



MINISTRY OF HEALTH

# REFERENCE MANUAL FOR PRECEPTORSHIP IN MIDWIFERY EDUCATION







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**USAID**  
FROM THE AMERICAN PEOPLE



Maternal and Child Health  
Integrated Program



AMERICAN COLLEGE  
of NURSE-MIDWIVES

With women, for a lifetime®

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Editor: Patricia Gomez

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

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## Abbreviations and Acronyms

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|               |  |
|---------------|--|
| <b>ACNM</b>   | American College of Nurse-Midwives                 |
| <b>BEmONC</b> | Basic Emergency Obstetric and Newborn Care         |
| <b>EONC</b>   | Essential Obstetric and Newborn Care               |
| <b>ICM</b>    | International Confederation of Midwives            |
| <b>KATH</b>   | Komfo Anokye Teaching Hospital                     |
| <b>MCHIP</b>  | Maternal and Child Health Integrated Program       |
| <b>MNH</b>    | Maternal and Newborn Health                        |
| <b>MTS</b>    | Midwifery Training School                          |
| <b>NMTC</b>   | Nursing and Midwifery Training College             |
| <b>PQI</b>    | Performance and Quality Improvement                |
| <b>SBM-R®</b> | Standards-Based Management and Recognition         |
| <b>USAID</b>  | United States Agency for International Development |

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# Foreword

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Achieving Millennium Development Goals (MDGs) four and five still remains a priority for the Government of Ghana. The Government's commitment and action is outlined in the MDGs Acceleration Framework Country Action Plan (2010). In addition, the recent National Assessment for Emergency Obstetric and Newborn Care (November, 2011) highlighted a number of priorities for achieving continued progress in decreasing infant, child and maternal morbidity and mortality including but not limited to addressing the current shortage of midwives and also strengthening the implementation of evidence-based, life-saving interventions.

In support of these efforts, the Ministry of Health has prioritized Pre/Post Basic Education, especially in midwifery. This focus on midwifery training has seen the number of institutions almost doubling between 2010 and 2012. The increase in number of institutions and students required the adoption of tools and methodologies to assist the institutions to manage the process of education to ensure that students not only gain knowledge but more importantly practical skills and first-class attitude.

In 2012, the Human Resource for Health Development (HRHD) of the Ministry of Health operationalized a Pre/Post Basic Education unit to strengthen and provide support for the health training institutions' activities. As part of these efforts, the Pre/Post Basic Education Unit of the HRHD has led the development of this reference manual to be used as an important management tool by Principals, Tutors and Preceptors in Midwifery education.

The Reference Manual for Preceptorship in Midwifery Education aims to support preceptors and students to acquire the best skills for quality, practical experience. Through the use of the manual, preceptors at the various hospitals and clinics will assist students to gain the necessary skills, knowledge, and attitude needed for best practices. Besides, there are tools and strategies for establishing and managing a preceptor programme, which will enable students to be placed with clinical preceptors to gain practical skills in a real clinical setting under supportive supervision.

It is envisaged that this commitment of producing highly competent new midwives with skills and clinical experience will reduce the cost and necessity for in-service training. In addition, these new midwives will join the national efforts to reduce maternal and child mortality through provision of high-quality care and prescription to life-saving interventions. Women, their children and families in Ghana will benefit from this great effort.



Hon. Rojo Mettle-Nunoo  
Deputy Minister of Health



# Chapter 1. Introduction

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## 1.1 OVERVIEW OF PRE-SERVICE MIDWIFERY EDUCATION

The three cornerstones of professional midwifery education are **knowledge, skills, and practical experience**. The three must be balanced so that educational programmes produce midwives who are able to perform safely and provide high-quality care to mothers and babies. Midwifery students must master a body of knowledge that will serve as the basis for evidence-based practice and clinical decision-making. Knowledge comes alive through the acquisition of key skills, which in turn are practiced in the clinical setting to gain competence. Giving attention to all three components of midwifery education is a cost-effective, sustainable investment that can improve the survival of women and their newborns.<sup>1</sup> The International Confederation of Midwives (ICM) Global Standards for Midwifery Education state that “the midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice.”<sup>2</sup>

## 1.2 PURPOSE OF THIS MANUAL

Many pre-service midwifery programmes focus on teaching theoretical content, and although they assign students to a health centre, district hospital, or referral facility to work with providers, often the students are only allowed to observe the provision of care. If the students in such programmes do care for clients, it may not be within a framework that leads to acquisition of evidence-based skills. Thus, many students graduate without mastering basic competencies.

This manual describes a systematic approach to creating a productive learning environment with qualified preceptors at clinical sites. The manual addresses the following topics:

- The definition of preceptorship
- Qualifications of a clinical preceptor
- Preceptor selection, support, and continuing education
- Roles and responsibilities of the school, student, clinical site, and preceptor in establishing and maintaining a preceptor system
- Clinical site assessment and strengthening
- How to ensure the quality of clinical education
- Principles of teaching and learning in the clinical setting
- Provision of patient care in a preceptor/student relationship
- Need for support and monitoring of the preceptor system
- Use of data to improve the system and plan for future rotations

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<sup>1</sup> Ronsmans C and Graham W. 2006. Maternal mortality: who, when, where and why. *Lancet* 368(9542): 1189–200.

<sup>2</sup> International Confederation of Midwives. 2011. *Global Standards for Midwifery Education, 2010*. ICM: The Hague. Available at <http://www.internationalmidwives.org/Portals/5/2011/DB%202011/MIDWIFERY%20EDUCATION%20PREFACE%20&%20STANDARDS%20ENG.pdf>

# Chapter 2. Defining, Selecting, and Supporting Preceptors

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## 2.1 DEFINITION OF PRECEPTING

The terms **precepting** and **preceptorship** refer to a general philosophy or approach to training as well as to a specific activity carried out during a clinical practicum in order to help a student learn something new. Precepting is a specialized type of teaching in which the preceptor commits not only to reinforcing the student's knowledge and skills, but also to introducing the student to the tenets of the profession. Precepting is a challenging task that requires patience, flexibility, coordination, and excellent communication and relationship-building skills, as well as up-to-date clinical knowledge and teaching skills.

## 2.2 DEFINITION OF PRECEPTOR

A **preceptor** is an experienced, actively practicing health professional who provides structured opportunities for students to gain experience in a clinical setting such as a health centre or hospital. The preceptor's goal is to enable students to achieve competence and confidence in applying new knowledge and skills in a supervised setting, in part by providing continual feedback. Preceptors use training techniques such as active listening, questioning, positive feedback, and problem-solving to help create a positive learning climate.<sup>3</sup>

**To be effective, preceptors must use appropriate training strategies. The desired participatory, hands-on approach is reflected in this ancient proverb:**

**WHAT I HEAR, I FORGET;  
WHAT I SEE, I REMEMBER;  
WHAT I DO, I UNDERSTAND.**

## 2.3 PRECEPTOR SELECTION AND SUPPORT

The preceptor is a role model who is responsible for inspiring students to refine their clinical skills, provide respectful care, and appreciate the importance of their new profession. Just as midwifery education programmes seek tutors who are knowledgeable and have excellent teaching skills, they must also seek skilled clinicians who are willing to take on the challenge of providing high-quality care while mentoring students in a busy clinical setting. The following criteria should be considered in the selection of preceptors:

- Three to five years of clinical experience (and currently practicing) as a nurse or midwife
- Recognized proficiency in clinical and counselling skills
- Recognized as having a consistent and professional approach to work and students
- Interest in being a preceptor (i.e., interest in understanding and supporting a student's level of knowledge and willingness to assist each student in achieving mastery of all key skills in a safe and nurturing environment)
- Understanding of the preceptor role and responsibilities
- Potential to serve as a strong role model for students
- Willingness to participate in knowledge and skills updates
- Willingness to sign a letter of agreement with the midwifery school

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<sup>3</sup> Adapted from: Jhpiego. 2010. *Training Skills for Healthcare Providers: Reference Manual*, 3<sup>rd</sup> edition. Jhpiego: Baltimore, Maryland.

- Willingness to commit to staying in the clinical facility for at least two years

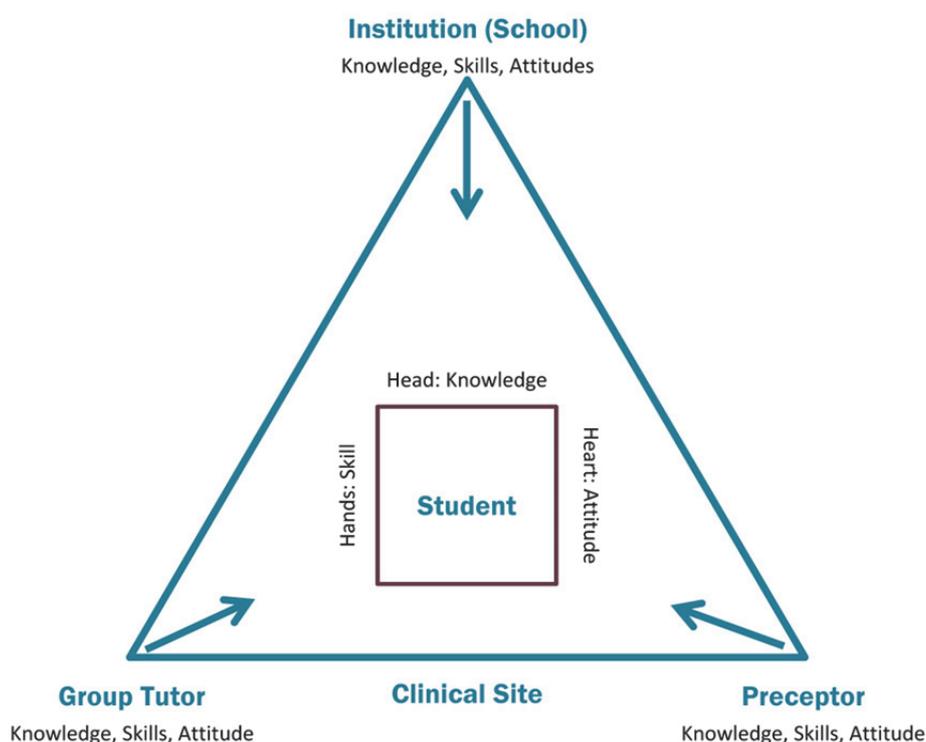
Given the extra effort required for precepting, preceptors should have the support of their immediate supervisor and facility administrator. Ideally, supervisors and administrators should be given a formal orientation to the role and responsibilities of the preceptor and should understand that their support can enhance the experience for preceptors, students, and clients. Specific forms of support might include the following:

- Giving the preceptor permission to attend knowledge and skills updates (i.e., continuing education) in relevant areas such as family planning and basic emergency obstetric and newborn care
- Ensuring that the preceptor has time to schedule regular visits and telephone calls with tutors from the midwifery school to set objectives for clinical rotations and discuss students' progress
- Providing time during the day for the preceptor to meet with students to discuss progress toward their personal objectives
- When possible, assigning fewer clients than usual to preceptors when they are supervising students

# Chapter 3. Roles and Responsibilities in Establishing and Maintaining a Preceptor System

The tutors and students from the midwifery school, along with the preceptors from the clinical site, all have important roles in ensuring that students benefit from the clinical experience. Figure 1 below illustrates the relationship within the “triad” responsible for educating the student: midwifery school, tutor, and preceptor. The base of the triad is the clinical site, where students will put the theory they learned in the classroom into practice with clients, under supervision.

Figure 1: The Triad



Developed by Beatrice Williams, NMTC Kumasi. Adapted with permission.

This chapter provides an overview of the responsibilities of the midwifery school, the clinical site, the tutor, the preceptor, and the student. Further details on specific activities are provided in subsequent chapters.

## 3.1 MIDWIFERY SCHOOL RESPONSIBILITIES

Midwifery schools are responsible for preparing for their students' preceptorship. They should complete the following tasks:

- Formally request the use of the clinical site and provide an orientation about the preceptorship to the clinical site administrators, supervisors, and staff.
- Make a request in writing for the use of the site and the involvement of staff for a student clinical experience. The request should include the total number of students, the students' names, the dates of the clinical rotation, and any information about the students that would be helpful to administrators and staff.

- Seek participation in an initial orientation session for the facility administrator, matrons, department in-charges in the departments where students will work, and preceptors. The orientation should include information about the objectives of the preceptorship, use of anatomical models and job aids for practice, and materials used to assess student progress (e.g., checklists).
- Since tutors will also plan follow-up visits and phone calls to the site during the student rotation to monitor the progress of the students, they should be asked to provide approximate dates for these follow-up visits and phone calls to help both the school and the preceptor in planning.
- Assess the clinical site and provide site strengthening where critical gaps are uncovered (see Appendix A for site assessment tools).
- Request permission to assess the clinical site to gather information about the client caseload, potential preceptors who are available at the clinical site, and the number of other students who will use the facility at the same time. Tutors can then use this information to decide how many students will go to each clinical site and the types of experiences they will have.
- The clinical site assessment will also provide information about the quality of care at the facility. It should include assessment of targeted evidence-based interventions that are known to improve maternal and newborn outcomes and that students can practice during their rotations (e.g., respectful care of clients and families, infection prevention, use of the partograph, clean and safe childbirth, active management of third stage of labour, essential newborn care and newborn resuscitation, and so on). The results of the assessment should be discussed with the facility administrator and chiefs of services so that an action plan can be formulated to address major gaps. The facility may call on the national or regional in-service education team to assist with this. If feasible, the midwifery school can provide targeted training to facility staff to improve service delivery.
- Organize a knowledge and skills update for preceptors to ensure knowledge of evidence-based practices, and provide ongoing clinical updates as needed.
- Schools are responsible for ensuring that preceptors' knowledge and skills are evidence-based and reflect what is taught in the midwifery programme. "Standardizing" preceptors using the same learning guides and checklists that are used in the school's skills labs will ensure that there is consistency in all learning environments. In addition, if the school organizes clinical updates for preceptors on a regular basis (e.g., twice yearly), knowledge and skills will be maintained and new information introduced. The updates also offer an incentive for the preceptors' participation.
- If necessary, schools can provide updates for preceptors on the principles of adult learning and humanistic approaches to care. Preceptors who are able to conduct effective skills demonstrations and coaching as well as lead case studies and role plays will be highly valuable in students' education.<sup>4</sup>
- Provide preceptors with course objectives, outlines of didactic material, reference manuals, and other relevant materials. Schools should also prepare a preceptor information pack at the beginning of each semester containing relevant materials such as:
  - Learning guides and checklists for coaching, demonstrations, and case studies,
  - Objectives specifically developed for the students' clinical experience, and
  - Preceptor and student evaluation forms (see Appendix B).
- Work with the facility and preceptors to establish a rotation schedule that will ensure a good experience for students with minimal impact on the functioning of the various clinical services. Transport of students to their clinical sites will need to be arranged.

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<sup>4</sup> See Jhpiego. 2010. *Training Skills for Healthcare Providers: Reference Manual*, 3<sup>rd</sup> edition. Jhpiego: Baltimore, Maryland.

- Provide facilities with additional supplies and consumables for students.
- Send supplies and consumables such as gloves, cotton wool, and gauze to facilities that do not have enough. Facilities might appreciate a school's willingness to send more of these supplies for the students' use.
- Conduct an orientation to the preceptorship for students.
- Ensure that students have practiced all basic skills, including communication and counselling, and have demonstrated competence on models before going to the clinical site. Students who have not yet mastered the basic skills may need to delay starting the clinical experience until they do so.
- Conduct a clinical experience orientation meeting with students before they go to their clinical rotation sites. During this meeting, the school can review and discuss with the students their responsibilities, the clinical practice objectives and schedules, the assigned clinical site, and the names of their preceptor(s). Once at the clinical site, the preceptor will provide an orientation to the facility.
- Discuss how student progress will be monitored—through regular communication with the student and preceptor about the clinical experience and supporting practice in the skills lab as needed.
- Conduct the final evaluation of students at the end of the programme, with input from preceptors, based on the objectives established prior to the preceptorship.
- Evaluate each clinical site at least twice per year, or more often if appropriate, to determine whether the site continues to fulfill the requirements for the clinical education of students. A site with deficiencies may not receive more students until issues are resolved.

### 3.2 CLINICAL SITE RESPONSIBILITIES

Just as the educational programme will contact the clinical site administration in writing about its role in establishing a preceptorship of high quality, the administration will agree in writing to undergo site assessment and strengthening, and to participate as a training site for students from the midwifery educational programme. The experience can be made even more positive for students if the administration agrees to do the following:

- Provide a preceptor on each shift with students.
- Maintain the standards of evidence-based clinical care that were taught during site-strengthening activities.
- Collaborate with schools to identify potential preceptors and allow preceptors to attend knowledge and skills updates as well as regular meetings with tutors.
- Maintain trained preceptors in relevant clinical areas to preserve continuity for students.
- Collaborate with the school to develop incentive and recognition programmes for preceptors.
- Participate in ongoing communication between the school, the preceptor, and the student.
- Provide equipment and consumables, if possible.
- Encourage all staff to create a friendly learning environment.

### 3.3 TUTOR RESPONSIBILITIES

Schools should identify at least one tutor at each clinical site who will coordinate with preceptors and assume the following responsibilities:

- Identify appropriate clinical settings and potential preceptors.
- Determine the need to update preceptors in targeted midwifery knowledge and skills as well as key training skills, and assist in carrying out updates.
- Assign students (in groups or as individuals) to a preceptor and develop a rotation schedule.
- Discuss and resolve problems with a preceptor or clinical site.
- Share contact information with the clinical site, preceptor, and students.
- Work with midwifery programme faculty to develop learning objectives for each clinical rotation and share the objectives with the preceptor.
- Ensure that tools such as learning guides, checklists, case studies, role plays, job aids, and student evaluation templates are up-to-date.
- With the preceptor, determine the number of students that the facility can take while still ensuring adequate, constructive clinical experiences.
- With the preceptor and clinical site, arrange appropriate student accommodations, if needed.
- Orient students to the objectives and activities of the preceptorship, and discuss students' responsibilities during the preceptorship (see Section 3.5, below).
- Orient the preceptor to the students, learning objectives, assessment tools, schedules, and any special requests or assignments.
- During regular site visits, monitor the students' clinical experience and practice sessions using checklists, and observe pre-clinical and post-clinical meetings.
- Develop a schedule to routinely communicate with preceptors (by phone and visits) during the clinical rotation to monitor student progress and identify any problems that arise.
- Collect feedback on student performance from preceptors.
- Collect feedback on the appropriateness of the site for continued student training and share with preceptors and other tutors.
- Manage conflicts or other difficulties that develop between students and the preceptor, staff, and/or other students.

### 3.4 PRECEPTOR RESPONSIBILITIES

The preceptor will read and understand all roles and responsibilities before signing a letter of agreement (see sample letter in Appendix C).

Before students arrive for their clinical experience, preceptors and the tutors in charge should check the student accommodations (where applicable) for the following:

- Cleanliness, access to ventilation, and lock and key for the door
- Availability of water and clean toilet facilities
- Clean and comfortable bed and bedding
- Chair and desk or table and light source
- Easy access to clinical site

Ideally, the preceptor should meet students as they arrive, show them their accommodations, explain where they can get food, give them information on whom to contact if there are any problems, and give them details on the time and location of the clinical site orientation meeting.

At the clinical site the preceptor should complete the following preparations:

- Prepare the space where teaching aids and models are kept and ensure that equipment and sufficient supplies and commodities are available for students to use during their clinical practice.
- Track all support provided by the school (e.g., additional supplies for student use). If necessary, the preceptor should make arrangements to procure additional equipment and supplies.
- Identify and report any obstacles to student learning at the clinical site and use the clinical site standards to advocate for improvements in practice.
- Plan the clinical schedule and activities (based on the school's and students' objectives) and prepare the student duty roster, if applicable.

The preceptor's other general responsibilities include the following:

- Sharing contact information with the tutor and students
- Understanding where the students are in the curriculum and the strengths and needs of each student as s/he arrives for the clinical rotation
- Communicating regularly with the tutor coordinator about the students' performance, progress, and issues
- Managing conflicts between students and the preceptor, staff, and/or other students
- Conducting student evaluations, reporting periodically and at the end of the clinical rotation using approved templates, and sharing the results with the educational programme

## Student Orientation at the Clinical Site

Students value feeling welcomed into the clinical area as part of the clinical team. To help establish a positive learning environment for students, the preceptor should schedule a 45- to 60-minute orientation to the practice site before the first clinical session. In this first meeting, the preceptor and students will begin to know each other away from the stress of clinical practice. The preceptor should orient students (or ask a staff member to orient them) to the clinical site's physical space and staff, the location of supplies, infection prevention measures and locations for disposal of waste, recordkeeping guidelines, and so on.

Preceptors should inform students about the expected reporting time and practice schedule, as well as any special dates or upcoming activities. They might want to ask students to share their past experiences with clinical practice. Preceptors can also describe their own student practice experiences and explain how these experiences have influenced their current style.

## Preceptor's Responsibilities in the Clinical Area

The preceptor's general responsibilities in the clinical area include the following:

- Maintaining good communication with other services in the hospital and encouraging students to become comfortable with them
- Ensuring provision of woman- and family-friendly care at all times
- Providing evidence-based care

- Ensuring that students practice universal precautions and infection prevention practices at all times
- Checking on the number of clients and their appropriateness for care by students; informing clients that they will be cared for by a student while being supervised and encouraging them to allow this, understanding that it is the client's decision
- Using good communication skills to support a healthy learning environment
- Acting as a role model and coach
- Understanding the difference between precepting while working with models and precepting while caring for clients
- Bringing other staff into the experience to foster teamwork and good communication
- Observing and coaching students while they are caring for clients, providing immediate feedback, and arranging clinical skills practice based on each student's progress and needs
- Carrying out pre-clinic and post-clinic meetings with students
- Supervising all student documentation

The preceptor can take advantage of times when the unit is not busy to demonstrate skills on models or clients using the learning guide, being sure to demonstrate safe, evidence-based practices. After demonstrating a skill, the preceptor should coach individual students on models until they are able to perform the procedure on their own. The other students can observe the preceptor coaching the student or participate in peer skill practice.<sup>5</sup>

When students are seeing clients, the preceptor is responsible for guiding students in the problem-solving process and in performing skills (until they reach competence). The preceptor should provide immediate feedback as needed and take notes for providing additional feedback at the post-clinical conference. These notes include a description of what happened, positive feedback, feedback on areas that need strengthening, and suggestions for how to improve. When the student is ready, the preceptor should use the skill checklist to assess the student's skill competency with a client.

### 3.5 STUDENT RESPONSIBILITIES

General student responsibilities include the following:

- Sharing contact information with the tutor and preceptor and updating it as appropriate
- Maintaining an attitude of respect and open communication with the preceptor; promptly communicating concerns to the preceptor and tutor
- Following policies of the clinical site
- Following infection prevention guidelines
- Being respectful of clients and their families
- Being punctual
- Keeping nails short, wearing an appropriate hairstyle, and dressing according to the school's and facility's standards
- Informing preceptor if s/he needs to leave the facility during work hours

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<sup>5</sup> Peer skill practice is when a small group of students coach each other using the learning guide.

Before the clinical rotation the student will:

- Read the objectives for the clinical rotation as well as the learning guides and checklists, and ask for clarification, if necessary;
- Demonstrate competence in the simulation lab in all specified skills for the rotation, including counselling and communication; and
- Review all assigned readings.

During the clinical rotation the student will fulfill the following responsibilities:

- Be present at the facility during all assigned hours.
- Conduct a daily pre-clinical meeting with the preceptor to discuss targeted objectives for the day based on progress/needs to date.
- Participate in peer skill practice; use learning guides while performing skills and after completing the skills (for self-evaluation).
- Use a problem-solving approach while caring for clients, including:
  - Obtaining complete client history,
  - Conducting physical examinations in the presence of the preceptor,
  - Establishing the diagnosis in consultation with the preceptor,
  - Determining the plan of care in consultation with the preceptor,
  - Planning for evaluation, and
  - Documenting findings clearly and completely.
- Ensure that the logbook/schedule book is updated at the end of each day.
- Conduct a daily post-clinic meeting with the preceptor to discuss strengths and any need for improvement.
- Participate in the evaluation process for skills performed, using the learning guide. The student conducts a self-evaluation and then obtains feedback from peers and the preceptor to determine strengths and discuss areas needing improvement.
- Present case studies, if appropriate.

At the end of the clinical rotation the student will:

- Use the appropriate form to evaluate the experience at the clinical site and meet with the preceptor and tutors to provide targeted feedback.

