fiduciary Conduct for themselves and also those for whom they are responsible.
- e. Information and data management. Staff will act with honesty and integrity with respect to information and data management, and will respect the rights and dignity of all University members by keeping confidential information secure, including patient records, student records, library circulation records, and employee personnel, grievance, and medical files. For example:
 - 1. Staff will refrain from any breach of confidentiality, falsification, fabrication, destruction, inappropriate and/or unacknowledged appropriation, or other misuse of data, and shall report any violations of such to appropriate administrative authority.
 - 2. Supervisors are responsible to establish appropriate safeguards for the information and data under their authority, and to assure their staff members have the ability and expectation to comply with appropriate expectations for the protection and appropriate use of this information.
 - 3. All staff will adhere to the University policy on the Acceptable Use of Information Technology Resources ([II-19](#)).
- f. Stewardship. Staff will exercise fairness, integrity, and respect in the use of University resources, and will be responsible and accountable for the appropriate use of University

equipment, facilities, and all other University assets. For example:

1. Staff will safeguard University time and property from inappropriate use, appropriation, or abuse.
 2. Staff will not accept money for research or gifts on behalf of the University or as part of their University activities except as prescribed by University policy (see [II-35](#)).
 3. Staff will assure that all funds provided for research must be spent in ways consistent with the funding documents and in compliance with the guidelines on allowable costs.
 4. Staff in charge of budgets will monitor records of expenditures for compliance with University policies and procedures and will allow these records to be viewed by appropriate parties.
 5. Staff are strongly encouraged to report potential financial fraud or other inappropriate use of University assets through one of the following options: The University's Anti-Retaliation policy ([II-11](#)) prohibits adverse actions resulting from the filing of a report of University-related misconduct.
 1. Through their normal line of authority, starting with their supervisor, or anyone above, or,
 2. To any financial or Human Resources representative within their organizational unit (e.g., college), or,
 3. To a central University office such as University Controller, University Human Resources/Employee and Labor Relations, Office of General Counsel, or Office of Internal Audit,
 4. In the case of possible criminal activity, the Department of Public Safety, 808 University Capitol Centre, or
 5. Through [EthicsPoint](#) website or hotline at 1-866-294-9350, or
 6. UI Health Care Employees may report through the Joint Office for Compliance Helpline at Compliance@healthcare.uiowa.edu or at 319-384-8282.
 6. Supervisors are responsible for the staff assigned to them, and will correct, through education, coaching or discipline, any violations of University policy or lack of satisfactory performance.
- g. Relevant policies. In order to fully comply with this statement on professional ethics and

responsibilities, it is essential that staff understand and comply with all University of Iowa regulations relevant to their employment. In particular, staff members need to understand the expectations contained in the following University of Iowa policies and statements listed below:

1. Nondiscrimination Statement: [II-6](#)
 2. Disability Protection Policy and Accessibility Statement: [II-7](#)
 3. Interim Policy on Sexual Harassment and Sexual Misconduct: [II-4](#)
 4. Statement on Diversity: [II-8.2](#)
 5. Human Rights: [II-3](#)
 6. A Drug Free Environment: [II-12](#)
 7. Violence: [II-10](#)
 8. Physical and Sexual Abuse of Children: [II-15](#)
 9. Anti-Harassment: [II-14](#)
 10. Financial Fraud Policy and Processes to Prevent and Detect Its Occurrence: <https://controller.fo.uiowa.edu/financial-fraud-policy-and-processes-prevent-and-detect-its-occurrence>
 11. Regents Code of Business and Fiduciary Conduct: www.iowaregents.edu/plans-and-policies/board-policy-manual/22-business-procedures/#Code-of-Business-and-Fiduciary-Conduct
- h. Additional relevant policies. Other relevant policies may include the following, depending upon the staff member's position and responsibilities:
1. Ethics in Research: [II-27.6](#)
 2. University Work Rules for Merit Staff: <https://www.legis.iowa.gov/docs/iac/chapter/02-27-2019.681.3.pdf>
 3. Stewardship of Personnel Files: [III-7](#)
 4. Acceptable Use of Information Technology Resources: [II-19](#)

5. Anti-Retaliation: [II-II](#)
6. Conflicts of Commitment and Interest: [II-18](#)
7. Conflict of Interest in Employment: [III-8](#)
8. Self-Identification through Use of University Name: [II-33](#)
9. Prohibition on Giving and Receiving Gifts: [II-35](#)

Where it would be difficult for staff to access, read, and/or understand these policies, it is the responsibility of the immediate supervisor to facilitate the communication of each of these policies or statements to the individual staff member. University staff will comply with the terms of relevant University policies as part of their employment obligation.

