

Best Practices For Precepting: Working together to prepare Students and Clinical Sites

Lisa Kane Low PhD CNM FACNM

Joani Slager DNP CNM FACNM

From Michigan Home of the
Detroit Tigers

Acknowledgements

- Denise Henning Midwifery Works Planning Committee
- Barb Lannen Wayne State University



Goal of the Presentation

To focus on the importance of both academic and clinical sites working together to prepare for optimal student experiences while supporting preceptor needs in the clinical setting.

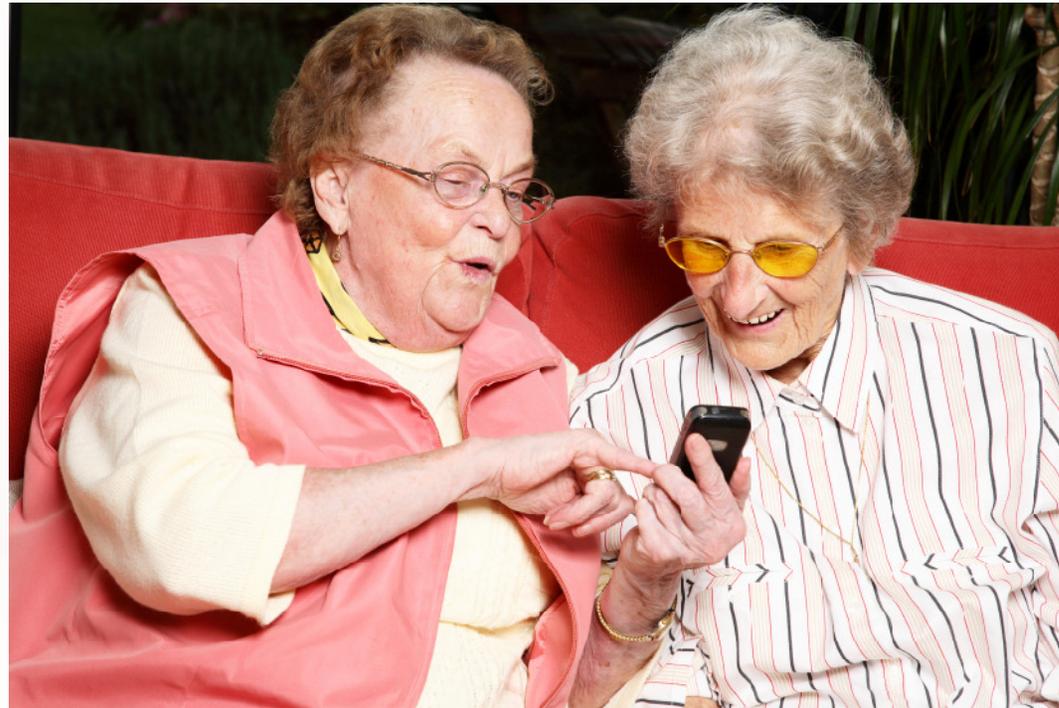




Educating our future midwives:

Challenges
Successes
Opportunities

How Lisa and Joani set up a clinical preceptorship



The New Alternative

- How do the University of Michigan Midwifery Program and Bronson Health System work together to set up a student preceptorship?



Changing Landscape

- Who is responsible for the “clearance” process
 - Drug testing
 - Criminal background check
 - Finger printing
 - Vaccinations
 - Magnet Status