## Chapter 4. Clinical Sites

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Clinical sites must meet certain standards before students are assigned to them for their clinical experience. The appropriateness of a clinical site for preceptorship can be determined through **site assessment**, a process in which evidence-based standards (desired delivery of care) are used to measure a facility's performance (actual delivery of care). Where gaps exist between desired and actual delivery of care, interventions must be implemented to ensure that services are delivered according to the stated standards.

**Site strengthening** is the process by which a team of stakeholders analyzes results of the site assessment, selects interventions and formulates an action plan to address gaps in the delivery of care, implements the action plan, and monitors and evaluates the results. To be successful, the site assessment/strengthening activity must involve facility staff at all levels (administrators, supervisors, providers, and support personnel), clients, and to the extent possible and appropriate, the community.<sup>6</sup>

The site assessment/strengthening process described in this chapter is based on the performance and quality improvement (PQI) process (see Chapter 5 for more information on PQI). This process is used to identify performance gaps and their causes, and to create solutions for closing the gaps (see Figure 2 in Chapter 5). Clinical site assessment is an important component of the implementation of a preceptor programme, because information is gathered about the needs of the school and the availability and appropriateness of clinical facilities, their staff, and potential preceptors to meet those needs. Data gathered from the assessment are used to guide targeted clinical site strengthening so that clients receive high-quality care and students learn as many best practices as possible.

### 4.1 DETERMINING THE SCHOOL'S NEEDS

The school must first determine how many clinical sites and preceptors are needed. To do this, the school's administrators and tutors must answer the following questions:

- How many students need clinical practice?
- What types of clinical areas are needed for student clinical practice (i.e., what skills do the students need to master)?
- What is the length of the clinical rotation? (This will depend on the calendar established by the school for each academic year.)

### 4.2 ASSESSMENT OF FACILITIES

Conducting assessments at facilities provides the school and tutors and the clinical site itself with information about the quality of care at the site as well as potential challenges for the preceptors and students. The school, clinical site administration, and preceptors can use the information gathered during the assessment to address issues that compromise the care of clients as well as the students' clinical experiences.

The school should conduct a general assessment of each facility at least once a year before the start of a clinical rotation. Appendix A contains detailed site assessment tools, formulated from evidence-based standards, for antenatal and postpartum clinics, labour and birth, and inpatient postpartum care areas. These tools will elicit information about the availability of basic equipment and supplies as well as the quality of care provided in each area. The school can then use the *Clinical Site Assessment Summary* form in Appendix D to collate information for each facility assessed. The summary is helpful when a school is deciding which clinical site to use for its student clinical experience. Once a clinical site has

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<sup>6</sup> Adapted from: Jhpiego. 2004. *Site Assessment and Strengthening for Maternal and Newborn Health Programs*. Jhpiego: Baltimore, Maryland.

been chosen and strengthened, a more specific performance assessment tool can be used to help the site maintain and/or continue to improve the quality of care it provides by focusing on specific standards. The detailed assessment tool is discussed in Chapter 6.

## Facility and Provider Information

The general information collected about the facility includes whether the facility has sufficient physical space, equipment, and supplies to provide adequate care and enough qualified staff for the client load. Other considerations include whether the facility practices infection prevention according to evidence-based guidelines and has enough clients for the clinical area(s) in which the students need practice. The facility administration's interest in and commitment to student clinical education is also an important feature to evaluate when assessing a facility.

Support and accommodations for students is another important factor in choosing a facility for the students' clinical practice. The site assessment should note the following:

- Numbers and types of teaching aids and models available and in working condition, and the numbers and types of additional materials that will be needed
- Availability and appropriateness of student accommodations (if needed)
- Availability of supplies and consumables needed by students

During the assessment, the evaluator should record the number of providers in each cadre as well as each provider's name, title, contact information, and need for preceptor training or training in other areas. The evaluator should observe clients receiving care and note the following information about each provider:

- Respects/protects client's rights when giving care, and respects other providers<sup>7</sup>
- Uses recommended counselling techniques when caring for clients
- Uses established guidelines for clinical practices and procedures
- Has the knowledge and skills needed to provide clinical care

## Preceptor Information

Information about providers at the facility who are potential preceptors is also valuable to schools when they are choosing a facility for students' clinical practice experience. The number of possible preceptors at the facility should be noted, along with the following information about each individual:

- Name
- Title/rank
- Contact information
- Number of students per preceptor
- Area(s) of preceptor expertise
- Interest in precepting
- Experience precepting
- Prior training on clinical teaching (what, when)
- Preceptor training needs

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<sup>7</sup> For more information on the universal rights of childbearing women, please see White Ribbon Alliance. 2011. *Charter for Respectful Maternity Care*. Available at [http://www.whiteribbonalliance.org/WRA/assets/File/Final\\_RMC\\_Charter.pdf](http://www.whiteribbonalliance.org/WRA/assets/File/Final_RMC_Charter.pdf)

This information is included in the *Clinical Site Assessment Summary* (Appendix D).

### 4.3 SITE STRENGTHENING

The clinician who oversees site strengthening for maternal and newborn health (MNH) sites should be:

- Trained to understand and apply evidence-based knowledge, attitudes, and skills in the clinical setting;
- Versed in the PQI process;
- Experienced in coaching clinical performance and mentoring; and
- Experienced in leading a team.

Often the best person to conduct site strengthening is a tutor or experienced nurse, midwife, or doctor. S/he should be available for the entire period of site strengthening (usually a minimum of two weeks) to ensure continuity and adoption of improved practices by the staff at the site. During site strengthening, the clinician will be responsible for overseeing the following major activities:

- Identifying, with stakeholders, standards for facility and provider performance, and clearly and effectively communicating them to facility staff (if national protocols/guidelines for MNH are up-to-date, they can be used along with global evidence-based standards such as the World Health Organization manual, *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors*<sup>8</sup>)
- Forming a team of staff members from the facility, including representatives of the administration and the various departments to be involved (e.g., clinics, labour and birth areas, housekeeping, pharmacy, and so on)
- Working with staff to assess facility performance compared with the standards
- Working with staff to assess their performance compared with the standards
- Determining the priority gaps to be addressed initially (these are usually the simplest practices that will provide the biggest boost in quality of care and outcomes for clients, such as improving infection prevention or increasing the use of active management of third stage of labour, essential newborn care, and so on)
- Providing training in specific MNH knowledge and skills
- Helping the facility team decide at which level of the health care delivery system performance gaps should be addressed
- Working with staff (and the community, if appropriate) to identify appropriate changes that will lead to improvement in the quality of services delivered
- Helping to mobilize resources from many different sources (e.g., community, government, nongovernmental organizations, private sector, and so on) to implement changes
- Monitoring the effects of selected interventions

In carrying out the above responsibilities, the clinician must be able to:

- Facilitate team work,
- Motivate staff to perform well,
- Facilitate meetings and discussions among staff members,

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<sup>8</sup> World Health Organization. 2003. *Managing Complications in Pregnancy and Childbirth: Guidelines for Midwives and Doctors*. WHO: Geneva.

- Provide constructive, timely, and interactive feedback,
- Communicate clearly and effectively with staff and decision-makers,
- Gather and analyze information,
- Lead the design and implementation of interventions,
- Make decisions, and
- Delegate (assign responsibility for) duties to staff members.

The clinician carrying out site strengthening must mentor the internal team members to assume these responsibilities and develop the required skills, because the team will be responsible for sustaining, monitoring, and evaluating the ongoing PQI process at their facility after the site-strengthening activities are completed. For example, the clinician should prepare her/his counterparts to continue to conduct clinical MNH training for staff as needed.

### Challenges to an Effective Preceptorship Programme: Clinical Site Aspects

A number of challenges can affect the establishment of a robust and effective preceptor programme. The table below outlines some of these challenges, their effects on students, and potential solutions. During an assessment visit, it is important to determine whether any of these challenges are present.

| CHALLENGES TO AN EFFECTIVE PRECEPTORSHIP PROGRAMME                                    |   |  |
|---|---|--|
| Challenge   | Effect on Students  | Possible Solutions   |
| Students practice with little or no support and coaching                              | <ul style="list-style-type: none"> <li>• Students not able to discuss or clarify learning objectives</li> <li>• Students not continually assessed and do not receive feedback</li> <li>• Students not able to discuss the problem-solving process (i.e., history, physical examination, diagnosis, plan of care), which limits development of clinical decision-making skills</li> <li>• No consistent role model</li> <li>• Lack of support for client's rights</li> <li>• Cannot guarantee safety of client care</li> </ul> | <ul style="list-style-type: none"> <li>• Assign a trained preceptor who is available at all times during student practice</li> </ul>   |
| Students are supervised by a staff member on duty, who may not be a trained preceptor | <ul style="list-style-type: none"> <li>• Poor monitoring of student's ongoing progress in knowledge, skills, and attitudes</li> <li>• Staff might not have standardized practices</li> <li>• Staff generally have no formal training as clinical preceptors</li> </ul>  | <ul style="list-style-type: none"> <li>• Identify a trained preceptor to work with students throughout the rotation</li> </ul>   |
| Practices at clinical site do not reflect practices that are taught in the classroom  | <ul style="list-style-type: none"> <li>• Students not able to practice and apply evidence-based knowledge and skills</li> <li>• Students expected to perform outdated practices</li> </ul>  | <ul style="list-style-type: none"> <li>• Carry out targeted site strengthening so that current evidence-based practices are used by staff and preceptors</li> <li>• Ensure presence of trained preceptor to facilitate practice</li> <li>• Increase communication between preceptors and school</li> </ul> |

| CHALLENGES TO AN EFFECTIVE PRECEPTORSHIP PROGRAMME                               |  |   |
|--|--|---|
| Challenge  | Effect on Students   | Possible Solutions  |
| Students do not have an opportunity to practice some skills on clients           | <ul style="list-style-type: none"> <li>• Students not able to achieve competence in some skills</li> <li>• No or limited teaching models at clinical sites</li> </ul>                                    | <ul style="list-style-type: none"> <li>• Support students in performing clinical skills at the clinical sites</li> <li>• Make homemade teaching models</li> <li>• Demonstrate competence in simulation setting before and after clinical rotation (particularly important for clinical skills that are not common and may not be seen during a rotation)</li> </ul> |
| Preceptor does not have formal training to ensure clinical education of students | <ul style="list-style-type: none"> <li>• Preceptor does not have the needed knowledge and skills</li> <li>• Preceptor is not able to assist students in mastering skills in the clinical area</li> </ul> | <ul style="list-style-type: none"> <li>• Provide a training programme for preceptors specifically focused on needed knowledge, teaching and coaching skills, responsibilities, and documentation</li> </ul>   |
| Very low client load at clinical facility  | <ul style="list-style-type: none"> <li>• Students don't have the clinical experiences they need to master skills</li> </ul>  | <ul style="list-style-type: none"> <li>• Send fewer students</li> <li>• Delay sending students until the caseload is adequate</li> </ul>  |
| Clinical facility is used by many other educational programmes                   | <ul style="list-style-type: none"> <li>• Not enough preceptors for students</li> <li>• Students not able to get enough clinical experience</li> </ul>  | <ul style="list-style-type: none"> <li>• Do not send students, or send fewer students</li> <li>• Expand the number of clinical facilities that can take students</li> <li>• Work with site and other programmes to develop a rotation schedule for students that decreases congestion in the facility</li> </ul>  |
| Clinical facility has no teaching models or equipment                            | <ul style="list-style-type: none"> <li>• Students not able to practice skills on models when the clinical area is not busy</li> <li>• Students have limited learning in some areas</li> </ul>            | <ul style="list-style-type: none"> <li>• Develop locally made models</li> <li>• Search for resources for the school and facility</li> </ul>   |
| Limited support from the school during student's clinical rotation               | <ul style="list-style-type: none"> <li>• Preceptor feels frustrated and not supported</li> <li>• Student, clinical, or administrative issues that arise may not be fully addressed</li> </ul>            | <ul style="list-style-type: none"> <li>• Clearly identify school's responsibilities when establishing preceptor system</li> </ul>   |

All of the challenges noted in the table above can be addressed, especially when a systematic approach is used to establish the preceptor system and when the school and its tutors, preceptors, and clinical site are motivated to meet the needs of the students. A systematic approach enables all stakeholders to reach agreement and clarity about the system's goals and objectives and the stakeholders' roles and responsibilities. All stakeholders must also be willing to communicate effectively. This approach will help to define mechanisms that will support the overall preceptorship structure. One additional benefit of this programme is that as support to students and preceptors increases, positive communication will increase and the relationships among tutors, preceptors, and students will also markedly improve. This, too, adds to the success of the preceptor system.

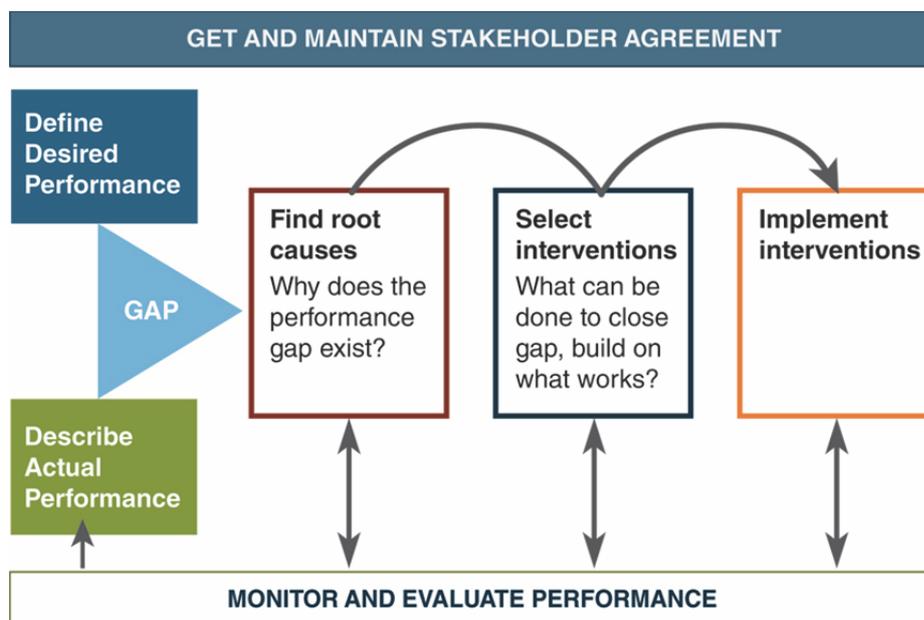
# Chapter 5. Improving the Quality of Education Using a Standards-Based Management and Recognition Approach

Standards-Based Management and Recognition (SBM-R<sup>®</sup>) is a system that can be used to assess, monitor, and improve educational programmes and their clinical sites. By stating the desired standards for staff performance and providing guidance on achieving those standards, SBM-R provides a clear guide for establishing quality programmes and clinical sites. Together, the curriculum and standards tell tutors, preceptors, and administrators what they should do to provide good care to clients.<sup>9</sup>

The process of performance improvement begins with a statement of desired performance, as shown in the model in Figure 2.<sup>10</sup> Knowing what the desired performance is, tutors and administrators of an educational programme can then set goals for improving the quality of the programme. The performance improvement approach includes the following steps:

1. Compare actual performance with desired performance, using an assessment tool.
2. Define gaps in performance by comparing actual and desired performance.
3. Analyze the root causes of the identified performance gaps.
4. Design and carry out interventions to address the causes and thus close the gaps.
5. Monitor the programme's progress by reassessing the programme to determine whether the programme is closing the gaps and improving performance.

Figure 2: Performance Improvement Model



A sense of the programme's quality can be determined by calculating the percentage of standards achieved. This score is useful when deciding which clinical sites to use for students' clinical experience and which sites need additional attention and technical

<sup>9</sup> For further information about SBM-R, please see Necochea E and Bossemeyer D. 2005. *Standards-Based Management and Recognition: A Field Guide*. Jhpiego: Baltimore, Maryland.

<sup>10</sup> Figure 2 is adapted from the performance improvement framework developed through a collaborative effort among members of the Performance Improvement Consultative Group (PICG). The PICG comprises representatives of USAID and USAID-funded cooperating agencies. The performance improvement model in Figure 2 is simplified to make the process easy to understand by different audiences.

support. The goal when improving quality at clinical sites is to ensure that the care provided at the clinical sites where students will work mirrors what students are taught in the classroom and skills lab.

A sample SBM-R assessment tool is contained in Appendix E. The tool describes the standards for midwifery clinical training sites and defines the critical criteria for a quality clinical learning experience for students. This tool is only an example; schools will need to adapt and revise it to be consistent with the focus of their clinical area(s).

## 5.1 PROCESS

When using the SBM-R approach, the school, clinical site, and preceptors agree on the clinical and preceptor standards needed for effective education for students. If necessary, preceptors should receive formal competency-based training in the areas in which they are expected to coach students, such as essential and basic emergency obstetric and newborn care (EONC and BEmONC, respectively) in order to be conversant with current evidence-based standards.

School representatives, facility administrators, and preceptors begin by assessing the clinical site using the SBM-R assessment tool found in Appendix E (or an adaptation of the tool). They then meet to review the assessment results, define gaps in performance, and establish root causes. An action plan is formulated for the design and implementation of interventions to address the performance gaps, beginning with those most easily improved in order to foster familiarity and ownership of the process. A follow-up assessment is carried out after two to four months to determine the progress made and to revise the action plan as appropriate. The school and the facility will then jointly reassess the site on a yearly basis (or as appropriate) to ensure ongoing compliance with the standards. A sample action plan is included in Appendix F.

To fill out the SBM-R assessment tool in Appendix E:

- Immediately fill in the information that is collected.
- Fill in **Y** (yes), **N** (no), or **NA** (not applicable) in the column for the first, second, third, or fourth visit.
- Do not leave any verification criteria blank. In the comments column, write comments focusing on relevant issues and potential causes for not meeting criteria.
- Fill in **Y** if the procedure is performed correctly or the item exists as it is described and is functioning.
- Fill in **NA** if the item requires a condition that does not exist.
- Fill in **N** if the procedure is not performed or is performed incorrectly, or if a required item does not exist or does not function.
- Score the assessment tool and summarize the results:
  - Each standard is worth one point.
  - For each standard to be met, all of the verification criteria should be marked **Y** or **NA**.
  - Summarize the results at the end of each section (see sample summary table, on the following page).
  - Write the number of standards achieved per area and in total.
  - Calculate the percentage of standards achieved per area and in total by dividing the number of standards achieved by the total number of standards in each area and multiplying the results by 100 (e.g., 1 divided by 3 x 100 = 33%). Record the percentage.

In the example below, the site is awarded one point because only one of three criteria was met.

| PERFORMANCE STANDARD   | VERIFICATION CRITERIA  | Y, N, or NA     |                 |                 |                 | COMMENTS       |
|--|--|-----------------|-----------------|-----------------|-----------------|----------------|
|  |  | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> |                |
| 1. Uses the four instrument processing steps:                  | a. Decontamination in 0.5% chlorine solution for 10 minutes                                | Y               |                 |                 |                 | First visit: 0 |
|  | b. Cleaning (wash and rinse)   | N               |                 |                 |                 |                |
|  | c. Sterilization/autoclave/high-level disinfection   | Y               |                 |                 |                 |                |
|  | d. Storage   | Y               |                 |                 |                 |                |
| 2. Uses cheatle forceps and container according to guidelines: | a. Stores cheatle forceps in dry container   | Y               |                 |                 |                 | First visit: 1 |
|  | b. Boils or autoclaves cheatle forceps and container daily                                 | Y               |                 |                 |                 |                |
| 3. Disposes of waste according to guidelines:                  | a. Has separate covered waste containers with plastic liner for contaminated/used supplies | N               |                 |                 |                 | First visit: 0 |
|  | b. Puts the soiled linen in a leakproof container  | Y               |                 |                 |                 |                |
|  | c. Uses burying or incineration for final disposal   | Y               |                 |                 |                 |                |

| SECTIONS                                  | TOTAL NUMBER OF STANDARDS BY SECTION | STANDARDS ACHIEVED |         |
|---|--------------------------------------|--------------------|---------|
|   |                                      | Number             | % Total |
| Uses the four instrument processing steps | 4                                    | 3                  | 75%     |
| Uses cheatle forceps and container        | 2                                    | 2                  | 100%    |
| Disposes of waste                         | 3                                    | 2                  | 67%     |

# Chapter 6. Teaching and Learning

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Effective student clinical practice requires:

- The presence of a preceptor who supervises, assesses, and facilitates student learning;
- A healthy learning environment;
- A healthy preceptor-to-student ratio;
- A site that has a large enough caseload to provide learning experiences for students; and
- A site that uses the evidence-based practices taught in the classroom.

An appropriate ratio of preceptors to students is no more than one preceptor to three or four students.

Over the years, universal concepts and principles concerning education have emerged through research. Based on this research, we know that teaching and learning—whether in a classroom or a clinical setting—are most effective when:

- Students are ready and want to learn;
- Students are active participants in their learning;
- Students are encouraged to apply critical thinking;
- New knowledge, skills, and attitudes are realistic and relevant, and can be put to immediate use;
- New knowledge, skills, and attitudes are demonstrated to students and practiced by students in the skills lab and in the clinical area;
- Students receive feedback on their performance through self-assessment, peer assessment, and teacher/preceptor assessment;
- Feedback to students is immediate, constructive, and nonjudgemental;
- Teaching is interesting, pleasant, and exciting;
- A variety of teaching methods and techniques is used;
- Teaching moves step-by-step from simple to complex;
- The learning environment is realistic, calm, and positive; and
- There is trust, respect, and two-way open communication between the preceptor and student.

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## REMEMBER:

The question that each preceptor and tutor must ask is not “Can we do this?” but “How can we do this?”

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## 6.1 CREATING A HEALTHY LEARNING ENVIRONMENT

An adult’s emotional and physical environments affect how well they learn. For many years people have believed that imposing negative feelings of pain, fear, humiliation, or anxiety on students will encourage them to learn. **This is not true.** The best way to help a person learn is to create a positive learning environment and to support the learner’s self-image.

Preceptors can create a healthy learning environment by:

- Making the environment feel safe so that students can say what they think and believe;

- Freely telling students when they (the preceptors) do not know something;
- Being patient;
- Giving hints or clues if a student's comment is not correct (rather than being critical);
- Encouraging all students to actively participate;
- Encouraging students to think and solve problems for themselves; and
- Using good communication skills.

Demonstrating good communication skills shows respect and creates a safe and positive learning environment. Good communication skills include the following:

- Greeting students and putting them at ease
- Speaking clearly, loudly, and not too fast
- Using language and terms that are understood by everyone
- Using body language that is positive and relaxed and that shows that you are listening:
  - Face students.
  - Use students' names during discussions.
  - Move around during discussions.
  - Make eye contact with all students.
  - Smile.

## 6.2 TEACHING APPROACHES

Excellent clinical teachers integrate knowledge about teaching and learning, clinical skills, critical thinking, and evidence-based care.<sup>11</sup> Students learn best when the school has a curriculum that incorporates core competencies and evidence-based knowledge and skills and that encourages adult learning and participatory, competency-based approaches.

### Competency-Based Learning

In a competency-based learning approach to teaching clinical knowledge and skills, the competencies to be learned are clearly identified and the steps needed to perform a skill are clearly outlined. Learning guides and skills checklists are used to standardize, teach, and evaluate clinical skills, and critical knowledge is taught to support performance of the skill. A competency-based training programme is flexible enough to meet the student's learning needs because varied and flexible teaching approaches are used. Students receive support and monitoring from preceptors in the clinical area, and preceptors give immediate feedback. Students are evaluated and complete the programme based on attaining competence.

There are limitations to competency-based learning. Unless initial training and follow-up assistance are given to tutors and preceptors, there is a chance tutors will quickly revert to the role of a traditional teacher. In addition, if the programme does not design and use competency-based materials and teaching approaches (e.g., learning guides, skill checklists, quality monitoring, and immediate feedback), learning is not likely to be truly competency-based.

### Adult Learning

Adults learn differently than children because they see themselves as mature and responsible for themselves. Open communication and respect between the preceptor and adult learner is important for effective learning. There are eight principles of adult learning:

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<sup>11</sup> Raisler J, O'Grady M and Lori J. 2003. Clinical teaching and learning in midwifery and women's health. *Journal of Midwifery and Women's Health* 48(6): 398–406.

