New Preceptor Learning Module 2019
For more information

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Welcome

Thank you for your interest in becoming a preceptor in the Ryerson University Midwifery Education Program (MEP). Preceptors play a central role in the growth and sustainability of midwifery in Ontario and beyond.

The New Preceptor Module is one component in the education program for new preceptors affiliated with the Ryerson MEP. It provides foundational knowledge for being a midwifery preceptor and it is focused on the common entry point to precepting for Normal Childbearing.

In addition, attendance at the Ryerson MEP New Preceptor Workshop is required. This workshop provides opportunities for discussion and practical application of the information in this module to the clinical setting and being a preceptor.
Module contents

The module is organized into 6 parts and includes a post-module quiz to confirm your knowledge:

Part 1. Becoming a preceptor
Part 2. Understanding the MEP
Part 3. Understanding MEP students
Part 4. Preparing for the placement
Part 5. Being an active teacher
Part 6. Being an MEP preceptor
Module objectives

By completing this module you will have an understanding of:

• Steps to becoming a preceptor and being a preceptor in the MEP
• MEP curriculum, policies and resources related to clinical education
• Clinical course preparation, objectives, competency expectations and evaluation procedures, with focus on the Normal Childbearing course
• MEP students as diverse adult learners
• Strategies to be an active and effective clinical teacher
• How to stay engaged and develop your skills as a clinical teacher
Navigating the online module

This is a self-paced module – complete the module at your own pace.

It is estimated it will take approximately 6 hours to complete the module and the post-module quiz.

The module combines on screen content with required readings, as well as recommended and optional readings that you can explore at your interest.

Links are embedded in the module for most readings – some will open on the web and others will open in an open access folder posted on the Ryerson Google drive.

Please contact ealleman@ryerson.ca if you have any technical difficulties with this module or access to the readings.
Abbreviations used

AOM – Association of Ontario Midwives
BIPOC – Black, Indigenous and People of Colour
CMO – College of Midwives of Ontario
CMRC – Canadian Midwifery Regulators Council
EDCI – Equity, diversity and community inclusion
ICM – International Confederation of Midwives
MEP – Midwifery Education Program
NACM – National Aboriginal Council of Midwives
NC – Normal Childbearing
OHRC – Ontario Human Rights Commission
TBC – Toronto Birth Centre
TPC – Teaching practice coordinator
Part 1: Becoming a Preceptor

MEP preceptor requirements
New preceptor application process
New preceptor education program
Ongoing preceptor requirements
Am I ready to be a preceptor?

Being a preceptor requires midwives to integrate students into client care, assist and support them to learn hands on and clinical thinking skills, engage in feedback and evaluation, provide appropriate supervision and hold medical-legal responsibility for all actions by the student.

Preceptors are required to be CMO General Registrants.

We recommend midwives feel confident in their own knowledge and skills to ‘handover’ their care to and supervise a student, and to provide feedback for learning and evaluation.

It is important that new preceptors have support, guidance and mentorship from their practices for becoming and being preceptors.
How can I become a preceptor?

Discuss your interest with your practice to see what opportunities are available – speak to your ‘Teaching Practice Coordinator’ who is responsible to coordinate clinical education in your practice and liaise with the MEP

Midwives may first have students follow some of their client care without being a ‘designated’ preceptor

Midwives may become a designated preceptor as a member of a preceptor team or as a lead preceptor

Apply to the MEP site your practice is affiliated with and complete their new preceptor education program

Midwifery practices are expected to provide mentoring and support for new and continuing preceptors
When should I become a preceptor?

The MEP requires midwives to become preceptors when they are:

• Assigned as a designated or lead preceptor for a MEP/IMPP student
• Doing clinical evaluations for students in midwifery placements

The MEP recommends midwives become preceptors when they have:

• Significant involvement with students in their clinical practice
To become a MEP preceptor, you are required to:

- Be a general registrant of the College of Midwives of Ontario who has completed their New Registrant year
- Have no conditions or restrictions on your CMO registration
- Have no conditions or restrictions on your hospital/birth centre privileges
- Complete the new preceptor application, including the online declaration of good standing and arranging for two references
- Complete the new preceptor education program, including online learning module and quiz and 2-part workshop
- Receive a midwifery clinical preceptor certificate
What if I don’t meet these requirements?

Midwives may choose – but are not required – to become a preceptor when they:

• Are interested in becoming a clinical teacher and have completed or will soon be completing their New Registrant year

• Have MEP/IMPP students following some of their clinical practice or are assigned students in the Introduction to Midwifery course to their prenatal clinic or ‘pregnant volunteers’
How do I apply?

To apply to be a preceptor in a Ryerson affiliated practice:

• Complete the online Ryerson MEP new preceptor application, including the declaration of standing with the CMO and the hospital/birth centre where you have privileges.

• Arrange for two references using the online referee form from people who can comment on your ability to be a clinical teacher, e.g. midwifery or interprofessional colleagues, clients or students you have worked with.

right click to open web or Google drive links
What training do I need to complete?

You are required to complete the Ryerson MEP new preceptor education program, which includes:

- New preceptor online learning module, including the OHRC Human Rights 101 module
- Post-module online quiz
- New preceptor workshop
  - Part 1: Policies and Preparing for the Placement (2 hour webinar)
  - Part 2: Teaching and Evaluation (5 hour in person workshop)
Being a MEP preceptor

Once you have completed your application and the new preceptor education program, you will receive a Ryerson MEP midwifery clinical preceptor certificate.

You can then be a designated preceptor for a MNP/IMPP student and participate in clinical teaching, assessment and evaluations.

As a preceptor you are an important partner in the education of midwifery students and one of the MEP’s most important resources.

The MEP and course tutors have equal responsibility to preceptors as to students in clinical placements.

Your first point of contact with the MEP is through the ‘teaching practice coordinator’ in your practice and the course tutor assigned to your student.
Ongoing preceptor requirements

As a MEP preceptor, you are expected to:

• Comply with all MEP clinical placement policies and guidelines

• Provide placements that meet MEP birth number requirements and provide learning opportunities appropriate to clinical course objectives

• Regularly participate in professional development opportunities related to clinical teaching

• Notify the MEP of any changes to your personal or contact information, your midwifery practice site, or your CMO registration or hospital/birth centre privilege status
Content focus of this module

To meet these requirements, this module will provide orientation to:

- MEP clinical placement policies and guidelines
- MEP birth number requirements
- Clinical course objectives and learning opportunities (focused on Normal Childbearing)
- New and ongoing clinical education professional development opportunities
- Who to contact with any changes to your contact information, practice site or privilege status

Ongoing preceptor requirements

As a MEP preceptor, you are expected to:

- Comply with MEP clinical placement policies and guidelines
- Provide placements that meet MEP birth number requirements and provide learning opportunities appropriate to clinical course objectives
- Regularly participate in professional development opportunities related to clinical teaching
- Notify the MEP of any changes to your personal or contact information, your midwifery practice site, or your CMO registration or hospital/birth centre privilege status
Part 2: Understanding the MEP

- MEP curriculum and program streams
- MEP placement policies
- Preceptor-university relationship
- Liability and supervision
- MEP contacts and student services
The Ryerson MEP has several program streams:

- 4 year full-time program
- 5 part-time program
- 2 year accelerated ‘post-baccalaureate program for health professionals’ for baccalaureate nursing graduates with obstetrical nursing experience

Students in the part-time stream take a part-time course load in the pre-clinical courses only

All students take a full-time course load when they advance to the clinical courses, beginning with Normal Childbearing
Understanding the MEP curriculum

Review the 4 year full-time program and the post-baccalaureate program for health professionals on the following slides, and reflect on the following questions:

• What is the same/different from the midwifery education program you attended?

• Students take academic courses during clinical placements – what do you think the implications are for integrating academic learning with clinical practice for students, preceptors and the clinical placement?

