To Our Preceptors:

The Faculty of The Ohio State University College of Nursing, Nurse-Midwifery and Women’s Health Specialty Tracks wish to extend our warmest appreciation to you for serving as a preceptor for our student. Precepting a student is both a challenging and rewarding experience. The challenge lies in providing a worthwhile and meaningful clinical placement where the student can integrate evidence based practice, critical thinking and theoretical content in a real world setting with “real” patients. The reward lies in having a student grow and develop as a nurse-midwife under your mentorship. Additionally, students can bring you potentially new ideas and perspectives contributing to your life-long learning and professional growth. The personal satisfaction can be very rewarding.

Many healthcare practitioners feel a professional responsibility to share their knowledge and experience with students entering the field. It is from your guidance and expertise that our students gain their knowledge, confidence, dedication, leadership, and management skills to become expert beginning clinicians. You are a role model. You are a mentor. You are a teacher. For this, we thank you!

This Preceptor Guide has been developed to assist you in providing a successful and meaningful clinical placement that meets the academic standards of The Ohio State University College of Nursing. We hope you find it valuable. Should you have any questions, please feel free to contact me.

Respectfully yours,

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Nurse-Midwifery/ Dual Nurse-Midwifery and Women’s Health

The Master of Science specialty track for Nurse-Midwifery (dual nurse-midwifery and women’s health) prepares students in the art and science of midwifery within the context of advanced nursing practice. Graduates are prepared as primary health care during pregnancy and childbirth, as well as providers of primary care to the normal newborn up to 28 days. Graduates of the specialty are eligible to take the national certifying exam through the American Midwifery Certification Board to become credentialed as a Certified Nurse Midwife (CNM). CNMs are legally recognized in every U.S. state and work in a variety of settings including private practices, hospitals, birth centers, health clinics, and home. This program is structured around the Core Competencies for Basic Midwifery Practice put forth by the American College of Nurse-Midwives (ACNM) and the Essentials of Master’s Education in Nursing put forth by the American Association of Colleges of Nursing (AACN). The nurse-midwifery specialty is accredited by the Accreditation Commission for Midwifery Education (ACME). Dual Nurse-Midwifery and Women’s Health graduates are eligible to take the national certification exam through the National Certification Corporation to be recognized as a women’s health nurse practitioner (WHNP). The women’s health specialty is accredited by the Commission on Collegiate Nursing Education (CCNE).

Core Courses

Nursing 7403 Innovation Leadership in Advanced Nursing Practice (4)
Analysis of organizational leadership and ethical essentials necessary to deliver high quality patient care in diverse settings.

Nursing 7483 Quality Improvement and Informatics (3)
Explores advanced concepts of collaboration, design, leadership, implementation and evaluation of quality improvement initiatives in health care utilizing information technology strategies.

Nursing 7491 Health Promotion and Disease Prevention across the Life Span (3)
Analyze strategies to encourage change in both individual's and population's health behaviors that influence risk reduction in multiple settings. Develop educational strategies utilizing advanced critical thinking.

Nursing 7500 Nursing in the American Health Care System (2)
Analysis of the U.S. health care delivery system and the policy making process, with an emphasis on the social, political and economic factors affecting the delivery of Nursing services. Prereq: Grad standing in Nursing or permission of instructor. Not open to students with credit for 603.

Nursing 7780 Evidence Based Nursing Scholarship for the Master’s Prepared Nurse (3)*
Introduction to intermediate research methods and statistics applied in evidence based nursing scholarship. Includes literature search methods, critique of research methods and results, and synthesis of evidence related to clinical nursing problems.