1. Learning takes time.
2. People learn in different ways and at different speeds.
3. Repetition helps learning.
4. Learning is helped by applying theory to practice.
5. Learning requires an active learner.
6. Learning is affected by the emotional environment.
7. Success in learning leads to more learning.
8. Learning is strengthened by immediate feedback that includes clear examples.<sup>12</sup>

### 6.3 PARTICIPATORY TEACHING METHODS AND TOOLS

**Retention of information is highest when participatory teaching methods are used.** In fact, the importance of participatory teaching methods has been demonstrated by research showing that people remember:

- 20% of what they *hear*,
- 40% of what they *hear* and *see*,
- 80% of what they *hear*, *see*, and *do* themselves, and
- **Almost 100% of what they *hear*, *see*, *do*, and *teach*.**<sup>13</sup>

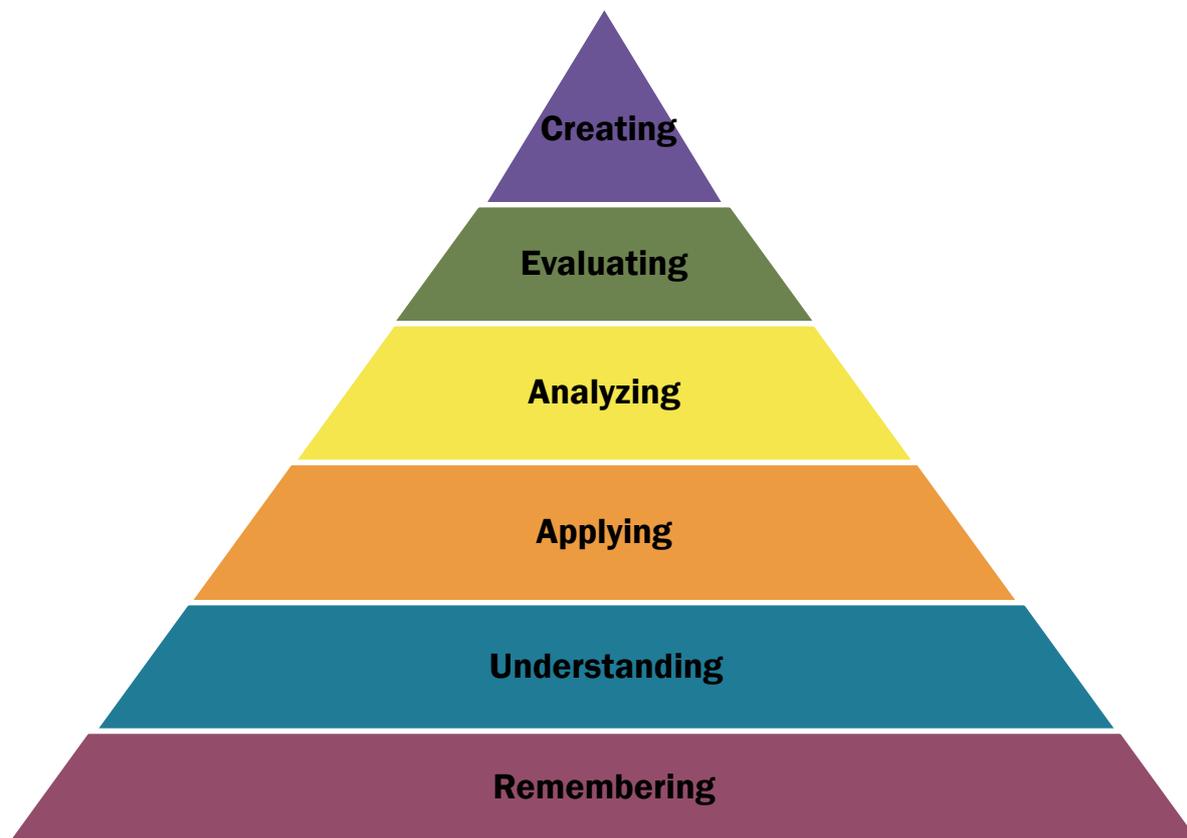
Research has also shown that students' recall of information is highest when participatory teaching methods are used, as shown in the table below. Participatory teaching methods include the following:

- Discussion and brainstorming
- Demonstration and return demonstration
- Presentations by students
- Role plays
- Group work
- Case studies
- Clinical practice

| TEACHING ACTIVITY              | RECALL OF INFORMATION AFTER 3 HOURS | RECALL OF INFORMATION AFTER 3 DAYS |
|--------------------------------|-------------------------------------|------------------------------------|
| Verbal lecture                 | 25%                                 | 10-20%                             |
| Reading                        | 72%                                 | 10%                                |
| Illustrated lecture            | 80%                                 | 65%                                |
| Participatory teaching methods | 90%                                 | 70%                                |

<sup>12</sup> Salandanan G. 2005. *Teaching and the Teacher*. Lorimar Publishing Company; Corpus B and Salandanan G. 2003. *Principles and Strategies of Teaching*. Lorimar Publishing Company.

<sup>13</sup> Stolovitch H and Keeps E. 2002. *Telling Ain't Training*. American Society for Training and Development: Alexandria, Virginia; Tufte E. 2003. *The Cognitive Style of PowerPoint*. Graphics Press: Chesire, Connecticut.



The methodologies mentioned above are consistent with Bloom's Taxonomy of Knowledge, in which learning objectives increase in complexity as one moves up the levels of the pyramid. Participatory methods require participants/students to use the higher levels of learning and not just memorization (remembering).<sup>14</sup>

Clinical practice is the ultimate participatory method of learning, because students receive close support and monitoring along with immediate feedback from preceptors in the clinical area. Situations in the clinical area exemplify what students will face in their future work, and they must gather information, analyze that information, and decide what problems to address with their learned skills. It is the ultimate test of competence.

## Learning Guides and Checklists

Learning guides and skills checklists are tools that are used in a competency-based educational programme. These tools standardize a skill by describing the steps involved so that all tutors, preceptors, and students learn and perform the skill in the same way.

**Learning guides** break each skill down into detailed steps to make the skill easier to learn. Students will use learning guides when practicing on models and will take the learning guide for each skill to the practice area to review before performing the skill on a client. Learning guides can also be used by students to review areas (steps) that need improvement based on the preceptor's feedback during the post-clinical meeting.

Preceptors use a skill checklist, a shorter version of the learning guide, to evaluate a student's competence in performing a skill. The checklist can also be used by the preceptor as a guide when teaching a clinical skill and the tutors/coordinator can use the checklist to evaluate the preceptor. Examples of checklists are included in the next section.

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<sup>14</sup> Bloom BS et al. 1956. *Taxonomy of Educational Objectives: The Classification of Educational Goals—Handbook I: Cognitive Domain*. Longmans, Green: New York.

## Demonstration and Return Demonstration

The demonstration and return demonstration teaching method is a step-by-step approach to helping students develop knowledge, skills, and attitudes. This method can also be used to review and evaluate a student's performance.

When using the demonstration and demonstration method the preceptor demonstrates the skill in the clinical area or in a classroom. While performing each step of the skill, the preceptor describes the step and assesses students' level of understanding. If they are working in a classroom setting, the preceptor can then ask one student to give a return demonstration in front of the other students and to describe each step as it is done. This allows the preceptor to evaluate all of the students' understanding of the skill. When the student finishes the demonstration, the observing students and the preceptor provide feedback and clarify any areas of confusion before the other students begin their practice. It is important for students to follow the learning guide when watching a demonstration or doing a return demonstration because the steps are listed in the order in which they should be performed. The students learn by seeing, listening, doing, receiving feedback on their performance, and then repeating the skill until they have mastered it.

The steps involved in this teaching method are summarized in the checklist below.

### Checklist for Demonstration and Return Demonstration Skill

#### RATING

1 = needs improvement    2 = performed competently    3 = performed proficiently

| STEPS   | DATE |  |  |  |  |  |
|---|------|--|--|--|--|--|
|   |      |  |  |  |  |  |
| <b>Preparation</b>  |      |  |  |  |  |  |
| 1. Read the clinical skill learning guide (assign as homework as appropriate).  |      |  |  |  |  |  |
| 2. If the demonstration is conducted with a client, ensure that she understands and agrees to the demonstration.  |      |  |  |  |  |  |
| 3. If the demonstration is not conducted in a clinical area, arrange area/seating so that all students can see.   |      |  |  |  |  |  |
| 4. Have equipment/materials ready for the demonstration <i>before</i> starting the demonstration.   |      |  |  |  |  |  |
| 5. Read the learning guide aloud before the demonstration.  |      |  |  |  |  |  |
| <b>General Tips</b>   |      |  |  |  |  |  |
| 1. Plan at least one hour to do the demonstration and return demonstrations.  |      |  |  |  |  |  |
| 2. Never demonstrate incorrect steps or shortcuts.  |      |  |  |  |  |  |
| 3. Communicate with the model, the student role-playing as the client, or the client during the demonstration. Encourage a student to take the role of the client during demonstrations using models. |      |  |  |  |  |  |
| 4. Ask questions and encourage students to ask questions.   |      |  |  |  |  |  |
| 5. Include correct infection prevention practices in the demonstration.   |      |  |  |  |  |  |
| 6. Use good communication skills during the demonstration:  |      |  |  |  |  |  |
| – Speak clearly, loudly, and not too fast.  |      |  |  |  |  |  |
| – Use simple language that is understood by all students.   |      |  |  |  |  |  |
| – Use body language that is positive, relaxed, and shows respect:   |      |  |  |  |  |  |
| • Face students.  |      |  |  |  |  |  |

| STEPS   | DATE |  |  |  |  |  |
|---|------|--|--|--|--|--|
|   |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>Use students' names.</li> </ul>  |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>Make regular eye contact with all students.</li> </ul>   |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>Smile.</li> </ul>  |      |  |  |  |  |  |
| 7. Ask students to follow the demonstration using their own learning guides.  |      |  |  |  |  |  |
| <b>Demonstration Steps</b>  |      |  |  |  |  |  |
| 1. Give a short introduction. State the skill and objectives for the demonstration.   |      |  |  |  |  |  |
| 2. Slowly demonstrate the complete skill:   |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>Show each step and say what is being done at each step.</li> </ul>   |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>At the end of the demonstration, ask the students if there are any questions.</li> </ul>   |      |  |  |  |  |  |
| 3. Repeat the demonstration of the skill in parts (if the demonstration is long).   |      |  |  |  |  |  |
| 4. Repeat the demonstration of the complete skill at the speed at which the skill is normally performed.  |      |  |  |  |  |  |
| 5. Ask a student volunteer to do the first return demonstration.  |      |  |  |  |  |  |
| 6. When the student's return demonstration is finished, give feedback. Always (1) give positive feedback, (2) explain what was done well and what needs improvement, and (3) offer suggestions for ways to improve: |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>First, ask the student who demonstrated the skill to give his/her own feedback. This process helps learning.</li> </ul>  |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>Next, ask the observing students to give their feedback.</li> </ul>  |      |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>Finally, give any other necessary feedback.</li> </ul>   |      |  |  |  |  |  |
| 7. Divide the students into groups, if necessary.   |      |  |  |  |  |  |
| 8. Ask each student to do a return demonstration of the skill as stated in the learning guide, and then complete the feedback process.  |      |  |  |  |  |  |
| 9. Observe each student/group and give feedback.  |      |  |  |  |  |  |
| Comments:   |      |  |  |  |  |  |

## Observation, Modeling, Coaching, Evaluation, and Feedback

Observation, modeling, coaching, evaluation, and feedback help students develop knowledge, skills, and attitudes. Students learn when they perform skills in the work area and then receive feedback based on the preceptor's **observation**.

Students observe and learn from the behaviour and performance of their preceptors and peers. The process of demonstrating the desired behaviour is called **modeling**. Some examples of modeling include greeting clinic staff in a friendly manner; asking the client questions in a calm, respectful, and caring way; capably performing a procedure; and offering quiet words of advice to a client. Such behaviours are noted and learned by students. Every action a preceptor performs is closely observed and often is copied or modeled. To avoid having students see and practice poor behaviours or incorrect actions, preceptors should strive to demonstrate actions and behaviours that are worthy of being copied.

When working in a clinic with real clients, the preceptor's challenge is to be a good teacher while maintaining a healing environment and respecting the client's rights. Patience and

experience will guide the preceptor in determining when to help a student and when to wait. Usually a quiet, gentle suggestion or touch is enough. This is **coaching**. However, if a student is performing a skill in a way that might be harmful to a client, the preceptor must intervene immediately. Sometimes the preceptor will need to guide the student in performing the procedure or take over the procedure completely. Sometimes new or complicated procedures should be performed by the preceptor the first time, with the student assisting. However, in order to become competent, students must perform the clinical skills during their clinical rotation until competence is achieved.

**Evaluation** and **feedback** are important parts of the learning process. Students who do not perform a skill correctly and are not given feedback might continue to perform the skill incorrectly. The preceptor’s feedback must be detailed and clear. For that reason, preceptors should write quick notes while observing the student’s performance in the clinical area and should evaluate the student and provide feedback as soon as possible thereafter. The sooner the student receives feedback, the more s/he learns.

When using this teaching method, make sure that the student has a learning guide for the procedure and review the guide with the student before starting the procedure. Help to gather instruments, medicines, and other needed supplies. The preceptor should observe, coach, and assist students in caring for clients, scrub in for procedures, and wear appropriate protective clothing and sterile gloves when appropriate. The student should follow correct infection prevention practices at all times.

The steps involved in this teaching method are summarized in the checklist below.

#### Checklist for Observation, Modeling, Coaching, Evaluation, and Feedback

##### RATING

1 = needs improvement    2 = performed competently    3 = performed proficiently

| STEPS   | DATE |  |  |  |  |  |
|---|------|--|--|--|--|--|
|   |      |  |  |  |  |  |
| <b>Before Practice Session</b>  |      |  |  |  |  |  |
| 1. Greet the student.   |      |  |  |  |  |  |
| 2. Ask the student to review the learning guide to determine areas that need improvement.   |      |  |  |  |  |  |
| 3. Work with the student to set specific goals for the practice session.  |      |  |  |  |  |  |
| 4. Come to an agreement with the student about what method of communication to use when coaching the student while s/he is giving care to a client. |      |  |  |  |  |  |
| <b>During Practice Session</b>  |      |  |  |  |  |  |
| 1. Observe the student practice the procedure.  |      |  |  |  |  |  |
| 2. Refer to the learning guide during observation.  |      |  |  |  |  |  |
| 3. Provide positive reinforcement and suggestions for improvement when the student practices the procedure on a model.                              |      |  |  |  |  |  |
| 4. Record notes about the student’s performance during the observation.   |      |  |  |  |  |  |

| STEPS   | DATE |  |  |  |  |  |
|---|------|--|--|--|--|--|
|   |      |  |  |  |  |  |
| 5. Be sensitive to the client when giving feedback to the student in front of the client.         |      |  |  |  |  |  |
| 6. Intervene when the comfort or safety of the client is in doubt.                                |      |  |  |  |  |  |
| <b>After Practice Session</b>   |      |  |  |  |  |  |
| 1. Thank or congratulate the student, if applicable.  |      |  |  |  |  |  |
| 2. Ask for the student's general feedback about the practice session.                             |      |  |  |  |  |  |
| 3. Ask the student to identify the steps that were performed well.                                |      |  |  |  |  |  |
| 4. Ask the student to identify the steps that need improvement.                                   |      |  |  |  |  |  |
| 5. Refer to the learning guide.   |      |  |  |  |  |  |
| 6. Provide positive reinforcement regarding those steps or tasks that the student performed well. |      |  |  |  |  |  |
| 7. Offer specific suggestions for improvement.  |      |  |  |  |  |  |
| 8. Work with the student to establish goals for the next practice session.                        |      |  |  |  |  |  |
| Comments:   |      |  |  |  |  |  |

## Case Studies

Case studies help students develop knowledge and appropriate attitudes and become more skilled at using the problem-solving approach (i.e., history taking, physical examination, determining problems/needs, and developing a plan of care). The preceptor can present the case and ask questions to encourage active and creative thinking, or the students can prepare a case study report based on a client they have cared for.

Preceptors can write their own case studies. The most practical and realistic way to write a new case study is to use information from a client's record (history and physical examination) and ask students to decide the problems/needs and plan of care.

The steps involved in this teaching method are summarized in the checklist below.

### Checklist for Conducting a Case Study

#### RATING

1 = needs improvement    2 = performed competently    3 = performed proficiently

| STEPS  | DATE |  |  |  |  |  |
|--|------|--|--|--|--|--|
|  |      |  |  |  |  |  |
| <b>Preparation</b>   |      |  |  |  |  |  |
| 1. Assign reading and case study homework to students.                                 |      |  |  |  |  |  |
| 2. Ask a student to put the case study on a flip chart for the presentation.           |      |  |  |  |  |  |
| 3. Explain that the case study should be organized like the case studies in Chapter 7. |      |  |  |  |  |  |
| 4. Discuss the case study in a quiet place, away from client areas.                    |      |  |  |  |  |  |

| STEPS   | DATE |  |  |  |  |
|---|------|--|--|--|--|
|   |      |  |  |  |  |
| 5. Arrange seating in a semicircle or other arrangement that allows students to see each other and the preceptor and have a place to write.   |      |  |  |  |  |
| 6. Plan about 30–45 minutes to do the case study.   |      |  |  |  |  |
| <b>Procedure</b>  |      |  |  |  |  |
| 1. Begin by introducing the topic and describe how the discussion will be conducted: The student will present the case, and the observing students will give feedback (positive feedback and areas needing improvement). Then the preceptor will give feedback. |      |  |  |  |  |
| 2. Ask the student to present the case study s/he prepared.   |      |  |  |  |  |
| 3. Ask the observing students to listen carefully and to take notes about their thoughts during the presentation.   |      |  |  |  |  |
| 4. Take notes for later feedback.   |      |  |  |  |  |
| 5. When the student is finished with the case study presentation, thank the student and ask the observing students for feedback.  |      |  |  |  |  |
| 6. Encourage all students to actively participate by asking them questions such as:   |      |  |  |  |  |
| – What would you do if (a specific element of the scenario changed) and what is your rationale for your answer?   |      |  |  |  |  |
| – What additional history, physical examination, or laboratory investigations are needed?   |      |  |  |  |  |
| – Have all of the problems or needs been identified correctly?  |      |  |  |  |  |
| – Is the plan of care complete?   |      |  |  |  |  |
| 7. If the students do not come up with correct answers or all of the answers, add to what they have said.   |      |  |  |  |  |
| 8. Discourage students from feeling embarrassed if they give incorrect answers. Remind them that everyone is there to learn.  |      |  |  |  |  |
| 9. Praise students for their contributions.   |      |  |  |  |  |
| 10. At the end of the case study, review or have a student review the problem-solving steps and summarize the topic.  |      |  |  |  |  |
| 11. Thank the students for their participation.   |      |  |  |  |  |
| Comments:   |      |  |  |  |  |

## Using Visual Aids

Visual aids such as lists, pictures, drawings, and models help students take an active part in learning. A client who has the condition that is being discussed is often the best visual aid. However, **visual aids are not a replacement for direct clinical experience.**

**Whiteboards, chalkboards, and flip charts** are usually easily available. They can be used to write a list, make a simple drawing, or outline the day's activities. Below are some suggestions for ways to make these visual aids more effective.

- If possible, prepare the flip chart before the session.
- Use pens of different colours to make information easier to see and to stress main points.
- Alternate colours for each statement (e.g., write the first statement in blue, the second statement in red, the third statement in blue, and the fourth statement in red again).
- Write clearly in letters big enough to read from any place in the room.
- Do not write too much information at one time.
- Make words bold, if needed, by using the thick edge of the pen.
- Position the whiteboard or flip chart so that everyone can see it.
- Be sure to stand facing the students and talk to them, rather than to the whiteboard or flip chart.
- Ask another preceptor or student to write during a discussion or brainstorming session.

A laminated list of the steps for an important skill can be made and used as a **teaching aid**. Posting it on a wall will help to remind students of how to perform the skill.

**Teaching models**, either homemade or store-bought, can be used to enable students to practice skills on models before they use the skills with clients. For example, a breast model is particularly useful for teaching about breastfeeding or breastfeeding problems. The model is easy to make with items from a local market. Other models too can be made using simple, locally available supplies.<sup>15</sup>

Videos, transparencies, and PowerPoint presentations are helpful tools for teaching, but they require the availability of the proper equipment and electricity.

**Videos** can be very helpful for introducing new information, giving an overview of a topic, or showing a skill being performed. Before using a video, test the video machine to make sure it works. Explain to the students what the video is about and how long it will last. Observe the students' reactions during the video to see what causes excitement, confusion, or disagreement. After the video, ask the students if they have questions or comments about what they saw, and ask them to state the important messages in the video. If the video shows a skill being performed, ask the students if they think the skill can be used in the clinical area as it was shown in the video.

**Transparencies and/or PowerPoint presentations** are helpful tools for teaching. The preceptor should avoid reading them word for word, but rather should use them as a guide for discussion or group work. When using this type of aid, it is important to also use other teaching methods to ensure that the teaching and learning process is interactive and participatory. In areas with no electricity, make photocopies of transparencies and PowerPoint slides and give them to the students to use during the discussion.

## 6.4 CONFLICT MANAGEMENT

Conflict is a disagreement in which the individuals involved perceive a threat to their needs, interests, or concerns. Although informal conflicts between people can often be handled quickly through discussions, resolving a formal conflict and/or registered complaint requires more attention and skill, particularly if administrative intervention is involved.

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<sup>15</sup> For more information and instructions for making models, please see Jhpiego. 2012. *Simulation Labs Operations Manual: A Practical Approach for Midwifery Education*. Jhpiego: Baltimore, Maryland.

Conflict is often the result of a person's perception of a situation. In fact, 90% of conflicts occur not over what was said, but over the tone in which it was said.<sup>16</sup> Conflicts can contain substantive, procedural, and psychological dimensions. To a large degree, conflicts are predictable and expected situations that occur naturally. Conflicts can originate from differences in information, beliefs, values, interests, or desires; from a scarcity of some resource; or from rivalries in which one person or group competes with another. Other sources of conflict include not being able to depend on colleagues to carry out their share of assigned work, poorly designed reward systems, communication failures, and goal incompatibility.

When managing conflicts, keep in mind that each party involved may have a different perception of the situation, and the difference in perceptions may be due in part to differences in culture, race, ethnicity, or gender. An individual's knowledge, impressions of others, and previous experiences also play a role in their perception of a situation.

Conflict resolution is a process of working through opposing views in order to reach a common goal or mutual purpose. It sometimes offers an opportunity to improve situations and strengthen relationships.<sup>17</sup> When managing conflict, try to be flexible in the management style you use and determine which style is most valuable at any given point.

The interest-based relationship approach to managing conflict is based on the theory that good relationships are the first priority in conflict resolution. Keep people and problems separate, and pay attention to the interests of those involved. Remember to "listen first, talk second"; determine the "facts"; and explore options together. When listening, remember the acronym SOLDER. Active listeners should:

- S – Face the person SQUARELY
- O – Adopt an OPEN posture
- L – LEAN slightly toward the other person
- D – Maintain a DISTANCE of about one metre
- E – Maintain EYE contact
- R – Try to RELAX

## Conflict Resolution Strategies

Six behaviours are important in the resolution of conflicts:

1. Isolate facts from emotions. It is easy to get caught up in the emotion of the conflict, but try to stick to the facts whenever possible.
2. Make decisions according to the rules of the organization, setting aside personal relationships and feelings.
3. Listen to both verbal and nonverbal messages to gather more information to make accurate and fair decisions.
4. Empathize with the other persons to show that you are respectful of their perceptions and emotions related to the conflict.
5. Do not be defensive.
6. Base decisions on facts.

Conflicts can be resolved in three ways:

1. Remove the source of the problem.
2. Change the perception of the problem.

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<sup>16</sup> Clements K. 2004. Towards conflict transformation and a just peace. In Fischer B, Schmelzle O and Wils O, eds., *Berghof Handbook for Conflict Transformation*. Berghof Research Centre for Constructive Conflict Management: Berlin.  
Clements K. Peace building and conflict transformation. Accessed November 6, 2012, at: <http://www.gmu.edu/academic/pccs/clements.htm>

<sup>17</sup> Cook CW and Hunsaker PL. 2001. *Management and Organizational Behavior*, 3<sup>rd</sup> edition. McGraw-Hill Irwin: New York.

3. Use coping resources such as flexibility, communication, and problem-solving.

The outcome of a conflict resolution effort depends on the experience of the person managing the conflict as well as the persons having the conflict.

Tips for managing workplace conflict include the following:

- Build good relationships before conflict occurs.
- Do not let small problems escalate; deal with them as they arise.
- Respect differences.
- Listen to others' perspectives on the conflict situation.
- Acknowledge feelings before focusing on facts.
- Focus on solving problems, not changing people.
- If you cannot resolve the problem, turn to someone who can help.
- Remember to adapt your style to the situation and persons involved.

The checklist in Appendix G shows the key steps in managing conflict.