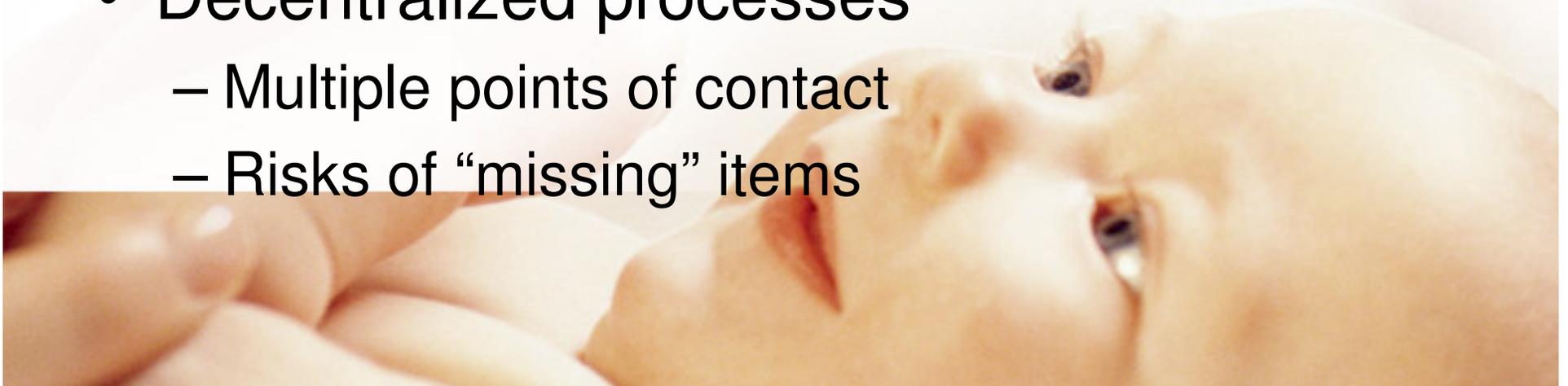
Orientation to EMR

- Timing of orientation options
- Proficiency of skills
- Multiple systems with multiple versions



Changing Landscape cont.

- Centralized processes
 - Point of contact no longer a CNM/CM
 - Consistency or no consistency
 - Level of tailoring has changed
- Decentralized processes
 - Multiple points of contact
 - Risks of “missing” items



Centralized Role of Preceptor Selection within a Practice

- Who can/should select the preceptor?
- Negotiation between site and program with goal of a “mission match” based on learning needs and student skills
- Personal contact to a potential preceptor vs through the practice director or central contact
- Coordinate placements
 - UM Model



Preparing the Preceptor

- What resources are needed for preceptors from the midwifery programs?
- Standardized teaching modules in place
- Standard Orientations
- Workshops
- Give Preceptors a Break



Resources for Preceptors

- School Specific Preceptor Guidebook
- General Resources for Precepting
 - Websites
 - Targeted resources vs the BIG PACKET
- What about the “little things”



Resources the Preceptor Needs

- Syllabus
- Clinical Objectives
- Past Evaluations
- Student Goals and Objectives
- Student Resume
- Student Statement



Three to four key papers on the role of precepting

Aust J Midwifery, 2003: 16:2:07

Nurturing the future of midwifery through mentoring

Lisa McKenna

Clinical Teaching and Learning in Midwifery and Women's Health

Jeanne Raisler, CNM, DrPH, Michelle O'Grady, CNM, MS, and Jody Lori, CNM, MS

EDUCATION EXCHANGE — Lauren P. Hunter, CNM, MS

THE CIRCLE OF SAFETY: A TOOL FOR CLINICAL PRECEPTORS

Helen Varney Burst, CNM, MSN, DHL(HON), FACNM

What the Program Director or Course Faculty Need to Prepare

- Realistic expectations for the course/student
- What will the student be prepared to do on day 1
- What is the academic preparation the student has for day 1



Role of Faculty

- Clear materials and resources
- How to contact each other including for emergencies
- Expectations for the clinical hours, make up if sick or changes etc



Preparing the Clinical Site

- **Housing: Is it available at your site?**
- **Call rooms: Separate or shared?**
- **Office space: Designated area set aside for student is ideal**
- **If on EMR: Can the student log in and/or chart on the system?**
- **Does the gatekeeper know a student is coming?**



Orienting the Student to the Site

- **Schedule prior to first clinical session, 30-45 minutes, not during patient care hours**
- **Meet with student, discuss expectations and what student hopes to gain from rotation**
- **Work out schedule to *accommodate student's other responsibilities* and preceptor availability that meets the requirements for the experience**



- **Office hours, time allotted for visits, breaks, lunch break, dress code, rounds/conferences,**
- **Tour facility: bathrooms, lunch area, parking, security**
- **Exam rooms, supplies, forms, educational material**
- **Introductions to staff, other midwives, and Obs**
- **Adjunct learning opportunities**



Preparing the Clients

- Create a welcoming atmosphere that values student participation
- Post a notice about the student in the waiting area or other appropriate spot (short bio, photo, name of program)
- In “orientation to practice” for all clients describe the role of students in providing care as part of the team
- Encourage input from clients about their experiences with students



What should students do before their first clinical?

