New Preceptor Handbook

McMaster Midwifery Education Program

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Objectives

The aim of the workshop is to develop:

- Knowledge and understanding of the role and responsibilities of preceptors
- Knowledge and understanding of teaching and learning in clinical placements
- Strategies for effective feedback and evaluation
- Knowledge of the MEP structure and the support available for preceptors

Part 1: Preparing to be a preceptor

Reflection:
What would have helped me as a student in a new placement?
How will I know that I am doing a good job as a preceptor?
What are the benefits to me of having a student?

Planning for students:

Role of Coordinating Preceptor

- Ensure appropriate caseload
- continuity & consistency
- Identified person for other midwives to provide feedback
- Organize student off call time within shared caseload models
- Designate an alternate midwife for holidays/off-call time
- Organize midterm and final evaluations with student and preceptor

Birth numbers

- NCB students = Minimum planned = 22, maximum planned =32
- THE EXHAUSTED STUDENT DOES NOT LEARN – more is not always better
- Increased *planned* primaries ensures adequate numbers for off call time and TOC
- When planning numbers consider:
    - min & max numbers (client due dates distributed throughout the term)
    - academic term dates (off call for exams and tutorials)
    - parity, birth location
    - on average 20+ appointments per week (just less than a full time workload)

Preparing clients

Reflection:
What are the benefits for clients of having a student?
How will having a student affect my relationship with clients?

- Include information on your practice website that indicates this is a teaching practice and an affiliate of McMaster University (see template Appendix A)
- discuss student involvement early in care
- be positive about involvement of students in care
- reassure about safety
- indicate that you are part of a teaching practice and student involvement is the norm

Student Orientation

Reflection:
What does it feel like to be a new student on the first day of placement?
How can you help the student to feel welcome?

All new students need an orientation to clinic and hospital(s)

I. Clinic:
   - Physical layout, room allocation, student room/desk
   - Admin staff introductions and roles, remind students of professional behaviour, client intake
   - Office equipment
   - Laboratory procedures
   - Charting system, student access to charts, computer systems, refiling
   - On-call model of practice
   - Student assignment to clients

II. Practice overview:
   - mission, client population, rules, dress expectations, midwifery equipment
   - Meetings: practice meeting, peer review, student sessions
   - Resources: protocols, client handouts
   - Practice group resources: torsos, library, journals

III. Hospital:
   - General tour of labour, assessment and postpartum units
   - Review guidelines and procedures
   - Hospital ID, OR greens, computer access

Policies and Procedures

Work with your practice Education Coordinator (EC) to learn university policies. Your EC is a preceptor mentor. Each EC was given a binder which contains:

- The Preceptor Handbook
- The Guide to teaching and learning
- The McMaster P&I handbook
- Applications for adjunct professor

Roles & Responsibilities

I. Student

- Follow code of conduct – university, College, McMaster has a guide to professional behaviour.
- May provide some non-clinical work
- Self-directed learning: seek learning opportunities, communicate learning needs to preceptor, organize and lead evaluation
- Meet with preceptor to review learning plan, birth numbers, expectations, and sessional dates.
- Organizes midterm and final evaluations with preceptors and tutor.

II. Preceptor

- Facilitate learning: direction and instruction to student, opportunities to learn, encourage development of clinical decision-making skills, assist to apply theory to practice, model professional behaviour.
- Ensure appropriate workload: including birth numbers, off call time, and strategy for working with multiple midwives in shared care models.
- Provide appropriate supervision and support: understand and support course objectives, delegate substitute preceptor when needed, support students if adverse events occur (resources, incident reports, case review)
- Evaluate the student: Use **MedSys** for clinical evaluation, collaborate with tutor re: student progress, evaluate knowledge, skills and communication, identify learning difficulties, sign online birth log. Has realistic expectations.
- Participate in ongoing preceptor workshops: One per year is now required; seek additional clinical education opportunities, accept feedback and evaluation of teaching and supervision skills

III. Education Coordinator

The Midwifery Practice Group Education Coordinator is responsible for communication with the MEP, assignment of preceptors within the MPG and problem solving.

- Contact with McMaster MEP, assigns students to preceptors and arranges for holiday coverage within practice group.
- Develops strategies to improve quality of clinical placements.
- Acts as a resource for midwives and preceptors in MPG & ensures that new preceptors have an assigned mentor.

