Preceptor Orientation Program

Part 2: Student & Preceptor Responsibilities, Evaluation Process

YALE SCHOOL OF NURSING MIDWIFERY EDUCATION PROGRAM

It's not all numbers...

Midwifery education is competency based.

- Students need to have skills to perform the work safely as a new graduate.
- Clinical preceptors and Yale faculty determine clinical competency.

There are minimum experience numbers for program accreditation.

- Average 35 births per student
- Average 100 complete prenatal visits
- Yale students generally meet or surpass these numbers before graduation.

Contact you can expect from faculty

- Letter at start of semester explaining course along with contact information and course syllabus
- Email/phone contact at midterm to discuss student progress
- Email/phone contact at end of semester to discuss student course completion
- Any time you think you need to talk about a student's work – contact us, please!

Student Responsibilities

- Dependable, on time attendance
- Dress that respects the culture of the practice
- Sets goals for day
- Asks preceptor questions as needed
- Knows limits of skills and knowledge
- Discusses each case with preceptor before discharging patient

Preceptor Requirements

- Licensed professional: midwife, advanced practice nurse, physician...
- Appointment as courtesy faculty with Yale School of Nursing (YSN)
- Schedule A contract with YSN completed for semester
- Notify YSN clinical course coordinator of all preceptors in the practice or a change of preceptor in the practice. The student can do this by email and copy you.

Preceptor Responsibilities

- Orient student to practice. Yale students are visitors and guests in your practice.
- Select patients that match the skill and experience of the student.
- Request patient permission for student involvement in care.
- Be honest with student about the student's knowledge and skills. Timely completion of evaluations.

Evaluations

- Daily formative evaluation form
- Midterm summative evaluation form
- End of semester final summative form

Daily Formative Evaluation Form

Yale School of Nursing Midwifery & Women's Health Nurse Practitioner Specialty Formative Clinical Assessment Form

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earning Goals:			
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- Student starts form during clinical hours
- Preceptor completes comments on back of form
- Preceptor and student review the form together at end of each day/shift

Midterm & Final Summative Evaluations

Consistently meets expectations	Usually meets expectations	Below the expectations	Not Observe d
	BY OBTAINING ALL NECESSAL		
INITIAL HISTORY/INTERVIE	ALUATION OF THE WOMAN OF	RIEWBURN	
Resourceful, precise.	Obtains basic history: accurate:	Incomplete, unfocused,	Not
efficient; detailed, broad-	obtains most of the relevant data	inaccurate, data missing, major	Observed
based; appreciates	and most of the psychosocial	omissions; inappropriate,	
subtleties; insightful;	components. Sensitive to client	psychosocial components absent	
obtains relevant data	needs and cues.	or sketchy.	
including psychosocial		·	
components.	11.1.0		
PHYSICAL EXAMINATION SK Consistently uses systematic	Identifies major findings; may	Unreliable or incomplete	Not
approach to perform	lack organization. Shows	assessment; unaware or	Observed
organized, comprehensive or	reasonable skill and compassion	insensitive to patient comfort no	JDBCI VCC
focused examination guided	in preparing for and doing	improvement despite coaching.	
by history; picks up subtle	procedures; safe and accountable	Unsafe.	
findings. Confident,	for own actions.		
compassionate, safe and			
accountable for own actions.			
MEDICAL RECORD REVIEW			
Consistently uses an	Identifies major historical data;	Incomplete or absent review of	Not
organized approach to review the medical record	may miss minor details.	medical record. Fails to note major data.	Observed
with notation of pertinent		major data.	
data including			
inconsistencies. Obtains old			
records prior to client			
arrival.			
	EMS OR DIAGNOSES AND HEA		
	ERPRETATION OF SUBJECTIVE	E AND OBJECTIVE DATA	
OBTAINS DATA FROM MULTI			
Consistently incorporates	Identifies appropriate diagnostic	Consistently needs assistance to	Not
appropriate diagnostic testing, pharmacologic &	testing, pharmacologic & nonpharmacologic treatment, and	identify appropriate diagnostic testing, pharmacologic and	Observed
nonpharmacologic &	patient education for	nonpharmacologic treatment,	
treatment, and patient	straightforward primary care	and patient education for	
education for multiple	problems. Prioritizes but not	straight forward primary care	
disease processes in an	always considering situational	problems. Cannot identify	
integrated manner.	realities or community resources.	normal from abnormal.	
Consistently prioritizes	Is usually able to identify normal		
appropriate to client need	from abnormal.		
and situational realities			
including community			
resources. Is able to differentiate between subtle			
uniterentiate between subtie			
variations in normal from			

- Midterm and final summative evaluations now done online through e*Value
- Preceptor receives a link to online form via email
- The online form is fast, private and secure

Evaluation responsibilities

- Student and preceptor set goals for the day
- Student completes self-evaluation
- Preceptor adds comments to evaluation
- Clinical course coordinator and student advisor review evaluations
- Evaluation becomes part of student's permanent record

Suggested start for student in a new practice

- Student should complete required orientation, such as electronic medical record class, before seeing patients.
- Orient student to your building and your practice staff.
- Have student observe you doing several visits. Ask student questions about the management of the case following visit.
- Start delegating parts of visits while you observe student's work.

Expectations for Student Work

- Yale graduate entry student might have little nursing experience.
- Students do not need to do every bit of patient care including medical record documentation for every patient.
- Preceptor should accompany student for all procedures. Ex: early speculum exams, all IUD insertion, all births
- Students can do a history and review of systems and document those without preceptor observing work.

Expectations for Student Work

- Students are not expected to complete a midwife's full schedule until their final integration semester.
- A practice should not depend on a student as an assistant or help with workload.
- If a student is delaying patient flow in a practice, call the clinical conference group leader or course coordinator for suggestions to help student.

Sample Preceptor Questions at the Start of a Visit

After the student has reviewed the medical record:

- Tell me about this women's history.
- What brings this woman to the office/hospital today?
- What further data/evidence do we need?
- What routine procedures should be done today?
- What do you think we might need to do? What's your midwifery management plan?

• During the visit:

- What further data/evidence do we need?
- What's the midwifery management plan?
- What sort of anticipatory guidance can we offer?

Sample Preceptor Questions at the End of a Visit

- What is your midwifery diagnosis?
- What is your midwifery management plan?
- What is the evidence or guideline that supports your management plan?
- Are there different management plans that are evidence based?
- What was new about this encounter for you?
- What was unique about this woman's needs?
- Is there something you might do differently next time?

YSN Preceptor Benefits

- Courtesy faculty status
- Invitation to Yale School of Nursing Midwifery Program events
- Annual continuing education programs
- Yale library access
 - Midwifery & medical journals
 - Full text online books: Varney's Midwifery, William's Obstetrics...
 - o Popular novels, latest fiction releases
 - Journals and books from other disciplines
- Fulfillment from mentoring future midwives and NPs!

Thank you Gracias

Merci

Mèsi

Niá:wen

Thank you in any language!



Your teaching helps grow midwifery around the world!

Above: Midwives at the 2013 International Confederation of Midwives Meeting