Confirm location

Complete to do list

Review service information

Review service clinical guidelines

Get excited

Prepare academically for the area of care being provided



Student First Day

- Be on time, have time to prepare for the clients to be seen if possible
- Confirm plan for observation vs performance of skills and level of supervision
- Offer role modeling options
- Have coffee.....If you are with Lisa but not with Joani





***YOUR TEACHING STYLE TENDS TO BE
BASED ON YOUR OWN LEARNING STYLE.***



Teaching Styles Continuum Examples

1. ASSERTIVE:

"What is the drug of choice for _____?"

2. SUGGESTIVE:

"Amoxicillin is an option for that purpose, but what other options might be better due to increases in resistance patterns?"

3. COLLABORATIVE:

"So your diagnosis for this client is _____. What plan would you recommend and why?"

4. FACILITATIVE:

"Ms. Jones shared some difficult information about her history with you. How did that make you feel?"

FIVE ASSUMPTIONS YOU SHOULD MAKE ABOUT ADULT STUDENTS:

- Students are self-directed.
- Students' experiences are a rich resource.
- Students are eager to learn when solving a real problem.
- Students are eager to apply the information they are learning.
- Students are eager to become competent.

Mission Match and Role of Academic Site vs Preceptor

- Ideally we match the learning styles and approaches...really?
- Taking the learning style tools can serves as a useful exercise
- Preparing up front is ideal but if not the use of the site visit is another place to address style differences



Perhaps the most important influence you have on your student is your ability to serve as a role model. If you are capable, sensitive, enthusiastic, and yourself, it will reflect well on your student.