Our Mission

Simply stated, our mission is: Changing Medicine. Changing Lives.®

University of Iowa Health Care is changing medicine through:

- Pioneering discovery
- Innovative interprofessional education
- Delivery of superb clinical care
- An extraordinary patient experience in a multi-disciplinary, collaborative, team-based environment

University of Iowa Health Care is changing lives by:

- Preventing and curing disease
- Improving health and well-being
- Assuring access to care for people in Iowa and throughout the world

Our Vision

World Class People.

Building on our greatest strength.

World Class Medicine.

Creating a new standard of excellence in integrated patient care, research, and education.

For Iowa and the World.

Making a difference in quality of life and health for generations.

Our ICARE Core Values

Innovation

We seek creative ways to solve problems.

Collaboration

We believe teamwork is the best way to work.

Accountability

We behave ethically, act openly and with integrity in all that we do, taking responsibility for our actions.

Respect

We honor diversity and recognize the worth and dignity of every person.

Excellence

We strive to achieve excellence in all that we do.

UNIVERSITY OF IOWA HEALTH CARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment T

Discrimination Complaint Procedures

I. POLICY:

The University of Iowa Office of Civil Rights Compliance investigates complaints of discrimination pursuant to the University's Policy on Human Rights, which provides, in part The University is committed to the principle of equal opportunity including access to facilities. Differences in treatment are prohibited when based on race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, or associational preferences. This principle must be observed in the internal policies and practices of the University; specifically in the admission, housing, and education of students; in policies governing programs of extracurricular life and activities; and in the university's treatment of applicants and its employees. Consistent with state and federal law, reasonable accommodations will be provided to persons with disabilities and to accommodate religious practices. The University shall work cooperatively with the community in furthering these principles.

II. SCOPE:

Institutional.

V. PROCEDURE:

VI. Parties

Any university community member or third-party reporter may file a complaint of discrimination with the Office of Civil Rights Compliance against any member of the university community who is believed to have violated the policy. The university itself also may bring a complaint. Where appropriate, such complaints may be filed against units, departments, or other organizational components of the University.

VII. Complaint options

Reporting parties may file either informal or formal complaints with the Office of Civil Rights Compliance.

VIII. Informal complaints

An informal complaint is a request that the Office of Civil Rights Compliance seek to reach an informal resolution of the reporting party's concerns. The procedures for such complaints are designed to be very flexible so as to enable the Office to address an individual's situation in the most effective and expeditious manner possible. Resolutions of informal complaints are accomplished with the assistance of other offices or administrators on campus in the area relevant to the complaint and may include interim actions to protect the health or safety of the impacted party, reporting party, and/or potential witness(es) in an investigation.

In the case of an informal complaint, the responding party normally will not be informed of the reporting party's action or identity without the consent of the reporting party unless circumstances require. No disciplinary action can be taken against the responding party on the basis of a complaint of which the responding party has not been informed.

IX. Formal complaints

A formal complaint of discrimination involves an impartial investigation of the reporting party's allegations by the Office of Civil Rights Compliance. The Office will conduct an initial assessment of the allegations as stated in the complaint to determine whether to initiate an investigation. An investigation will not be initiated if: 1) the factual allegations, if true, would not constitute a violation of the policy, 2) the allegations are clearly frivolous or not made in good faith, or 3) other good cause exists to decline to investigate. Good cause may include, but is not limited to, situations where the allegations have already been investigated in a separate internal or external complaint process. When the Office determines that an investigation will not be initiated, it will inform the reporting party of that decision.

The investigation begins when the Office provides written notice to the responding party of the filing of the complaint, the identity of the reporting party, and the general allegations of the complaint. The responding party is then interviewed regarding the specifics of the allegations and given an opportunity to respond fully to the allegations. The Office may also interview other persons believed to have factual knowledge relevant to the allegations. The purpose of the investigation is to establish whether a reasonable basis exists, based on a preponderance of the evidence, to conclude that the responding party violated the Policy on Human Rights.

The Office of Civil Rights Compliance will issue written findings outlining the basis for its conclusions. The written finding normally will be issued within sixty (60) university business days of when the complaint was filed. When it is not reasonably possible to issue the finding within that time, the Office of Civil Rights Compliance will notify the impacted party and the responding party that the finding will be delayed and indicate the reasons for the delay. This report is provided to the administrative official responsible for the area in which the responding party is involved and the chief administrative officer in the unit (i.e., the provost in a complaint filed against a faculty member; the Vice President for the unit in the case of a staff member; or the Vice President for Student Services and Dean of Students in the case of a student). Both the impacted party and the responding party also receive copies of the finding. Third-party reporting parties will be notified only that the proceedings are concluded.