Other Required Courses

Nursing 7410 Advanced Health Assessment (3)
Nursing 7450 Pathophysiology of Altered Health States (5)
Nursing 7470 Advanced Pharmacology in Nursing (4)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Nursing 7260</td>
<td>Concepts and Issues in Advanced Family Nursing (2)</td>
<td>Issues of health care for family units; development of personalized health care strategies, culturally appropriate plans, examination of sociocultural policies affecting family health. Prereq: Grad standing in Nursing. Not open to students with credit for 721. (7 week session)</td>
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<tr>
<td>Nursing 7280</td>
<td>Conceptual Frameworks for Nurse-Midwifery (2)</td>
<td>Theoretical, structural, historical, and political/legal foundations of nurse-midwifery in the United States and internationally. Prereq: Enrollment in the Nurse-Midwifery specialty. Not open to students with credit for 724. (7 week session)</td>
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<tr>
<td>Nursing 7281</td>
<td>Advanced Reproductive Dynamics (3)</td>
<td>Principles of reproductive anatomy and physiology including puberty, genetics, pregnancy, embryonic/fetal development, parturition, puerperium, lactation, and menopause in relationship to advanced practice nursing care. Prereq: 7280. Enrollment in the Nurse-Midwifery specialty. Not open to students with credit for 722. (14-week semester)</td>
</tr>
<tr>
<td>Nursing 7282</td>
<td>Labor and Birth Clinical Immersion (2)</td>
<td>Provides orientation to intrapartum care and the role of the health care team for specialty students without prior experience in this clinical area. Prereq: Enrollment in the Nurse-Midwifery, or Dual Nurse-Midwifery and Women’s health specialty; or permission of the course head. (12-week term)</td>
</tr>
<tr>
<td>Nursing 7288.01</td>
<td>Advanced Practice Nursing: Nurse-Midwifery Clinical Practicum I (8)</td>
<td>Application of theories, research findings, skills, and interventions including pharmacological management, during the provision of advanced practice nursing care. Prereq: 7281, 7450, 7410, 7470. Not open to students with credit for 859. (12 week term)</td>
</tr>
<tr>
<td>Nursing 7288.02</td>
<td>Advanced Practice Nursing: Nurse-Midwifery Clinical Practicum II (10)</td>
<td>Application of theories, research findings, skills, and interventions including pharmacological management, during the provision of nurse-midwifery care to women and their families. Prereq: 7288.01. Not open to students with credit for 859. (14 week semester)</td>
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<tr>
<td>Nursing 7288.03</td>
<td>Advanced Practice Nursing: Nurse-Midwifery Clinical Practicum III (10)</td>
<td>Application of theories, research findings, complex skills, and interventions including pharmacological management, during the provision of nurse-midwifery care to women and their families. Prereq: 7288.02. Not open to students with credit for 859. (14 week semester)</td>
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</tbody>
</table>
Integration of theories, research findings, skills, and interventions including pharmacological management, during the provision of nurse-midwifery care to women and their families. Prereq: 7288.03. Not open to students with credit for 859. (12 week term)

Each Practicum course has specific clinical objectives based on the level of expected practice of the student each semester and are outlined in the course syllabus. The overall course objectives for the Practicum Series are:

Overall Practicum Objectives:
At a level appropriate for clinical experience level, the student will be able to do the following upon course completion:
1. Synthesize theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states.
2. Obtain all necessary data and assess all aspects of the patient’s health status, including for purposes of health promotion, health protection, and disease prevention.
3. Employ evidence-based clinical practice guidelines to guide screening activities, identify health promotion needs, and provide anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.
4. Diagnose health status using the diagnostic process including critical thinking, differential diagnosis, and the correct integration and interpretation of various forms of data (i.e., subjective and objective).
5. Anticipate other potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
6. Evaluate the need for immediate nurse-midwife/women’s health nurse practitioner or physician intervention and/or consultation or collaborative management with other health care team members, as dictated by the patient condition.
7. Develop, in partnership with the woman, a comprehensive plan of care that is supported by valid rationale.
8. Implement therapeutic interventions aimed at returning the patient to a stable state and optimizing the patient’s health.
9. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.
10. Manage primary health screening and health promotion of the patient.
11. Manage infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate levels of health care services as indicated.
12. Manage the care of women during pregnancy and the postpartum period.
13. Demonstrate a personal, collegial, and collaborative approach to enhance the effectiveness of patient care while supporting a patient’s right to make her/his own decisions regarding her/his health and reproductive choices within the context of her/his belief system.
14. Provide appropriate education and use the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.
15. Demonstrate a commitment to the implementation, preservation, and evolution of the nurse-midwife and women’s health nurse practitioner roles.
16. Handle situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