• Can spot the difference in the clinical course sequence for students in the accelerated post-baccalaureate program?
4 year full-time program

<table>
<thead>
<tr>
<th>Year</th>
<th>Course Details</th>
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<tr>
<td><strong>Fall</strong></td>
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2 year post-baccalaureate program

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<td>Midwifery: Clinical Skills</td>
<td>Inter-professional Maternity Care (online)</td>
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<td>MWF 305</td>
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<td>Maternal &amp; Newborn Pathology A (tutorials only)</td>
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<td>MWF 042A</td>
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<td>Inter-professional Placements I</td>
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<td>MWF 220</td>
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<td>Social Justice in Midwifery</td>
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<td>MWF 155</td>
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<td>Semester 2</td>
<td>Semester 5</td>
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<td>Midwifery Issues (online)</td>
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<td>MWF 315</td>
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<td>MWF 041A</td>
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<td>Maternal &amp; Newborn Pathology B (clinical placement only)</td>
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<td>MWF 042B</td>
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<td>Semester 6</td>
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<td>Advanced Clinical Skills II</td>
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<td>MWF 0410B</td>
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<td>Complications &amp; Consultation</td>
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<td>MWF 320</td>
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* For students who do not receive transfer credit

Shaded areas indicate full time clinical placements

the clinical course sequence is different in Year 2 with the MNP placement in winter and Clerkship in summer
The MEP curriculum is designed with the following principles:

- Equal weighting of academic and clinical curriculum in the program
- Equal weighting of science and social science courses in the pre-clinical curriculum
- Integration of academic and clinical learning during clinical courses
- ‘Spiral’ curriculum where concepts are introduced and reinforced
- ‘Problem based learning’ with problem solving of clinical scenarios
- Block clinical placements for continuity with clients and preceptor(s)
- Competency based learning for entry to practice based on the CMRC competencies
How do these principles impact clinical learning and teaching?

Students in the MEP:

• Have a strong foundation in science and social science theory/knowledge
• Spend equal time engaged in academic and clinical learning in the MEP
• Need to balance academic and clinical responsibilities while in clinical placements
• Learn, integrate and apply knowledge and skills at increasing levels of complexity over the MEP
• Learn through problem solving clinical scenarios that mirror real life practice
• Have continuity of relationships with preceptor(s) and clients
• Are expected to achieve defined competencies for each clinical course and be at entry level competence to graduate
Want to know more? We ask you to read all required readings. Read the optional and recommended readings if you are interested to know more.

**Required reading**

- Review the Canadian Midwifery Regulators Council [core competencies](#) for entry level midwifery in Canada

**Optional reading**

- Explore the [Program tab](#) on the Ryerson MEP website to learn more about the curriculum, program streams and course descriptions (recommended for IMPP or non-Ryerson MEP graduates)
- Read this article that describes a [spiral curriculum](#)
- Read this webpage to review the basics of [problem based learning](#)
Where will you encounter students?

Students work with midwifery preceptors in the following courses in the MEP curriculum:

- Introduction to Midwifery (pre-clinical course)
- Normal Childbearing
- Third year midwifery placement
- Toronto Birth Centre placement
- Complications and Consultation
- Maternal & Newborn Pathology
- Clerkship
- Elective clinical placement (not part of regular MEP curriculum)
Introduction to midwifery

Introduction to Midwifery is a pre-clinical course focused on understanding the experience of childbearing from the client perspective, as well as learning about midwifery as a practice and as a profession.

Students participate in observational experiences with pregnant volunteers by:

• Following 2-3 pregnant people for several prenatal and postnatal visits and attending their labours with midwives and other interprofessional care providers.

• Attending 2 half days of midwifery clinic with midwife volunteers.
Clinical course sequence

**Normal Childbearing**

- Winter term, 17 week placement (Summer term is also used if there are not enough winter placements)
- Foundational knowledge and management of normal conditions

**Advanced Clinical Skills I**

- Fall term prior to third year
- Skills for advanced clinical practice following Normal Childbearing, e.g. suturing review, fetal health surveillance, ALARM program
Clinical course sequence

Third Year Placements

- Fall and Winter terms – 24 weeks in total with 2-4 week mandatory and elective placements (approx. 30 hours per week)
- Accompanying online courses focus on professional issues and knowledge about variations of normal
- Mandatory interprofessional placements – OB, L&D, NICU, lactation
- Community elective placements – includes optional 4 week midwifery placement and TBC placement
- Midwifery placements are based on the student’s learning plan with the goal to increase skill and confidence and fill gaps from NC for senior year
- In TBC placements, students learn how a birth centre works and about Indigenous cultural competence and safety
Clinical course sequence

**Advanced Clinical Skills II**
- Spring term prior to the senior year
- Skills for advanced clinical practice for the senior clinical year, e.g. advanced suturing, complex maternal and neonatal conditions, AOM ESW

**Complications & Consultation**
- Spring/Summer term, 12 weeks
- Learn to lead care
- Knowledge and management of conditions requiring consultation
- Consolidate normal care management by midterm
- Assist with emergency management
Clinical course sequence

Maternal & Newborn Pathology
- Fall term, 13 weeks
- Confident lead care provider
- Knowledge and management of abnormal conditions
- Emergency management with assistance

Clerkship
- Winter term, 13 weeks
- Entry level practice under supervision
- Emergency management with minimal assistance
MEP clinical curriculum progression

<table>
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<tr>
<th>Knowledge</th>
<th>NC 17 weeks</th>
<th>3rd IP Year 24 weeks</th>
<th>C&amp;C 12 weeks</th>
<th>MNP 13 weeks</th>
<th>Clerkship 13 weeks</th>
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<tr>
<td>Normal conditions</td>
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<td>Variations of normal conditions</td>
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<td>Atypical conditions</td>
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<td>Abnormal conditions</td>
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<td>Professional issues</td>
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<th>Skills</th>
<th>Basic midwifery skills</th>
<th>IP collaboration Fill in NC skills for senior year Advanced clinical skills intensives</th>
<th>Management of atypical Learn to lead care Advanced skills Consolide normal skills Assist with emergency management</th>
<th>Management of abnormal Lead care Emergency management with assistance</th>
<th>Entry level care under supervision Emergency management with minimal assistance</th>
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Elective placement course

Elective clinical placement with a midwifery preceptor for 4 to 12 weeks

Originally developed for midwifery students outside the Ontario MEP

MEP students may take MWF 370 to fill gaps and build confidence, e.g. prior to repeating a clinical course

Based on a student’s personal learning plan developed with faculty assistance

No tutorial component

Preceptor teaching/feedback expected but no evaluative component

Pass/Fail grade based on completion of placement

MEP preceptor payment is provided
Want to know more?

Optional reading

If you are interested to know more about the 4 week midwifery placement in the third year or the midwifery elective placement, review the following:

- Third Year Placement FAQs
- MWF 370 Elective Placement FAQs
Reflect on the following questions about policies related to clinical placements:

- How familiar are you with the MEP policies related to clinical placements?
- Where can you access MEP policies?
- What role do you think policies will play in your work as a preceptor?
- How will you be accountable to MEP placement related policies?
- What do you think are the most important policies to your work as a preceptor?
Understanding MEP placement policies

Required reading

Open the link to the Ryerson MEP Preceptor Policy Book and scan it to have an overview of its content and structure.

Keep the Policy Book open as you advance through the module – you will be prompted to review specific policies in more detail throughout this module.

This book is an important resource for you as a preceptor in the MEP – we have posted a copy in the New Preceptor Module Google folder and it is also posted on the Ryerson MEP website here under the Clinical Education Resources tab.
Your relationship to Ryerson/the MEP

Required reading

Review Roles & Responsibilities in the Ryerson MEP Preceptor Policy Book, pp 4-9 to have an understanding of what is expected of the university, tutor, preceptor, student, practice and ‘teaching practice coordinator’

Reflect on the following questions:

• Is there anything about the student role or responsibilities you were not familiar with?

• Can you summarize your responsibilities as a preceptor?

• What is the role of the Teaching Practice Coordinator (TPC)?

• Who is the TPC in your practice?
A formal and contractual relationship

The **Ryerson MEP** is accountable to:

- Assess preceptor qualifications
- Provide new preceptor training and continuing education
- Provide preceptor resources
- Provide preceptor feedback
- Provide mechanisms for problem solving/conflict resolution
- Administer agreements (practices, hospitals, birth centres)
- Provide preceptor payments ($125 per week per student)
A formal and contractual relationship

Preceptors are accountable to:

- MEP policies
- Ryerson policies
- MEP-practice agreements
- CMO policies on student supervision
- Legislation governing universities, employers and student ‘workers’, e.g. human rights, workplace health & safety

It is important to note that the contractual relationship between the MEP and preceptors is formalized through a MEP written agreement with the midwifery practice group, not the individual preceptor.
Liability and supervision

Preceptors are responsible and accountable for all care provided by students.

The CMO specifies when students can be supervised indirectly without a preceptor on site or have expanded roles, e.g. first call from clients, expanded roles in postpartum care and one of two midwives at a birth.

