# Senior Preceptor Handbook

McMaster Midwifery Education Program

WINTER 2020 Patty McNiven

# Table of Contents

# Part 1 Planning for students

## Role of Coordinating Preceptor

- Can also be called Primary Preceptor
- Co-precept to new role with experienced preceptor or Practice EC
- Preceptors of senior students should have sufficient clinical experience and prior precepting experience.
- Ensure student has appropriate caseload
- Provide continuity & consistency
- Collect and summarize feedback from other midwives involved with student
- Organize student off call time
- Review student workload – particularly within shared caseload models
- Designate an alternate midwife for preceptor off-call time or holidays

## Preparing clients

*What are the benefits for clients of having a student?*

- consider including information on your practice website that indicates this is a teaching practice and an affiliate of McMaster University (sample template **Appendix A**)
- discuss student involvement in care at first few visits
- be positive about involvement of students; don't apologize for students
- reassure about safety (preceptor supervision)
- everyone had to learn somewhere

## Planning Birth numbers

Try to **plan** for more assigned births to offset the off call time.

- **C&C/MNP students**:
  - Planned: 18 – 24 (min/max)
  - Attended: 14 – 22
- **Clerkship students**:
  - Planned: 20 – 26
  - Attended: 16 - 24

  **See Appendix B**

- 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)

## Orientation

Students have not been in midwifery practices for a year and will be insecure about their clinical skills. All new students need orientation to clinic and hospital(s):

I. Clinic:
   - Physical layout, room allocation, student room/desk, where to leave their belongings
   - Admin staff introductions and roles, remind students of professional behaviour
   - Office equipment, laboratory procedures
   - Charting system, student access to charts, refiling
   - Computer systems
   - On-call model of practice
   - Student assignment to clients
   - Introduce to other midwives and staff

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 & tour of labour unit
   - Review guidelines and procedures
   - Hospital ID, OR greens, computer access

## Policies and Procedures

Work with your Practice Education Coordinator (EC) to learn university policies. Each EC meets regularly with the MEP and has been 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, professional behaviour.
- 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.

**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
- 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 **MedSIS** for clinical evaluation, collaborate with tutor re: student progress, evaluate knowledge, skills and communication, identify learning difficulties, sign online birth log.
- 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 (EC)**

*Definition: The Midwifery Practice Group EC 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 new preceptors have an assigned mentor.

IV. **Practice Group**

- Offer clinical placements in accordance with MEP policies and course outlines
- Provide additional learning opportunities and births as needed
- Provide learning materials and quiet space for students within clinic
- Communication among midwives and preceptors re student learning

V. **Tutor**

- Support student and preceptor
- Conduct clinical evaluations, review birth numbers
- Clarify course expectations
- Assign grade for the course

## 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
- marital 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 are covered by their own professional liability insurance. 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)

**Professional Behaviour:** Students must behave in professional manner. Report to tutor if there are issues of unprofessional behaviour. This includes confidentiality, respectful behaviour toward clients, staff, midwives and all other health professionals. Preceptors should remember that they are role models.

## Student Fatigue

The MEP policy on student fatigue: If student has been awake for 24 hours must be off call for 12 hours or if unable to work safely due to lack of sleep must notify preceptor.

This policy does not apply to students requesting time off due to extensive hours of study since the OMEP has a grace day policy and allows time off before all exams.
Consider letting student have sleep time when a long birth is anticipated.
Remember that students must learn how to sleep at unusual times.
Students have a professional responsibility to be rested to meet their clinical practice requirements. Student off-call time should be arranged in advance:

- 4 days, including 2 weekend days per month
- 36 hours before midterm exam, 72 hours before final exam

**Academic Work Day:** Replace protected study time with a 24 hour off call Academic Work Day starting at 1700 on the day prior to the scheduled tutorial. This will incorporate the ½ day protected study time, the tutorial time and ensure the student has time to sleep and prepare for tutorial.

**Shared Practice Models:** Student workload within these models must be carefully assessed. Student workload should be slightly **less** than that of a full time midwife. Coordinating preceptor should plan how student will work within the model without excessive workload.

**Taking first call:** It is expected that students will answer client pages as soon as they arrive in placements. A three way call can be organized until preceptors are confident in their assessment skills. Clarify how you will supervise and follow-up as well as when you want the student to redirect calls.

**Birth Numbers:** The table for birth numbers includes Planned Numbers as well as Maximum and Minimum Total Attended is a guide for all clinical placements.
Modify the half day protected study time policy.