If the Office of Civil Rights Compliance concludes that a complaint of discrimination is founded, the administrative official to whom the finding has been forwarded is responsible for determining whether a sanction is appropriate. Appropriate sanctions may range from verbal reprimand up to and including separation of the responding party from the University, in accordance with established University procedures.

X. Appeal Procedures

If the Office of Civil Rights Compliance concludes that the complaint is unfounded, the reporting party may appeal the finding on the grounds that the decision was arbitrary and capricious or that the investigating office did not follow procedures resulting in prejudice to the reporting party. Appeals must be made electronically or in writing and submitted together with all supporting documentation to the Office of Civil Rights Compliance within ten (10) university business days of the receipt of the finding. Generally, within two (2) university business days, the Office of Civil Rights Compliance will transmit the notice of appeal and the case record to the appropriate appeal officer as follows:

the Executive Vice President and Provost if the responding party is a faculty member or fellow.

the Vice President for Human Resources if the responding party is a staff member (organized or non-organized professional and scientific, organized or non-organized merit staff), graduate assistant, or post-doctoral appointee.

the Vice President for Student Life if the responding party is a student, including medical residents.

If the responding party is not a member of the university community, the Office of Civil Rights Compliance will examine the facts and circumstances of the underlying complaint and assign the appeal for response accordingly.

The appeal officer, or the appeal officer's designee, will issue a written decision on the appeal to the reporting party and the Office of Civil Rights Compliance within twenty (20) university business days of the receipt of the appeal. All deadlines contained herein may be modified where the complexity of the case or the severity of the allegations warrant variation from the normal appeal process timelines.

In cases where the appeal is denied, such action constitutes final university action on the matter, subject to appeal to the Board of Regents. In cases where the appeal is successful, in whole or in part, the appeal officer will advise the Office of Civil Rights Compliance regarding appropriate measures to address the issues of concern raised in the appeal.

For complaints that conclude in a finding that there is a reasonable basis to believe that a policy violation has occurred, and sanctions have been imposed, responding parties may appeal such findings and/or sanctions through the disciplinary grievance procedures applicable to them.

XI. Confidentiality

The Office of Civil Rights Compliance treats as confidential information received in connection with the filing, investigation, and resolution of complaints. It is anticipated and expected that the parties to a complaint will observe the same standard of strict confidentiality. This practice is in the best interests of all parties to the complaint. Failure to respect confidentiality may be regarded as retaliation.

In keeping with this practice, the Office of Civil Rights Compliance will obtain the reporting party's written authorization to collect and discuss information relating to the complaint with other appropriate individuals, either witnesses or administrators who need to be informed of the allegations of the complaint in order to cooperate with the investigation or to implement any resolution of the complaint.

XII. Inquiries

Office of Civil Rights Compliance will provide general information about the complaint procedures upon request. However, if an individual wishes to discuss a specific incident confidentially without filing a complaint, he or she

should contact the Office of the Ombudsperson, 308 Jefferson Building, 319-335-3608.

XIII. Complaints with External Agencies:

In addition to filing a complaint with the University of Iowa, individuals who believe they may have been the subject of discrimination prohibited by state and/or federal law(s) may contact one or more of the following agencies for advice, assistance, and explanation of filing deadlines.

XIV. Iowa Civil Rights Commission (ICRC)

400 E. 14th Street, Grimes Building Des Moines, Iowa 50319 Tel. (515) 281-4121, 1-800-457-4416 Fax (515) 242-5840 Website: <https://icrc.iowa.gov/> (link is external)

The ICRC enforces Chapter 216 of the Code of Iowa, as amended, (The Iowa Civil Rights Act), which prohibits discrimination in employment on the basis of race, age (18 and older), creed, national origin, color, gender identity, sex, sexual orientation, pregnancy, disability, or religion.

XV. Equal Employment Opportunity Commission (EEOC)

500 West Madison St., Suite 2000 Chicago, IL 60662 Tel. 1-800-669-4000 or 312-869-8001 (TDD)

The EEOC enforces Title VII of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex (including pregnancy), genetics, national origin, or retaliation; the Age Discrimination in Employment Act (ADEA), which protects persons aged 40 or older; and disability, under the Americans with Disabilities Act (ADA).