Required reading

Review the CMO Clinical Education and Student Supervision policy.
Liability and supervision

The University provides students with:

- Liability insurance
- WSIB coverage

Students are required to report to the university:

- Injuries/accidents
- Adverse clinical outcomes or events – we ask preceptors to assist students to complete the Ryerson MEP incident reporting form posted on the website here (optional reading)
Being a Ryerson affiliated preceptor

Midwifery teaching practices are affiliated with one of the three Ontario MEP universities.

The Ryerson MEP geographic area is divided into 8 regions with at least two midwifery practices in each region.

Optional reading
If you are interested to know more, go here on the Ryerson MEP website to:

- Review the list of teaching practices and their MEP university affiliation
- Find your practice’s region on the ‘Map of Midwifery Affiliated Placements’
How are students assigned to you?

Reflect on the following questions about placement allocation, or what is commonly referred to as ‘the lottery’:

• Do you know how MEP/IMPP students are assigned to you as a preceptor?

• Are you familiar with ‘special considerations’ in the placement allocation process?

• What do you think is important for you to know about placement allocation as a preceptor?

• What do you think the implications are for randomly assigning vs matching students to practices and preceptors?
Steps in placement allocation

Placement recruitment

• Annual recruitment cycle with midwifery practices for placements for the upcoming year and projections for up to 2 years
• Indigenous and language specific placements are identified by the practice

‘Special considerations’

• Accommodation in the allocation of clinical placements (e.g. custody requirements, human rights grounds)
• Conflict of interest declarations (by students, preceptors and/or practices)
• Indigenous status (self-identified by students and preceptors/placements)
• Language proficiency placements (placements with > 30% of care provided by the preceptor in a non-English language)
• Post-baccalaureate status (MNP and Clerkship placements are out of sequence)
• Transitional status (students admitted ≤ 2015 can select outside RU region)
• Return from LOA (students may need a 2 to 4 week clinical skills refresher)
Steps in placement allocation

Placement allocation lottery
- Students rank all 8 RU MEP regions (this has increased from 4 rankings)
- Placements are randomly assigned with attention to special considerations

Initial placement notification
- Students are notified of assigned practice
- Placements and preceptor assignments are confirmed with practices

Final placement notification
- Students are notified of preceptors and their email contact information
- Hospitals/TBC are notified of placement (practice, preceptor and student)
- Students contact preceptors by email to send photo/mini-bio and arrange the first meeting
Placement allocation principles

Students choose placement regions vs specific practices
Lottery process maximizes student’s 1st choice and highest subsequent choice
Placements are randomly assigned to practices sharing the same region
Preceptors are randomly assigned
Practices may reassign preceptors but must inform the MEP of any changes
Many ‘special considerations’ are confidential
Senior students have priority for placements
Students must be placed in two practices over NC and the senior year
Students are expected to live within 30-45 minute drive to the primary practice site during regular travel conditions and have 24 hour access to a car
Want to know more?

Optional reading

• To learn more about declared conflict of interest in placement allocation, see the Conflict of Interest Policy in the Ryerson MEP Preceptor Policy Book, p 18

• If you are interested in learning more about the placement allocation process, see the Midwifery Placements policies in the Ryerson MEP Policy & Information Handbook, pp 37-48 posted here on the Ryerson MEP website
## Ryerson MEP placement related contacts

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<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Loreto Freire</td>
<td>Experiential Learning Coordinator</td>
<td>Placement recruitment and allocation, Practice, hospital, birth centre agreements, Preceptor relations</td>
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<tr>
<td></td>
<td><a href="mailto:L2freire@ryerson.ca">L2freire@ryerson.ca</a></td>
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<tr>
<td>Julie Cabanatan</td>
<td>Program Assistant</td>
<td>Preceptor events registration/contact, Preceptor website maintenance</td>
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<td></td>
<td><a href="mailto:jcabanat@ryerson.ca">jcabanat@ryerson.ca</a></td>
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<tr>
<td>Cecilia Kong</td>
<td>Student Affairs Administrator</td>
<td>Adjunct faculty applications</td>
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<td></td>
<td><a href="mailto:ckong@ryerson.ca">ckong@ryerson.ca</a></td>
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</tr>
<tr>
<td>Martha Sharpe</td>
<td>Office Assistant</td>
<td>Student health screening and pre-placement requirements, Lottery data base development and maintenance</td>
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<tr>
<td></td>
<td><a href="mailto:martha.sharpe@ryerson.ca">martha.sharpe@ryerson.ca</a></td>
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<tr>
<td>Elizabeth Allemang</td>
<td>Clinical Education Coordinator</td>
<td>New preceptor applications, New and continuing preceptor education, Placement support and troubleshooting, Faculty development re: clinical teaching/learning, Placement policy development</td>
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MEP student supports and services

Course tutor (first point of contact in the MEP for clinical students and preceptors)

Faculty advisor (each student has a midwifery faculty advisor)

Indigenous student coordinator

Post-baccalaureate program faculty coordinator

Association of Ryerson Midwifery Students

BIPOC student collective

BIPOC mentorship program

EDCI student-faculty committee

MEP and Ryerson student awards
Recommended reading

Explore the following websites to have an understanding of the some of the supports and services available to Ryerson students:

- **Aboriginal Student Services**
- **Academic Accommodation Support**
- **Human Rights Services**
- **Faculty of Community Services**
  - Academic support and counseling
  - Student awards/grants
  - Writing skills initiative
Part 3: Understanding MEP students

Who are MEP students
Working with adult learners
Working with diverse students
Accommodation needs and process
Professionalism expectations
Who are Ryerson MEP students?

The following is a broad profile of Ryerson MEP students:

• Average age late 20s/early 30s
• Many have previous post secondary education, often at the university level
• May have been in workforce
• Many have children
• Majority are from the GTA, however some are from other parts of Ontario or Canada
• Increasingly diverse identities but not inclusive or representative of the GTA community
Working with adult learners

Reflect on learning theories about adult learners and how these may impact your work as a clinical teacher:

• Learn differently than children/teens
• Are motivated by specific goals
• Bring past experience to their learning
• Can be expected to take responsibility for their own learning
• Prefer clear expectations about expectations and outcomes
• Like to participate in structuring their own learning experiences
• Have time pressures due to other commitments and priorities
Want to know more?

Recommended reading

• Review this ICM paper on midwifery education that discusses learning and teaching in a competency based curriculum, including the learning and teaching needs of adult learners
Working with diverse students

Reflect on working with students of diverse identities and/or abilities and creating an inclusive learning and teaching environment:

• What do you think makes an equitable, diverse and inclusive learning and teaching environment for both students and midwives?
• What can you/your practice do to create an inclusive learning environment for student midwives?
• Have you experienced or witnessed discrimination or exclusion as a student or as a midwife?
• Do you think you may have contributed to feelings of discrimination or exclusion by a student or midwife?
Ryerson’s vision of equity, diversity and community inclusion

**Equity:**
The university values the fair and just treatment of all community members through the creation of opportunities and the removal of barriers to address historic and current disadvantages for under-represented and marginalized groups.

**Diversity:**
The university values and respects diversity of knowledge, worldviews and experiences that come from membership in different groups, and the contribution that diversity makes to the learning, teaching, research and work environment.

**Inclusion:**
The university values the equitable, intentional and ongoing engagement of diversity within every facet of university life. It is the shared responsibility of all community members to foster a welcoming, supportive and respectful learning, teaching, research and work environment.

- Source: Ryerson Office of Equity and Community Inclusion [https://www.ryerson.ca/equity/](https://www.ryerson.ca/equity/)
EDCI in the MEP

The Ryerson MEP is committed to creating an equitable, diverse and inclusive teaching and learning community

Current priorities and initiatives in the MEP to support EDCI include:

• Admissions: recruitment of students from under-represented and marginalized communities, prioritizing diversity in the admissions process, Indigenous admissions process

• Curriculum: mandatory Aboriginal Childbearing course, student engagement projects in racial and gender diversity/inclusivity

• Student supports/committees: Indigenous student coordinator, EDI student and faculty committee, BIPOC student collective, BIPOC mentorship program

• Faculty/staff: diversifying representation of faculty, instructors and guest speakers, EDCI guidelines for guest speakers, equity training for staff, faculty and instructors
Supporting EDCI in clinical placements

Create an inclusive learning and teaching environment:
• Discuss ways in your practice to ensure all students feel welcome and treated equitably and respectfully

Support student success
• Explore how you and your practice can intentionally support the success of Indigenous, racialized and LGBTQ+ students and those with differing abilities

Reflect on your practice’s commitment to EDCI
• How can EDCI be acknowledged, valued and fostered by students and midwives in your practice?
• How can an EDCI approach support a healthy practice culture and benefit midwives, students and the profession?
Supporting EDCI in clinical placements

**Discuss** EDCI in your practice’s recruitment and hiring practices:
- A diverse group of teachers supports success for diverse students

**Develop** and **share** your competency related to EDCI:
- Understand the Human Rights Code and the protected grounds
- Do ongoing learning and sharing about EDCI, anti-oppression approaches in clinical teaching and practice, cultural safety for BIPOC and LGBTQ+ learners, accommodating student disabilities

**Participate** in or **support** the BIPOC Mentorship Program:
- If you are a BIPOC midwife, consider becoming a mentor to a BIPOC student or support a BIPOC midwife to be a mentor
EDCI and human rights

Required reading

• Review the MEP Equity Statement

• Review the Ryerson Faculty of Community Services Tips for Field Instructors/Preceptors to Foster an Inclusive and Accessible Learning Experience

• Complete the OHRC Human Rights 101 learning module (approx. 30 min) – when you are done, download the certificate of completion and send by email to ealleman@ryerson.ca
Want to know more?