## Scenario 1:

**Jessica is in her 6th week of MNP. She has only been to 3 births. You feel she does not take advantage of the learning opportunities you are providing for her. She missed 2 births when she took her weekend off call last month. She has 4 births due this week. Jessica is planning to be off call for 72 hours to study for her midterm exam. You are concerned that Jessica will miss her booked primaries and will have low birth numbers so you tell Jessica she should consider staying on call.**

- *How do you plan birth numbers for senior students?*
- *How important is off call time and how rigid are the university policies?*

# Part 2 Teaching and Learning

## Senior Year Courses:

| | |
|---|---|
| *Consultation and Complications* | Summer Term |
| *Maternal Newborn Pathology* | Fall Term |
| *Clerkship* | Winter Term |

- 13 week placements
- advancing knowledge and developing confidence in clinical skills
- focus on management, assessment and care planning with increasing independence
- managing pathology and emergencies with support
- weekly tutorial, multiple written assignments and exams
- CPR, NRP completed before placement
- 4th year students

## Teaching & Learning

- Encourage students to take risks (with support), consider alternatives & set goals.
- Learn to be systematic in approach to care
- There is no "best way" to learn, and learning styles are not related to intelligence or mental ability. Consider strategies to "*teach on the fly*."

## Learning plans

Learning plans (LP) can help students plan their learning and communicate with preceptors. Strategies need to be realistic and objective. The number of items can vary and it might be useful to focus on a few items at a time. It will evolve with new experiences and should not be viewed as a final fixed entity. LP are most helpful when reviewed and updated regularly together.

## Teaching strategies

Effective preceptors have been described as welcoming, organized, provide feedback, are aware of student learning needs, enthusiastic, provide clear expectations, knowledgeable and are open to learning. Preceptors should develop a variety of teaching strategies and techniques that can be used in different contexts, with different learners. Teach general rules, reinforce what was right, and correct mistakes. Personal stories can be used to engage learning.

## Precepting styles:

Vary based on the skill level of the 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

## Teaching clinical reasoning:

When possible role model *thinking out loud* to demonstrate reflective practice. Case review is a VERY effective method to teach a systematic approach to care management. Tell clinical stories and ask student to identify the red and pink flags. The three-second rule is a pause that allows the student a space to respond. Ask them to identify what they think might be going on (this is a differential diagnosis). Discourage the jump directly to management. They should identify further assessments needed based on their differential diagnosis list. They can learn to rule out worst-case scenarios as well as confirm most likely cause. Then ask the student to articulate their management plan with a rationale. 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.

### Common Challenges:

Getting the student to go deeper when their knowledge base is poor.
Remaining fair when you just don't like your student
Dealing with the struggling student. When to fail?
Boundary issues

## Scenario 2:

**Brooke is in her 3rd week of C&C. You work in a shared care model with 2 other midwives and Brooke has been attending clinic with all three preceptors. She has already attended 12 births. As her coordinating midwife you feel Brooke`s workload is too heavy but Brooke tells you she is worried about Continuity of Care for her college numbers.**

- ***What do you think about Brooke`s workload?***
- ***How can you organize Brooke`s clinical work to address her concerns?***
- ***How do you develop expectations and learning needs for each specific event – ie. This week in clinic what do you want to work on?***

# Part 3 Feedback and Evaluation

## Grading Clinical Courses

Clinical courses are graded as satisfactory or unsatisfactory. Their grade comprises:

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 meeting of tutor, preceptor, student at midterm and end of the course. The meeting is conducted on the telephone. 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 are completed online. An email will be sent first to the student to complete their self-evaluation. After 5:00 pm of the day that it is completed, 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 more than one preceptor is involved with the student, ensure that the name and email address of the preceptor completing the evaluation is sent to the Placement Coordinator.

If you evaluate a student as **unsatisfactory** there must be concrete examples included within the evaluation. There should be no surprises for the student or the tutor. Please as for assistance from your mentor, MPG Education Coordinator or the student's tutor. 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 period. A **remedial placement** of up to 4 weeks can be organized for students with this evaluation. Your practice should be prepared to organize supervision and an adequate allocation of births for the remedial placement. The Academic Review Committee (ARC) must approve remedial placements. Your student's tutor will help you prepare a learning contract for your student. It will be presented to ARC by the overall consortium course coordinator.

*Benchmarks for Complications and Consultation, Maternal Newborn Pathology and Clerkship - see Appendix C

# *Feedback*

## 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 and confidence
- clarify expectations
- increase morale

## How to give Feedback

- Ensure privacy
- Discuss process for feedback with student at the beginning of placement: when it will happen, who will be involved. It can be on the fly 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 constructive feedback.
- 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
- 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.

Focus on Behaviour and do not criticize the student's character.
Use concrete examples.

# Part 4 Challenging Scenarios

## The Struggling Student

The struggling student may not ask for assistance but will manifest their difficulty in their behaviour. The may demonstrate a lack of motivation, a negative attitude or display over confidence. It is very common for the struggling student to react to feedback with hostility and defensive, argumentative comments.

