

Preceptor Orientation Program

Part 3: The One Minute Preceptor



**YALE SCHOOL OF NURSING
MIDWIFERY EDUCATION
PROGRAM**

Students Want to Do Well



Students want to be the best. They suffer when they make an error. Part of what they need to master is that we all make errors but we can learn from our errors. We will be with them and prevent them from harming patients.

They know deep down how little they know and what to graduate as polished clinicians. They need permission to become life long learners.

Lifelong Learning



Is there somehow early in the relationship you can demonstrate that you too are always a learner?

Examples:

- I have a phone app that lists and describes all the contraceptive pills. I encourage the student to download that free app. I show them that I can't remember all the generic names or pill doses.
- I insert into conversation that I had to study for an online course required by the hospital for annual recertification. I mention that I missed more questions than I thought I would.
- I look up a treatment that I don't use often such as a progesterone challenge and tell the student that treatment regimens change and I want to make sure I'm using the latest.
- I talk about how many times in 20 years we have had to relearn pap smear management or mammogram testing guidelines.

Students are less anxious when they know preceptors are learners too.

The Evaluation Sandwich



- Describe what the student has done correctly and well
- Describe the error that the student made.
- Reassure the student that she has the ability to make the needed change. Reassure the student that you will support her in doing better the next time.

When a student's work isn't meeting expectations:



- Ask if the student feels that clinical expectations are being met.
 - If the student says no, ask what the student thinks can be improved.
 - If the student says yes, say that you think the work can be improved.
- Identify specifically what behavior needs change
- Ask how the student thinks she could improve the specific behavior.
- Say how you can help/support the student. Make a plan.
- Restate the plan at the beginning of the next clinic.
- Evaluate the plan at the end of the next visit.

When a student's work isn't meeting expectations:



Remember that the clinical conference group leader, course coordinator and other faculty are ready to give you support as soon as you want help.

What specific behavior needs change?



- Knowledge base lacking for clinical area
- Unable to use references to explore unknown areas of practice
- Hesitancy to take charge of visit or components of visit, especially in last half of semester
- Inability to synthesize symptoms and exam findings and form differential diagnoses
- Unknowledgeable about further testing or treatments for differential diagnoses
- Inability to prioritize which components of a visit can be completed in a reasonable time frame
- Inability to document an organized record entry about visit
- Arriving late for clinic
- Asking to leave clinic before shift work is complete

Sample Conversation

with thanks to Tonya Nicholson, DNP, CNM, WHNP, Frontier Nursing University



I know that you want to be the best [midwife, women's health nurse practitioner] that you can be. I trust that you know that my place is to help you achieve that. My observation during the last visit was that you didn't remember the testing needed during a 28 week prenatal visit and you didn't know where to reference it quickly. We have reviewed that before. I also observed that when the patient asked you about that, you were flustered and changed the subject. Talk to me about what happened during that portion of the visit. (Listen to student and respond as needed.)

What do you think you can do to improve your knowledge of routine testing?
(Listen to student and respond.)

I can help you with that plan by _____.

Let's plan to work on that again next week. I'll be looking for you to know routine prenatal testing. I know you can master that.

Reverse Mentoring



What can the student teach the preceptor?

- Is there something about smart phone use the student can show the preceptor?
- Has the student seen another treatment at another practice that might be considered by this preceptor?
- Does the student know resources or health care sources that are used by young patients that the preceptor might not know?

Being open to learn from students, reverse mentoring, strengthens the student-preceptor relationship. And, the preceptor might learn some new tricks!