Optional reading

- To learn more about human rights implications for midwifery preceptors, see the preceptor webinar slides [Understanding Discrimination & Harassment for Midwifery Preceptors](#)
Want to know more?

**Recommended reading**

To learn more about support for Indigenous students in the MEP and the role of the Indigenous Student Coordinator, see the Ryerson website [here](#).

To learn more about the BIPOC Mentorship Program, view the [orientation video](#) and [supporting literature](#).
Want to know more?

**Recommended reading**

To learn more about experiences of Indigenous and racialized students in the MEP:

- Listen to the [video](#) and [audio](#) narratives of Indigenous midwives about their student experiences posted on the NACM website
- Review the report by Ryerson MEP student Kambili Husbands – *Educating Across Difference*: Exploring race and representation in the Ryerson Midwifery Education Program through the experiences of Black and People of Colour students and graduates
Understanding student accommodations

MEP students may have ‘accommodations’ in the placement allocation process, in their academic studies, and/or in their clinical placement.

Conditions requiring accommodation are confidential and are not disclosed by the university or the MEP – accommodation needs are disclosed.

MEP, tutors, preceptors and practices have a ‘duty to accommodate’ students with disabilities by human rights legislation.
Accommodating student needs

After reviewing the OHRC [Human Rights 101](#) learning module, reflect on the following questions:

- Can you describe what is meant by the ‘duty to accommodate’?
- Do you know the kinds of situations where a student may have an accommodations in a clinical placement?
Placement allocation accommodation

Students may have needs that require accommodation in the placement allocation process.

Students may be approved to make regional placement choices within a limited geographic region or in the winter term for Normal Childbearing based on a documented need, including for example:

- Custody requirements
- Health needs requiring access to local health care services
- Human rights protected grounds – note this is a new area under policy review by the MEP consortium
Academic accommodation

Accommodations for academic studies are developed by the Academic and Accommodation and Support (AAS) office at Ryerson for students with a documented disability.

Academic accommodations are relevant in the academic portion of the clinical course and communicated to the tutor by AAS.

Academic accommodations may include for example:

- Additional time to complete assignments or exams
- Exam writing in a low distraction setting
Clinical accommodation

Clinical accommodation needs and plans are determined by the Ryerson Academic Accommodation Support (AAS) office in collaboration with the MEP Clinical Education and Experiential Learning Coordinators and the Program Director.

AAS letters with accommodation requirements for the clinical placement are sent to the preceptor, Teaching Practice Coordinator and tutors by the Experiential Learning Coordinator.

Clinical accommodations may include for example:

- Additional time off call, e.g. for medical appointments
- Extended placement time with or without reduced caseload
- Restricted work hours
- Consistent preceptor
Want to know more?

Optional reading

• To learn more about the duty to accommodate, you may want to complete the OHRC Duty to Accommodate online learning module package

• To learn more about the process for accommodations for Ryerson students, see the website for the Academic and Accommodation Support office
Student professionalism

Students are expected to adhere to MEP professionalism standards.
Many of these standards are relevant to students in clinical placements.

Required reading
To understand the MEP expectations for student professionalism:

• Review the Guide to Professionalism posted on the Ryerson MEP website.
What about preceptor professionalism?

High rates of bullying of students by preceptors was reported in a recent survey conducted by the AOM – interestingly few midwives reported bullying students.

Midwives and midwifery practices report awareness of bullying by other midwives, often in other practices.

Research about attrition for students in the MEP reports experiences of ‘abuse’ by preceptors as a contributing factor.

Students report a lack of ‘safety’ to provide preceptor feedback or follow up concerns in their placements for fear of backlash, failure, loss of job opportunities.

BIPOC students report experiences of racism and trauma during clinical placements.
What about preceptor professionalism?

Optional reading

- Review this summary of a literature review on student-preceptor conflict in health professions education led by Ryerson MEP student Isomi Henry in 2016

- There is a growing body of literature on preceptor bullying in health professions education. Review the following article:
  

- Review this Clinical Teaching Dos and Don'ts poster
Addressing preceptor professionalism

Here are some ways the MEP and other organizations are beginning to address professional behaviour of preceptors and teaching practices:

- MEP is engaged in discussion with the AOM about ethical behaviour in clinical teaching
- MEP recommends dialogue about creating a positive culture of clinical learning and teaching among students, preceptors, practices and faculty and in the broader midwifery community
- Ryerson MEP has shared a template protocol with its affiliated practices about responding to student concerns in placements (optional reading)
- AOM has provided midwifery practices with a template policy addressing workplace anti-harassment, anti-discrimination and anti-violence that practices revise to include students
- Ryerson MEP has finalized a policy on preceptor status review (optional reading)
Planning the placement
Preparing clients
Welcoming students and orientation
Structuring an effective placement

Part 4:
Preparing for the placement
How are placements planned?

Placements are planned by the ‘Teaching Practice Coordinator’ (or their designate) using the MEP policies related to planning clinical experience and considering the availability and level of preceptors.

The MEP policies for planning the number of placements and the structure of preceptor teams include:

• Birth numbers guidelines and requirements
• Clinical workload standards for # of prenatal and postnatal visits
• Off call time for weekly academic study, tutorial classes and exams
• Personal time off per month

Note these policies will be explored later in this part of the module when discussing placement structure.
Preparing clients for student involvement

**Required reading**

Review [Tips for Integrating Students into Client Care](#) and reflect on the following questions:

- What strategies does your practice use to prepare clients for having students involved in their care?
- What will you say to your clients about having a student working with you?
- How will you respond to a client who expresses discomfort about having a student involved?

**Optional reading**

If you would like to know more, see the draft template shared with teaching practices for their websites about [student involvement in client care](#)
Speaking with clients about students

Present your practice as a teaching practice affiliated with the Ryerson MEP in communications with potential clients

Include information on your practice website that indicates you are a teaching practice and students are part of the midwifery team

Discuss student involvement at the initial visit and re-visit prior to the student’s arrival

Post student bios/photos in your office and/or on your practice website

Be positive and excited about student involvement of in care with clients

Outline the benefits to the client, future clients and to the profession

Reassure the client about safety and level of supervision, e.g. students will provide the same standard of care as you would provide
Welcoming students

Students are expected to contact preceptors by email when they receive notice of their assigned preceptor(s) to arrange to send their biography/photo and to book a first meeting for the placement.

This contact is approx. 6 weeks prior to the start of the placement – be sure to respond to the student and provide guidance about where/how to send their biography and photo, book your first meeting at the start of the placement, and clarify on call time day/time and how to contact you.

If you do not think you are the appropriate contact for the student, let your Teaching Practice Coordinator know immediately who will contact the MEP.

Plan for an orientation to the placement, practice and hospital/TBC for the start of the placement.
Placement orientation

Preceptors are expected to provide or arrange an orientation to the placement, preceptor team, practice site and hospital/TBC at the beginning of the placement

Required reading

Review the Placement Orientation checklist that we have also posted [here](#) as a stand alone document to use in your practice or see pp. 11-13 in the [Ryerson MEP Preceptor Policy Book](#)
Structuring an ‘effective’ placement

Required reading

Review [Tips for Structuring an Effective Placement](#) and reflect on the following questions:

- What makes a well organized placement from the student perspective?
- How can multiple preceptors coordinate to provide an effective placement?
- What are effective ways to ensure there is time for teaching and feedback to students in the busy life of midwifery practice?
What makes an effective placement?

