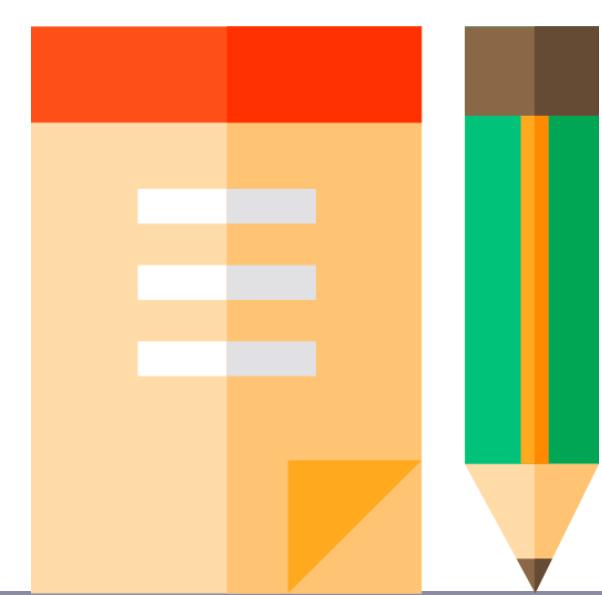


CLINICAL TEACHING DO'S AND DON'TS



for preceptors and teaching practices



PLANNING THE PLACEMENT



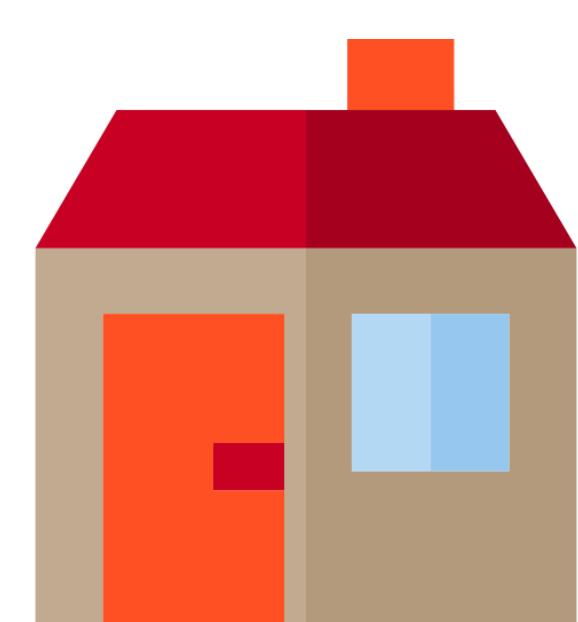
Do:

- Provide appropriate clinical opportunities and supervision
- Plan to orient students to call model, preceptor coverage and planning time off
- Establish systems of communication for preceptors sharing the same student
- Create a practice protocol on student preceptor communication, problem solving and conflict resolution
- Make a plan about arrival at births so the student doesn't arrive first



Don't:

- Offer to take students if you don't have time for teaching
- Book your caseload dependant on student labour
- Deny appropriate clinical opportunities
- Assign more than the MEP caseload
- Set expectations different than the course level
- Tell students to ignore or violate MEP policies



LEARNING ENVIRONMENT



Do:

- Welcome students and orient to practice and hospital
- Model reflective practice
- Acknowledge error and model how to follow up error
- Remove students from situations where clients or colleagues may be treating them inappropriately
- Have a formal application and interview process for New Registrant (NR) jobs after midterm in the Clerkship



Don't:

- Exclude students from practice events and peer reviews
- Use the promise of a job to pressure students
- Gossip about others in the practice with students
- Expect students to continue care if they are exposed to Human Rights violations
- Offer NR positions to students prior to midterm in the Clerkship

Content based on feedback from preceptors, students, and faculty.

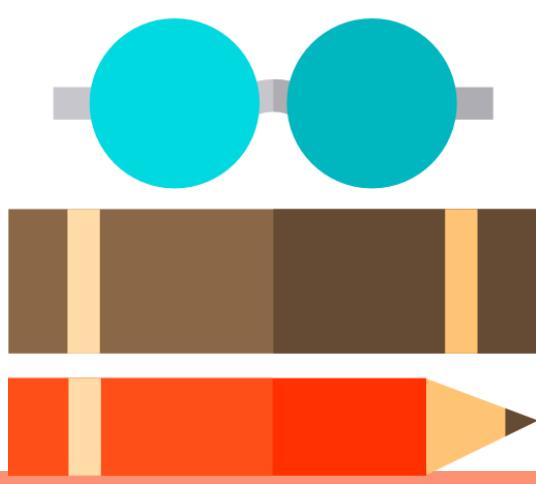
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CLINICAL TEACHING DO'S AND DON'TS

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TEACHING STRATEGIES



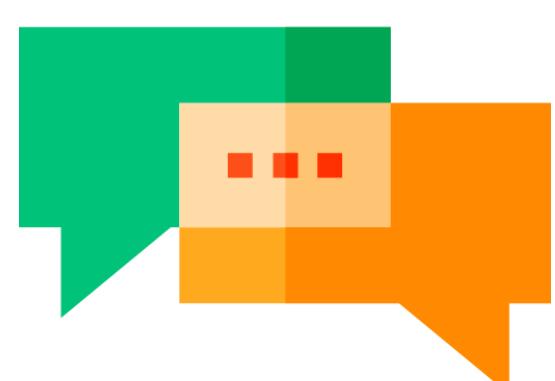
Do:

- Be an active teacher
- Invite clients to 'teach'
- Offer practice sessions
- Assess student readiness prior to performing skills on clients



Don't:

- Expect performance rather than a learning process
- Push students to do a skill at an inappropriate level
- Put students in the position of being without appropriate supervision



FEEDBACK



Do:

- Invite feedback
- Give feedback on the go
- Have regular planned feedback sessions
- Give both positive and constructive feedback
- Give concrete examples of how specific skills/competencies can be improved



Don't:

- Expect students to know what they do well
- Expect students to know that they don't do well
- Yell or swear at students
- Use physical contact except in an emergency
- Blame students for clinical error



EVALUATION



Do:

- Use the GTLA* and course evaluation form
- Acknowledge different 'right' ways of doing some skills/procedures
- Meet with the student prior to the midterm and final meeting with the tutor



Don't:

- Compare your current student to a previous student
- Forget to acknowledge that ongoing clinical evaluation is stressful for students

* Guide to Teaching, Learning and Assessment for Midwifery Preceptors and Student Midwives

Content based on feedback from preceptors, students, and faculty