## Chapter 7. Providing Client Care

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Preceptors are experienced, practicing health care providers who use their clinical knowledge and skills to support students' development in the clinical area. The goal is to help students gain competence and confidence in applying their new knowledge and skills while caring for clients during clinical experience sessions. Preceptors can help students develop their clinical skills by encouraging them to think critically and care for clients using a problem-solving approach. Preceptors can also guide students' clinical experience by facilitating pre- and post-clinical meetings and providing guidance and coaching to students.

### 7.1 USING A PROBLEM-SOLVING APPROACH: HOW TO THINK CRITICALLY WHILE CARING FOR CLIENTS

#### What Is Critical Thinking?

Critical thinking occurs when a person assesses what is observed or expressed and determines if there is adequate justification to accept it as true. Critical thinking occurs whenever one judges, decides, or solves a problem in a reasonable and reflective way. This involves not only logic, but also broad intellectual skills such as clarity, credibility, accuracy, relevance, significance, and fairness.

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#### REMEMBER

**Within an educational programme, it is impossible to teach everything.**

**If critical thinking, rather than rote memorization, is taught and used, a person is equipped for life-long learning.**

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#### *Overview of Problem-Solving*

Using a problem-solving approach in clinical care means gathering the information needed to provide purposeful, safe, and effective care. The provider repeatedly implements the problem-solving process as the clinical situation changes and different needs or problems emerge. When using a problem-solving approach, the provider:

- Collects information in an organized manner, saving time and resources;
  - Uses information to correctly identify a problem or need;
  - Gives focused care, avoiding unnecessary, inappropriate, or excessive treatments or care; and
  - Evaluates the effectiveness of the care that is provided.
- 

#### REMEMBER

**If the client says s/he is not well or the family says s/he is not well, quickly decide how serious the problem is. This may be a life-threatening problem. Sometimes medical treatment will be needed first. For example, if a woman has a retained placenta and is bleeding heavily, stop the bleeding first, before conducting further physical examinations or laboratory tests. Once she is stable she may receive other treatment, education, and counselling, or be referred for further care. After providing care for any life-threatening problems, the problem-solving approach is continued.**

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The problem-solving approach consists of five logical steps, described in detail in the table below.

| STEP IN PROBLEM-SOLVING APPROACH                            | DESCRIPTION AND DETAILS  |
|---|--|
| <p><b>Ask and Listen (Take a History)</b></p>               | <ul style="list-style-type: none"> <li>• Perform a rapid initial evaluation: Ask the client if she has danger signs such as bleeding, severe headache/visual changes, recent convulsions or loss of consciousness, fever, or severe pain; deal with these before continuing the process.</li> <li>• Treat the client with kindness and respect, and make her feel welcome and comfortable. Ensure visual and auditory privacy.</li> <li>• Ask questions in a kind and interested way. First, ask her to identify the reason she has come for care. Then ask about: <ul style="list-style-type: none"> <li>– <b>The start of the problem:</b> When did it start? Did it start gradually or suddenly? Did anything unusual happen before it started? Did anything cause it to happen?</li> <li>– <b>Description of the problem:</b> Where is the problem? Is it constant or does it come and go? What does it feel like? Is it feeling better, worse, or staying the same?</li> <li>– <b>Helping the problem:</b> Has s/he or anyone done anything for the problem? What was done? Did it help the problem?</li> </ul> </li> <li>• Listen carefully to the answers, which are important to identifying and solving the problem.</li> <li>• Write down the important points.</li> </ul> |
| <p><b>Look and Feel (Conduct Physical Examination)</b></p>  | <ul style="list-style-type: none"> <li>• Determine whether there is a need for immediate emergency care.</li> <li>• Conduct a physical examination, examining the areas of the body that are relevant to the client's concern, complaint, or problem. Follow the appropriate checklist.</li> <li>• Determine if it is necessary to conduct a system review (it might not be possible to find the cause of the problem based on the history). It might be necessary to ask more questions and perform a general examination to find problems that the client has not recognized.</li> </ul>   |
| <p><b>Identify Problems/Needs (Determine Diagnosis)</b></p> | <ul style="list-style-type: none"> <li>• Use the information from the history and examination, along with your knowledge and experience, to identify the client's problems/needs: <ul style="list-style-type: none"> <li>– Consider each sign/symptom in the context of other findings.</li> <li>– Compare signs/symptoms to accepted descriptions/definitions of health and disease.</li> <li>– Consult reliable sources of up-to-date information.</li> <li>– Form a list of possible problems (differential diagnosis) based on the available information.</li> </ul> </li> <li>• If a problem is not immediately identified, review the information with the client and family to ensure that you have not missed something. If nothing is found, reassure the client and encourage her to return if the problem continues.</li> <li>• Remember that a client may come with only one complaint, problem, or question, but as you talk, you may find that the client has many needs. For example, a woman may need information on family planning methods, proper nutrition, or relief of hemorrhoid pain, or she may need immunizations for her small children. Try to help her with all of her problems or needs.</li> </ul>  |

| STEP IN PROBLEM-SOLVING APPROACH | DESCRIPTION AND DETAILS   |
|----------------------------------|---|
| Develop a Plan of Care           | <ul style="list-style-type: none"> <li>• In consultation with the client and family, develop a plan of care that will solve each problem and meet each need.</li> <li>• Provide medical treatment for the problems/needs, determining which action is needed first. Follow approved practice standards and protocols.</li> <li>• Provide education, information, and advice that the client must know for self-care.</li> <li>• Give counselling to help the client understand the problem/need. Give the client time to ask questions and talk about what has been discussed, and listen to and respond to her concerns. To ensure that the client understands important information or instructions, ask her to repeat them to you.</li> <li>• Conduct laboratory tests to gather more information, if necessary.</li> <li>• Refer the client for additional care and medicine, if necessary. Use other resources in the area, such as doctors, hospitals, education programmes, women’s groups, and charity groups, to help solve the client’s problems.</li> <li>• Plan when and where to follow up to evaluate the care.</li> <li>• Clearly and carefully record (1) all information gathered during the history and physical examination, (2) the problems and needs identified, and (3) the plan of care (medical treatment, education, counselling, laboratory results, referrals, and date of follow up).</li> </ul> |
| Evaluate/Repeat Process          | <ul style="list-style-type: none"> <li>• Decide with the client and family if the actions taken were effective at resolving the problem or meeting the client’s need. Treatment is deemed effective when it: <ul style="list-style-type: none"> <li>– Improves or maintains the client’s health;</li> <li>– Restores abnormal findings to normal;</li> <li>– Addresses the client’s needs; and</li> <li>– Is acknowledged as valuable by the client and her family.</li> </ul> </li> <li>• Repeat the first four steps, if necessary, to develop a new plan of care.</li> <li>• At the next visit, determine whether the problem has been solved, has stayed the same, or is getting worse. Repeat the problem-solving approach, and develop a new care plan, if necessary.</li> <li>• Repeat information or advice as needed to make sure the client understands the information.</li> </ul>   |

### *Role of the Preceptor in Helping Students Use a Problem-Solving Approach*

There is much that the preceptor can do to help students use a problem-solving approach when caring for clients. The table below outlines the preceptor’s role in each step in the problem-solving approach.

| STEP OF PROBLEM-SOLVING APPROACH     | HOW PRECEPTORS CAN HELP STUDENTS  |
|--------------------------------------|---|
| Ask and Listen (History)             | <ul style="list-style-type: none"> <li>• Coach and supervise the student, providing guidance as necessary.</li> <li>• Ensure that the history taken by the student is accurate and complete.</li> </ul>   |
| Look and Feel (Physical Examination) | <ul style="list-style-type: none"> <li>• Observe to ensure that the student is performing all the examinations that are needed and that s/he performs them correctly. Coach the student, if necessary.</li> <li>• Confirm the results obtained by the student during examination of the client. If they are not correct, guide the student in obtaining correct results.</li> </ul> |

| STEP OF PROBLEM-SOLVING APPROACH  | HOW PRECEPTORS CAN HELP STUDENTS   |
|-----------------------------------|--|
| <b>Problems/Needs (Diagnosis)</b> | <ul style="list-style-type: none"> <li>• Ask the student to identify the cause of the problem.</li> <li>• Ensure that the diagnosis is correct.</li> <li>• Ensure that the student identifies all possible problems and needs.</li> </ul>        |
| <b>Plan of Care</b>               | <ul style="list-style-type: none"> <li>• Ask the student to develop a plan of care.</li> <li>• Review the plan before the student begins implementing it.</li> <li>• Ensure that there is a complete plan of care for each diagnosis.</li> </ul> |
| <b>Evaluate/Repeat Process</b>    | <ul style="list-style-type: none"> <li>• Ask the student to evaluate the previous plan of care during follow-up visits.</li> </ul>   |

## Clinical Experience

### *Pre-Clinical Meetings*

The preceptor should begin each clinical day with a 15- to 30-minute pre-clinical meeting in a location away from client care areas. Before the meeting, preceptors need to assess the number of clients in the unit and their appropriateness for care by the students. During the meeting, the preceptor:

1. Welcomes the students;
2. Asks students if they have questions about the knowledge and skills reviewed the previous day;
3. Discusses the learning objectives and special assignments for the day (see the examples below);
4. Assigns tasks and clients to each student (this may also be done in the clinic);
5. Reassures students that the role of the preceptor is to help and ensure the safety of clients and students;
6. Comes to an agreement with the students on the communication method to be used during coaching when the student is giving care to a client;
7. Assigns student(s) to present on one of their clients during the post-clinical meeting;
8. Reminds students to take their learning guides to the clinical area; and
9. Responds to any questions.

The daily learning objectives should be based on the topics and skills that are to be covered that day. Below are two examples of learning objectives for students working in the labour and birth area.

## 7.2 DAILY LEARNING OBJECTIVES: EXAMPLE 1

By the end of the session, students will be able to:

- Carry out active management of the third stage of labour as a component of normal birth according to the learning guide,
- Gather equipment and material,
- Carry out a delivery and provide essential newborn care,
- Communicate with the client using terms she understands, and
- Use correct infection prevention practices throughout the process.

## Daily Learning Objectives: Example 2

By the end of the session, students will be able to:

- Perform manual removal of the placenta (on model if no clients are present) according to the learning guide,
- Identify a retained placenta,
- Call for assistance,
- Communicate with the client using language she understands (including answering her questions),
- Use correct infection prevention practices throughout the procedure, and
- Ensure appropriate immediate postpartum care and ensure that bleeding is not excessive.

### *Working in the Clinical Area*

Preceptors begin each clinical experience session by checking on the number of clients in the clinical area and whether their care could be provided by students. To ensure that students are able to gain competency in the required skills (e.g., conducting a normal birth), the preceptors encourage clients with appropriate cases to receive care from students.

When the area is not busy, the preceptor can demonstrate skills on models or clients using the learning guide, making sure to demonstrate safe, evidence-based practices. After demonstrating the skill, the preceptor should coach each student on models until the students are able to perform the procedure on their own. The other students can observe the preceptor coaching the students or they can participate in peer skill practice.

When students are seeing clients, the preceptor guides students using the problem-solving process. The student will:

- Take the client's history (preceptor reviews),
- Conduct a physical examination (preceptor observes and confirms),
- Determine the diagnosis (preceptor confirms), and
- Develop and implement a plan of care (preceptor confirms before student implements).

Two critical roles for the preceptor are coaching students while they perform skills on clients (until they reach competency) and observing students as they practice clinical skills using the learning guide. The preceptor provides immediate feedback as needed and carries a notepad while working in the clinical area to take notes for providing feedback at the post-clinical meeting. If possible, the preceptor records notes while the student is performing the skill (unless the preceptor is wearing gloves or assisting with the procedure). The notes include a description of what happened, positive feedback, feedback on areas that need strengthening, and suggestions for how to improve. When the student is ready, the preceptor uses the skill checklist to assess the student's skill competency when performing the procedure on a client.

### *Post-Clinical Meetings*

Post-clinical meetings are often rated as one of the most valuable components of clinical training.<sup>18</sup> The post-clinical meeting is a combination of debriefing, learning, and planning. It is an opportunity for students to share experiences from the day and to openly discuss in a supportive, nurturing environment any difficult experiences they have encountered in the

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<sup>18</sup> Lichtman R et al. 2003. Pearls of wisdom for clinical teaching: Expert educators reflect. *Journal of Midwifery & Women's Health* 48(6): 455–463.

clinic. The meeting also offers an opportunity for the preceptor to praise students for good performance and to identify aspects of their performance that can be improved. If a post-clinical meeting has been effective, students should leave it feeling respected and reinforced in their efforts to learn. If possible and appropriate, other staff at the clinical site can be invited to participate in the meeting.

The preceptor should plan 45–60 minutes at the end of each clinical session for the post-clinical meeting and should plan to conduct the meeting in an area that is removed from client care areas. The preceptor's responsibilities during the meeting include the following:

- Asking students to present interesting or difficult cases, or an assigned case, using the problem-solving process (i.e., history, physical examination, problems and needs, plan of care)
- Giving feedback on clinical skills performed by students, using the evaluation/feedback process:
  - Asks students for their feedback about the experience
  - Praises satisfactory points and discuss questions
  - Offers suggestions for areas needing improvement
  - Asks students to complete the appropriate learning guide
- Responding to questions about specific situations or clients
- Conducting additional practice with models or simulations, if needed
- Reviewing and discuss any group assignments
- Planning for the next clinical session and notifying students of any changes, if needed

### *Post-Clinical Meeting Case Study Presentations*

Case study presentations give students the opportunity to share experiences they have had in the clinic, to demonstrate what they have learned, and to problem-solve as a group. The preceptor invites a student to present and listens carefully during the presentation, taking notes for later comment. After the student presents the case study, the preceptor thanks the student and asks the other students to comment on the presentation. Then the preceptor reviews any points that were not brought up by the students (e.g., areas of the history that were overlooked or aspects of the physical examination that were performed correctly or incorrectly). The preceptor also ensures that the problems/needs and plan of care identified for the case study client are correct and complete. The preceptor asks students “why” questions and/or questions about areas of the case study that are not clear or cause confusion. In addition, the preceptor makes sure the presenting student:

1. Reviews the case systematically (history first, physical exam second, and so on),
2. Confirms all problems/needs, and
3. Prepares a separate plan of care for each problem or need.

The following examples of case studies provide a framework that preceptors and students can use to organize the information to be presented.

**Case Study 1:** The student presents the case of a 24-year-old woman with her first pregnancy. The student attended the birth at the hospital, and the client was treated for severe pre-eclampsia.

|  | QUESTION  | RESPONSE   |
|--|---|--|
| History  | <p><i>The student greets the client with kindness and respect, explains what will be done, and encourages her to ask any questions she may have. The student then asks:</i></p> <p>Do you have any danger signs right now, such as bleeding, severe headache, contractions, or convulsions?</p> | The client has a headache that started two hours before she came to the hospital. She also notes that she has had contractions since last night but has no bleeding, convulsions, or loss of consciousness.  |
|  | How is the headache now? Do you have blurred vision?  | The headache is the same—not severe, but noticeable. Her vision is normal.   |
|  | How often do you feel the contractions? Do you have any bleeding or leaking of fluid?   | The contractions are every three or four minutes and becoming stronger; she has no bleeding or leaking of fluid.   |
|  | How many weeks pregnant are you? When was your last prenatal visit, and were any problems noticed?  | She is 39 weeks pregnant; her last visit was three weeks ago. The midwife told her that her blood pressure was “up a little,” but she doesn’t remember how much. She was told to return in a week, but she had no transportation so she did not go. Otherwise, she has had no problems during her pregnancy. |
| Physical Examination   | EXAMINATION   | FINDING  |
|  | General examination: <ul style="list-style-type: none"> <li>• Vital signs</li> <li>• General appearance</li> </ul>  | <ul style="list-style-type: none"> <li>• Blood pressure is 160/110, pulse 68, respirations 20, temperature 37°C, reflexes normal</li> <li>• General appearance is normal, except during contractions when she becomes tense and moans</li> <li>• No facial oedema noted</li> </ul>                           |
|  | Breast examination  | <ul style="list-style-type: none"> <li>• No lesions; nipples are normal</li> </ul>   |
|  | Abdominal examination   | <ul style="list-style-type: none"> <li>• Liver is not enlarged or tender; fundal height is normal for gestational age; presentation is cephalic; fetal heart rate is 146; descent is 2/5; three contractions are palpated in 10 minutes, each lasting 45 seconds</li> </ul>                                  |
|  | Vaginal examination   | <ul style="list-style-type: none"> <li>• Cervix is dilated to 4 cm</li> <li>• Membranes are intact; presentation is confirmed as cephalic</li> </ul>   |
| Investigations: <ul style="list-style-type: none"> <li>• Haemoglobin</li> <li>• Urine protein</li> </ul> | <ul style="list-style-type: none"> <li>• Haemoglobin is 11 g/dL</li> <li>• Urine protein is 3+</li> <li>• Syphilis and HIV tests were negative, according to antenatal card</li> </ul>  |  |
| Problems and Needs   | <ul style="list-style-type: none"> <li>• Intrauterine pregnancy at 39 weeks in active labour</li> <li>• Severe pre-eclampsia</li> </ul>   |  |

|              | PROBLEM                     | PLAN  |
|--------------|-----------------------------|---|
| Plan of Care | Pregnancy and active labour | <ul style="list-style-type: none"> <li>• Tell client that she is in active labour and that she will remain at the hospital; tell her that a normal birth is anticipated based on the information to date.</li> <li>• Ask her if she would like her companion (her sister) to remain with her throughout the labour and birth.</li> <li>• Instruct her and her sister how to breathe and relax during the contractions, and let her know that she can assume whatever position is most comfortable.</li> <li>• Let her know who will be taking care of her, how often she will be examined, and where she will labour and give birth.</li> <li>• Answer any questions the client and her sister have.</li> <li>• Start a partograph based on the information gathered to this point.</li> </ul>  |
|              | Severe pre-eclampsia        | <ul style="list-style-type: none"> <li>• Inform the client about the diagnosis of severe pre-eclampsia, and how her blood pressure, proteinuria, and headache are linked to it. Let her know what will be done and why, and answer any questions.</li> <li>• If in a health centre where physicians/consultants are present, inform him/her of patient's condition and planned interventions.</li> <li>• Give a loading dose of 20% solution MgSO<sub>4</sub> 4 gm IV over 5 minutes, followed by 50% solution MgSO<sub>4</sub> 5 gm with 2% lidocaine 1 mL in each buttock).</li> <li>• Treat her blood pressure with nifedipine 5 mg sublingually.</li> <li>• Monitor blood pressure and urine output hourly.</li> <li>• Let her know that because of her blood pressure she must remain in bed but she can change positions as desired.</li> <li>• Plan to administer maintenance doses of MgSO<sub>4</sub> (50% solution of MgSO<sub>4</sub> 5 gm with 2% lidocaine 1 mL in alternate buttocks) every four hours if respirations are &gt; 16/minute and urine output is ≥ 30 mL/hour.</li> <li>• Continue treatment with nifedipine if her blood pressure remains ≥ 160/110.</li> </ul> |
|              |                             | Document findings   |

**Case Study 2:** The student presents the case of a client who gave birth at home two hours before she was seen in the hospital. She came to the hospital because the placenta had not yet delivered.

|                      | QUESTION   | RESPONSE  |
|----------------------|--|---|
| History              | <p><i>The student greets the client with kindness and respect, explains what will be done, and encourages her to ask any questions she may have. The student then asks:</i></p> <p>Do you have any danger signs right now, such as bleeding, severe headache, contractions, or convulsions?</p> <p>Does the baby have any danger signs—difficulty breathing, poor colour, limp, cannot feed, etc.?</p> | <p>She has had some cramping and bleeding since the delivery but no other problems.</p> <p>The baby cried at birth, is breathing well, and has nursed at the breast.</p>  |
|                      | <ul style="list-style-type: none"> <li>• How much bleeding have you had (how many soaked cloths/pads) since the delivery?</li> <li>• When did you last empty your bladder?</li> </ul>  | <p>She has changed the cloths twice since the birth. She voided just before coming to the hospital.</p>   |
|                      | <p>Did the midwife give you any medicines or herbs or put anything into the vagina to help deliver the placenta?</p>   | <p>She does not think so.</p>   |
|                      | <p>Did you have any problems during the pregnancy?</p>   | <p>She had two antenatal visits and did not have any problems.</p>  |
|                      |  |   |
| Physical Examination | EXAMINATION  | FINDING   |
|                      | Vital signs  | <ul style="list-style-type: none"> <li>• Blood pressure is 100/60, pulse 90, respirations 24, temperature 37.2° C</li> </ul>  |
|                      | Abdominal examination  | <ul style="list-style-type: none"> <li>• Uterus firm, non-tender; fundus at umbilicus</li> </ul>  |
|                      | Examination of vulva   | <ul style="list-style-type: none"> <li>• Small trickle of bright red blood noted; pad is nearly soaked; no clots noted</li> <li>• The placenta is not palpated in the vagina</li> <li>• No lacerations of vagina or perineum are noted</li> </ul> |
|                      | Investigation: Haemoglobin   | <ul style="list-style-type: none"> <li>• Haemoglobin: 10 g/dL</li> </ul>  |
| Problems and Needs   | <ul style="list-style-type: none"> <li>• Retained placenta</li> <li>• Anaemia</li> <li>• Two hours postpartum</li> </ul>   |   |

|              | PROBLEM              | PLAN  |
|--------------|----------------------|---|
| Plan of Care | Retained placenta    | <ul style="list-style-type: none"> <li>• Call for help while preparing for manual removal of the placenta.</li> <li>• Give the client oxytocin 10 units IM.</li> <li>• When uterine contraction is palpated, begin controlled cord traction.</li> <li>• This does not result in placental delivery, so proceed to following: <ul style="list-style-type: none"> <li>– Have second person set oxytocin IV infusion (10 units in 500 cc normal saline or Ringer's lactate)</li> <li>– Report patient's condition to physician, if present, or write referral, if necessary</li> <li>– Prepare client for operating theatre for manual removal of placenta, or prepare for referral, if necessary</li> </ul> </li> <li>• Document all observations and interventions.</li> </ul> |
|              | Anaemia              | <ul style="list-style-type: none"> <li>• Prescribe iron and folic acid three times per day.</li> <li>• Prescribe a diet high in iron and folic acid.</li> <li>• To prevent infection, advise the client on hygiene and use of insecticide-treated bed net.</li> <li>• Plan a follow-up visit to evaluate anaemia.</li> </ul>  |
|              | Two hours postpartum | <ul style="list-style-type: none"> <li>• Work with the family to feed the baby. Help the client continue with breastfeeding, if possible.</li> <li>• Counsel the client about: <ul style="list-style-type: none"> <li>– Postpartum diet</li> <li>– Hygiene</li> <li>– Ambulation/exercise, as appropriate</li> <li>– Woman and baby care</li> <li>– Family planning</li> <li>– Need for rest/sleep and increased help from family at home</li> </ul> </li> <li>• Check the client's vital signs, fundal height, and lochia.</li> </ul>  |
|              | Document findings    |   |

## Chapter 8. Follow-Up Support and Monitoring

Follow-up support and monitoring is a vital component of the preceptor system because it enhances communication among the system members (the school, the preceptor, and the clinical site administration), helps identify issues that need to be addressed, provides support to preceptors and students, involves the clinical site administration as an active partner in the preceptor process, and provides avenues for improving the overall system.

Communication between the preceptor and the designated tutor during the clinical site rotation is critical to ensure smooth functioning of the clinical rotation and to support the preceptor and students in their daily activities and as issues arise. Communication and support can be carried out through regular phone calls to the preceptor and students and visits to the clinical site.

Each school needs to develop its own schedule for support and monitoring, which will depend on the length of the clinical rotation; the distance to the clinical site; the needs and schedules of the preceptor, student, and tutor; the availability of transportation; and the need to address issues as they arise. The timing of follow-up visits can be planned by the preceptor and tutor during the initial tutor assessment visit. A schedule for a six-week student clinical rotation is provided below as an example. If a serious issue arises, special calls and/or visits should be scheduled. This schedule enables the school and the clinical site to have close contact through visits both before and after the clinical rotation is halfway completed. Between clinical site visits, the tutor or preceptor can initiate telephone calls for quick check-ins and to assess whether students need any additional support.

| SAMPLE COMMUNICATION SCHEDULE |  |
|-------------------------------|--|
| Week                          | Communication by School  |
| 2                             | Site visit   |
| 3                             | Call to preceptor and student(s)                                       |
| 4                             | Site visit   |
| 5                             | Call to preceptor and student(s)                                       |
| 6                             | Review <i>Preceptor Evaluation</i> and <i>Student Evaluation</i> forms |

### 8.1 CLINICAL SITE VISITS

Clinical site visits can be used to gather information about how a student's clinical rotation is going and to provide an opportunity for everyone who is involved in the clinical site rotation—preceptor, student, clinical site administration, and tutor—to inform each other of accomplishments, areas of concern, and solutions to problems. These visits also offer an excellent opportunity for preceptors to receive support from the tutor regarding all aspects of precepting. A systematic process can be used to maximize the visit. The steps in this process are outlined in the table below.