17. Provide culturally competent care, deliver patient care with respect to cultural and spiritual beliefs, and make health care resources available to patients from diverse cultures.

**Clinical Goals for Practicum I:**
Clinical goals are guidelines to help shape the clinical experience in order for students to acquire competency in skills sufficient to successful progression through the practicum series. The clinical goals also provide guidance to preceptors in understanding specific student expectations and in facilitating student clinical learning opportunities. It is the responsibility of the student (in collaboration with the preceptor and advisor) to identify site limitations that may impact achievement of the clinical goals and to develop a plan for addressing how the goal will be achieved.

An example of this would be: achieving the clinical goal of becoming comfortable with managing oral contraceptive patients in a site that does not provide contraception. The student and preceptor identify that this is a limitation of the site and the student, preceptor and faculty advisor would develop a plan of reducing the primary clinical site hours to accommodate time in a contraception clinic.

Some specific skills have an associated competency check-off form. Competency checklists must be completed by the preceptor by the end of the semester.

**Primary care clinical goals:**
By the end of the semester the student will be able to:
1. Quickly establish rapport and a therapeutic relationship with patients in the office setting
2. Conduct a comprehensive history and physical examination (Competency check-off Sheet)
3. Conduct an interim history and targeted physical examination for common primary care conditions in the following areas:
   a. Cardiovascular and hematologic
   b. Dermatologic
   c. HEENT
   d. Gastrointestinal
   e. Mental Health
   f. Musculoskeletal
   g. Neurologic
   h. Respiratory
   i. Renal
4. Identify the need for, perform (or order) and interpret diagnostic procedures and tests as indicated by history and physical examination for common primary care conditions.
5. Identify history and physical examination of findings as normal or as a deviation from normal and offer appropriate differential diagnosis for primary care chief complaints.
6. Develop management plans for common primary care conditions that are appropriate to the patient and that include pharmacotherapeutics as indicated, health promotion and behavior change strategies and health education.
Antepartum Care Clinical Goals
By the end of the semester the student will be able to:
1. Demonstrate clinical skills for antepartum care: fetal heart tones, uterine size and fundal height, Leopold’s maneuvers, antepartum cervical assessment
2. Relate common discomforts of pregnancy to anatomical and physiological changes and manage these appropriately including anticipatory guidance and differential diagnosis.
3. Conduct a comprehensive initial exam of a pregnant woman including confirmation of pregnancy and initial gestational dating.
4. Conduct a routine return OB visit including risk assessment and identify factors which influence risk status.
5. Apply knowledge of prenatal genetic and health screening tests in the clinical setting to provide anticipatory guidance and facilitate informed choice.

Conduct of the Course for Practicum I:
Dual tracking nurse-midwifery and women’s health students must successfully complete this eight (8) credit hour course (3 credit hours of didactic theory and 5 credit hours of clinical experience). One didactic semester hour equals 12.5 contact hours per semester; thus, 37.5 didactic hours are required for this course. One clinical semester hour equals 37.5 clinical hours; thus, a minimum of 187.5 clinical hours are required for this 12-week course.

This course consists of 2 content areas: Primary Care (25 hrs. didactic) and Antepartum Care (12.5 hrs. didactic). Required readings, self-study activities and supplemental materials will be presented in modular format through Carmen. Class will meet on campus for seminar based on a posted schedule. Seminar will include guest speakers, didactic content review and learning activities, in class assignments and case studies.