- Placement orientation, including preceptor/call model
- Assign a coordinating preceptor
- Plan appropriate clinical workload and experience with scope of practice considerations
- Assist student to plan personal off call time
- Review student learning plan/needs and course competencies
- Active teaching/learning opportunities
- Ongoing and structured feedback mechanisms
- Formal evaluation processes according to course standards
- Follow MEP placement policies, including academic study day
Defining clinical workload

As outlined earlier in this module, student workload in clinical placements is defined by the clinical experience policies related to birth numbers, number of pre/postnatal visits, time off call per month and study time, tutorials and exams, in addition to the Safe Working Conditions policy – see next slide for reference to this policy.

Before proceeding, remember:

• You are accountable to MEP policies and guidelines as a preceptor
• You may need assistance from your Teaching Practice Coordinator and/or a MEP staff or faculty for how to integrate a student into your preceptor team call model and to structure their placement
The MEP conducted a policy review of student workload in clinical placements in 2018 and implemented new policies in January 2019.

**Required reading**

Review Planning the Placement, pp 14-18 and Safe Working Conditions, pp 28-29 in the Ryerson MEP Preceptor Policy Book – we also breakdown each of these policies on the following slides to assist you with thinking about how to coordinate and manage your student placements.

**Recommended reading**

If you would like to know more about these policy changes, review the Ontario MEP Student Workload Policy Revisions.
Understanding birth numbers

Review the birth numbers chart on the following page

Understand the different categories for birth numbers at the top of the chart and how they vary by course

Most of the numbers on this chart are provided as guidelines that are considered a reasonable body of clinical experience for students to achieve the competencies for each course

Some of the numbers on this chart are requirements – these include anywhere where minimum or maximum numbers are listed

Note the new policy revisions include minimum numbers for primary and second births per course and maximums for second births, in addition to planning more births per course
## MEP Guide to Planning Clinical Experience

Revised January 2019

<table>
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<th>Course</th>
<th>Length</th>
<th>Continuity</th>
<th>Observed</th>
<th>Primaries</th>
<th>Minimum Attended</th>
<th>Seconds</th>
<th>Minimum Attended</th>
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<th>TOTAL Attended</th>
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<td>62-67</td>
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</tr>
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</table>
Understanding clinical workload

Clinical workload refers to both the number of prenatal and postnatal visits per week and the student’s overall clinical workload, including chart prep and reviewing lab reports.

The overall clinical workload for a student is defined as ‘slightly less than one full time midwife’ to accommodate the student’s academic workload.

The average number of visits per week, including prenatal and postnatal visits, is 20 – this number may need to be averaged over two weeks or more to account for attendance at births.

Note the numbers of visits per week was changed from 15 to 20 with the new policy changes and it was clarified that the visits includes both prenatal and postnatal visits.
Understanding off call time

Students have a minimum of 4 days off call per month away from the clinical placement – this is defined as a ‘minimum’ to accommodate students working in rotating call arrangements.

Students must be off call and away from clinical responsibilities for the weekly 24 hour academic study day beginning at 1700 Thursdays.

Students must be off call for 36 hours prior to midterm exams and off call at 2359 on the Thursday (last day of the placement) prior to the final exam.
Understanding academic study time

A weekly 24 hour academic study day was implemented as of January 2019 for students in clinical courses.

Academic study day begins at 1700 on Thursdays and includes the tutorial class.

Students are to be off call and away from clinical duties during this time.

This time is essential for students to develop an academic foundation for their clinical learning and to be accountable to their academic requirements.

**Note** study time was changed with the new policy revisions from a half day of ‘protected’ study time per week with a 3 hour off call tutorial to the weekly 24 hour off call academic study day.
Academic study day variations

Required reading

A formal process has been developed to approve variations to Academic Study Day, some of which apply to all students in clinical placements and others for students at risk of a shortfall in birth number requirements.

To understand the variations that are allowed and what process to follow to request variations, see the Ontario MEP Academic Study Day Variations Guidelines.
Understanding safe sleep guidelines

MEP policy currently states that students who have been awake non-stop for 24 hours must be off call for the following 12 hours.

Students who identify they are incapable of functioning in a safe and competent manner due to lack of sleep must notify their preceptors to discuss what action should be taken.

Note this policy was revised as of January 2019 from ‘worked’ to ‘awake’ non-stop for 24 hours and the number of off call hours was increased from 8 to 12.
Adapting to policy change

It can be challenging to adapt to changing policy on student workload in clinical placements.

Policy was changed to improve the working conditions for students, who care considered ‘workers’ under Ontario law.

Policy was changed to recognize academic study as an equal priority and requirement in the weekly student’s workload.

Be part of a changing culture for midwifery learners and support and respect the new student workload policies.

Speak to your Teaching Practice Coordinator and/or reach out to your student’s tutor if you have concerns about the new policies.

Be proactive to request an academic day variation if needed.
Adapting these policies to your practice

MEP workload related standards were developed in 1993, when a student typically worked with one full-time preceptor in a primary call model.

Practice models have evolved so that most students are assigned to a team or preceptors who share call and whose caseload exceeds one full-time equivalent midwife.

More and more preceptors control their workload through shared caseload and shared or rotating call arrangements.

If your student is assigned to a team of midwives whose combined workload and call time is more than one full-time midwife, student workload and/or call time must be adjusted to be slightly less than what one full-time midwife is doing.
Structuring student placements

Reflect on how can you adapt these policies to your preceptor model and your on call/caseload model?

• What is your student: preceptor ratio?

• What is the shared caseload of the midwives in your preceptor team and how can you assign ‘slightly less’ than one full-time midwife caseload to your student?

• What is the call model in your preceptor team and what call model will the student be working in? What if they are different?
Want to know more?

Recommended reading

Review The Placement in the Ryerson MEP Preceptor Policy Book, pp 19-23 if you are interested to learn more about MEP policies for students in clinical placements.
Part 5: Being an active teacher

Why midwives teach
Clinical competency expectations
Clinical teaching tips and tools
Feedback and evaluation
When challenges arise
Problem solving and conflict resolution
From student to preceptor

Before proceeding, reflect on becoming a clinical teacher:

- What was your experience of being a beginning clinical student?
- What did you appreciate about your clinical teachers?
- What did you not find effective working with your clinical teachers?
- What qualities make a good preceptor for the beginning student?
- What qualities make a good preceptor for the senior student?
Why midwives teach

Reflect on the following questions:

• Why do you want to become a preceptor?
• What do you think motivates some midwives to be preceptors?
• What do you think deters some midwives from being preceptors?

Review the poster on the following slide that summarizes research with Ontario midwifery practices groups about improving quality and capacity of midwifery placements that lists motivations and disincentives to teach (recommended reading)
Improving quality and capacity in midwifery placements

1. Preceptor’s Perspectives
   - Research collaborators: Katrina Kilroy and Elizabeth Allemang
   - Conducted between Jan 2013—Aug 2014
   - Feedback from preceptors reported to LU, MU, and RU MEP faculty

2. Key Questions
   - What motivates preceptors?
   - What deters preceptors?
   - How could the MEP better support preceptors and teaching practices?

Over 73% of Ontario Teaching Practices were interviewed, representing feedback from 268 midwives working across these practices.

MOTIVATIONS
   - Keeping up to date
   - Contributing to the growth of midwifery
   - Giving back
   - Companionship
   - Seeing students transform
   - Assisting with workload
   - Teaching it right

disincentives
   - Birth number requirements
   - Increased time commitment
   - Hard to let go / feeling detached
   - Student attitudes and behaviours
   - Lack of support from MEP
   - The “challenging” student
   - Integrating a student into shared call models with multiple preceptors

changes made
   - Created university affiliated teaching practices to strengthen relationships and increase dialogue
   - Established regular meetings with Teaching Practice Coordinators
   - Tool for structuring an effective placement and planning appropriate student workload
   - Created clinical learning and conflict resolution tools for students, preceptors, and tutors
   - Created clinical course benchmarks
   - Created ‘Learning Primary Care’ e-modules

in progress
   - Update and improve access to preceptor resources and support
   - Increased support for students and preceptors when facing challenges
   - Consultations about expanding mandatory preceptor education including adult learners and feedback
   - Review preceptor evaluation process to make it more meaningful
   - Consultations with AOM and CMO about Preceptor Code of Conduct

Ryerson University
Faculty of Community Services
Midwifery Education Program
www.ryerson.ca/midwifery

Research Contributors
Elizabeth Allemang RM MA
Vicki Van Wagner RM PhD
Kerrie Kilroy RM
S Sawyer SM BA
Clinical teaching and learning in the MEP

Required reading
Read Chapter 2 of the MEP Guide to Teaching, Learning & Assessment, which is also posted under the Clinical Education Resources tab here on the Ryerson MEP website, and reflect on the following questions:

• What helps you to learn best?
• Think of a time when you assisted someone to learn. Describe your teaching strategy/ies?