## FOLLOW-UP CLINICAL SITE VISITS

### Step 1. Preceptor and tutor meet to discuss:

- General update
- Any challenges that may need administrative interventions
- Preceptor needs
- Plan for day

### Step 2. Preceptor and tutor meet with administration to discuss:

- Purpose of visit
- Visit schedule
- A time for debriefing at end of day

### Step 3. Preceptor and tutor work together in the clinical area:

- Pre-clinical meeting
- Activities in the clinical area
- Post-clinical meeting

### Step 4. Preceptor and tutor meet to discuss:

- General update on student performance
- Student problems, what has been done to solve the problems, and any support needed from the school
- Staff or administration problems, what has been done to solve the problems, and any support needed from the school
- Commodity needs
- Student accommodations
- Self-evaluation by preceptor using the *Preceptor Evaluation* form as a guide
- Preceptor needs and ways to meet those needs
- Any concerns

### Step 5. Tutor meets with students to discuss:

- Student performance, number of skills completed, competence, strengths, and areas of need (use the *Student Evaluation* form to guide discussion)
- Whether students' objectives have been met, and plans to meet the objectives
- Students' feedback on preceptor (use the *Preceptor Evaluation* form to guide discussion)
- Staff or administration problems
- Student accommodations
- Any concerns

### Step 6. Preceptor and tutor discuss meeting with students and develop recommendations

### Step 7. Preceptor and tutor meet with students to discuss issues and recommendations

### Step 8. Preceptor and tutor debrief with administration

Providing support for the preceptor's skills is an important aspect of the clinical site visit. When the preceptor and tutor are working with students in the clinical area (Step 3), the preceptor can use the *Preceptor Evaluation* form as a guide for self-evaluation. During the later meeting with the tutor (Step 4), the preceptor and tutor can review and discuss the checklist. The preceptor always reviews her own performance first, and then the tutor contributes anything that the preceptor did not discuss. Responsibilities such as establishing a healthy learning environment, conducting a pre-clinical meeting, coaching students, supporting students in the clinical area, conducting demonstrations, and conducting a post-clinical meeting require complex skills that can be improved through evaluation and feedback.

A meeting between the students and the tutor (Step 5) gives students a chance to discuss their clinical rotation. If a student has a special problem, it may be more appropriate for the tutor to speak privately with the student. Although typically the students and tutor meet without the preceptor, the tutor should always share information that is not confidential with the preceptor. In Step 6 of the follow-up visit, the preceptor and tutor meet to discuss information shared by the students and develop recommendations resulting from the visit. Together, the preceptor and tutor decide the agenda for the next meeting with students (Step 7).

Finally, the preceptor and tutor meet once again with the clinical site administration to provide information about the day's findings and the specific recommendations they developed (Step 8).

A *Summary of Follow-Up Visit* form is provided in Appendix H. The tutor is responsible for completing this form based on the discussions with the preceptor, students, and administration. This form is completed in duplicate, with one copy for the preceptor's file and one copy for the school.

### Follow-Up Phone Calls

Follow-up phone calls offer opportunities for less formal reviews of the areas included in the *Summary of Follow-Up Clinical Site Visit* form. These phone calls are generally initiated by the tutor, but preceptors and students may also make them. Examples of points that can be discussed during follow-up phone calls include the following:

- Pre- and post-clinical meetings
- Types and numbers of clinical experiences and whether or not they are meeting the students' needs
- Possible solutions, if the clinical experiences are not meeting the students' needs
- Concerns about students
- Concerns brought up by students (regarding the site, the preceptor, or administrative/logistic issues such as accommodations)
- Any general concerns (e.g., site administration, commodities)
- Date and time for next clinical site visit or phone call

## Chapter 9. Evaluation and Planning

As the end of a student's clinical rotation approaches, all members of the preceptor system (i.e., student, preceptor, clinical site, and school) must assess their performance, issues that arose during the rotation, solutions found, lessons learned, and how to modify the preceptor system to achieve optimal functioning in the future.

### 9.1 STUDENT EVALUATION

The purpose of student evaluation is to determine whether the objectives for the clinical rotation were met. The preceptor is the main guide, observer, and evaluator, so feedback from the preceptor provides important information to the student and the school about the competencies mastered during the clinical rotation and the attitudes demonstrated during that process.

#### Examples of Questions to Review with Students at the End of the Clinical Rotation

Did you meet your clinical rotation objectives?

Please share your experiences as a student working with a trained preceptor.

Did you find the follow-up clinical site visit helpful? Why or why not?

Do you have suggestions for improving the follow-up clinical site visits?

Do you have suggestions for improving the clinical rotation?

Is there anything else you would like to discuss about your clinical rotation?

The preceptor should plan individual meetings with students at the end of the clinical rotation. During these meetings, the preceptor can give feedback to each student, and the student can give feedback to the preceptor (the student's feedback to the preceptor is discussed in the next section). The preceptor should first ask the student to discuss what s/he learned well, what additional learning is needed, and ways to improve her/his performance. Discussing this first gives the preceptor an understanding of the student's perspective, which can help guide the preceptor's feedback to the student. The preceptor might also want to ask questions from the list above. (These questions are also presented as a questionnaire in Appendix B.) Finally, many professional organizations require preceptors to document student progress, and the end-of-clinical-rotation meeting is a logical time to complete these requirements as well.

An example of a *Student Evaluation* form that schools can adapt as needed is included in Appendix B. This form documents student attendance, attitudes and characteristics, skills that still need to be improved to achieve competence, special issues, general comments, and suggestions for improvement. Preceptors should complete this form at the end of the clinical rotation, review it with the student, and ask the student to also write comments and sign the form. This form is completed in duplicate; the preceptor keeps one copy and one copy is sent to the tutor.

Schools can also benefit from feedback about students' clinical rotation experience. To obtain students' feedback, the school can develop and use their own reporting form and ask students to complete it, or the school can conduct a focus group-type meeting with students when they return from their clinical rotation. The tutor responsible for the students' clinical rotation is most familiar with the clinical site and preceptor(s) and may be the best person to conduct the meeting. The tutor can use the questions shown above (see textbox, *Examples of Questions to Review with Students at the End of the Clinical Rotation*) to guide the

discussion. The tutor can review information from the group discussion with the school administration during the school's preceptor system assessment and planning meetings.

## 9.2 PRECEPTOR EVALUATION

A system that emphasizes transparency encourages communication and evaluation. In an authoritarian system, feedback to individuals in positions such as the preceptor is often limited. However, in a more open system, feedback is viewed as a way to support examination and growth. In a preceptor system, feedback is valued. Listed below are examples of questions that might be asked of preceptors during the preceptor evaluation (these questions are also presented as a questionnaire in Appendix B):

| Examples of Questions for Preceptors at the End of the Clinical Rotation  |
|---|
| What can you share about your experiences and performance as a preceptor after the workshop?                      |
| Did you encounter problems with any of your students? If yes, what were the problems and how did you handle them? |
| Have you encountered any problems with other staff in your role as a preceptor? If yes, what were the problems?   |
| Have you had any positive experiences as a preceptor? If yes, can you share those experiences?                    |
| Do you have any suggestions for improving the preceptor training?   |
| Do you have any suggestions for improving preceptor and student follow-up by the school?                          |
| Do you have anything else you would like to share?  |

A *Preceptor Evaluation* form is included in Appendix B. The form asks students to evaluate preceptors' ability to conduct pre- and post-clinical meetings, work with students in the clinical area, and carry out administrative responsibilities, as well as the preceptor's attitudes and behaviours. Rather than asking students to write detailed comments, which they may be reluctant to do, the form asks students to evaluate preceptors on a scale of 1 (strongly disagree) to 5 (strongly agree). The evaluation form is discussed during the student's meeting with the tutor at the end of the clinical rotation. Both the student and the tutor sign the form, which is completed in duplicate; the tutor keeps one copy and the student keeps the other. The tutor collates and summarizes all student evaluations of the preceptor and preceptorship and discusses them with the preceptor at the end of the clinical rotation.

Preceptor feedback to the school is critical for developing lessons learned and supporting and strengthening the preceptor system. As with students, the preceptor can be asked to give this feedback either through a questionnaire or through a focus group discussion at the school. Information gleaned from the preceptors' feedback can be discussed by the school administration and tutors during the school's preceptor system assessment and planning meetings.

## 9.3 CLINICAL SITE EVALUATION

The clinical site's administration is an important source of communication and feedback on the preceptor system. Assessment visits and follow-up clinical site visits should be conducted on a regular basis. During both types of visits, the preceptor and the school tutor meet with the administration to discuss a range of topics. Because administrators are often extremely busy, these meetings should also be used to solicit feedback. If a serious issue exists, a special meeting can be arranged when it is convenient for all stakeholders.

## 9.4 SCHOOL EVALUATION

By the time the clinical rotation has been completed, schools have collected information from numerous sources (preceptors, students, tutors, preceptor coordinator) about the preceptor system. This information must be reviewed to determine whether the programme has been effective and whether it has satisfied the needs of the students, preceptors, clinical sites, and school. There is no one factor that determines the success of a preceptor system; rather, multiple factors working smoothly together bring about the desired results. The school must determine which factors are working well and which factors need further attention and modification.

During each school year, preceptor system meetings occur:

- Before and after initial assessment visits to plan for implementation;
- During the clinical rotation period, especially if issues arise that need to be addressed; and
- After the clinical rotation period, to evaluate information gathered and make plans to modify and strengthen the system for the next rotation.

The head of the midwifery education programme, the preceptor coordinator, and tutors participate in many of these meetings. However, when the meeting after completion of the clinical rotation is held, representatives from all stakeholders, including one or two preceptor representatives, should participate. Some schools might even include one or two senior student representatives.

Together, meeting participants:

- Review information from preceptors, students, and clinical sites;
- Discuss the tutor's observations and conclusions;
- Develop lessons learned and solutions based on information reviewed; and
- Discuss how to apply lessons learned and solutions to the preceptor system.

The meeting may uncover myriad issues, such as insufficient focus on a clinical area/topic, limited clinical experience for students, preceptors needing additional clinical or preceptor knowledge and skill, shortages of commodities, poor communication between the school and the preceptor, or the preceptor not feeling appreciated. Some solutions may be difficult, but a cooperative team of individuals working together will be able to develop successful solutions.

## **Appendix A: Clinical Site Assessment Tools**

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The clinical site assessment tools are used to assess, through observation and/or provider report or documentation in the medical record, the availability of medications for maternal and newborn care, the presence of functioning equipment and supplies in each clinical area, and the care given to the client.



## SITE ASSESSMENT TOOL: MEDICATIONS LIST

**Instructions to Assessor:** Please complete this form by observing and discussing with staff members in labour and delivery, postpartum and antenatal/postpartum clinics, and pharmacy, as appropriate. In the blank rows under each category of drug, add any additional drugs that are available at the site. In the comments column, indicate if there is a current stock shortage or if there has been one in the previous six months for any of the drugs listed. Also indicate who has access to the drugs and who distributes the drugs.

Date of Assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

Facility: \_\_\_\_\_ Location: \_\_\_\_\_

### SITE ASSESSMENT TOOL: MEDICATION LIST

| DRUGS                                     | AVAILABILITY<br>Always = A<br>Usually = U<br>Never = N | ROUTE | DOSE | COMMENTS<br>(Write 'Ph' if available in pharmacy but not on unit) |
|---|--|-------|------|---|
| <b>Analgesics</b>                         |  |       |      |   |
| Morphine                                  |  |       |      |   |
| Paracetamol                               |  |       |      |   |
| Pethidine (Demerol)                       |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Anaesthetics</b>                       |  |       |      |   |
| Lidocaine (1% or 2%) without epinephrine  |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Anti-anaemia</b>                       |  |       |      |   |
| Iron and folate                           |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Antibiotics</b>                        |  |       |      |   |
| Ampicillin                                |  |       |      |   |
| Amoxicillin                               |  |       |      |   |
| Benzathine penicillin or Benzylpenicillin |  |       |      |   |
| Cefazolin                                 |  |       |      |   |
| Ceftriaxone                               |  |       |      |   |
| Cloxacillin                               |  |       |      |   |
| Erythromycin                              |  |       |      |   |
| Gentamycin                                |  |       |      |   |
| Metronidazole                             |  |       |      |   |
| Nitrofurantoin                            |  |       |      |   |
| Procaine Penicillin G                     |  |       |      |   |
| Penicillin G                              |  |       |      |   |

**SITE ASSESSMENT TOOL: MEDICATION LIST**

| DRUGS   | AVAILABILITY<br>Always = A<br>Usually = U<br>Never = N | ROUTE | DOSE | COMMENTS<br>(Write 'Ph' if available in pharmacy but not on unit) |
|---|--|-------|------|---|
| Tetracycline 1%, silver nitrate 1%, or erythromycin eye ointment  |  |       |      |   |
| Trimethoprim + sulfamethoxazole   |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Anticonvulsives or sedatives</b>   |  |       |      |   |
| Magnesium sulfate   |  |       |      |   |
| Phenobarbital   |  |       |      |   |
| Valium/diazepam   |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Anthelmintics</b>  |  |       |      |   |
| Mebendazole   |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Antihypertensives</b>  |  |       |      |   |
| Hydralazine or Labetalol  |  |       |      |   |
| Methyldopa  |  |       |      |   |
| Nifedipine  |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Antimalarials</b>  |  |       |      |   |
| Quinine   |  |       |      |   |
| Sulfadoxine-pyrimethamine   |  |       |      |   |
| Artemisin-combined therapy (ACT)<br>(specify which)   |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Emergency (drugs that must be stocked on the emergency trolley for the labour and delivery, operating theatre, and postpartum areas)</b> |  |       |      |   |
| Adrenaline  |  |       |      |   |
| Aminophylline   |  |       |      |   |
| Atropine sulfate  |  |       |      |   |
| Calcium gluconate   |  |       |      |   |
| Digoxin   |  |       |      |   |
| Diphenhydramine   |  |       |      |   |
| Ephedrine   |  |       |      |   |
| Frusemide   |  |       |      |   |
| Naloxone  |  |       |      |   |
| Prednisolone  |  |       |      |   |

**SITE ASSESSMENT TOOL: MEDICATION LIST**

| DRUGS                                   | AVAILABILITY<br>Always = A<br>Usually = U<br>Never = N | ROUTE | DOSE | COMMENTS<br>(Write 'Ph' if available in pharmacy but not on unit) |
|---|--|-------|------|---|
| Prednisone                              |  |       |      |   |
| Promethazine                            |  |       |      |   |
| Sodium citrate                          |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Contraceptives</b>                   |  |       |      |   |
| Combined oestrogen/progestin pills      |  |       |      |   |
| Condoms                                 |  |       |      |   |
| Injectables                             |  |       |      |   |
| IUD: Copper T 380A, Progestasert, other |  |       |      |   |
| Implants                                |  |       |      |   |
| Progestin-only pills                    |  |       |      |   |
| Spermicides                             |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>IV Fluids</b>                        |  |       |      |   |
| Glucose (5%, 10%, 50%) or Dextrose 10%  |  |       |      |   |
| Ringer's lactate                        |  |       |      |   |
| Saline, normal                          |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Uterotonics</b>                      |  |       |      |   |
| Ergometrine                             |  |       |      |   |
| Misoprostol                             |  |       |      |   |
| Oxytocin                                |  |       |      |   |
| Syntometrine                            |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |
| <b>Other</b>                            |  |       |      |   |
| BCG vaccine                             |  |       |      |   |
| Heparin                                 |  |       |      |   |
| Vitamin A                               |  |       |      |   |
| Vitamin K                               |  |       |      |   |
| Tetanus anti-toxin                      |  |       |      |   |
| Tetanus toxoid vaccine                  |  |       |      |   |
| Polio vaccine                           |  |       |      |   |
|   |  |       |      |   |
|   |  |       |      |   |

**SITE ASSESSMENT TOOL: MEDICATION LIST**

| DRUGS           | AVAILABILITY<br>Always = A<br>Usually = U<br>Never = N | ROUTE | DOSE | COMMENTS<br>(Write 'Ph' if available in pharmacy but not on unit) |
|-----------------|--|-------|------|---|
| <b>Steroids</b> |  |       |      |   |
| Betamethasone   |  |       |      |   |
| Dexamethasone   |  |       |      |   |
|                 |  |       |      |   |
|                 |  |       |      |   |

## SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR ANTENATAL AND POSTPARTUM CLINIC

**Instructions to Assessor:** Complete this form by observing and discussing equipment and supplies with appropriate staff members. To accurately assess equipment and supplies, you should observe and/or operate them. Add your comments and other relevant information collected during the assessment.

**Date of Assessment:** \_\_\_\_\_ **Assessor:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Ask the following questions about the clinic's activities:

- How many antenatal clients are seen daily? \_\_\_\_\_
- How many postpartum clients are seen daily? \_\_\_\_\_
- How many midwives/auxiliary midwives/nurses staff the clinic each day? \_\_\_\_\_
- How many physicians staff the clinic each day? \_\_\_\_\_
- How many exam rooms are available for use by students during preceptorship? \_\_\_\_\_
- To what facility (or facilities) are clients with complications referred? \_\_\_\_\_

### SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR ANTENATAL AND POSTPARTUM CLINIC

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| <b>For each item, consider the following and record the relevant information in the comments column.</b>   |                 |          |                             |          |
| <ul style="list-style-type: none"> <li>• Is the equipment clean, sterile, or high-level disinfected, as necessary?</li> <li>• Is the equipment readily accessible?</li> <li>• Is the equipment working correctly?</li> </ul> |                 |          |                             |          |
| <b>Facility</b>  |                 |          |                             |          |
| Chairs for provider, client, and her support persons   |                 |          |                             |          |
| Covered waiting area with adequate seating   |                 |          |                             |          |
| Examination area that provides privacy   |                 |          |                             |          |
| Source of clean water (sink with faucet or bucket with tap)  |                 |          |                             |          |
| Toilets/latrines   |                 |          |                             |          |
| Writing area   |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR ANTENATAL AND POSTPARTUM CLINIC**

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| <b>Equipment</b>   |                 |          |                             |          |
| Adult stethoscope  |                 |          |                             |          |
| Blood pressure cuff  |                 |          |                             |          |
| Examination table or bed:<br>• Washable plastic cover<br>• Step stool                                      |                 |          |                             |          |
| Fetal stethoscope  |                 |          |                             |          |
| Lab equipment to test for:<br>• Haemoglobin/haematocrit<br>• Syphilis<br>• HIV<br>• Malaria                |                 |          |                             |          |
| Light source (lamp or hand torch)  |                 |          |                             |          |
| Measuring tape   |                 |          |                             |          |
| Oral or axillary thermometer   |                 |          |                             |          |
| Refrigerator or cold box (for storage of drugs and vaccines)   |                 |          |                             |          |
| Vaginal specula (small, medium, and large)   |                 |          |                             |          |
| Watch or clock with second hand that can be seen easily  |                 |          |                             |          |
| <b>Supplies</b>  |                 |          |                             |          |
| Disposable sterile syringes and needles:<br>• 3 mL<br>• 10 mL<br>• Needles of different gauges and lengths |                 |          |                             |          |
| Examination gloves   |                 |          |                             |          |
| Gauze/cotton wool/tape   |                 |          |                             |          |
| High-level disinfected or sterile surgical gloves  |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR ANTENATAL AND POSTPARTUM CLINIC**

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| Supplies for drawing blood:<br>• Needles and syringes<br>• Tubes<br>• Tourniquets<br>• Labels    |                 |          |                             |          |
| Urine dipsticks for protein  |                 |          |                             |          |
| <b>Infection Prevention Equipment</b>  |                 |          |                             |          |
| Autoclave  |                 |          |                             |          |
| Boiler   |                 |          |                             |          |
| Container and brush for rinsing decontaminated instruments                                       |                 |          |                             |          |
| Container for 0.5% chlorine solution for decontamination   |                 |          |                             |          |
| Container for 0.5% chlorine solution for high-level disinfecting                                 |                 |          |                             |          |
| Containers with tight-fitting lids or plastic bags for trash                                     |                 |          |                             |          |
| Containers with tight-fitting lids or plastic bags for used linen collection                     |                 |          |                             |          |
| Leakproof containers with tight-fitting lids or plastic bags for disposing of contaminated items |                 |          |                             |          |
| Steamer  |                 |          |                             |          |
| <b>Infection Prevention Supplies</b>   |                 |          |                             |          |
| Alcohol/povidone iodine/Savlon (circle all that apply)   |                 |          |                             |          |
| Boiled, cooled water   |                 |          |                             |          |
| Chlorine for making decontamination solution   |                 |          |                             |          |
| Individual hand towels or disposable towels  |                 |          |                             |          |
| Other disinfectant agents  |                 |          |                             |          |
| Puncture-proof container for sharps disposal   |                 |          |                             |          |
| Soap at all sinks  |                 |          |                             |          |
| Utility or heavy-duty household gloves for cleaning  |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR ANTENATAL AND POSTPARTUM CLINIC**

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| <b>Records and Forms</b>   |                 |          |                             |          |
| Antenatal register or logbook  |                 |          |                             |          |
| Antenatal cards  |                 |          |                             |          |
| Family planning cards  |                 |          |                             |          |
| Family planning register or logbook  |                 |          |                             |          |
| Immunization cards: <ul style="list-style-type: none"> <li>• For mother</li> <li>• For newborn</li> </ul>  |                 |          |                             |          |
| Pens   |                 |          |                             |          |
| Referral forms   |                 |          |                             |          |
| <b>Drugs</b>   |                 |          |                             |          |
| Analgesic: <ul style="list-style-type: none"> <li>• Paracetamol</li> </ul>   |                 |          |                             |          |
| Anti-anaemia: <ul style="list-style-type: none"> <li>• Iron and folate</li> </ul>  |                 |          |                             |          |
| Antibiotics: <ul style="list-style-type: none"> <li>• Ampicillin</li> <li>• Benzathine penicillin or benzylpenicillin</li> <li>• Metronidazole</li> <li>• Trimethoprim + sulfamethoxazole</li> </ul> |                 |          |                             |          |
| Antihelminthics: <ul style="list-style-type: none"> <li>• Mebendazole</li> </ul>   |                 |          |                             |          |
| Antimalarials: <ul style="list-style-type: none"> <li>• Sulfadoxine-pyrimethamine</li> <li>• ACTs</li> </ul>   |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR ANTENATAL AND POSTPARTUM CLINIC**

| EQUIPMENT/SUPPLY  | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|---|-----------------|----------|-----------------------------|----------|
| Contraceptives: <ul style="list-style-type: none"> <li>• Combined oestrogen/progestin pills</li> <li>• Condoms</li> <li>• Injectables</li> <li>• IUD: Copper T 380A or Progestasert</li> <li>• Implants</li> <li>• Progestin-only pills</li> <li>• Spermicides</li> </ul> |                 |          |                             |          |
| Vaccines: <ul style="list-style-type: none"> <li>• BCG vaccine</li> <li>• Polio</li> <li>• Tetanus toxoid</li> </ul>  |                 |          |                             |          |



## SITE ASSESSMENT TOOL: CARE AND DOCUMENTATION IN ANTENATAL AND POSTPARTUM CLINICS

**Instructions to Assessor:** Complete this form by observing and discussing the clinic with appropriate staff members and reviewing the chart or logbook. Add your comments and other relevant information collected during the assessment.