IV. Midwifery Practice Group (MPG)

- Offer clinical placements in accordance with MEP policies and course outlines,
- Provide additional opportunities for clinical learning
- Learning materials and quiet space for students within clinic
- Communication among midwives and preceptors and coordination of all learners within the MPG

Human Rights Issues

Preceptors need to be mindful of Human Rights Code

Prohibited grounds of unlawful discrimination:
Race
Colour
Ancestry
Place of origin
Ethnic background
Citizenship
Creed/religion
Sex/gender
Disability
Sexual orientation
Age
Maritial status
Family status
Unrelated record of offences

**discrimination* = differential treatment which has an adverse impact on a group or individual
**harassment* = course of vexatious comment or conduct known or ought to be known to be unwelcome. May be verbal, psychological, emotional, physical, sexual, electronic
**accommodation* – preventing or removing barriers that impede individual's ability to participate fully. Modifications of rules, practices or conditions

Safety & Liability

Liability coverage: McMaster University provides professional liability for students. Preceptors have their own liability insurance with HIROC. Students should report all clinical incidents to their university (within 24 hours).

General safety: Discuss general safety related to midwifery practice (no texting or using phone while driving, caution in isolated areas at night)

***New Policy:** Students need to be off call for 12 hours if they have been awake for 24 hours. This will be implemented in winter 2019.

Student off-call time should be arranged in advance:

- 4 days, including 2 wknd days per month
- Off call for tutorial (please no texts)
- 36 hours before midterm exam, 72 hours before final exam
- up to 5 days if moving from one geographic location to another
- Students may only miss one tutorial for an imminent BIRTH. Not for a labour.
- **New policy** includes 24 hour Academic Work Day 1700 Thursday until 1700 Friday and will encompass tutorial & protected study time.

SCENARIO 1:
Your NCB student Anna started with you two days ago. Your lovely repeat client is in clinic today for her six-week visit. She has had many students before and will be receptive to having Anna involved in her PP care even though she was not at the birth. Halfway through the visit you request that Anna do the Pap test as it is an excellent opportunity. Anna looks terrified.

- *Is it fair to spring something on the student without giving them time to prepare?*
- *How do you develop expectations and learning needs for each specific event – ie. This week in clinic, what do you want to work on?*

SCENARIO 2:
Jaydon is in his 6th week of NCB. He has been to 10 births. His prenatal and intrapartum assessments are progressing well. When you meet at the end of clinic day to provide feedback you tell him his documentation could be more organized and concise. He replies that most of the midwives' charts look worse.

- Use of "shadow documentation"
- Defensive to feedback – different ways to approach
- What has MEP taught on documentation
- How to address his somewhat rude reply

Part 2: Teaching and Learning

Reflection:
When I was a student, what did my preceptors do that worked well or that did not work well to help me learn?
How can I:

- Create an atmosphere of trust
- Set expectations
- Understand my learning needs
- Develop learning objectives
- Encourage self-reflection

Normal Childbearing Placement

- 18 wk placement
- It is their first clinical placement
- focus on clinical skills, assessment and care planning
- beginning level for prenatal, birth, postpartum (mother & baby)
- weekly tutorial, multiple written assignments and exams
- CPR, NRP completed before placement

Teaching & Learning

It is best to use a variety of strategies.

- Students can take detailed notes, close eyes to visualize or remember something, like to see what they are learning, benefit from illustrations, presentations or may benefit from reading out loud, remember by verbalizing lessons
- All students need to be active and take breaks, and learn from what they can experience or perform.
- Encourage students to take some risks (with support), consider alternatives & set goals.
- There is no "best way" to learn and clinical performance may not be related to intelligence or motivation. Many learners experience performance anxiety.

Learning plans

Can help students plan their learning and communicate with preceptors. Strategies need to be realistic and objective. Reviewed and update learning plans regularly. NCB students will not prepare a learning plan until after the midterm clinical evaluation.

Teaching strategies

Effective preceptors have been described as welcoming, organized, provide feedback, are aware of learning styles, enthusiastic, provide clear expectations, knowledgeable and are open to learning. Preceptors should develop a variety of

teaching strategies and techniques to use in different contexts, with different learning styles. Teach general rules, reinforce what was right, and correct mistakes. Personal stories are very effective to engage learning.