1. Set Goals: These set the stage for each clinic day and birth. Goals and expectations can be clarified in a learning plan. Be sure the goals fit with the overall course objectives. Monitor progress toward the goals.
2. Ask questions that encourage the student to consider management.
    a. What do you think is most likely?
    b. What further investigations should be undertaken?
    c. What does the client need to hear in and ICD?
3. Encourage student to "think out loud". Adults learn by integrating experiences and reflecting upon them. As a preceptor you can prompt them to reflect upon their care.
4. Reinforce what was done well. Not only because it is nice but it will encourage the student to repeat the action.
    a. I noticed how well you considered the client's concerns about fetal wellbeing along with the costs of frequent u/s.
5. Correct Mistakes. If not corrected errors are likely to be repeated. It should be specific and focus on the professional content and not on personal attributes of the student.
    a. Stomach flu could be the cause of fever at 33 weeks but this client has a Hx of frequent UTI's and pyelonephritis should be considered and ruled out.
6. Teach General Rules. Preceptors do not need to know everything and being a role model by looking things up is positive learning.
7. Encourage Reflection and Integration. Taking time to debrief after clinic is a powerful way for the student to develop critical thinking. Encourage the learner to do the talking during the debrief.
    a. What did not make sense today?
    b. What was the most interesting client situation this afternoon?

Sometimes students cannot meet the required skills to be satisfactory in the clinical placement. In this case preceptors should keep notes with examples, speak to their practice EC and the student's tutor early in the placement to strategize how to assist the student to achieve the skills to be successful.

# Appendices

## 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 two 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: Birth Number Changes

### Guide to Planning Clinical Opportunities

| Course | Length | Continuity | Observed | Primaries | | Seconds | | | TOTAL Minimum | | TOTAL Maximum | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Weeks in Placement | Planned | Planned | Planned | Minimum Attended | Planned | Minimum Attended | Maximum Attended | TOTAL Planned | TOTAL Attended | TOTAL Planned | TOTAL Attended |
| Intro to Midwifery | | | ≥ 2 | | | | | | | | | |
| Normal Childbearing | 17 | 12 | 2 | ≥ 14 | 12 | ≥ 6 | 6 | 12 | 22 | 18 | 32 | 30 |
| Third Year | 18-24 | 0 | No limit | No limit | NA | No limit | NA | NA | NA | *<5 | No limit | No limit |
| Complications & Consultation | 12 | ≥ 7 | 0 | ≥ 12 | 10 | ≥ 6 | 4 | 8 | 18 | 14 | 24 | 22 |
| Maternal & Newborn Pathology | 13 | ≥ 18 | 0 | ≥ 12 | 10 | ≥ 6 | 4 | 8 | 18 | 14 | 24 | 22 |
| Clerkship | 13 | | 0 | ≥ 12 | 10 | ≥ 8 | 6 | 10 | 20 | **16 | 26 | 24 |
| **TOTAL** | | ≥ 37 | 4 | 50 | 42 | 26 | 20 | 38 | 78 | 62-67 | 106 | 98 |

** ≤ 5 primaries supervised by a physician or anyone other than an Ontario midwife for CMO registration*

*** This number has been increased from 15 to 16*

*Blue shading indicates new categories added*

## **Appendix C:** Benchmarks for Complications and Consultation, Maternal Newborn Pathology and Clerkship

### Complications and Consultations:

A student who is **SATISFACTORY** in Complications & Consultation:

- displays an expanding base of knowledge about maternal and newborn conditions in situations outside of normal where consultation is required
- demonstrates primary care responsibility in the provision of midwifery care
- seeks advice and consultation from the supervising midwife as needed
- demonstrates clinical decision making skills in normal situations with confidence and in situations outside of normal where consultation is required with minimal assistance
- routinely initiates the planning of care and debriefs with preceptor
- conducts prenatal and postnatal visits in normal situations with confidence and in situations outside of normal where consultation is required with minimal preceptor supervision
- responds to pages and phone calls appropriately and provides clear information/direction to clients
- manages normal labour and birth, including third stage, with confidence

### Maternal Newborn Pathology

A student who is SATISFACTORY in Maternal & Newborn Pathology:

- behaves in a professional manner at all times during placement
- conducts prenatal and postnatal visits without assistance except when unusual conditions present;
- routinely initiates the planning of visits and debriefs with her preceptor;
- provides intrapartum care, recognizes abnormal situations and plans management;
- seeks advice from the supervising midwife as needed;
- displays an expanding base of knowledge about maternal and newborn conditions;
- responds to pages appropriately;
- establishes good working relationships with midwives, admin staff, clients and other health professionals;
- recognizes the need for and performs emergency skills with assistance;
- able to practice full scope midwifery.

### Clerkship

A student who is SATISFACTORY in Clerkship:

- Demonstrates appropriate professional behaviour toward clients and colleagues and behaves in a professional manner at all times.
- Is confident, competent and consistently able to function independently in the provision of midwifery care;
- Conducts comprehensive prenatal, intrapartum, postnatal and newborn care;
- Identifies abnormal situations and deviations from normal and institutes appropriate management strategies;
- Responds appropriately in emergency situations;
- Initiates and completes appropriate discussions, consultations and transfers of care;
- Provides comprehensive, thorough and appropriate information;
- Provides comprehensive, thorough and appropriate documentation of her observations;
- Demonstrates appropriate and professional responsibility for learning