**Date of Assessment:** \_\_\_\_\_ **Assessor:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### SITE ASSESSMENT TOOL: CARE AND DOCUMENTATION IN ANTENATAL AND POSTPARTUM CLINICS

| TASK/ACTIVITY   | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|---|----------|----------|------------|----------|
| <b>Client Assessment in Antenatal Care Clinic</b>   |          |          |            |          |
| 1. Before assessment, prepare necessary paperwork and equipment for examination   |          |          |            |          |
| 2. Throughout assessment provide woman-centred care   |          |          |            |          |
| – Greet the woman with kindness and respect   |          |          |            |          |
| – Introduce self  |          |          |            |          |
| – Encourage the woman to have a support person present during the visit if she desires  |          |          |            |          |
| – Encourage the woman (and support person) to ask questions   |          |          |            |          |
| – Answer questions thoroughly   |          |          |            |          |
| – Explain all procedures before performing  |          |          |            |          |
| 3. Observe for/ask the woman if she now has or has had danger signs: bleeding, convulsions, fever, severe headache, abdominal pain, leaking of fluid<br>– If yes, initiate the designated emergency response procedures and begin appropriate treatment and/or referral |          |          |            |          |
| 4. Take a thorough history:   |          |          |            |          |
| – Ask about the current pregnancy (date of last menstrual period); calculate gestational age  |          |          |            |          |
| – Ask about use of tobacco, alcohol, drugs  |          |          |            |          |
| – Ask whether she is taking any medications and/or herbal remedies  |          |          |            |          |

**SITE ASSESSMENT TOOL: CARE AND DOCUMENTATION IN ANTENATAL AND POSTPARTUM CLINICS**

| TASK/ACTIVITY   | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|---|----------|----------|------------|----------|
| – Ask about previous pregnancies (anaemia, postpartum haemorrhage, pregnancy-induced hypertension, previous cesarean section)   |          |          |            |          |
| – Ask about HIV status and explain clinic policy about testing and counselling for HIV  |          |          |            |          |
| – Screen for symptoms of tuberculosis: cough, fever, night sweats   |          |          |            |          |
| – Ask about support system  |          |          |            |          |
| 5. Perform the following examinations:  |          |          |            |          |
| – Check vital signs (temperature, pulse, blood pressure)  |          |          |            |          |
| – Inspect conjunctiva and gums for pallor   |          |          |            |          |
| – Inspect breasts and nipples   |          |          |            |          |
| – Perform abdominal examination: fundal height, fetal heart rate, and presentation, as appropriate for gestational age  |          |          |            |          |
| – Inspect external genitalia for lesions, discharge   |          |          |            |          |
| 6. Perform tests for syphilis (rapid plasma reagin, or RPR), haematocrit/haemoglobin, HIV, as appropriate; examine urine for protein, as appropriate; perform other tests, as appropriate |          |          |            |          |
| 7. Determine whether or not there is a need for physician consultation or referral and take appropriate action  |          |          |            |          |
| 8. Advise woman of all findings and conclusions   |          |          |            |          |
| 9. Provide appropriate treatment/prophylaxis: intermittent preventive treatment for malaria, tetanus vaccine, iron and folate   |          |          |            |          |
| 10. Discuss danger signs and appropriate action   |          |          |            |          |
| 11. Discuss birth preparedness and complication readiness plans   |          |          |            |          |
| 12. Give next appointment   |          |          |            |          |

**SITE ASSESSMENT TOOL: CARE AND DOCUMENTATION IN ANTENATAL AND POSTPARTUM CLINICS**

| TASK/ACTIVITY  | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|--|----------|----------|------------|----------|
| 13. Document all actions, findings, treatment, and counselling in antenatal care card and/or chart   |          |          |            |          |
| 14. Thank the woman for coming to the clinic   |          |          |            |          |
| <b>Client Assessment in Postpartum Clinic</b>  |          |          |            |          |
| 1. Before assessment, prepare necessary paperwork and equipment for examination  |          |          |            |          |
| 2. Throughout assessment provide woman-centred care  |          |          |            |          |
| – Greet the woman with kindness and respect  |          |          |            |          |
| – Introduce self   |          |          |            |          |
| – Encourage the woman to have a support person present during the visit if she desires   |          |          |            |          |
| – Encourage the woman (and support person) to ask questions  |          |          |            |          |
| – Answer questions thoroughly  |          |          |            |          |
| – Explain all procedures before performing   |          |          |            |          |
| 3. Observe for/ask the woman if she now has or has had danger signs: bleeding, convulsions, fever, severe headache, abdominal pain, foul-smelling discharge<br>– If yes, initiate the designated emergency response procedures and begin appropriate treatment and/or referral |          |          |            |          |
| 4. Take a thorough history:  |          |          |            |          |
| – Determine whether RPR and HIV tests were done in pregnancy and verify results  |          |          |            |          |
| – Ask if she has experienced problems since the birth  |          |          |            |          |
| – Ask about the status of the newborn, particularly in relation to breastfeeding   |          |          |            |          |
| – Discuss the woman's preferred method of contraception  |          |          |            |          |

**SITE ASSESSMENT TOOL: CARE AND DOCUMENTATION IN ANTENATAL AND POSTPARTUM CLINICS**

| <b>TASK/ACTIVITY</b>  | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|---|-----------------|-----------------|-------------------|-----------------|
| 5. Perform the following examinations:  |                 |                 |                   |                 |
| – Check vital signs (temperature, pulse, blood pressure)  |                 |                 |                   |                 |
| – Inspect conjunctiva and gums for pallor   |                 |                 |                   |                 |
| – Inspect breasts and nipples   |                 |                 |                   |                 |
| – Examine abdomen to determine size of uterus (if appropriate) and presence of pain   |                 |                 |                   |                 |
| – Inspect legs for signs of thrombophlebitis  |                 |                 |                   |                 |
| – Inspect external genitalia for tears, lesions, amount and character of lochia   |                 |                 |                   |                 |
| 6. Perform RPR, haematocrit/haemoglobin, and HIV tests, as appropriate; examine urine for protein, as appropriate; perform other tests, as appropriate                          |                 |                 |                   |                 |
| 7. Determine whether or not there is need for a physician consultation or referral and take appropriate action  |                 |                 |                   |                 |
| 8. Advise woman of all findings and conclusions   |                 |                 |                   |                 |
| 9. Provide appropriate treatment based on findings  |                 |                 |                   |                 |
| 10. Provide appropriate treatment/prophylaxis intermittent preventive treatment (IPTp); tetanus vaccine, iron and folate; counsel on use of insecticide-treated bed nets (ITNs) |                 |                 |                   |                 |
| 11. Provide and educate the woman about the method of family planning she has chosen, if applicable   |                 |                 |                   |                 |
| 12. Discuss danger signs for the woman and the newborn and what to do if they occur   |                 |                 |                   |                 |
| 13. Discuss complication readiness plan for the woman and her newborn   |                 |                 |                   |                 |
| 14. Give next appointment, if needed  |                 |                 |                   |                 |
| 15. Document all actions, findings, treatment, and counselling in postpartum card and/or chart  |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE AND DOCUMENTATION IN ANTENATAL AND POSTPARTUM CLINICS**

| TASK/ACTIVITY  | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|--|----------|----------|------------|----------|
| 16. Thank the woman for coming to the clinic   |          |          |            |          |
| <b>Infection Prevention</b>  |          |          |            |          |
| 1. Dispose of all sharps in puncture-proof container immediately after use   |          |          |            |          |
| 2. Decontaminate all reusable instruments in 0.5% chlorine solution  |          |          |            |          |
| 3. Dispose of contaminated waste in leakproof containers   |          |          |            |          |
| 4. Immerse hands with soiled gloves on in 0.5% chlorine solution; then remove them by turning them inside out, and discard in contaminated waste container |          |          |            |          |
| 5. Wipe exam table with 0.5% chlorine solution   |          |          |            |          |
| 6. Remove apron and wipe with chlorine solution  |          |          |            |          |



## SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH SITE

**Instructions to Assessor:** Complete this form by observing and discussing equipment and supplies with appropriate staff members. To accurately assess equipment and supplies, you should observe and/or operate them. Add your comments and other relevant information collected during the assessment.

Date of Assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

Facility: \_\_\_\_\_ Location: \_\_\_\_\_

Approximately how many births occur every month? \_\_\_\_\_ # of vaginal births \_\_\_\_\_ # of cesarean sections \_\_\_\_\_

How many midwives/auxiliary midwives are on duty at one time? \_\_\_\_\_

### SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| <p><b>For each item, consider the following and record the relevant information in the comments column.</b></p> <ul style="list-style-type: none"> <li>• Is the equipment clean, sterile, or high-level disinfected, as necessary?</li> <li>• Is the equipment readily accessible?</li> <li>• Is the equipment working correctly?</li> </ul> |                 |          |                             |          |
| <b>Facility</b>  |                 |          |                             |          |
| Partitions that provide privacy  |                 |          |                             |          |
| Source of clean water (sink with faucet or bucket with tap)  |                 |          |                             |          |
| Toilets/latrines   |                 |          |                             |          |
| <b>Equipment</b>   |                 |          |                             |          |
| Adult stethoscope  |                 |          |                             |          |
| Bedpans  |                 |          |                             |          |
| Blood pressure cuff  |                 |          |                             |          |
| Examination table or bed: <ul style="list-style-type: none"> <li>• Washable plastic cover</li> <li>• Step stool</li> </ul>   |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH**

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| Fetoscope:<br>• Pinard<br>• Doppler  |                 |          |                             |          |
| Light source (lamp or hand torch)  |                 |          |                             |          |
| Adult ambu bag and mask  |                 |          |                             |          |
| Neonatal ambu bag and mask (mask sizes 0 and 1)  |                 |          |                             |          |
| Obstetric forceps  |                 |          |                             |          |
| Oral thermometer   |                 |          |                             |          |
| Oxygen source (cylinder or wall or portable tank)<br>• Mask or nasal cannula<br>• Tubing<br>• Flow meter   |                 |          |                             |          |
| Radiant warmer/heating lamp  |                 |          |                             |          |
| Refrigerator or cold box (for storage of drugs and vaccines)   |                 |          |                             |          |
| Scale (newborn)  |                 |          |                             |          |
| Vacuum extractor:<br>• Cup size(s) and type<br>• Tubing<br>• Suction bottle  |                 |          |                             |          |
| Vaginal specula (small, medium, and large)   |                 |          |                             |          |
| Watch or clock with second hand that can be seen easily  |                 |          |                             |          |
| <b>Instrument Set for Birth</b> – covered in high-level disinfected container or double wrap (inspect one delivery kit)<br>Kit should contain the following: |                 |          |                             |          |
| Alcohol swab   |                 |          |                             |          |
| Blanket for wrapping the newborn   |                 |          |                             |          |
| Blankets and/or towels for drying the newborn (indicate number of each)  |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH**

| EQUIPMENT/SUPPLY  | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|---|-----------------|----------|-----------------------------|----------|
| Cloths or drapes (indicate number/set)  |                 |          |                             |          |
| Cord ties or clamp  |                 |          |                             |          |
| Episiotomy scissors   |                 |          |                             |          |
| Gauze/cotton wool   |                 |          |                             |          |
| High-level disinfected or sterile surgical gloves (indicate number of pairs)  |                 |          |                             |          |
| Kelly clamps (or similar) (2)   |                 |          |                             |          |
| Oxytocin 10 units   |                 |          |                             |          |
| Scissors (for cutting the umbilical cord)   |                 |          |                             |          |
| Suction: <ul style="list-style-type: none"> <li>• DeLee, single-use or high-level disinfected/sterile reusable</li> <li>• Bulb syringe, single use</li> <li>• Penguin suction</li> <li>• Machine (appropriate tubing and suction catheter for adult and newborn use)</li> </ul> |                 |          |                             |          |
| Other (indicate any additional equipment available in the birth kits at this institution)   |                 |          |                             |          |
| <b>Episiotomy/Repair Supplies</b>   |                 |          |                             |          |
| Episiotomy scissors   |                 |          |                             |          |
| Gauze   |                 |          |                             |          |
| Lidocaine 1% without epinephrine or lidocaine 2% + sterile water or normal saline   |                 |          |                             |          |
| Needle holder   |                 |          |                             |          |
| Pick-ups  |                 |          |                             |          |
| Suture needles (indicate sizes and types of needles available)  |                 |          |                             |          |
| Suture scissors   |                 |          |                             |          |
| Type of suture (i.e., absorbable catgut, chromic, etc.)   |                 |          |                             |          |
| <b>Emergency Trolley Medications</b>  |                 |          |                             |          |
| <ul style="list-style-type: none"> <li>• Adrenaline</li> </ul>  |                 |          |                             |          |
| <ul style="list-style-type: none"> <li>• Aminophylline</li> </ul>   |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH**

| EQUIPMENT/SUPPLY                                  | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|---|-----------------|----------|-----------------------------|----------|
| Atropine sulfate                                  |                 |          |                             |          |
| Calcium gluconate                                 |                 |          |                             |          |
| Digoxin   |                 |          |                             |          |
| Diphenhydramine                                   |                 |          |                             |          |
| Ephedrine   |                 |          |                             |          |
| Frusemide   |                 |          |                             |          |
| Magnesium sulfate                                 |                 |          |                             |          |
| Naloxone  |                 |          |                             |          |
| Prednisone  |                 |          |                             |          |
| Prednisolone                                      |                 |          |                             |          |
| Promethazine                                      |                 |          |                             |          |
| Sodium citrate                                    |                 |          |                             |          |
| <b>Emergency Trolley Equipment</b>                |                 |          |                             |          |
| Large bore needles or cannula (16 gauge)          |                 |          |                             |          |
| Blood administration sets                         |                 |          |                             |          |
| IV administration sets                            |                 |          |                             |          |
| IV solutions: Ringer's lactate, saline, glucose   |                 |          |                             |          |
| Needles, syringes                                 |                 |          |                             |          |
| Scissors  |                 |          |                             |          |
| Tape  |                 |          |                             |          |
| <b>Supplies</b>                                   |                 |          |                             |          |
| Absorbable suture (2-0 and 3-0)                   |                 |          |                             |          |
| Examination gloves                                |                 |          |                             |          |
| High-level disinfected or sterile surgical gloves |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH**

| EQUIPMENT/SUPPLY  | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|---|-----------------|----------|-----------------------------|----------|
| IV supplies: <ul style="list-style-type: none"> <li>• Large-bore IV needle or cannula (16 gauge)</li> <li>• IV solutions (Ringer’s lactate, normal saline, glucose)</li> <li>• Tubes</li> <li>• IV administration sets</li> </ul> |                 |          |                             |          |
| Disposable sterile syringes and needles: <ul style="list-style-type: none"> <li>• 3 mL</li> <li>• 10 mL</li> <li>• Needles of different lengths and gauges (specify)</li> </ul>   |                 |          |                             |          |
| Reusable sterile syringes and needles: <ul style="list-style-type: none"> <li>• 3 mL</li> <li>• 10 mL</li> <li>• Needles of different lengths and gauges (specify)</li> </ul>   |                 |          |                             |          |
| Supplies for drawing blood: <ul style="list-style-type: none"> <li>• Tourniquets</li> <li>• Syringes and needles</li> <li>• Tubes</li> <li>• Labels</li> </ul>  |                 |          |                             |          |
| Urinary catheters, straight and indwelling  |                 |          |                             |          |
| Urine dipsticks: protein, acetone, glucose, leukocytes (circle all that apply)  |                 |          |                             |          |
| <b>Infection Prevention Equipment</b>   |                 |          |                             |          |
| Autoclave   |                 |          |                             |          |
| Boiler  |                 |          |                             |          |
| Burner (gas/electricity)  |                 |          |                             |          |
| Containers for 0.5% chlorine solution for decontamination and high-level disinfecting   |                 |          |                             |          |
| Container and brush for rinsing instruments   |                 |          |                             |          |
| Containers with tight-fitting lids or plastic bags for trash  |                 |          |                             |          |
| Containers with tight-fitting lids or plastic bags for used linen collection  |                 |          |                             |          |
| Gas tank/electricity source   |                 |          |                             |          |

**SITE ASSESSMENT TOOL: EQUIPMENT AND SUPPLIES FOR LABOUR AND BIRTH**

| EQUIPMENT/SUPPLY   | AVAILABLE?<br>✓ | QUANTITY | SUPPLY ADEQUATE FOR DEMAND? | COMMENTS |
|--|-----------------|----------|-----------------------------|----------|
| Leakproof containers with tight-fitting lids or plastic bags for disposing of contaminated items |                 |          |                             |          |
| Steamer  |                 |          |                             |          |
| <b>Infection Prevention Supplies</b>   |                 |          |                             |          |
| Alcohol/povidone iodine/Savlon (circle all that apply)   |                 |          |                             |          |
| Boiled, cooled water   |                 |          |                             |          |
| Chlorine for making decontamination solution   |                 |          |                             |          |
| Multiple use hand towel  |                 |          |                             |          |
| Pans/trays/lids  |                 |          |                             |          |
| Plastic aprons/cover gowns   |                 |          |                             |          |
| Protective eyewear (face shields, goggles)   |                 |          |                             |          |
| Protective footwear (boots/shoe covers)  |                 |          |                             |          |
| Puncture-proof container for sharps disposal   |                 |          |                             |          |
| Single-use (personal) hand towel   |                 |          |                             |          |
| Soap at all sinks  |                 |          |                             |          |
| Utility or heavy-duty household gloves for cleaning  |                 |          |                             |          |
| <b>Records and Forms</b>   |                 |          |                             |          |
| Appropriate documentation sheets for narrative notes, referrals, and so on                       |                 |          |                             |          |
| Birth log or register  |                 |          |                             |          |
| Partograph forms   |                 |          |                             |          |
| Pens   |                 |          |                             |          |

## SITE ASSESSMENT TOOL: CARE, DOCUMENTATION, AND CLINICAL DECISION- MAKING IN LABOUR AND BIRTH SITES

**Instructions to Assessor:** Complete this form by observing and discussing the facility with appropriate staff members and reviewing the chart or logbook. Add your comments and other relevant information collected during the assessment.

**Date of Assessment:** \_\_\_\_\_ **Assessor:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Review the logbook for the past six months:

How many vaginal births have occurred at this facility in the last six months? \_\_\_\_

How many uncomplicated vaginal births have occurred last month? \_\_\_\_

How many midwives/auxiliary midwives/nurses work in the labour and birth site? \_\_\_\_\_

### SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH

| TASK/ACTIVITY   | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|---|----------|----------|------------|----------|
| <b>Initial Client Assessment in Labour</b>  |          |          |            |          |
| 1. Before assessment, prepare necessary paperwork and equipment for examination   |          |          |            |          |
| 2. Throughout labour and childbirth, provide mother- and newborn-friendly care:   |          |          |            |          |
| – Greet the woman with kindness and respect   |          |          |            |          |
| – Introduce self  |          |          |            |          |
| – Encourage the woman to have a support person present throughout labour and childbirth   |          |          |            |          |
| – Encourage the woman (and support person) to ask questions   |          |          |            |          |
| – Answer questions thoroughly   |          |          |            |          |
| – Explain all procedures before performing them   |          |          |            |          |
| 3. Observe for/ask the woman if she now has or has had danger signs: bleeding, convulsions, fever, severe headache, abdominal pain, leaking of fluid<br>– If yes, initiate the designated emergency response procedures and begin appropriate treatment and/or referral |          |          |            |          |
| 4. Take a thorough history  |          |          |            |          |
| – Ask about current pregnancy (obtain information from antenatal card, if available)  |          |          |            |          |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>   | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|--|-----------------|-----------------|-------------------|-----------------|
| – Ask about previous pregnancies (postpartum haemorrhage, pregnancy-induced hypertension, previous cesarean section) |                 |                 |                   |                 |
| 5. Perform the following examinations:   |                 |                 |                   |                 |
| – Check vital signs (temperature, pulse, respiration rate, and blood pressure)                                       |                 |                 |                   |                 |
| – Note urine output (amount, protein, ketones)   |                 |                 |                   |                 |
| – Perform laboratory tests (haematocrit/haemoglobin and others, as required)   |                 |                 |                   |                 |
| – Perform abdominal examination (fetal heart rate, position, descent)  |                 |                 |                   |                 |
| – Perform vaginal examination (dilation, effacement, presentation, descent) using appropriate technique              |                 |                 |                   |                 |
| 6. Determine whether or not there is need for a physician consultation or referral and take appropriate action       |                 |                 |                   |                 |
| 7. Advise mother of findings and conclusions   |                 |                 |                   |                 |
| 8. Record all information correctly on the partograph and/or progress notes  |                 |                 |                   |                 |
| – Appropriately document data about latent phase labour in progress notes  |                 |                 |                   |                 |
| 9. Document care and assessments (each health care provider)   |                 |                 |                   |                 |
| <b>Documentation during Labour</b>   |                 |                 |                   |                 |
| 1. Use revised World Health Organization partograph or other partograph (circle one)                                 |                 |                 |                   |                 |
| 2. Document all findings and actions on the partograph   |                 |                 |                   |                 |
| 3. If the action line is reached, prepare for physician consultation and/or referral                                 |                 |                 |                   |                 |
| 4. Document all interventions appropriately using progress notes for additional charting                             |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>  | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|---|-----------------|-----------------|-------------------|-----------------|
| 5. Use the partograph and progress notes appropriately  |                 |                 |                   |                 |
| <b>Care during Labour</b>   |                 |                 |                   |                 |
| 6. Treat the woman with kindness and respect throughout labour and childbirth                             |                 |                 |                   |                 |
| 7. Ensure that one health care provider gives as much of the woman's care as possible                     |                 |                 |                   |                 |
| 8. Ensure a clean delivery area (bed, trolley, etc.)  |                 |                 |                   |                 |
| 9. Wash hands before and after every patient contact  |                 |                 |                   |                 |
| 10. Respect the woman's privacy throughout labour and childbirth  |                 |                 |                   |                 |
| – Use drapes appropriately  |                 |                 |                   |                 |
| – Place curtains or dividers around each bed  |                 |                 |                   |                 |
| 11. Allow a support person to be present if woman desires   |                 |                 |                   |                 |
| 12. Encourage woman to use the toilet as needed   |                 |                 |                   |                 |
| – Encourage woman to empty her bladder before childbirth  |                 |                 |                   |                 |
| – Use catheter only when medically indicated  |                 |                 |                   |                 |
| 13. Explain all procedures to the woman and her support person  |                 |                 |                   |                 |
| 14. Encourage fluids/food throughout labour   |                 |                 |                   |                 |
| 15. Encourage the woman to assume different positions throughout labour; assist her in changing positions |                 |                 |                   |                 |
| 16. Ensure all equipment and supplies for infection prevention are available:                             |                 |                 |                   |                 |
| – High-level disinfected or sterile surgical gloves   |                 |                 |                   |                 |
| – Clean apron   |                 |                 |                   |                 |
| – 0.5% chlorine solution for decontamination  |                 |                 |                   |                 |
| – Containers for trash at bedside   |                 |                 |                   |                 |
| – Puncture-proof container for sharps easily accessible   |                 |                 |                   |                 |
| – Container for contaminated linen  |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>  | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|---|-----------------|-----------------|-------------------|-----------------|
| 17. Before childbirth:  |                 |                 |                   |                 |
| – Set sterile or high-level disinfected birth and repair kits at bedside  |                 |                 |                   |                 |
| – Prepare necessary drugs: oxytocin 10 IU, lidocaine, other   |                 |                 |                   |                 |
| – Prepare newborn resuscitation equipment and check that it works (ambu bag, mask size 0 or 1, as appropriate, DeLee or other suction, dry towels, etc.)          |                 |                 |                   |                 |
| 18. Ensure that assistant performs duties effectively   |                 |                 |                   |                 |
| <b>Care during Second Stage</b>   |                 |                 |                   |                 |
| 1. Monitor maternal and fetal well-being according to guidelines  |                 |                 |                   |                 |
| 2. Ensure that one health care provider cares for woman during labour, birth, and repair of tears/episiotomy  |                 |                 |                   |                 |
| 3. Explain procedures/interventions to the woman and her support person   |                 |                 |                   |                 |
| 4. Encourage pushing only when the woman has the urge to do so  |                 |                 |                   |                 |
| – Demonstrate competent coaching skills during the second and third stages of labour  |                 |                 |                   |                 |
| 5. Encourage rest between contractions/pushes   |                 |                 |                   |                 |
| 6. Provide continuous oral hydration as tolerated/desired   |                 |                 |                   |                 |
| 7. Wash hands before and after examinations or patient contact  |                 |                 |                   |                 |
| 8. Discuss examinations with woman before examining her   |                 |                 |                   |                 |
| 9. Wear high-level disinfected or sterile surgical gloves for vaginal and speculum examinations, and during childbirth, episiotomy, suturing, and uterine massage |                 |                 |                   |                 |
| 10. Change gloves if they become contaminated   |                 |                 |                   |                 |
| 11. Clean the genitals before each examination  |                 |                 |                   |                 |
| 12. Wear clean gloves when coming in contact with blood and body secretions/excretions and placenta   |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>   | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|--|-----------------|-----------------|-------------------|-----------------|
| 13. Wear clean protective clothing during the childbirth (provider and assistant): |                 |                 |                   |                 |
| – Apron  |                 |                 |                   |                 |
| – Protective eyewear   |                 |                 |                   |                 |
| – Facemask   |                 |                 |                   |                 |
| – Protective footwear  |                 |                 |                   |                 |
| 14. As the presenting part begins to crown:  |                 |                 |                   |                 |
| – Place clean towel on the mother's abdomen  |                 |                 |                   |                 |
| – Place clean cloth under mother's buttocks  |                 |                 |                   |                 |
| – Open birth kit   |                 |                 |                   |                 |
| – Ensure that oxytocin is drawn up   |                 |                 |                   |                 |
| – Follow infection prevention practices  |                 |                 |                   |                 |
| 15. Conduct a controlled, safe childbirth  |                 |                 |                   |                 |
| 16. Perform episiotomy only if indicated for maternal/fetal well-being             |                 |                 |                   |                 |
| – Advise the woman before performing an episiotomy                                 |                 |                 |                   |                 |
| – Use correct episiotomy technique   |                 |                 |                   |                 |
| – Use appropriate dosing and technique for local anaesthesia (1% lidocaine)        |                 |                 |                   |                 |
| 17. Note the time of childbirth  |                 |                 |                   |                 |
| 18. If applicable:   |                 |                 |                   |                 |
| – Perform <b>vacuum extraction</b> using safe and appropriate technique            |                 |                 |                   |                 |
| – Perform <b>breech delivery</b> , using safe and appropriate technique            |                 |                 |                   |                 |
| – Other  |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>   | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|--|-----------------|-----------------|-------------------|-----------------|
| <b>Immediate Newborn Care</b>  |                 |                 |                   |                 |
| 1. Immediately assess the newborn's respiratory efforts and, if stable, place her/him on the mother's abdomen              |                 |                 |                   |                 |
| 2. Dry the newborn immediately and discard wet towel   |                 |                 |                   |                 |
| 3. If the newborn is not breathing spontaneously, follow appropriate measures for newborn resuscitation                    |                 |                 |                   |                 |
| 4. Place the newborn in skin-to-skin contact with the mother and cover with a clean, dry cloth; cover head with hat        |                 |                 |                   |                 |
| 5. Tie or clamp the cord using appropriate infection prevention practices after pulsations cease (or two to three minutes) |                 |                 |                   |                 |
| 6. Cut the cord and protect the newborn from the scissors  |                 |                 |                   |                 |
| 7. Ensure that the newborn remains with the mother:  |                 |                 |                   |                 |
| – Encourage breastfeeding  |                 |                 |                   |                 |
| – Help mother with breastfeeding (assistant)   |                 |                 |                   |                 |
| <b>Active Management of the Third Stage</b>  |                 |                 |                   |                 |
| 1. Deliver placenta using the appropriate steps for active management of the third stage                                   |                 |                 |                   |                 |
| – Check for presence of another foetus   |                 |                 |                   |                 |
| – Give oxytocin 10 units IM within one minute of birth   |                 |                 |                   |                 |
| – Perform gentle controlled cord tension/counter traction, with contractions   |                 |                 |                   |                 |
| – Massage uterus after delivering placenta   |                 |                 |                   |                 |
| – Inspect placenta, membranes, and cord  |                 |                 |                   |                 |
| <b>Inspection/Repair</b>   |                 |                 |                   |                 |
| 1. Gently inspect the vagina, perineum, and labia for lacerations and haematomas   |                 |                 |                   |                 |
| 2. Repair tears using clean technique under adequate local anaesthesia   |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>  | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|---|-----------------|-----------------|-------------------|-----------------|
| 3. Tell the mother about necessary procedures   |                 |                 |                   |                 |
| <b>Immediate Postpartum Evaluation</b>  |                 |                 |                   |                 |
| 1. Evaluate quantity of vaginal bleeding, check that the uterine fundus is firm, massage the uterus, if necessary and take vital signs (blood pressure and pulse) at the following times after birth: |                 |                 |                   |                 |
| – Every 15 minutes during the first hour  |                 |                 |                   |                 |
| – Every 30 minutes in the second hour   |                 |                 |                   |                 |
| – If the uterus does not remain well-contracted, massage it; if necessary, infuse 20 units oxytocin in 1 litre saline or Ringer's lactate at 60 gtts/minute   |                 |                 |                   |                 |
| 2. Advise mother about care and interventions for her newborn   |                 |                 |                   |                 |
| – Encourage her to ask questions about the newborn  |                 |                 |                   |                 |
| – Answer the questions appropriately  |                 |                 |                   |                 |
| 3. Discourage maternal abdominal binding and educate the mother and her family members about the rationale  |                 |                 |                   |                 |
| 4. Encourage oral fluids/food   |                 |                 |                   |                 |
| <b>Infection Prevention and Documentation after Childbirth</b>  |                 |                 |                   |                 |
| 1. Dispose of all sharps in puncture-proof container immediately after use  |                 |                 |                   |                 |
| 2. Decontaminate all reusable instruments in 0.5% chlorine solution   |                 |                 |                   |                 |
| 3. Dispose of contaminated materials in appropriate containers  |                 |                 |                   |                 |
| 4. Immerse hands with soiled gloves in 0.5% chlorine solution and then remove them by turning them inside out; leave them to soak in the solution   |                 |                 |                   |                 |
| 5. Remove apron and wipe down with chlorine solution  |                 |                 |                   |                 |
| 6. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth   |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: CARE DURING LABOUR AND BIRTH**