Precepting styles:

Vary based on level of student, confidence/competence/interest:

I. Directing – used with beginning level student, in emergencies, when an advanced student has performed a skill unsatisfactorily, to correct unsafe behaviour
II. Coaching – used when motivation is needed, when a beginning student has performed a skill well, when you want to foster progress, to build confidence, in an emergency with an advanced student
III. Supporting – used when advanced students have the skill but lack confidence, with an advanced student trying a new skill, with someone who needs recognition and support, with an advanced student in an emergency
IV. Delegating – used with advanced students, or with intermediate students when the tasks are low risk

When possible use clinical reasoning and reflective techniques. The three-second rule is a pause that allows the student a space to respond. Preceptors can maximize teachable moments such as when students are ready, open to learn, actively seeking information. Try to ask effective questions. These questions are relevant to the student's learning needs or stimulate thinking.

SCENARIO 3:

MW: *I don't understand what the problem is? You really have to work on your time management. The clinic is always running late and you are keeping women waiting. You spent 40 minutes with Jamal this morning and she has a completely healthy, normal uncomplicated pregnancy. The charts aren't prepped. If you keep on this way you will not be satisfactory at the midterm evaluation. We should start planning an extension now.*

- What are the strategies for keeping on time and for prepping charts?
- What are barriers that might prevent students from being successful with time and workload management?
- What are appropriate plans for working through gaps in competencies rather than jumping to being unsatisfactory?

SCENARIO 4:

MW: *Every time I remind you about something you say 'I was just about to do that'*
Student: *You don't give me enough time to do things.*

- Why do students say “I was just about to do that”? “ I was just about to say that” (are they worried about jumping in/ taking initiative? are they worried about power, control differentials with preceptors or clients?)
- What strategies can we use to enable the student to talk and to provide the information that’s needed?

SCENARIO 5:

MW: *Salema, I would like to talk to you. I was embarrassed because Jane’s ultrasound results weren’t in her chart when she came for her visit. You really need to be more careful about follow up.*

S*: I was going to do it but I had to answer a page.*

MW: *She had the ultrasound last week! Are you telling me that you didn’t have any time in the past five days to get the results? I keep telling you, and you NEVER follow up on tests.*

S: *I don’t know what you mean? I knew Edith’s hemoglobin results.*

MW: *But they weren’t in her chart either and I had to go and look them up. You really have to do better with follow up and documentation. You don’t seem to have a plan for care. You won’t always be a student you know, you’ll be the midwife one day and there won’t be anyone to bail you out.*

- What are the strategies to help students learn to organize care including follow-up on labs, charting, documentation?
- What can be done to motivate students rather than threatening them?

Part 3: Feedback and Evaluation

Grading Clinical Courses

Clinical courses are graded as satisfactory or unsatisfactory. Their grade is comprised of:

1. >70% on tutorial (participation, attendance, essays)
2. >70% on written exams
3. Satisfactory clinical evaluation in placement

Process for assigning the grade

The student is responsible for scheduling a telephone meeting of tutor, preceptor, and student at midterm and end of the course. It is essential that the student and preceptor complete the evaluation and meet to review ***prior*** to the meeting with the tutor. All clinical evaluations for McMaster students use the Medsys online system. The student must first complete a self-evaluation and submit it to Medsys before an email will be sent to you with the link for the evaluation. Please click ***save*** while you working on the evaluation. Only submit after the evaluation meeting with the student.

If you evaluate a student as **unsatisfactory,** there should be concrete examples included within the evaluation. It is best if there are no surprises for the student or the tutor. Please ask for assistance from your MPG Education Coordinator. All items identified as *unsatisfactory* or *no opportunity* should be included in ongoing learning plans. Contact the tutor early if you identify a student in difficulty. There are descriptors of expected student performance in the P&I book and preceptor handbook and at the beginning of the clinical evaluation forms.

The **provisional satisfactory** grade is only for use with the final evaluation. This would indicate that the student has discrete learning needs which you feel can be accomplished within a limited time. Students can have a **remedial placement** of up to 4 weeks. Your practice should be prepared to organize supervision and an adequate allocation of births for the remedial placement. Remedial placements need approval by the Academic Review Committee (ARC). Your student's tutor will help you prepare a learning contract for your student. The overall consortium course coordinator will present the proposed remedial placement to ARC.

