

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 20 births per student
- Average 20 complete new prenatal visits
- Yale students generally double 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
 - Modest
 - Tattoos covered
 - Yale name tag displayed
- 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...
- Minimal preparation-master's degree
- 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 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.

Evaluations



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

Daily Formative Evaluation Form

Clinical Objectives		Clinical week	Date															
I	Investigates by obtaining all necessary data for the complete evaluation of the woman or newborn.																	
	A. Medical Record review complete with notation of pertinent data.																	
	A. History-complete, accurate, appropriate, gentle, organized.																	
	A. Uses appropriate interviewing techniques.																	
	A. P.E. – complete, accurate, appropriate, gentle, organized.																	
	A. Interprets lab and other diagnostic evaluations accurately.																	
	A. Identifies client information needs.																	
	A. Records pertinent data using standardized abbreviations.																	
II	Identifies problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.																	
	A. Interprets and analyzes data to accurately anticipate, identify or diagnose problems.																	
	A. Differentiates between variations of normal and abnormal.																	
	A. Prioritizes problems appropriate to client need and situational realities including community resources.																	
II	Anticipates other potential problems or diagnoses that may be expected based on the identified problems or diagnoses																	
I																		
	A. Demonstrates critical thinking in decision making																	
	A. Reflects on consequences of a decision prior to taking action.																	
IV	Evaluates the need for immediate midwife or physician intervention and/or consultation or collaborative management with other health care team members, as dictated by the condition of the woman or newborn.																	
	A. Identifies problems or diagnoses requiring immediate intervention.																	

- Student starts form during clinical hours
- Preceptor completes comments on back of form
- Preceptor and student review the form together

Midterm & Final Summative Evaluations

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

- 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 sets goals for 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 building and 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: early speculum exams, IUD insertion, 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...*
 - Popular novels, latest fiction releases
 - Journals and books from other disciplines

Thank you

Merci

Gracias

Graci

*Thank you in
any language!*



**Your teaching helps grow midwifery
around the world!**

**Above: Midwives at the 2013 International
Confederation of Midwives Meeting**