| <b>TASK/ACTIVITY</b>   | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|--|-----------------|-----------------|-------------------|-----------------|
| 7. Complete the partograph and other documentation   |                 |                 |                   |                 |
| 8. Write a note describing birth (date, time, method, estimated blood loss, infant's sex, weight, and condition) |                 |                 |                   |                 |
| 9. Complete and document postpartum and newborn assessments  |                 |                 |                   |                 |
| 10. Place the completed documents in the patient's permanent record  |                 |                 |                   |                 |
| 11. Complete childbirth log  |                 |                 |                   |                 |
| 12. Report the birth and care given to the appropriate staff members   |                 |                 |                   |                 |

## SITE ASSESSMENT TOOL: NEWBORN CARE

**Instructions to Assessor:** Complete this form by observing and discussing care with appropriate staff members and reviewing the chart or logbook. Add your comments and other relevant information collected during the assessment.

**Date of Assessment:** \_\_\_\_\_ **Assessor:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### SITE ASSESSMENT TOOL: NEWBORN CARE

| TASK/ACTIVITY   | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|---|----------|----------|------------|----------|
| <b>Immediate/Early Care</b>   |          |          |            |          |
| 1. Have appropriate resuscitation equipment readily available   |          |          |            |          |
| 2. Protect the newborn from injury  |          |          |            |          |
| 3. Follow infection prevention practices:   |          |          |            |          |
| – Wash hands before and after any patient contact   |          |          |            |          |
| – Wear new examination, high-level disinfected, or sterile surgical gloves while attending the newborn at the time of birth |          |          |            |          |
| – Decontaminate, clean, and high-level disinfect or sterilize equipment that comes in contact with the newborn              |          |          |            |          |
| 4. At the time of birth:  |          |          |            |          |
| – Assess the well-being of the newborn (breathing, colour, tone)  |          |          |            |          |
| – Note visible malformations  |          |          |            |          |
| – Take immediate, appropriate action for signs of distress (do not wait for Apgar score to initiate care)                   |          |          |            |          |
| 5. Clean eyes with clean gauze and apply eye treatment within one hour after birth  |          |          |            |          |
| 6. Establish early breastfeeding and assist as needed   |          |          |            |          |
| 7. Continue to monitor the newborn's general condition (temperature, respiration rate, colour, tone, feeding efforts)       |          |          |            |          |
| – Take appropriate action for signs of distress   |          |          |            |          |
| 8. Weigh the newborn on a clean, covered scale  |          |          |            |          |
| 9. Document all findings and care   |          |          |            |          |

**SITE ASSESSMENT TOOL: NEWBORN CARE**

| <b>TASK/ACTIVITY</b>  | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|---|-----------------|-----------------|-------------------|-----------------|
| 10. Ensure rooming-in is practiced so that newborn stays with mother                    |                 |                 |                   |                 |
| 11. Inform mother about all care and interventions her newborn receives                 |                 |                 |                   |                 |
| 12. Encourage mother to ask questions about her newborn and answer questions thoroughly |                 |                 |                   |                 |
| 13. Keep the newborn warm and dry   |                 |                 |                   |                 |
| 14. Delay bathing the newborn until at least six hours postpartum                       |                 |                 |                   |                 |
| – Ensure newborn’s temperature is stable before bathing                                 |                 |                 |                   |                 |
| <b>Subsequent/Routine Care (visit within 6 hours and every shift subsequently)</b>      |                 |                 |                   |                 |
| 1. Examine newborn and observe the following:   |                 |                 |                   |                 |
| – Temperature, respiration rate, heart rate, colour, cry                                |                 |                 |                   |                 |
| – Umbilical cord  |                 |                 |                   |                 |
| – Bowel movements   |                 |                 |                   |                 |
| – Urination   |                 |                 |                   |                 |
| – Feeding effort, sleep pattern   |                 |                 |                   |                 |
| 2. Maintain warmth by keeping newborn covered; keep newborn with mother                 |                 |                 |                   |                 |
| 3. Encourage and support breastfeeding on demand  |                 |                 |                   |                 |
| 4. Perform cord care with boiled, cooled water and soap only if cord becomes soiled:    |                 |                 |                   |                 |
| – Do not bandage cord and/or apply medications or ointments                             |                 |                 |                   |                 |
| – Tell the mother/family not to cover the cord or bind the newborn’s abdomen            |                 |                 |                   |                 |
| – Tell them how to boil water to use for cord care                                      |                 |                 |                   |                 |
| 5. Educate mother about general care of her newborn                                     |                 |                 |                   |                 |
| 6. Immunize newborn (polio, BCG, Hepatitis B)   |                 |                 |                   |                 |
| 7. Follow infection prevention practices:   |                 |                 |                   |                 |
| – Wash hands before and after any contact with a newborn                                |                 |                 |                   |                 |

**SITE ASSESSMENT TOOL: NEWBORN CARE**

| <b>TASK/ACTIVITY</b>   | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|--|-----------------|-----------------|-------------------|-----------------|
| – Wear appropriate gloves for examinations, handling of contaminated items, processing instruments |                 |                 |                   |                 |
| – Dispose of waste materials in container  |                 |                 |                   |                 |
| – Clean contaminated equipment and surfaces  |                 |                 |                   |                 |
| – Decontaminate instruments and gloves in 0.5% chlorine solution immediately after use             |                 |                 |                   |                 |
| – Dispose of sharps in puncture-proof container  |                 |                 |                   |                 |
| 8. Educate the mother about danger signs:  |                 |                 |                   |                 |
| – Discuss emergency preparedness   |                 |                 |                   |                 |
| 9. Schedule appointment for next immunization and well-newborn checkup before discharge            |                 |                 |                   |                 |
| 10. Document all observations, care, and findings  |                 |                 |                   |                 |



## SITE ASSESSMENT TOOL: IN-PATIENT POSTPARTUM CARE

**Instructions to Assessor:** Complete this form by observing and discussing postpartum care with appropriate staff members and reviewing the chart or logbook. Add your comments and other relevant information collected during the assessment.

**Date of Assessment:** \_\_\_\_\_ **Assessor:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### SITE ASSESSMENT TOOL: IN-PATIENT POSTPARTUM CARE PROVISION

| TASK/ACTIVITY   | OBSERVED | REPORTED | DOCUMENTED | COMMENTS |
|---|----------|----------|------------|----------|
| 1. Provide mother- and newborn-friendly care:   |          |          |            |          |
| – Greet the woman with kindness and respect   |          |          |            |          |
| – Encourage woman to ask questions  |          |          |            |          |
| – Answer questions thoroughly   |          |          |            |          |
| – Respect woman's privacy   |          |          |            |          |
| – Place curtains or dividers between beds   |          |          |            |          |
| – Explain all procedures before performing  |          |          |            |          |
| 2. Ensure rooming-in is practiced so that newborn stays with mother                             |          |          |            |          |
| 3. Communicate with woman about her care and any interventions                                  |          |          |            |          |
| 4. Allow family members to visit the postpartum unit  |          |          |            |          |
| 5. Encourage woman to have food and fluids  |          |          |            |          |
| 6. Encourage woman to use the toilet regularly:   |          |          |            |          |
| – Reserve catheter for medical necessity  |          |          |            |          |
| 7. Teach and encourage proper hygiene   |          |          |            |          |
| 8. Educate woman about the rationale for proper hygiene   |          |          |            |          |
| 9. Support and encourage mother to breastfeed on demand   |          |          |            |          |
| 10. Follow infection prevention practices:  |          |          |            |          |
| – Wash hands before and after any patient contact   |          |          |            |          |
| – Wear appropriate gloves for examinations, handling contaminated items, processing instruments |          |          |            |          |

**SITE ASSESSMENT TOOL: IN-PATIENT POSTPARTUM CARE PROVISION**

| <b>TASK/ACTIVITY</b>  | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|---|-----------------|-----------------|-------------------|-----------------|
| – Dispose of waste materials in containers  |                 |                 |                   |                 |
| – Clean contaminated equipment and surfaces   |                 |                 |                   |                 |
| – Decontaminate instruments and gloves in 0.5% chlorine solution immediately after use      |                 |                 |                   |                 |
| – Dispose of sharps in puncture-proof container   |                 |                 |                   |                 |
| <b>Assessment of Mother and Newborn at Six Hours Postpartum and At Least Once per Shift</b> |                 |                 |                   |                 |
| 1. Examine the mother:  |                 |                 |                   |                 |
| – Review labour and delivery record   |                 |                 |                   |                 |
| – Physical assessment:  |                 |                 |                   |                 |
| – Temperature, pulse, respiration, and blood pressure                                       |                 |                 |                   |                 |
| – Ask about pain and discomfort   |                 |                 |                   |                 |
| – Assess breasts and nipples  |                 |                 |                   |                 |
| – Check uterine fundus and massage, if necessary  |                 |                 |                   |                 |
| – Assess vaginal bleeding   |                 |                 |                   |                 |
| – Assess the perineum   |                 |                 |                   |                 |
| – Consult/refer if abnormalities are found  |                 |                 |                   |                 |
| 2. Examine the newborn:   |                 |                 |                   |                 |
| – Review labour and delivery record   |                 |                 |                   |                 |
| – Assess temperature, respiration, heart rate, colour, cry                                  |                 |                 |                   |                 |
| – Assess bowel movements and urination  |                 |                 |                   |                 |
| – Assess sleep and feeding patterns   |                 |                 |                   |                 |
| – Consult/refer if abnormalities are found  |                 |                 |                   |                 |
| 3. Assist the mother with breastfeeding   |                 |                 |                   |                 |
| 4. Explain all findings to the woman and discuss plan of care with her                      |                 |                 |                   |                 |
| 5. Give vitamin A 200,000 units by mouth if indicated by local guidelines                   |                 |                 |                   |                 |

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| <b>TASK/ACTIVITY</b>   | <b>OBSERVED</b> | <b>REPORTED</b> | <b>DOCUMENTED</b> | <b>COMMENTS</b> |
|--|-----------------|-----------------|-------------------|-----------------|
| 6. Give iron supplements and folate (or a prescription for these) to mother with instructions for their use                                |                 |                 |                   |                 |
| 7. Check tetanus toxoid status and administer if it is due   |                 |                 |                   |                 |
| 8. Counsel woman about family planning and provide contraceptive method, if appropriate, before discharge                                  |                 |                 |                   |                 |
| 9. Review danger signs for mother and newborn and plan for steps to take in case of complications  |                 |                 |                   |                 |
| 10. Repeat physical examination of mother and newborn before discharge   |                 |                 |                   |                 |
| <b>Documentation</b>   |                 |                 |                   |                 |
| 1. Randomly select and review five charts for postpartum patients who have been discharged. Document all observations, care, and findings: |                 |                 |                   |                 |
| – Document daily postpartum care appropriately (observations, vital signs, care, actions taken)  |                 |                 |                   |                 |
| – Record drugs and other treatments appropriately  |                 |                 |                   |                 |



## Appendix B: Student and Preceptor Questionnaires and Evaluation Forms

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### Student Questionnaire

#### Sample Questions to Review with Students at the End of the Clinical Rotation:

Did you meet your clinical rotation objectives?

Please share your experiences as a student working with a trained preceptor.

Did you find the follow-up clinical site visit helpful? If yes or no, in what way?

Do you have suggestions to improve the follow-up clinical site visits?

Do you have suggestions to improve the clinical rotation?

Is there anything else you would like to discuss about your clinical rotation?

### Preceptor Questionnaire

#### Sample Questions to Review with Preceptors at the End of the Clinical Rotation:

Can you share your experiences and performance as a preceptor after the workshop?

Did you encounter problems with some of your students? If yes, what were the problems?

If yes, how have you handled those problems with students?

Have you encountered any problems with the other staff about your role as a preceptor? If yes, what were the problems?

Have you had some positive experiences as a preceptor since the training? If yes, can you share those experiences?

Do you have any suggestions for improving the preceptor training?

Do you have any suggestions for improving preceptor and student follow-up by the school?

Do you have anything else you would like to share?



## STUDENT EVALUATION

Note: This form is to be filled out by the preceptor in duplicate at the end of the clinical rotation, and then reviewed and signed by the student and the preceptor. One copy is sent to the tutor at the school and one copy is for the preceptor's records.

|   |                  |  |                     |                         |
|---|------------------|--|---------------------|-------------------------|
| <b>Student Name:</b>  |                  |  |                     |                         |
| <b>Student Group Number:</b>  |                  |  |                     |                         |
| <b>Name of Facility:</b>  |                  |  |                     |                         |
| <b>Start Date:</b>  |                  | <b>Completion Date:</b>                      |                     |                         |
| <b>Has student been at post throughout:<br/>Yes/No</b>                              |                  | If no, from _____ to _____                   |                     |                         |
|   |                  | If no, did student have permission: Yes / No |                     |                         |
| <b>Student Score:</b>   | <b>Very Good</b> | <b>Good</b>                                  | <b>Satisfactory</b> | <b>Not Satisfactory</b> |
| 1. Ability to take initiative   |                  |  |                     |                         |
| 2. Attitude toward work   |                  |  |                     |                         |
| 3. Attitude toward staff  |                  |  |                     |                         |
| 4. Attitude toward other students   |                  |  |                     |                         |
| 5. Attitude toward clients  |                  |  |                     |                         |
| 6. Sense of responsibility  |                  |  |                     |                         |
| 7. Respectfulness   |                  |  |                     |                         |
| 8. Cooperativeness  |                  |  |                     |                         |
| 9. Honesty  |                  |  |                     |                         |
| 10. Reliability   |                  |  |                     |                         |
| 11. Punctuality   |                  |  |                     |                         |
| 12. Self-confidence   |                  |  |                     |                         |
| 13. Professional behaviour  |                  |  |                     |                         |
| 14. Willingness to do extra duties  |                  |  |                     |                         |
| <b>List skills in which the student still must gain competence:</b>                 |                  |  |                     |                         |
|   |                  |  |                     |                         |
| <b>Have there been any special issues with the student? If yes, please explain:</b> |                  |  |                     |                         |
|   |                  |  |                     |                         |
| <b>General comments on student:</b>   |                  |  |                     |                         |
|   |                  |  |                     |                         |
| <b>Suggestions for improvement:</b>   |                  |  |                     |                         |
|   |                  |  |                     |                         |

Comment by student:

Student's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## PRECEPTOR EVALUATION

Note: This form is to be filled out by the student in duplicate at the end of the clinical rotation, and then reviewed and signed by the student and tutor. The tutor will then discuss the student evaluations with the appropriate preceptor. One copy is sent to the tutor at the school and one copy is for the preceptor's records.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Instructions: Please rate your preceptor using the following rating scale:

5-Strongly Agree      4-Agree      3-No opinion      2-Disagree      1-Strongly Disagree

| CRITERIA TO EVALUATE   | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| <b>Preparation</b>   |   |   |   |   |   |
| 1. Ensures equipment and learning supplies are available   |   |   |   |   |   |
| 2. Prepares student schedule   |   |   |   |   |   |
| <b>Pre-Clinical Meeting</b>  |   |   |   |   |   |
| 1. Conducts pre-clinical meeting in a private area away from clients   |   |   |   |   |   |
| 2. Welcomes students   |   |   |   |   |   |
| 3. Asks students if they have any questions about the knowledge and skills reviewed the previous day   |   |   |   |   |   |
| 4. Discusses learning objectives for the day   |   |   |   |   |   |
| 5. Assigns tasks and clients to each student   |   |   |   |   |   |
| 6. Agrees with student on communication method to be used during coaching when student is giving care to a client  |   |   |   |   |   |
| 7. Reminds students there is a post-clinical meeting and assigns student(s) to prepare a presentation on one of their clients during post-clinical meeting   |   |   |   |   |   |
| 8. Reminds students to take their learning guides to the area  |   |   |   |   |   |
| <b>Working with Students in Clinical Area</b>  |   |   |   |   |   |
| 1. Orients students, or asks a staff member to orient students, to the physical environment and staff, location of supplies, infection prevention measures and locations for disposal of waste, and recording guidelines |   |   |   |   |   |
| 2. Uses negotiation skills to encourage clients to receive student care to ensure students are able to gain competency   |   |   |   |   |   |
| 3. Wears appropriate protective clothing   |   |   |   |   |   |
| 4. Is in clinical area at all times, focusing on what students are doing and saying  |   |   |   |   |   |
| 5. Checks on number of clients on the unit and their status and appropriateness for care by students   |   |   |   |   |   |
| 6. When area is not busy:  |   |   |   |   |   |
| – Demonstrates skills for students   |   |   |   |   |   |
| – Coaches students on models until they can perform procedure on their own   |   |   |   |   |   |
| 7. When students are seeing clients:   |   |   |   |   |   |
| – Coaches students who are performing a skill on a client (until they reach competency)  |   |   |   |   |   |

| CRITERIA TO EVALUATE  | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| – Observe students as they practice clinical skills using the learning guide and provides immediate feedback as needed                    |   |   |   |   |   |
| – Takes short notes for later feedback during the post-clinical meeting   |   |   |   |   |   |
| – When student is ready, assesses student's performance for competency using the skill checklist  |   |   |   |   |   |
| – Guides students in caring for clients using the problem-solving process:  |   |   |   |   |   |
| • History (preceptor reviews)   |   |   |   |   |   |
| • Physical examination (preceptor observes and confirms)  |   |   |   |   |   |
| • Diagnosis (preceptor confirms)  |   |   |   |   |   |
| • Develop and implement plan of care (preceptor confirms before student implements)   |   |   |   |   |   |
| – Review all student documentation  |   |   |   |   |   |
| <b>Post-Clinical Meeting</b>  |   |   |   |   |   |
| 1. Conducts post-clinical meeting in a private area away from clients   |   |   |   |   |   |
| 2. Asks students to present cases using the problem solving process (history, physical examination, assessment/diagnosis, plan of care)   |   |   |   |   |   |
| 3. Gives feedback on clinical skills performed by students on the units using the evaluation/feedback process:                            |   |   |   |   |   |
| – Asks students their perspective about the experience  |   |   |   |   |   |
| – Praises satisfactory points and discuss any questions   |   |   |   |   |   |
| – Offers suggestions for areas needing improvement  |   |   |   |   |   |
| – Asks students to complete the appropriate learning guide  |   |   |   |   |   |
| 4. Conducts additional practice with models or simulation, if needed  |   |   |   |   |   |
| 5. Reviews and discusses any group assignments  |   |   |   |   |   |
| <b>Administrative Responsibilities</b>  |   |   |   |   |   |
| Is available to manage any conflicts or difficulties that may develop between individual students and the preceptor/staff/other students. |   |   |   |   |   |
| <b>Preceptor Attitudes and Behaviours</b>   |   |   |   |   |   |
| 1. Is respectful of clients   |   |   |   |   |   |
| 2. Is respectful of students  |   |   |   |   |   |
| 3. Honesty  |   |   |   |   |   |
| 4. Reliability  |   |   |   |   |   |
| 5. Is punctual and stays at post  |   |   |   |   |   |
| 6. When area is not busy:   |   |   |   |   |   |
| – Demonstrates skills for students  |   |   |   |   |   |
| – Coaches students on models until they can perform procedure on their own  |   |   |   |   |   |

| CRITERIA TO EVALUATE  | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| 7. When students are seeing clients:  |   |   |   |   |   |
| – Coaches students who are performing a skill on a client (until they reach competency)                                 |   |   |   |   |   |
| – Observes students as they practice clinical skills using the learning guide and provides immediate feedback as needed |   |   |   |   |   |
| – Takes short notes for later feedback during the post-clinical meeting   |   |   |   |   |   |
| – When student is ready, assesses student's performance for competency using the skill checklist                        |   |   |   |   |   |
| – Guides students in caring for clients using the problem-solving process:  |   |   |   |   |   |
| • History (preceptor reviews)   |   |   |   |   |   |
| • Physical examination (preceptor observes and confirms)  |   |   |   |   |   |
| • Diagnosis (preceptor confirms)  |   |   |   |   |   |
| • Develop and implement plan of care (preceptor confirms before student implements)                                     |   |   |   |   |   |
| – Reviews all student documentation   |   |   |   |   |   |
| <b>Additional comments:</b>   |   |   |   |   |   |
|   |   |   |   |   |   |