For clinical experience, students will be assigned to a preceptor in a primary care and antepartum care setting. Students will be expected to coordinate their clinical schedules with their preceptor in order to achieve the required number of hours. It is expected that approximately 80 hours will be spent in the primary care clinical setting with the balance spent in the antepartum clinical setting.

Clinical Goals for Practicum II:
Clinical goals are guidelines to help shape the clinical experience in order for students to acquire competency in skills sufficient to successful progression through the practicum series. The clinical goals also provide guidance to preceptors in understanding specific student expectations and in facilitating student clinical learning opportunities. It is the responsibility of the student (in collaboration with the preceptor and advisor) to identify site limitations that may impact achievement of the clinical goals and to develop a plan for addressing how the goal will be achieved.

An example of this would be: achieving the clinical goal of becoming comfortable with managing oral contraceptive patients in a site that does not provide contraception. The student and preceptor identify that this is a limitation of the site and the student, preceptor and faculty advisor would develop a plan of reducing the primary clinical site hours to accommodate time in a contraception clinic.

Some specific skills have an associated competency check-off form. Competency checklists must be completed by the preceptor by the end of the semester.
Antepartum clinical goals:

By the end of the semester the student will be able to:
2. Conduct a comprehensive history and physical exam of a pregnant woman including confirmation of pregnancy and development of a plan for initial gestational dating in women with unsure dates.
3. Conduct a routine return OB visit including risk assessment and identify factors which influence risk status, identifying the need for, performing (or ordering) and interpreting diagnostic procedures and tests as indicated by history and physical examination for common antepartal conditions.
4. Apply knowledge of perinatal infections and indications for screening tests in the clinical setting to provide anticipatory guidance and facilitate informed choice.
5. In collaboration with the preceptor, develop a management plan for common antepartum conditions such as vaginal bleeding in pregnancy, decreased fetal movement, hypertension in pregnancy and gestational diabetes that are appropriate to the patient and that include pharmacotherapeutics as indicated, health promotion and behavior change strategies and health education.
6. Identify women at increased risk of preterm birth and, in collaboration with the preceptor, develop a management plan that is appropriate to the patient and that includes pharmacotherapeutics as indicated, health promotion and behavior change strategies and health education.

Intrapartum and Newborn clinical goals

By the end of the semester the student will be able to:
1. Provide comfort measures and non-pharmacologic support measures to the laboring woman during childbirth.
2. Support the birth of the infant incorporating: keeping the head flexed as needed, suctioning with bulb or wiping face as indicated, feeling for a nuchal cord and management of a loose nuchal cord, guides birth of the body while supporting the body appropriately, clamps and cuts the cord.
3. Deliver the placenta and membranes using active management of the third stage or waiting for physiologic signs of placental separation incorporating inspection of the placenta, membranes and cord for completeness and normalcy.
4. Advocate for skin to skin and early breastfeeding initiation in support of the patient’s desires.
5. Appropriately place an anchor stitch in preparation for repair of an episiotomy or laceration.
6. Incorporate knowledge of newborn physiology to facilitate the newborn’s transition to extra-uterine life including Apgar scoring.
Women’s Health Clinical Goals:
By the end of the semester the student will be able to:

1. Demonstrate clinical skills for well women exams and problem visits related to assessment skills learned in 7410: Advanced health assessment.
2. Conduct a comprehensive history and physical exam of a well woman visit including conducting thorough history and physical exam, ordering appropriate screening tests, providing patient education and development of a plan for the next year.
3. Apply knowledge of sexually transmitted disease infections and indications for screening tests and diagnostic tests in the clinical setting.
4. Apply knowledge of common contraceptives problems and management of those problems.
5. In collaboration with the preceptor, develop a management plan for common women health’s problem visits such as contraceptive management/family planning, menopause, osteoporosis, STI’s/Vaginitis, menstrual irregularities, abnormal pap tests, and any content from the first practicum. This would include diagnostic labs, appropriate interventions, pharmacotherapeutics as indicated, health promotion, behavior change strategies and health education.