Benchmarks for Normal Childbearing:

A student who is **SATISFACTORY** in Normal Childbearing:

- conducts prenatal, postnatal and newborn visits with minimal assistance for normal situations and common variations.
- routinely initiates the planning of visits and debriefs with her preceptor.
- plans and provides intrapartum care and provides labour support in normal labour and common variations.
- seeks advice and consultation from the supervising midwife as needed.
- displays an expanding base of information about maternal and newborn care and provides appropriate information to clients.
- responds to pages and phone calls appropriately and provides clear information/direction to women with assistance from preceptor.
- establishes effective, professional relationships with clients and other caregivers.
- conducts normal births including 3rd stage and perineal repair.
- demonstrates understanding of the roles of the primary and second midwife.
- documents assessments, plans, and interventions with minimal assistance from preceptor in normal and common situations.
- demonstrates understanding of primary care responsibility, care planning and management in normal and common situations.
- Is able to assist in common emergency situations with guidance.

*Refer to the clinical evaluation form and the Guide to Teaching and Learning.

Feedback

Reflection:
What is challenging about giving feedback to students?

Definition:

Feedback is the "process of conveying preceptors' observation of student performance with the intent of student growth, improvement, progression"
"without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all." Ede 1983

What is the impact of feedback?

- improve performance, confidence
- clarify expectations
- increase morale

How to give Feedback

- Discuss process for feedback with student at the beginning of placement: when it will happen, who will be involved. It can be on the go but also should be done in specific times set aside for debriefing.
- In general, it should be immediate, informal and guided by a purpose. It should occur as close to event as possible but not in front of clients or peers.
- Try to find occasions when you can give only positive feedback. This helps offset times when there is more feedback that is constructive.
- Try to involve the student in the process:
    - Use questions – what did you like about the history and physical you did today? What would you do differently next time?
- Feedback should be clear and specific, respectful and consistent with verbal and nonverbal cues. Focus on observed behaviour and do not speculate on your student's motivation.
- It should be relevant to placement objectives
- Try to balance positive feedback and constructive feedback (sandwich technique)
- If student does not react well to immediate feedback give them time for self-reflection. Revisit the issue in scheduled time for debriefing. Sometimes a defensive reaction is an effort to explain their behaviour.
- Display empathy and concern for the student.

SCENARIO 6

Melissa is a student in the 6th week of NCB. Her primary preceptor went on vacation 2 weeks ago and you have taken over her supervision. Her primary preceptor briefly reviewed Melissa's learning plan and her progress appeared to be appropriate.

You have just finished a long clinic day and now you are in your car and on your way to assess a client who is likely in labour and planning a homebirth. In clinic, Melissa was not able to conduct normal prenatal visit without significant help, her ICDs were disorganized and incomplete. In visits, she tells clients details about the birth of her son two years ago. You have not said anything up to now because you have wanted to give her a chance to get used to working with you.

However, in the car on the way to the assessment you try to talk to her about her weaknesses and she bursts into tears, says she can't go to the birth, doesn't understand what the problem is as she '*did really well with her other preceptor who really liked me*'.

Feedback:

- Appropriate time, place & readiness for receiving feedback. Preceptor is tired, stressed, and likely multitasking.
- Delayed all the feedback for 2 weeks. Sharing small, frequent observations would be more helpful
- Breaking down the skills/concepts to be more concrete. ie "she can't conduct a prenatal" Describe what parts of the visit that are problematic.
- Professional behavior is difficult to summarize and give feedback about. Suggest that she avoid casual/sloppy, inappropriate terminology with clients and refrain from inserting herself into the visits too much.
- Recognizing transitions such as change that the student is going through. She is likely finding it difficult to adjust to a new preceptor. She may be tired and stressed too. She may have studying and assignments due or childcare issues at home.

SCENARIO 7

Amber is a student in the 5th week of her Normal Childbearing placement. You work in a shared care model of practice and share the preceptorship of Amber with your partner Mahnaz. Amber is meeting all the goals set out in the MEP evaluation but every time you ask her to do something in a particular way she says 'Mahnaz does it that way', 'Mahnaz thinks I do it really well'.

You are very organized in your provision of care. You would like Amber to follow the way in which you structure your visits, conduct abdominal assessments and provide ICDs. You are upset and frustrated by her defensive response to your feedback. To your surprise she says "you are just picking on me; Mahnaz lets me organize my prenatal visits the way I want to".