Optional reading
• Current evidence is challenging the idea that there are learning and teaching ‘styles’ – read more about this debate here
General tips for clinical teaching

Understand how students are prepared for the clinical course and what knowledge and skills they have when entering the placement.

Recognize NC students are clinical beginners and C&C students are (mostly) beginners in leading care and making plans.

Understand placement objectives from the course clinical evaluation form.

Use the Guide to Teaching, Learning and Assessment for teaching tips and resources, competency expectations and in feedback and evaluation.

Create an open environment for dialogue about your teaching and student learning.

Do more than provide clinical opportunities and evaluate performance – model, mentor, guide, teach and provide feedback.
More general tips for clinical teaching

Breakdown skills and tasks into ‘chunks’ to assist students to progressively build their skills in new areas

Role model reflective practice and encourage students to self reflect on the care they provide

Assist students to understand if they are at, above or below appropriate level

Assist students to recognize gaps and when to go back to theory basics, e.g. Leopold’s manoeuvres for abdominal palpation

Provide concrete feedback about what is done well and what needs improvement with clear expectations

Involve the tutor to discuss competency expectations and learning strategies
How are students prepared for NC?

Introduction to Midwifery course (Year 1):
- May observe up to 3 births and two half days of midwifery clinic

Midwifery Clinical Skills course (Year 2):
- Introduced to basic midwifery clinical skills
- Learn theory and practice in simulated hands-on workshops
- Examples of skills learned:
  - Prenatal care – BP and palpation
  - Intrapartum care – vaginal exams and catching
  - Postpartum care – assessing lochia and involution
  - Newborn care – newborn exam and assisting with breast/chest feeding
Passing the midwifery clinical skills course

To pass Midwifery Clinical Skills, students are expected to:

• Attend and participate in key sessions (venipuncture, labour & birth workshop, gynecological teaching session, suturing, palpation workshop)

• Demonstrate the following skills in class workshops or OSCEs:
  o Understand the basic structure of prenatal and postnatal assessments, including standard documentation
  o Conduct palpation with correct technique in actual or simulated situations
  o Successfully take blood at least twice
  o Take blood pressure using correct technique
  o Tie anchor stitch and perform simple repair in a simulated situation (hand ties, 3 interrupted stitches and continuous suturing for 3 stitches)
  o Conduct a simulated birth and third stage
  o Conduct a simulated newborn exam

[Image: Ryerson University Midwifery Education Program]
Understanding NC course expectations

Required reading*

Review the NC clinical course evaluation form and reflect on the questions:

• Where are the learning objective outcomes to achieve a Satisfactory grade in the Normal Childbearing placement?
• How will you assess student progress for a midterm evaluation?
• How are the individual competencies organized and are they clear?
• How are the Satisfactory, Provisional Satisfactory and Unsatisfactory defined?

* This module focuses on the Normal Childbearing level. If you are involved in teaching students at other levels, be sure to review the appropriate course evaluation form.
Understanding competency expectations

Required reading
Review the MEP Guide to Teaching, Learning & Assessment and reflect on the following questions:

• What are the three levels of competency and how are these defined?
• How are the competency standards defined for the following skills for a Normal Childbearing student?
  o Abdominal palpation
  o Cervical exam
  o Catching the baby
  o Suturing
  o Newborn exam
Common teaching approaches

Review the following teaching approaches and reflect on your experiences of these as a student and which ones you think will be most suitable for the student you will be working with:

• Directing – appropriate with beginners/new skills
• Coaching – appropriate when students have knowledge/skill but need to develop confidence
• Supporting – appropriate when students need minimal supervision
• Delegating – appropriate when students are competent and confident
Tools for teaching: ‘chunking’ skills

Break down skills into discrete components
Assists with transparency of skills and skill development
Assess where student is at in mastering each component and where learning needs to start
Have the student take on one step at a time and gradually add other components with increasing competency and consolidation
Expand to encompass the full skill
Suitable for clinical skills and clinical responsibilities
Supports systematic approach
Assists with targeting feedback and evaluation
Tools for teaching: mentorship

Mentoring is an effective teaching strategy
What you do and say has a powerful impact
Plays a significant role in learning to make clinical decisions and care plans
Explain what you do and why, e.g., rationale, evidence, protocol, standard
Ask the student to provide a rationale for their recommendations or actions and provide your feedback – distinguish safety vs best practice vs style
Tools for teaching: reflective practice

Reflective practice is an effective teaching strategy
Contributes to constructive analysis of care for improvement
Do self reflection first and ask student to self reflect first before reflecting on or critiquing care of the others
Share rationale for your clinical actions or improvements
Explain the context for that may contribute to care provided
Clarify and distinguish safety and evidence based practice vs practice style
Reflective practice models professionalism, critical generosity and humility for students
Facilitate student participation in case or peer review
Tools for teaching:
safety vs best practice vs style

Distinguish safety vs best practice vs style in reviewing care provided

Clarify style differences in what the student is seeing or being taught with co-preceptors, or what the student is doing

Be transparent about your style preferences and explain why you do things the way you do

Consider if you can ‘tolerate’ style difference in the student’s practice
Using structured tools

Required reading

Structured tools can assist preceptors and students in the clinical learning and teaching process

Review the following tools developed by the faculty and students in the MEP and reflect on how you as a preceptor and/or students could use them:

- The preceptor pause or the rule of 3s
- Primary care – Seeing the big picture of midwifery care*
- Developing care plans – Making care plans using ASOAPER*
- Communicating assessments and plans – ‘Traffic light’ model*

*You can download these tools for your use – they are also included on the slides below
Tools for teaching:
3 second rule – or – preceptor ‘pause’

Students will not make decisions or take action as quickly as preceptors.

It can be uncomfortable to give the student time to formulate a plan or take the initiative needed.

Some preceptors use ‘the 3 second (minute/hour/week) rule’ to help them give the student more time before they prompt or take over.

For example you could give the student:

- 3 seconds in shoulder dystocia or other emergency
- 3 minutes in with increased postpartum bleeding that does require immediate response
- 3 hours to identify the need to arrange a non urgent consult
- 3 weeks or even months to follow up an issue identified in history taking that is non urgent
Seeing the Big Picture of Midwifery Care

This simple model breaks down midwifery care into discrete components. It helps the student to understand the midwife’s role and responsibilities. Details for each area of responsibility can be added (see reverse). Illustrated as a series of balls balanced around the central concept of midwifery care, this model provides a visual cue for students learning to multi-task and prioritize the elements of midwifery care. It is adaptable to clinical learners at all levels, including the struggling student. It provides a framework for clinical teaching and for feedback and evaluation. The areas shaded in green are the focus of learning in the senior year.
Using the Big Picture learning tool

- Mentor/assist the student to identify and learn the components of midwifery care
- Have the student be responsible for those components where skilled and confident
- Add one new or challenging component at a time until each one is mastered and integrated
- Set discrete goals with the student and a long term plan to be responsible for all components
- Develop a multistep, gradual process for the student to multitask all components at their expected level of competency
- Use this model for student self-reflection and to provide feedback re: progress for each component and overall
- Reformulate goals and expectations for the struggling student to build from their level of skill and confidence, identify priorities and make a staged learning plan

Elizabeth Allemang RM Associate Professor • Vicki Van Wagner RM Associate Professor • Spencer Sawyer SM
This expanded SOAP model provides a visual cue that care plans are built on a series of steps or building blocks. It guides the student to use a systematic approach and provides a tool for preceptors to mentor clinical thinking. Anticipation is added to guide students to think ahead and consider a range of options based on potential outcomes. It assists the student to be better prepared to act rather than react, especially in the unpredictable, fast-paced environment of intrapartum care. Evaluate and reformulate are added to remind the student to assess the effectiveness of the care plan and modify as needed.
Using the A-SOAP-ER learning tool

- Assist the student to understand the discrete components for making clinical decisions and care plans and the importance of making a differential diagnosis before a likely diagnosis
- Assist the student to understand when to use this or another standardized tool like CHAT or SBAR
- Assist the student to develop anticipation skills. Ask what findings they expect prior to making an assessment and what actions may be needed with each potential finding
- When asking the student ‘What is your plan?’, remember a plan is an outcome that is built on a series of steps
- Mentor how to sequentially move through each step to come to a likely diagnosis and plan
- Have the student demonstrate each step in a particular clinical situation, verbally or in writing
- Encourage the student to consistently and systematically use a step-by-step approach until confident and competent
- Assist the student to develop reflective practice skills. Do case review and ask if the outcome could have been anticipated and if so, when in the care. Ask what could have been done differently and if the plan needed to be reformulated, when and how. What will the student do differently another time
This model provides a structured pathway that encourages the student to communicate their assessments and plans. The script provides an ‘easy’ starting point beginning with observation. The simple framework organizes assessments and actions into three categories and the management plan flows directly from the assessment. It allows for staged entry into clinical decision making as the student’s learning progresses from normal, to atypical to abnormal. Using this tool helps to facilitate preceptor ‘correction’ in the clinical setting.
Using the Communication learning tool

‘Traffic Light’ model:
Green = proceed  Yellow = caution  Red = action

- Encourage the student to use the pathway in common situations to develop confidence
- Encourage the student to use the pathway systematically
- Have the student follow the script and state their responses aloud
- The symbol of a traffic light links the assessment to an appropriate plan
- Use the pathway if prompting is needed, e.g. What are you seeing? What are the parameters for normal (or abnormal) for the situation? If atypical, what would increased surveillance look like?
Want to know more?