Clinical Goals for Practicum III:
Clinical goals are guidelines to help shape the clinical experience in order for students to acquire competency in skills sufficient to successful progression through the practicum series. The clinical goals also provide guidance to preceptors in understanding specific student expectations and in facilitating student clinical learning opportunities. It is the responsibility of the student (in collaboration with the preceptor and advisor) to identify site limitations that may impact achievement of the clinical goals and to develop a plan for addressing how the goal will be achieved.

Women’s Health Clinical Goals:
By the end of the semester the student will be able to:

1. Conduct a comprehensive problem focused health history for well women or problem patient encounters for woman of special populations including but not limited adolescents, lesbians and transgender, disabled, addicted and abused woman including sexual, contraceptive history and domestic violence screening.
2. Conduct a comprehensive problem focused physical exam for conditions such as infertility, female sexual disorders, urogynecological disorders, pathologic gynecological conditions, and abnormal cervical cytology
3. Apply knowledge of infertility, female sexual disorders, urogynecological disorders, pathologic gynecological conditions, and abnormal cervical pathology and indications for screening and diagnostic tests in the clinical setting.
4. In collaboration with the preceptor, develop a management plan for common women’s health problem visits such as infertility, female sexual disorders, urogynecology disorders, gynecological pathologic conditions, and abnormal cervical pathology including appropriate diagnostic testing, and interventions, pharmacotherapeutics as indicated, health promotion, behavior change strategies and health education and plan for follow-up and referral.
Antepartum Clinical Goals:
By the end of the semester the student will be able to:
1. Apply knowledge of perinatal infections and indications for screening tests in the clinical setting to provide anticipatory guidance and facilitate informed choice.
2. Incorporate knowledge of anemias and hemoglobinopathies in management plans including patient education of implications for pregnancy outcomes.
3. Develop a management plan in collaboration with the clinical preceptor for common antepartum complications including but not limited to: hypertensive disorders in pregnancy, diabetes in pregnancy, asthma in pregnancy, thyroid disorders in pregnancy, heart disease including pharmacotherapeutics as indicated, health promotion and behavior change strategies and health education.
4. Identify antepartum conditions requiring physician consultation, collaboration and referral.
5. Recognize clinical presentation of women with disorders of pregnancy characterized by dermatologic abnormalities and develop a management plan collaboratively with the preceptor.
6. Provide holistic culturally competent care to women of all ethnic, religious and socioeconomic backgrounds.
7. Assess all pregnant women for intimate partner violence, family violence or signs of sexual abuse or assault.

Postpartum Clinical Goals:
By the end of the semester the student will be able to:
1. Apply knowledge and skills to identify normal and deviations from normal in the period following pregnancy ending in spontaneous or induced abortion or birth and collaboratively with the preceptor, develop a management plan including pharmacotherapeutics as indicated, health promotion and behavior change strategies and health education.
2. Facilitate the initiation, establishment, and continuation of lactation.

Intrapartum Clinical Goals:
By the end of the semester the student will be able to:
1. Manage a normal vaginal delivery of occiput anterior vertex presenting fetus with minimal assistance from the clinical preceptor.
2. Identify and participate in the management of intrapartum deviations in collaboration with clinical preceptor.
3. Identify intrapartum and third stage conditions requiring physician consultation, collaboration and referral.
4. Perform repair of simple second degree midline laceration / episiotomy with minimal assistance from the clinical preceptor.
5. Advocate for skin to skin and early breastfeeding initiation in support of the patient’s desires.
Newborn Clinical Goals:
By the end of the semester the student will be able to:

✓ Newborn Exam Competency Checklist
  1. Perform an accurate assessment of the newborn including gestational age, physical and behavioral assessment.
  2. Provide patient education related to normal daily care of the newborn, recommended screening and health promotion measures and feeding.
  3. Advocate for skin to skin care and early breastfeeding initiation in support of the patient’s desires.