Tutor Notes:

- Realistic preceptor expectations of the student should be clearly communicated.
- How important is it to have student perform all aspects of care in an exact manner? Students need to recognize that variation is beneficial and a normal part of placement.
- is the student "ready" to receive feedback – how and when, strategies for cushioning criticism
- student should be able to take responsibility for their own learning and be respectful that these are your clients. Feedback should be received in a professional manner.
- **Divisiveness between preceptors**: Is the student playing one off the other? Some debriefing sessions should include both preceptors. Ensure consistency and similar expectations.

Part 4 Challenges

Reflection:
What concerns do you have about being a preceptor?
What situations do you think will be most difficult?

Examples of Clinical challenges:

Blood Pressure

Student	110 / 60	115 / 65	105 / 60
You	115 / 55	120 / 60	110 / 55

When / why is it important? Normal variation of blood pressure?
Guessing? Hearing? Missing the first beat?
Using the wrong Korotkoff sound?
What is an effective strategy to help students improve their clinical skills?

Vaginal Examinations

Student's vaginal exam:	Cervix is 4-5 cm, vertex spines 0
Your vaginal exam:	Cervix is 5 cm, vertex spines -1

When/why is it important? Consistency of vaginal examinations.
Rapid change in cervical dilation, rapid descent
How to teach VEs? Inter-observer variability

SCENARIO 8
Your student does one or more of the following:

- Is frequently late for appointments & clinic
- Texts during births, clinic,
- Wears inappropriate or revealing clothing
- Flirts with partners, residents or other HCPs
- Posts on social media when she is tired from a birth

What causes these **unprofessional behaviours** and what can you do about it?

Other common challenges:

Teaching Clinical skills
Teaching Documentation
Getting the student to go deeper when their knowledge base is poor
How to remain fair when you just don't like each other
To fail or not to fail

Ongoing Preceptor Workshops:

McMaster preceptors are required to attend one workshop per year.

- Senior Preceptor Workshop
- Teaching on the Fly
- Giving Feedback
- The learner in Difficulty
- Guide to professional behaviour

Appendices:

A: Website Template
B: Planning Student Workload

Appendix A: Website Suggestions for Teaching Practices

Set up a link that indicates that you are a **Teaching Practice**. You can say you are affiliated with McMaster University, Midwifery Education Program, Department of Family Medicine.

Within that link you can have 2 options:

Information for Clients	This link can include information from the MEP pamphlet. What does it mean to have a student involved in your care.
Information for Students	**Welcome** to students **Practice details**: university affiliation, hospitals, catchment area, satellite offices, proportion of homebirths, special needs populations, TOC rate *scope of practice (primary care for IOL; epidurals, oxytocin augmentation) * off call arrangements *number of NR positions *usual number of students (senior and NCB) *anything unique about your practice **Instructions** for students: *preference for where students should live (within 30 min of hospital) *what you would like in a student bio of introduction to clients *communication apps used *expectations, opportunities *off call time; workload estimates, fatigue policies

Statement of Teaching Philosophy (this does not need to be fancy. It can include a statement that you enjoy teaching and are committed to the growth of midwifery. You hope to offer an excellent learning experience with exceptional preceptors and learning opportunities).

Appendix B: Student Workload Planning for Assigned Clients: NCB

Placement Name		Normal Childbearing		
Weeks in Placement		16.5		
Required MINIMUM number of births attended (Primary/Seconds)		18 (12/6)		
Absolute MAXIMUM number of births attended (Primary/Seconds)		30 (18/12)		
EDD MONTH	CLIENT INITIALS	CLIENT EDD	DATE BIRTH ATTENDED	Role (1°or 2°)
JAN	AA	JAN 11	JAN 20	1°
JAN	BB	JAN 12	JAN 21	1°
JAN	CC	JAN20	JAN 25	2°
JAN	DD	JAN 25	FEB 1	1°
JAN	EE	JAN 25		
FEB	FF	FEB 12		
FEB	GG	FEB 12		
FEB	HH	FEB 15		
FEB	II	FEB 17		
FEB	JB	FEB 18		
FEB	LX	FEB 25		
FEB	YM	FEB 28		
MARCH	NN	MARCH 12		
MARCH	UN	MARCH 14		
MARCH	LB	MARCH 16		
MARCH	GY	MARCH 17		
MARCH	BY	MARCH 21		
MARCH	XX	MARCH 26		
MARCH	IL	MARCH 28		
MARCH	DO	MARCH 31		
APRIL	YO	APRIL 4		
APRIL	VY	APRIL 10		
APRIL	SS	APRIL 11		
APRIL	VV	APRIL12		