XVI. Programs or Activities Receiving Federal Financial Assistance:

XVII.

Title VI

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance.

XVIII. Title IX

Title IX of the Education Amendments Act of 1972 prohibits discrimination based on sex in education programs or activities which receive Federal financial assistance. Title IX states that:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits or, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

XIX. Section 503 and 504 of the Rehabilitation Act

Sections 503 and 504 of the Rehabilitation Act of 1973 prohibit discrimination on the basis of disability in employment and education and require affirmative action in employment for persons with disabilities.

If you believe you have been discriminated against in a program of any institution which receives Federal assistance, you may contact the Federal agency providing such assistance.

XX. Federal Contracts or Subcontracts

Applicants to and employees of organizations with a federal government contract or subcontract are protected under Federal law from discrimination on the following bases.

XXI. Race, Color, Religion, Sex, National Origin

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

XXII. Individuals with Disabilities

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

XXIII. Disabled, Recently Separated, Other Protected, and Armed Forces Service Medal Veterans

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

XXIV. Retaliation

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities listed above may contact:

The Office of Federal Contract Compliance Programs (OFCCP) U.S. Department of Labor 200 Constitution Avenue, N.W. Washington, D.C. 20210 Tel. 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY) The OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov (link sends e-mail), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Violations of these university policies are investigated by the Office of Civil Rights Compliance. Copies of these policies including complaint procedures are available upon request from: Office of Civil Rights Compliance 202 Jessup Hall Iowa City, Iowa 52242-1316

(319) 335-0705 E-mail: ocrc-discrimination@uiowa.edu

UNIVERSITY OF IOWA HEALTHCARE NURSE- MIDWIFERY EDUCATION PROGRAM

Attachment U

Suturing Tools

PURPOSE: To provide students with the instruments to support suturing curriculum and ensure the return of the instruments.

SCOPE: Education Program **POLICY:**

1. Students will obtain a set of suturing tools (needle holder, forceps, scissors) from the Program Manager.
2. Students will leave \$20 cash deposit with the Program Manager when they receive their suturing tools.
3. Money will be kept in a secure location until the tools are returned.
4. Tools are to be returned to the Program Manager on the last week of Integration.
5. Upon receipt of the full set of suturing instruments, the student will be refunded the \$20 deposit.
6. If a full set of tools is not returned, the deposit will be retained to support the cost of replacement.

UNIVERSITY OF IOWA HEALTHCARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment V

Documentation of Policies Received

I attest that I have reviewed the Student Handbook and have received the following information materials and polices from University of Iowa Healthcare Nurse-Midwifery Education Program:

1. Professional Appearance Standards
2. Smoke-Free Environment
3. Health and Safety Clearance for Students
4. Harassment in the Workplace
5. Drug Free Workplace
6. Campus Security Policies and Procedures
7. Confidentiality
8. University of Iowa Healthcare Organizational Mission, Vision, Values, and Ethics Policy
9. Social Medial Policy
10. Equal Employment Opportunity / Affirmative Action
11. Midwifery Education Program Student Policies and Guidelines
12. Voluntary Self-Identification

Signature

Print Name Here

Date

Sign and return this page

UNIVERSITY OF IOWA HEALTHCARE NURSE-MIDWIFERY EDUCATION PROGRAM

Attachment W

VOLUNTARY SELF-IDENTIFICATION

Dear Student:

The following information is being gathered for record keeping in compliance with Federal laws. Your response is strictly voluntary and will help in developing and monitoring our affirmative action programs. Any information provided will be kept strictly confidential. If you choose not to answer any of these questions, you will not be subject to any adverse treatment. However, if you choose not to “self-identify”, we are required under Federal regulations to maintain race, sex and handicap information on the basis of visual observation or personal knowledge. _____

PLEASE PRINT

Name: _____ Date: _____

Last _____ First _____ MI _____

Gender: _____ Female _____ Male

Race/Ethnic Group:

_____ Asian _____ Alaskan Native _____ American Indian

_____ Black _____ Hispanic _____ Pacific Islander _____ White

Disability: If you live with a disability, we would like to include you under our Affirmative

Action Program. It would assist us if you checked the appropriate box(es) below:

_____ No Disability	_____ Ambulatory	_____ Coordination
_____ Sight	_____ Hearing	_____ Speech
_____ Learning	_____ Metabolic	_____ Other
_____ Mental Psychological		

Military Status:

Veteran _____ Disabled _____

Country of deployment: _____