Orientation for the Nurse-Midwife or Dual Nurse-Midwife and Women’s Health Preceptor

The Clinical Placement Process

Purpose
This experience will afford the student a significant opportunity to apply knowledge and skills from the classroom toward the achievement of clinical objectives and the further refinement of the student’s skills. This is done under the supervision of a preceptor (you) and the course faculty.

Objectives
The objectives for each course and the clinical requirements are listed in the preceding pages.

Defining Tasks
Experience has shown that one of the best ways to accomplish the clinical/field placement experiences is for the preceptor and the student, with course faculty consultation, to review the clinical placement requirements, identify tasks and projects prior to the start of the semester. These will assist the student in developing new skills and in gaining technical and managerial competence.

Summary of Overall Requirements
The Nurse-Midwifery specialty track requires that a student complete a total of 975 clinical hours in the program. Students in the Dual Nurse-Midwifery and Women’s Health specialty track will complete 1087.5 clinical hours.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Total Clinical Hours Nurse-Midwifery</th>
<th>Total Clinical Hours Dual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>187.5</td>
<td>187.5</td>
</tr>
<tr>
<td>Autumn</td>
<td>225</td>
<td>262.5</td>
</tr>
<tr>
<td>Spring</td>
<td>225</td>
<td>262.5</td>
</tr>
<tr>
<td>Summer</td>
<td>337.5</td>
<td>375</td>
</tr>
<tr>
<td>Total</td>
<td>975</td>
<td>1087.5</td>
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Examples of clinical experiences include: Under the supervision of the preceptor or the preceptor’s designee, working with patients on aspects of history taking, physical exam, management planning, reviewing records, observing or carrying out procedures, reviewing literature, and reviewing clinical laboratory results. Other activities that do not involve direct patient contact may count as alternative experiences include attending staff or quality improvement meetings, attending “grand rounds” type activities or presentations.

**Grading**
Clinical/field experiences are graded satisfactory or unsatisfactory (S/U); the course faculty consults with the preceptor before making the grade assignment.

**Preceptor Qualifications**

- Masters or doctorally prepared Registered Nurse with an active RN license, National Certification in area of specialty and 1 year of experience as an Advanced Practice Registered Nurse
- Physician currently licensed to practice in the specialty area
- Physician Assistant (PA) currently licensed to practice in area of specialty with 1 year experience
- Expertise in current position in the organization
- An interest in helping a graduate student

**Responsibilities of the Preceptor**

The preceptor should:

- Arrange a schedule with the student for completing the necessary hours
- Give the student an orientation to the site early in the experience. This will facilitate a smooth transition into the site and optimize the use of available resources.
- Provide appropriate office space and office materials for the student, if necessary.
- Explain to the student your expectations of his or her conduct. The areas of dress, conduct, scheduling of hours, and general characteristics of the experience should be discussed.
- Allow sufficient time for supervision and instruction in the form of routine interactions. Guide the student in his or her next steps and ask to review work periodically.
- Provide the student with constructive feedback. Some tips are provided in the next section.
- Afford the student the time and patience needed for an optimal learning experience.
Contact the course faculty or the specialty track director at any time throughout the placement if problems should arise.

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Paving the Way
It is important to keep in mind that a preceptor paves the way for the student within the organization. Properly introducing the student to his or her role in the organization is crucial to overall success. The preceptor provides an environment in which the student can gain experience and confidence.

Delegating Responsibility
As a preceptor there are two things that you should NOT do. The first is to give the student too much responsibility too fast. The second is to withhold responsibilities from the student that he or she may be able to complete. In order to avoid these potential problems, you must evaluate the student’s ability for yourself and decide how much responsibility is acceptable and what is too much. Balancing the two will make for a productive and more enjoyable experience for both the student and preceptor.