Optional reading

If you would like to learn more about teaching and learning strategies for midwifery preceptors, read the following article:

Teaching, feedback and evaluation are distinct concepts
Teaching responds to a learning need
Feedback focuses on ongoing improvement
Evaluation assess student performance in relation to competency expectations and course objectives and assigns a grade to the student
Process for teaching and feedback should be established early in the placement
Feedback should allow student to understand progress towards course objectives
Evaluation is formal assessment at the midterm and final points of the placement
Feedback

Guides student’s clinical learning and builds confidence
Involves the student in self reflection
Ideally is both ‘on the go’ and during structured times
Ideally is immediate, constructive and specific
Addresses both what the student is doing right, what needs to be improved and corrects errors
Feedback in front of clients can be directive but should be positive
Written and verbal formats work well for most students
MEP students have reported the following about preceptor feedback:

• Feel ‘watched’ and evaluated
• Student-preceptor power dynamic heightens anxiety re: feedback
• Inconsistent expectations from multiple preceptors with different styles is confusing
• Generally focuses on critique vs constructive feedback for learning
• Lack of positive feedback
• Lack of structured opportunities for feedback
• Discomfort re: timing and place for feedback, e.g. critiqued in front of clients, other care providers, when tired
Effective feedback

- Debrief regularly
- Structure feedback opportunities
- Provide written feedback
- Coordinate feedback from other preceptors
- Be timely and specific
- Be positive, transparent and constructive
- Focus on learning rather than performance
- Be open and straightforward about challenges and how to work together to address them
Feedback strategies

Checklist feedback forms – may student or preceptor led (see the appendices in the Guide to Teaching, Learning and Assessment)

Reflective feedback, e.g. one thing done well, one thing to be improved, one thing to review or look up

Create structured debriefing times

Check in with student re: informal debriefing ‘on the fly’
Giving and receiving feedback

<table>
<thead>
<tr>
<th>Focus feedback on:</th>
<th>Rather than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Person</td>
</tr>
<tr>
<td>Description</td>
<td>Judgement</td>
</tr>
<tr>
<td>Observations</td>
<td>Inferences</td>
</tr>
<tr>
<td>Value to recipient</td>
<td>Needs of giver</td>
</tr>
<tr>
<td>Exploring alternatives</td>
<td>Answers or solutions</td>
</tr>
</tbody>
</table>

Adapted from Lehner GFI, Aids for Giving and Receiving Feedback, 1975
Putting feedback in context

Preceptor responsibility for evaluation contributes to (real and perceived) power imbalance in student-preceptor relationship

Expect your student is far more anxious than you perceive

Even students who are excelling need to know where they are meeting (or exceeding!) expectations

Knowing where they are doing well provides a ‘safety net’ for students to hear and integrate feedback and evaluation

Students integrate more feedback if they are not afraid they are failing
Evaluation and evaluation meetings

Opportunity to model professional behavior

Book in a timely and cooperative way, cancel only for births

Be on time and treat the evaluation as a formal meeting

Follow MEP policy for evaluation procedure, i.e. preceptor and student complete form independently, meet together to review, then meet with tutor to report

Evaluate at appropriate level and be clear about learning needs to be addressed

Too high expectations is not fair, but failure to fail is also not kind to the student

Tutor can assist preceptor and student with grading
Evaluation and grading

Monitors student progress according to course expectations
Identifies clear and concrete learning needs
Should be transparent with specific examples and no surprises
Concerns should be identified at midterm with a step-by-step plan to address learning needs by final evaluation

Grading responsibilities:
• Preceptor recommends grade
• Student does a self-evaluation
• Tutor assigns the grade
Grading

Midterm clinical grades – Satisfactory or Unsatisfactory

Final clinical grades – Satisfactory, Unsatisfactory, Provisional satisfactory

Provisional satisfactory is for a 4 week ‘remedial’ placement with objectives and goals, suitable for discrete ‘gaps’

Placement extensions of up to 4 weeks may be granted if the learning opportunities have been limited

An unsatisfactory grade leads to a failing grade in the course and the student will need to repeat the course when it is next offered
MEP grading policies

Required reading

Review Grading and Evaluation in the Ryerson MEP Preceptor Policy Book, pp 26-27 to have an understanding of the MEP policies for grading and evaluation and the role of the preceptor
Want to know more?

Optional reading

Consider reading this relevant and interesting book that explores feedback and highlights the role of the receiver rather than the giver of feedback:

Stone D, Heen S. Thanks for the feedback: the science and art of receiving feedback well (even when its off base, unfair, poorly delivered, and frankly you’re not in the mood). New York: Viking; 2014.
Preventing and minimizing problems

Create an environment that welcomes students to raise concerns

Identify and respond to issues early

Take a problem solving approach to issues that arise during placement

Ideally resolved by student and preceptor speaking directly with one another

Tutor is first point of contact within the MEP

Identify a person other than preceptor who students can go to within the practice if needed, e.g. ‘Teaching Practice Coordinator’

Be aware of power dynamics and ‘good’ preceptor/’bad’ preceptor dynamics

See the MEP template protocol for preceptor-student communication (optional reading)
Effective student-preceptor relationships

Coordinate with co-preceptor(s) re: clinical workload, student priorities and feedback/evaluation

Mentor and assist student to prioritize clinical responsibilities to meet MEP workload standards

Support students to prioritize academic work

Foster an environment for open dialogue

Make structured time for debriefing/check in

Ask for feedback about your teaching
Bi-directional feedback

**Required reading**

Review the [Ask-Connect-Reflect](#)* cards for preceptors and students

These cards are designed to facilitate ‘bi-directional’ dialogue and feedback between students and preceptors

The student and preceptor cards mirror one another for reflection and feedback about learning and teaching

*You can download these tools for your use – they are also included on the slides below
Connect with your student

Ask your student:
- If they understand the course expectations
- For feedback about their learning needs and about your approaches to teaching, feedback and evaluation
- If they understand what they are doing well and areas for improvement
- If they feel their confidence is growing /about their level of anxiety
- If they feel they belong in the practice and can join in practice discussions of clinical care
- If they are taking appropriate time off call for academic work and personal time
- If they have had any experiences they perceive as disrespectful, unkind or humiliating within the practice or at the hospital

Let your student know:
- If they are meeting/not meeting MEP expectations for the course
- That your goal is to support, inspire, mentor as well as give feedback and evaluation
Reflect on your teaching

Ask yourself:

- Am I an active teacher?
- Am I providing feedback in a respectful and timely way?
- Do I welcome feedback about my teaching?
- Do I treat students as individuals with their own learning needs and strengths?
- Do I actively support student study time and time off call?
- Do I actively support reasonable workload and any student accommodations?
- Do I find ways to make sure the student feels welcome in the practice?
- Do I inspire confidence and mentor as well as evaluate?
- Do I encourage the student to involve the course tutor to assist with challenges?
- Are my expectations based on the course evaluation and the Guide to Teaching Learning and Assessment for Midwifery Preceptors and Student Midwives?