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix C: Sample Letter of Agreement

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I, understand and accept the responsibilities of a preceptor. If I am no longer able to perform my preceptor responsibilities or I am transferred to another facility, I will inform the students' training institution within fourteen (14) days.

|                       |           |       |
|-----------------------|-----------|-------|
| _____                 | _____     | _____ |
| Print Name            | Signature | Date  |
| _____                 | _____     | _____ |
| Nursing Administrator | Signature | Date  |
| _____                 | _____     | _____ |
| Tutor in Charge       | Signature | Date  |



## Appendix D: Clinical Site Assessment Summary

|                                       |           |                    |  |
|---------------------------------------|-----------|--------------------|--|
| Date of Evaluation:                   |           | Name of Evaluator: |  |
| Name of School Conducting Assessment: |           |                    |  |
| Region/District:                      | Facility: | Department:        |  |

Please indicate the result of the assessment by placing an “X” at the right of the selected outcome.

| ACCEPTED AS A CLINICAL SITE   | NOT ACCEPTED AS A CLINICAL SITE | NOT CURRENTLY APPROPRIATE AS A CLINICAL SITE |
|---|---------------------------------|--|
| Comments:   |                                 |  |
| If accepted as a clinical site, number of students that can be sent |                                 |  |

| STUDENTS AT CLINICAL SITE   |                     |                     |                     |
|---|---------------------|---------------------|---------------------|
| Other Schools Using Site  | School:             | School:             | School:             |
|   | Number of Students: | Number of Students: | Number of Students: |
| Number of students currently sent from school conducting assessment |                     |                     |                     |

| INFORMATION ABOUT FACILITY |    |                              |    |                                      |    |                              |    |                                      |    |                                    |    |
|----------------------------|----|------------------------------|----|--------------------------------------|----|------------------------------|----|--------------------------------------|----|------------------------------------|----|
| Appropriate Physical Space |    | Equipment/Supplies Available |    | Uses Infection Prevention Guidelines |    | Enough Staff for Client Load |    | Enough Client Load for Clinical Area |    | Interest/Support of Administrators |    |
| Yes                        | No | Yes                          | No | Yes                                  | No | Yes                          | No | Yes                                  | No | Yes                                | No |
|                            |    |                              |    |                                      |    |                              |    |                                      |    |                                    |    |
| Comments:                  |    |                              |    |                                      |    |                              |    |                                      |    |                                    |    |

**INFORMATION ABOUT PROVIDERS**

| Provider Name, Title/Rank, Contact Information | Respects Clients/<br>Providers |    | Uses<br>Recommended<br>Counselling<br>Techniques |    | Uses Clinical<br>Guidelines |    | Has Clinical<br>Knowledge/<br>Skills |    | Needs Preceptor<br>Training |    | Needs Other<br>Training |    |
|--|--------------------------------|----|--|----|-----------------------------|----|--------------------------------------|----|-----------------------------|----|-------------------------|----|
|  | Yes                            | No | Yes  | No | Yes                         | No | Yes                                  | No | Yes                         | No | Yes                     | No |
|  | 1.                             |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| Comments:                                      |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| 2.   |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| Comments:                                      |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| 3.   |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| Comments:                                      |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| 4.   |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| Comments:                                      |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| 5.   |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |
| Comments:                                      |                                |    |  |    |                             |    |                                      |    |                             |    |                         |    |

**INFORMATION ABOUT POTENTIAL PRECEPTORS**

| Potential Preceptor Name, Title/Rank, Contact Information | Number of Students/Preceptor | Area(s) of Preceptor Expertise | Interest in Precepting |    | Preceptor Training Needs |
|---|------------------------------|--------------------------------|------------------------|----|--------------------------|
|   |                              |                                | Yes                    | No |                          |
| 1.  |                              |                                |                        |    |                          |
|   | <b>Comments:</b>             |                                |                        |    |                          |
| 2.  |                              |                                |                        |    |                          |
|   | <b>Comments:</b>             |                                |                        |    |                          |
| 3.  |                              |                                |                        |    |                          |
|   | <b>Comments:</b>             |                                |                        |    |                          |
| 4.  |                              |                                |                        |    |                          |
|   | <b>Comments:</b>             |                                |                        |    |                          |
| 5.  |                              |                                |                        |    |                          |
|   | <b>Comments:</b>             |                                |                        |    |                          |
| 6.  |                              |                                |                        |    |                          |
|   | <b>Comments:</b>             |                                |                        |    |                          |

**INFORMATION ABOUT STUDENT SUPPORT**

| Teaching Aids/Models Available and in Working Condition (Number/Type) | Teaching Aids/Models Needed (Number/Type) | Supplies/Consumables Provided by School | Supplies/Consumables Needed | Student Accommodations Available/Appropriate |    |
|---|---|---|-----------------------------|--|----|
|   |   |   |                             | Yes  | No |
| 1.  |   |   |                             |  |    |
| 2.  |   |   |                             | Comments about student accommodations:       |    |
| 3.  |   |   |                             |  |    |
| 4.  |   |   |                             |  |    |
| 5.  |   |   |                             |  |    |
| 6.  |   |   |                             |  |    |



| PERFORMANCE STANDARDS   | VERIFICATION CRITERIA   | Y, N, or NA  | COMMENTS  |
|---|---|--|---|
| 3. The infrastructure of the clinical practice area is conducive to clinical practice.          | Observe in the clinical practice site whether the site has the following features: <ul style="list-style-type: none"> <li>• Sufficient space in each clinical area to accommodate four to six students working alongside staff</li> <li>• Space where preceptors and students can meet to review objectives and discuss practice</li> </ul>   | _____<br>_____                                     |   |
| 4. Clinical work load at the clinical practice sites is adequate for student learning.          | Review statistical records to determine whether there is sufficient clinical work load: <ul style="list-style-type: none"> <li>• Total number of deliveries is at least 20 per student and sufficient to achieve competency for other skills through the full duration of the programme</li> </ul>  | _____  | Attach copy of labour ward data for previous year |
| 5. The school has an agreement with the clinical practice sites that allows students' learning. | Verify the following with the school administrator: <ul style="list-style-type: none"> <li>• There is a written agreement between the school and the clinical sites that states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients</li> <li>• There is a written agreement with each of the following types of facilities:               <ul style="list-style-type: none"> <li>– Tertiary hospital</li> <li>– Regional hospital</li> <li>– District hospital</li> <li>– Health centre/polyclinic</li> <li>– Health post</li> <li>– Maternity home</li> </ul> </li> </ul> | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |   |

| PERFORMANCE STANDARDS   | VERIFICATION CRITERIA  | Y, N, or NA  | COMMENTS |
|---|--|--|----------|
| <p>6. The clinical practice sites are prepared for student teaching.</p>                              | <p>Verify the following by interviewing clinical practice site coordinator/supervisor and reviewing records:</p> <ul style="list-style-type: none"> <li>• Clinical practice facilities have been assessed prior to student placement</li> <li>• Course coordinator and hospital personnel meet regularly to discuss issues related to clinical practice of students</li> </ul> <p>Observe that clinical sites have medical supplies such as the following:</p> <ul style="list-style-type: none"> <li>• Stethoscope and sphygmomanometer</li> <li>• Examination gloves and sterile or high-level disinfected gloves</li> <li>• Personal protective equipment (e.g., plastic apron, eye protection, masks)</li> <li>• Fetoscope and/or Doppler</li> <li>• Others (e.g., Veronica bucket, safety box, screen, chlorine, hand towels, resuscitation equipment for newborn and adults)</li> <li>• Forms and documents, including partograph and others (e.g., antenatal card)</li> </ul> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |          |
| <p>7. Schedules have been developed to distribute students evenly across clinical practice areas.</p> | <p>Verify the following with clinical preceptors:</p> <ul style="list-style-type: none"> <li>• Schedule for each class of students exists and has been distributed with all the clinical practice sites</li> <li>• Schedule ensures that groups of students (i.e., from different classes) are assigned to same unit at the same time</li> <li>• Schedule identifies preceptor responsible for each ward of time a student group is in a unit</li> <li>• Schedule is organized so that students move from basic to more complex skills over time</li> </ul>  | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |          |
| <p>8. Students are given regular breaks for meals while on duty in clinical practice facilities.</p>  | <p>Verify with two students and two clinical preceptors:</p> <ul style="list-style-type: none"> <li>• Students are at a site for more than five hours, 30 minutes break is given</li> </ul>  | <p>S1 _____</p> <p>S2 _____</p> <p>P1 _____</p> <p>P2 _____</p>                            |          |

| PERFORMANCE STANDARDS  | VERIFICATION CRITERIA   | Y, N, or NA  | COMMENTS |
|--|---|--|----------|
| 9. Clinical preceptors have the necessary teaching materials to effectively guide students in clinical practice. | Verify with two clinical preceptors: <ul style="list-style-type: none"> <li>• There is a set of learning resource/teaching materials (learning guides/checklists)</li> <li>• There are learning objectives for skills practice</li> </ul>   | P1 _____<br>P2 _____<br><br>P1 _____<br>P2 _____           |          |
| <b>Clinical Practice</b>   |   |  |          |
| 1. Clinical preceptors have been appropriately selected.   | Interview school administration and clinical preceptors and review documents to verify that clinical preceptors: <ul style="list-style-type: none"> <li>• Have evidence of training (degree, diploma, or licensure),</li> <li>• Are experienced midwives,</li> <li>• Have evidence of a total of two years of clinical practice experience within the past five years for each clinical preceptor <b>or</b> chose to become preceptors,</li> <li>• Have received knowledge and skills date in EmONC (at least once in past three years), and</li> <li>• Have participated in teaching skills or preceptor skills workshop (in last three years).</li> </ul> | _____<br>_____<br><br>_____<br>_____<br><br>_____<br>_____ |          |
| 2. Students are prepared for clinical practice prior to their departure for clinical practice site.              | Interview school administration and midwifery programme coordinators and review documents to verify the following: <ul style="list-style-type: none"> <li>• A clinical preceptor or teacher meets with students prior to their departure for clinical practice sites</li> <li>• Students are oriented to the use of a personal clinical schedule book</li> </ul>  | _____<br><br>_____   |          |

| PERFORMANCE STANDARDS   | VERIFICATION CRITERIA  | Y, N, or NA   | COMMENTS |
|---|--|---|----------|
| <p>3. Students are prepared for clinical practice upon their arrival at clinical practice site.</p> | <p>Verify the following with at least two students and clinical preceptors:</p> <ul style="list-style-type: none"> <li>• Students are oriented to each site on arrival, including the pharmacy, laboratory, and outpatient department</li> <li>• Students receive explanations of admission and discharge procedures</li> <li>• Students receive orientation to medication administration and recording</li> <li>• Students are oriented to patient emergency procedures and equipment</li> <li>• Students are oriented to safety and security</li> </ul>  | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |          |
| <p>4. The preceptor plans for clinical learning.</p>  | <p>At the clinical site, observe whether the preceptor does the following:</p> <ul style="list-style-type: none"> <li>• Develops a plan for students each clinical day</li> <li>• Discusses learning objectives with students</li> <li>• Organizes clinical practice to progress from basic to more complex skills</li> <li>• Distributes students throughout the clinic</li> <li>• Identifies appropriate clinical situations as they arise and allows students to learn</li> <li>• Includes other areas such as infection prevention, clinic logistics, or client flow in plan for students</li> <li>• Plans for when there are few or no clients in the clinic</li> </ul> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |          |

| PERFORMANCE STANDARDS  | VERIFICATION CRITERIA  | Y, N, or NA  | COMMENTS |
|--|--|--|----------|
| <p>5. The preceptor protects clients' rights during clinical practice with students.</p> | <p>At the clinical site, observe whether the preceptor does the following:</p> <ul style="list-style-type: none"> <li>• Observes right to bodily privacy</li> <li>• Provides confidentiality</li> <li>• Informs clients about the role of each person involved in their care</li> <li>• Obtains client's permission before having students observe, assist with, or perform any procedure</li> <li>• Is present during any client contact by students</li> <li>• Coaches and gives feedback carefully during practice with clients</li> <li>• Selects clients carefully to ensure that they are appropriate for clinical training</li> </ul> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |          |
| <p>6. The preceptor manages pre-clinical practice meetings appropriately.</p>            | <p>At the clinical site, observe whether the preceptor does the following:</p> <ul style="list-style-type: none"> <li>• States the learning objectives for that day</li> <li>• Makes any scheduling changes that may be needed</li> <li>• Spells out student's roles and responsibilities for that day</li> <li>• Discusses assignments given the previous day</li> <li>• Informs students about the topic for the post-clinical practice meeting</li> <li>• Answers questions related to that day's activities or from previous days</li> </ul>   | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>              |          |
| <p>7. Students and preceptors use appropriate learning and assessment tools.</p>         | <p>At the clinical practice site, determine the following:</p> <ul style="list-style-type: none"> <li>• Students at the clinical practice sites have their personal learning resources (e.g., learning guides, checklists)</li> <li>• Clinical preceptors are recording observations, comments, and achievement of competence in the students' learning resources</li> <li>• Clinical preceptors and students are using the clinical schedule book for recording attainment of skills</li> </ul>   | <p>_____</p> <p>_____</p> <p>_____</p>   |          |

| PERFORMANCE STANDARDS   | VERIFICATION CRITERIA  | Y, N, or NA  | COMMENTS |
|---|--|--|----------|
| 8. Clinical preceptors begin practice sessions by providing clear instructions. | Observe whether the clinical preceptors do the following: <ul style="list-style-type: none"> <li>• Present clearly the objectives for the clinical practice session</li> <li>• Describe the tasks to be performed by students</li> <li>• Demonstrate or reinforce clinical skills, if necessary</li> <li>• Demonstrate skills on actual patients whenever possible, or use simulation, if necessary</li> </ul>   | _____<br>_____<br>_____<br>_____                                     |          |
| 9. Clinical preceptors monitor student performance and give feedback.           | Observe whether the preceptors do the following: <ul style="list-style-type: none"> <li>• Protect patients' rights by:               <ul style="list-style-type: none"> <li>– Informing the patient of the role of students and preceptors;</li> <li>– Obtaining the patient's permission before students observe, assist with, or perform any procedures;</li> <li>– Ensuring that an officially recognized doctor or midwife is always present;</li> <li>– Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure; and</li> <li>– Observing the confidentiality of patients and their information, including ensuring that other staff and patients cannot overhear, and not discussing cases by the patient's name.</li> </ul> </li> <li>• Supervise students as they work and do not leave students unsupervised for extended periods of time (more than two hours)</li> <li>• Provide feedback to students by:               <ul style="list-style-type: none"> <li>– Providing praise and positive reinforcement during and/or after practice, and</li> <li>– Correcting student errors while supporting student self-esteem.</li> </ul> </li> </ul> | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |          |

| PERFORMANCE STANDARDS   | VERIFICATION CRITERIA   | Y, N, or NA                               | COMMENTS |
|---|---|---|----------|
| 10. Clinical preceptors meet with students at the end of a clinical practice session. | Observe whether preceptors do the following: <ul style="list-style-type: none"> <li>• Review the learning objectives</li> <li>• Discuss cases seen that day, particularly those that were interesting, unusual, or difficult</li> <li>• Provide opportunities for students to ask questions</li> <li>• Ask students to discuss their cases or care plans for patients</li> </ul>  | _____<br>_____<br>_____<br>_____          |          |
| 11. The preceptor gives appropriate corrective feedback during the procedure.         | At the clinical site observe whether the preceptor does the following: <ul style="list-style-type: none"> <li>• Often uses looks or hand gestures to give feedback to students</li> <li>• In a quiet, direct manner, makes simple suggestions to facilitate the procedure</li> <li>• Helps students avoid making mistakes by calmly asking simple, straightforward question about the procedure</li> <li>• Prepares to calmly step in and take over the procedure at a moment's notice</li> <li>• Uses the best approach to providing corrective feedback to minimize the need for it by conducting effective practice sessions in the classroom</li> </ul> | _____<br>_____<br>_____<br>_____<br>_____ |          |
| 12. The preceptor organizes feedback session properly.                                | At the clinical site, observe whether the preceptor does the following: <ul style="list-style-type: none"> <li>• Allows students to first identify personal strengths and the areas where improvement is needed</li> <li>• Provides specific, descriptive feedback that includes suggestions for not only what, but how, to improve</li> <li>• Agrees on what will be the focus of the practice session, including how they will interact while they are with the client</li> </ul>   | _____<br>_____<br>_____                   |          |

| PERFORMANCE STANDARDS  | VERIFICATION CRITERIA   | Y, N, or NA  | COMMENTS |
|--|---|--|----------|
| 13. The preceptor manages post-clinical practice meetings appropriately. | At the clinical site, observe whether the preceptor does the following: <ul style="list-style-type: none"> <li>• Reviews the day’s learning objectives and assess progress</li> <li>• Presents cases seen that day, particularly those that were interesting, unusual, or difficult</li> <li>• Responds to questions</li> <li>• Plans for the next clinical session, making changes in the schedule as necessary</li> <li>• Conducts additional practice with models, if needed</li> <li>• Reviews and discusses case studies, role plays, or assignments that have been prepared in advance</li> </ul> | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |          |

| TOTAL STANDARDS OBSERVED   | 27 |
|--|----|
| Total standards achieved   |    |
| Percentage of standards achieved (standards achieved/standards observed) |    |



## Appendix F: Sample Action Plan

---

| GAPS/CAUSE | INTERVENTIONS | BY WHOM | SUPPORT NEEDED | BY WHEN |
|------------|---------------|---------|----------------|---------|
|            |               |         |                |         |
|            |               |         |                |         |
|            |               |         |                |         |
|            |               |         |                |         |



## Appendix G: Checklist for Conflict Management

| STEPS  | DATE   |  |  |  |  |  |
|--|--------|--|--|--|--|--|
|  |        |  |  |  |  |  |
|  | RATING |  |  |  |  |  |
| 1. Get mutual consent to negotiate conflict.   |        |  |  |  |  |  |
| 2. Plan a time that is convenient for all involved in the conflict.  |        |  |  |  |  |  |
| 3. Identify a safe and appropriate place for negotiation, one that is private and neutral.                         |        |  |  |  |  |  |
| 4. Create a personally affirming environment.  |        |  |  |  |  |  |
| 5. Play the role of support person (facilitator, mediator) as needed.  |        |  |  |  |  |  |
| 6. Ask everyone to agree to the following rules of behaviour during the negotiation:                               |        |  |  |  |  |  |
| – Speak one at a time.   |        |  |  |  |  |  |
| – Use body language that is nonthreatening (friendly facial expressions, soft voice, open posture) and respectful. |        |  |  |  |  |  |
| – Listen carefully to what everyone says.  |        |  |  |  |  |  |
| 7. Ask each person to clarify their <b>feelings</b> about the conflict.  |        |  |  |  |  |  |
| 8. Ask each person to clarify their <b>facts</b> about the conflict.   |        |  |  |  |  |  |
| 9. Use active listening skills:  |        |  |  |  |  |  |
| – Take a breath.   |        |  |  |  |  |  |
| – Remove distractions as much as possible.   |        |  |  |  |  |  |
| – Sit or face the other person directly, with an open posture.   |        |  |  |  |  |  |
| – Focus on listening.  |        |  |  |  |  |  |
| 10. Build from what has been said; continue to listen well.  |        |  |  |  |  |  |
| 11. Approach problem-solving with flexibility and fairness.  |        |  |  |  |  |  |
| 12. Manage conflict calmly, patiently, and respectfully.   |        |  |  |  |  |  |
| 13. Consider which of the three possible outcome goals can be attained:  |        |  |  |  |  |  |
| – Remove the source of the problem.  |        |  |  |  |  |  |
| – Change the perception of the problem.  |        |  |  |  |  |  |
| – Use coping skills to handle problem (flexibility, communication, and problem-solving).                           |        |  |  |  |  |  |
| 14. If you are unable to resolve conflict, refer it to a more experienced person.                                  |        |  |  |  |  |  |
| 15. Build an agreement that works.   |        |  |  |  |  |  |
| 16. Implement and evaluate the agreement.  |        |  |  |  |  |  |



# Appendix H: Summary of Follow-up Clinical Site Visit Form

Note: This form is to be filled out by the tutor in duplicate at the end of the follow-up clinical site visit. One copy is for the preceptor's records and one copy is for the school.

|   |  |   |   |
|---|--|---|---|
| <b>DATE:</b>  |  | <b>SITE VISITED:</b>  |   |
| <b>Name of Tutor (Evaluator):</b>   |  |   |   |
| <b>Names of Preceptors (all):</b>   |  | <b>Names of Students (all):</b>   |   |
| <p>For questions 1–3, please fill in the line before the statement using the following responses:<br/> <b>A = Excellent, B = Satisfactory, C = Needs Improvement, NA = Not Applicable</b></p> |  |   |   |
| <b>1. Pre-Clinical Meeting</b>  |  |   |   |
| <input type="checkbox"/> Ask if there are questions about the previous day  |  | <input type="checkbox"/> Agree on communication methods to use when student is giving care              |   |
| <input type="checkbox"/> Discuss day's objectives   |  | <input type="checkbox"/> Ask students to present on a client during the post-clinical meeting           |   |
| <input type="checkbox"/> Assign task/clients to students  |  |   |   |
| <b>2. Activities on the Unit (how preceptors and students are working together)</b>   |  |   |   |
| <input type="checkbox"/> Coaching   |  | <input type="checkbox"/> Support (use of positive reinforcement and good communication skills)          |   |
| <input type="checkbox"/> Demonstration  |  | <input type="checkbox"/> Feedback   |   |
| <b>3. Post-Clinical Meeting</b>   |  |   |   |
| <input type="checkbox"/> Facilitate student presentation of cases   |  | <input type="checkbox"/> Review and discuss group assignments   |   |
| <input type="checkbox"/> Feedback on clinical skills  |  | <input type="checkbox"/> Give group assignments   |   |
| <input type="checkbox"/> Discuss students' questions  |  | <input type="checkbox"/> Support students (use of positive reinforcement and good communication skills) |   |
| <input type="checkbox"/> Practice on models   |  |   |   |
| <b>1. Meeting with Preceptor</b>  | <b>a. Student Performance</b>  |   |   |
|   | <b>Student Name</b>  | <b>General Performance</b>  | <b>Concerns (including what has been done to resolve them and support needed from school)</b> |
|   | 1.   |   |   |
|   | 2.   |   |   |
|   | 3.   |   |   |
|   | 4.   |   |   |
|   | 5.   |   |   |
|   | <b>b. Any concerns with staff or administration?</b>   |   |   |
|   | <b>c. Are there enough commodities to cover the period students will be in the facility?</b> |   |   |
|   | <b>d. Any other concerns?</b>  |   |   |

Summary of Follow-Up Clinical Site Visit (continued)

| DATE:                      |              | SITE VISITED: |                      |           |           |               |          |  |
|----------------------------|--------------|---------------|----------------------|-----------|-----------|---------------|----------|--|
| Name of Tutor (Evaluator): |              |               |                      |           |           |               |          |  |
|                            | Student Name | Skill         | No. Skills Performed |           | Competent | Areas of Need | Comments |  |
|                            |              |               | On Model             | On Client | Yes/No    |               |          |  |
| 2. Meeting with Students   | 1.           |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            | 2.           |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            | 3.           |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            | 4.           |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |
|                            |              |               |                      |           |           |               |          |  |

Summary of Follow-Up Clinical Site Visit (continued)

| DATE:  |              | SITE VISITED: |                      |           |           |               |          |
|--|--------------|---------------|----------------------|-----------|-----------|---------------|----------|
| Name of Tutor (Evaluator):   |              |               |                      |           |           |               |          |
|  | Student Name | Skill         | No. Skills Performed |           | Competent | Areas of Need | Comments |
|  |              |               | On Model             | On Client | Yes/No    |               |          |
| <b>3. Meeting with Students</b>  | 5.           |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
|  |              |               |                      |           |           |               |          |
| a. Objectives for clinical rotation that have been met, or plans to meet the objectives:   |              |               |                      |           |           |               |          |
| b. Feedback on preceptor:  |              |               |                      |           |           |               |          |
| c. Any problems with staff or administration?  |              |               |                      |           |           |               |          |
| d. Are student accommodations sufficient?  |              |               |                      |           |           |               |          |
| e. Any other concerns?   |              |               |                      |           |           |               |          |
| 4. Recommendations from visit:   |              |               |                      |           |           |               |          |
| 5. Agreements (e.g., changes to be made at clinical site, support needed from school, ways to better support preceptor, ways to address a student issue) |              |               |                      |           |           |               |          |
| Date of next visit:  |              |               |                      |           |           |               |          |