Interacting with the Course Faculty
The course faculty is involved with helping students clarify their goals. There should be a three-way conversation at the mid-way point of the experience among the student, preceptor, and the course faculty. The student should take the initiative to schedule this interaction. The preceptor, however, should feel free to contact the course faculty at any time during the placement.

Evaluation and Feedback

- Formal evaluations are required and should be completed and returned to the course faculty at the end of the experience. Forms will be provided to you for this purpose.

- Additionally, the preceptor may provide constructive feedback weekly in a private setting to the student. This feedback is essential for learning. Provide the student with feedback on:
  - Performance of any specific activities,
  - Overall performance regarding all daily activities,
  - Any issues related to attitude, knowledge, or skills
Feedback should be specific and timely, based on observation of behavior and skills.

Feedback should include descriptions of specific behaviors with both positive and negative statements.

If there are concerns about the student’s progress, please contact the course faculty or specialty program director as soon as possible to discuss the issues.

Tips
► Establish a rapport with the student first. Individuals respond better to the feedback when the giver starts with some conversation rather than bursting forth with the feedback.

► Use both positive and negative feedback. Again, individuals respond to praise, recognition, and encouragement. Coupling some positive feedback with the negative will increase the chances that the negative feedback will be received more positively. When giving praise, however, it must be genuine.

► Be specific and avoid generalizations or general comments such as “You didn’t handle that very well.” Instead, tell the person exactly what it was they did ineffectively.

► Keep calm. Try not to let the student know that you are anxious or nervous about giving feedback. Keep your voice steady, give eye contact, and don’t let yourself become angry.

► Give the student a chance to digest what you have just told them. Everyone has a right to accept or reject feedback. The student will have to decide whether or not to act upon the feedback.

► Focus on the behavior. Give feedback about the student’s behavior, not the person. “I was disappointed when you said that to the patient.” NOT “You are inconsiderate.”

► Use I statement. Instead of saying ‘you are…” try starting your sentence with “I think…” or “In my opinion…” or “I feel that…” This allows you to take ownership of your feedback.

► Ensure understanding. Check to see that the other person understood you correctly.

► Avoid stereotypes. Don’t use statements such as “I would expect that out of a man” or “You are acting like a child”.

Sources: Training Games for Assertiveness & Conflict Resolution by Sue Bishop. The OSU School of Public Health Preceptor Guidebook.
Responsibilities of the Student

- The student is responsible for initially contacting the preceptor.
- The student should function professionally and this should be reflected in projects, activities, relationships with the preceptor, patients and all agency staff.
- The student is expected to maintain confidentiality for all experiences. Students may describe experiences in clinical debriefing sessions, but statements of individuals are non-attributable and information will never be communicated outside of the classroom.

The student must:

- Share personal clinical goals for the term
- Be professional in appearance, both in dress and conduct
- Adhere to the schedule agreed upon by the student and preceptor
- Be punctual and is required to notify the preceptor as soon as there is a possibility of being late or absent.
- Practice professional courtesy when communicating with clients and other health professionals.
- Maintain appropriate confidentiality

- The relationship between the student and the preceptor should be one of student-teacher rather than employer-employee, or co-workers. The student teacher relationship should be built on mutual trust, respect, communication, and understanding.

- The student completes an evaluation on the agency/preceptor at the end of the experience. This information may be shared with the preceptor if you wish.

Responsibilities of the Course Faculty

The course faculty:

- Assists the student in clarifying educational goals for the field experience.
- Is responsive to the needs of the student and preceptor during the placement.
- Completes at least one site visit per semester (usually mid-semester) that includes the student and preceptor.
- Is available by email and/or phone to discuss issues, concerns, and progress of the student throughout the semester.
- Contacts the preceptor at the end of the semester to discuss the final student evaluation.