Ryerson University
Faculty of Community Services
Midwifery Education Program
www.ryerson.ca/midwife
Connect with your preceptor

Ask your preceptor:
- What you are doing well
- Your areas for improvement
- Whether you are meeting expectations for your level in the MEP
- How you are fitting into the practice
- To help you set goals and discuss how you will both know if you have met them

Let your preceptor know:
- About your learning needs and approaches to teaching that work well for you
- If you feel your confidence is growing
- If you would benefit from more active teaching
- If your birth numbers are/are not meeting program expectations
- If you need assistance to achieve course expectations and competencies
- If you are struggling with anxiety about specific skills/competencies/evaluations
Reflect on your learning

Ask yourself:

- Do I welcome feedback?
- Do I need support to avoid feeling belittled or defensive when given feedback?
- Do I let my preceptor know my reflections about my areas for improvement?
- Am I taking responsibility for my learning – self study, organizing workshops, use course resources and reviewing with preceptors?
- Do I raise concerns to the person involved in a timely way?
- Do I seek timely support from the course tutor if needed?
- Do I need support to manage anxiety and take care of myself?
- Am I aware of expectations based on the course evaluation and Guide to Teaching, Learning and Assessment for Midwifery Preceptors and Student Midwives?
Common student placement challenges

Balancing clinical & academic responsibilities
On call models and multiple preceptors
Excessive workload – often clinic workload and seconds
Insufficient clinical experience – often scope of practice issues
Learning-teaching ‘fit’ with preceptor(s)
Managing stress and anxiety
Finding time for structured feedback, teaching and evaluation
Common student learning challenges

Learning and managing an on call lifestyle
Prioritizing academic learning
Integrating and applying academic learning in clinical practice
Learning hands on skills
Multi-tasking
Being organized and follow up in care
Being systematic in clinical skills and in clinical thinking
Making the transition from a task oriented approach to leading care
Making and communicating assessments and care plans independently without preceptor prompting
When challenges arise

Identify and address issues early

Get input and support from practice members, experienced preceptors

Notify tutor and seek assistance ASAP

Document your feedback and evaluation in relation to competency expectations

Review the placement structure and workload and modify as needed to meet MEP policies

If a student is not at the level they should be, make a clear and active plan to remediate with tutor assistance

Facilitate clinical/simulation learning opportunities within the practice as needed
When challenges are significant

Adjust expectations to where a struggling student is at rather than where they should be and assist them to progress from that point

Be transparent about learning needs (and document) and help to develop active learning strategies

Set concrete goals and depersonalize – use the Guide to Teaching, Learning and Assessment and the clinical evaluation form

Create an appropriate time frame with goals for improvement

Students may require more time, e.g. provisional placement, failure and repeat course, elective clinical placement

Students may be assigned to another preceptor within the practice and sometimes to another practice
Problem solving/conflict pathways

The Ryerson MEP developed problem solving/conflict resolution pathways following consultation with preceptors, students and tutors and a literature review on conflict in health professions education.

Pathways were developed for students and preceptors that:

• Encourage direct communication and give both student and preceptor the option of seeking guidance from the tutor first.

• Guide tutors to make clear plans and be in frequent contact with students and preceptors when they experience problems or conflict.

• Seek to resolve issues within the placement but acknowledge that a tutor may recommend the student be relocated to a different placement if the conflict is not resolved.

• Students may take concerns directly to other offices in the university.
Problem solving/conflict pathways

Required reading

Review the student and preceptor pathways on the following slides. They are also posted [here](#) if you would like to download them for your use.
Placement Problem Solving and Conflict Resolution

1. Preceptor has concern
   - Preceptor meets with student
     - Preceptor requires tutor counseling for advice/support
       - First meeting with tutor:
         - may be confidential
         - assists with problem solving
         - refers preceptor to resources
         - Follow up by 1 week
       - Preceptor meets with tutor
   - Concern is resolved
     - No further action needed
   - Concern is ongoing
     - Tutor may recommend to meet individually with student prior to meeting with student and preceptor
     - Tutor facilitates meeting with preceptor and student:
       - assists with problem solving
       - refers to resources
       - makes follow up plan with clear goals
       - meet in 1-2 weeks
       - Situation improves
         - Concern is resolved, no further action needed
       - Concern requires ongoing tutor contact with student and preceptor
       - Tutor recommends student reassignment or relocation
         - written report to CEC and Director with rationale
         - follows up with student and preceptor/practice

Elizabeth Allemand, RM, MA - Vicki Van Wagner RM, PhD - Spencer Sawyer SM, BA
Placement Problem Solving and Conflict Resolution

Student has concern*

Student meets with preceptor

Student requires tutor counselling for advice/support

First meeting with tutor:
- may be confidential
- assists with problem solving
- refers student to resources
- Follow up by 1 week

Concems is resolved
No further action needed

Concern is ongoing

Tutor recommends preceptor reassignment or relocation
- written report to CEC and Director with rationale
- follows up with student and preceptor/practice

Tutor facilitates meeting with preceptor and student:
- assists with problem solving
- refers to resources
- makes follow up plan with clear goals
- meet in 1-2 weeks

Situation improves

Concern is resolved, no further action needed.
Concern requires ongoing tutor contact with student and preceptor

Office of the Ombudsman
RSU Academic Advocacy
Human Rights Services
CESAR Student Rights

*Midwifery students may choose to raise concerns informally or formally to university services outside of the MEP.

Elizabeth Alleman, RM, MA - Vicki Van Wagner RM, PhD - Spencer Sawyer SM, BA
Part 6: Being a MEP preceptor

MEP preceptor resources
MEP preceptor continuing education
Teaching practice coordinator meetings
Becoming an adjunct faculty member
BIPOC mentorship program
Clinical teaching award
Preceptor resources

Recommended reading

Explore the drop down menu on the Ryerson MEP website Placements tab to find preceptor webinar slides, preceptor newsletters, MEP handbooks and other clinical teaching resources

You are welcome to download and share any resources under the Clinical Education Resources tab that you find useful
Continuing education for preceptors

Preceptor webinars are held by web conference using Adobe Connect.

Annual webinars typically include:

• Teaching the NC student – February
• Teaching the senior student – June

Annual meetings with teaching practice coordinators are held in person at Ryerson in the spring – these meetings provide updates, discussions and resources related to the MEP and clinical education for teaching practice coordinators to take back to their practices.

All Ryerson affiliated preceptors are welcome to attend and participate in webinars and teaching practice coordinator meetings.
Becoming an adjunct faculty member

Ryerson affiliated preceptors may apply to become adjunct faculty members of the university.

This is an optional professional appointment for a 3 year term that is renewable.

Adjunct faculty members are listed in the Ryerson university academic calendar and on the MEP website.

Adjunct faculty members receive a Ryerson email address and username and access to the Ryerson library.

All Ryerson affiliated preceptors are encouraged to apply.

Annual application cycle (typically in spring) requires CV – email sent to midwives/practices by the MEP Program Director.
Becoming a BIPOC mentor

If you are interested in participating in the BIPOC mentorship program and/or becoming a BIPOC mentor to a MEP student:

• Review the BIPOC mentorship program [invitation]

• Link to the BIPOC mentor online application [here]
MEP clinical teaching award

Each year the Ontario MEP grants a Clinical Teaching Award to one preceptor from each of the three MEP affiliated regions.

Students and midwives are invited to nominate preceptors for this award.

The recipient of the Ryerson MEP award is invited to speak at the Ryerson MEP awards ceremony that is held each year in late March.
Post-module quiz
Attending the new preceptor workshop
Midwifery preceptor certificate
Post-module quiz

**Deadline:** Tues Jan 7, 2020

The post-module quiz has 50 questions and is based on the slide content and the required readings.

You are required to pass the quiz with a grade of ≥ 80%.

You may want to have the Ryerson MEP Policy Book and the MEP Guide to Teaching, Learning and Assessment accessible to refer to when you write the quiz.

Use this [link](#) to access the quiz.
New preceptor workshop

Attendance at the 2-part workshop is required:

- Part 1: Policies and Preparing for the Placement (webinar)
  Wed Nov 27, 2019 at 0900-1100 or Thurs Dec 5, 2019 at 1130-1330
  [https://webinar.ryerson.ca/preceptor-webinars/](https://webinar.ryerson.ca/preceptor-webinars/)

- Part 2: Teaching and Evaluation (in person)
  Wed Feb 19, 2020 at 0930-1500
  Ryerson Midwifery Education Program
  288 Church Street, 6th floor, room DCC-650
Midwifery preceptor certificate

Once you have completed the application and the module and post-module quiz, your references have been received, and you have attended the 2-part workshop, you receive a midwifery preceptor certificate by email.

The certificate will also be sent to the Teaching Practice Coordinator in your practice and filed at the MEP.

You can be a designated MEP preceptor.
Thank you! This is end of the module.