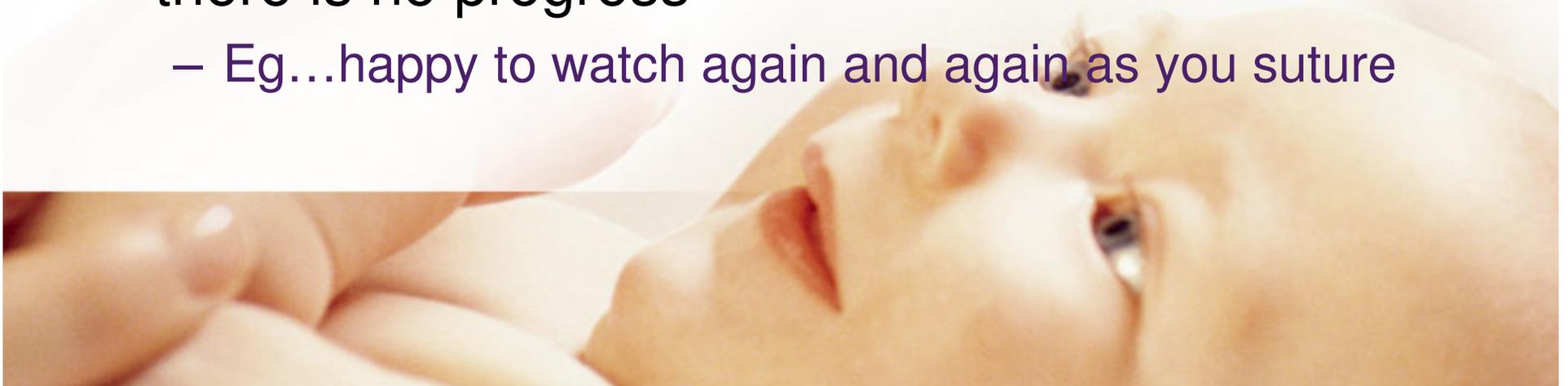


Circle of Safety



Circle of Safety cont

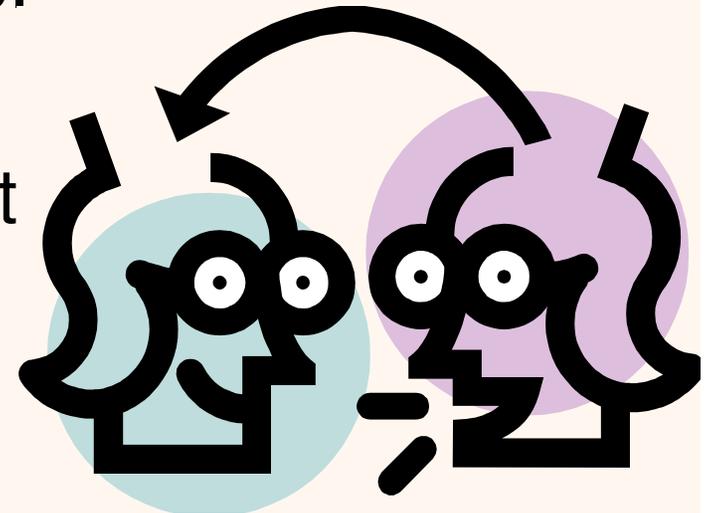
- Knowing your circle of safety is the first step
 - Being clear in what you are comfortable with
 - Being clear with the student what your boundaries might be
- Ask student where they are within this circle
 - Do they have boundaries?
- Staying within your circle is appropriate....unless there is no progress
 - Eg...happy to watch again and again as you suture



The One-Minute Preceptor

Five-step “microskills” model of clinical teaching: five tasks to accomplish when discussing a clinical case that a student has just presented...

1. Get a commitment.
2. Probe for supporting evidence.
3. Teach general rules.
4. Reinforce what was done right
5. Correct mistakes.



The Dreaded Evaluation Process

- **Don't wait until the end to give feedback; give feedback daily**
- **Update monthly progress reports; use form supplied by program as guide**
 - **Universal Evaluation Tool Developed by DOME**
- **Keep in touch with clinical faculty, even if only to drop an email**
 - **If all of the folks in a practice know that a student has a challenge the program should too.**
- **If problems develop, intervene early**
 - **Role of site visits (in brief)**
- **Ask the student how you can improve as a preceptor**



Essentials of Evaluation

- ❑ Formal system with written standards, written evaluation procedures
- ❑ Communication is vital:
 - Frequent formative evaluations
 - Regularly scheduled (midterm and final) summative evaluations
- ❑ Documentation of evaluations are written and signed, with established corrective plans as needed
- ❑ EMAIL???

REMEMBER:

- KEEP IT.....TIMELY
- KEEP IT.....OBJECTIVE
- KEEP IT.....FOCUSED
- KEEP IT.....USEFUL



Prevention

- Nip it in the bud...
 - Know course expectations
 - Clarify your expectations of the student and theirs of you.
 - Keep faculty involved and informed
- Close monitoring
 - Observation of student
 - Regular (daily) constructive feedback



“Student” **Management Process**

- Not all problems are “clinical”
- Need for a coordinated flow of communication between the preceptor and the program
 - Student knowledge demonstration
 - Hand skills vs knowing what you are doing
- Value of integrated faculty practice in a program



When you identify a problem: Doing the evaluation dance

- Involve the student first
- Find out what her/his perception is
 - A student who knows her weakness is more likely to be able to effectively change
- Discuss your concerns
 - non-judgmental manner, “I” statements, remember feedback concepts
- Communicate with your faculty member



Giving Negative Feedback

- ❑ Start with:
 - Clear objectives, safe environment, respect
- ❑ Be timely, specific, limited, & objective.
- ❑ The “sandwich” technique
 - Start with a compliment, then discuss the negative, and finish with positive reinforcement
 - Useful in many situations
 - Easy to overemphasize the positive
 - Or the student may hear only the negative

Giving Negative Feedback

A student will be less defensive if you:

- Speak in private not in front of others
- Seek their opinion first “how do you think that situation went?” “What do you think you could improve on?”
- Never give “illegal” criticism:
 - Confine yourself to behavior that can be changed
 - Do not criticize in anger—
take a 5-minute time out first



Learning Contract

Includes

1. Student strengths and learning style
2. Learning objectives: what the learner is going to learn.
 - Concrete objectives in relation to knowledge gap identified.
3. Learning strategies: how the learner is going to learn it
 - Identification of strategies and resources to assist and support the student, as well as student assignments
4. Target date: deadline or time for assessment
5. Evidence of accomplishment: how the learner is going to demonstrate that he or she has learned it.

Time to share YOUR
“PEARLS” of wisdom ...

How do you create a positive climate for
students in your setting?



- What are best practices that can be implemented by academic programs and clinical practice sites to optimize student experiences and preceptor receptivity to having students.
- **OPEN DISCUSSION** with the **PARTICIPANTS** for **STORIES OF SUCCESS!**



