

New Preceptor Workshop Manual 2026-2027

Midwifery Education Program
Faculty of Community Services

Toronto Metropolitan University

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1. New Preceptor Application and References

Information about becoming a preceptor is posted on the Midwifery Education Program (MEP) website, including web links to an online application form and an online referee form. See Becoming a Preceptor. Please submit the new preceptor online application by **November 13, 2026**.

Request two references from people who can comment on your potential to be a clinical teacher, such as a midwifery practice member, a student you have worked with or a midwifery client. [Provide the web link Becoming a Preceptor to your referees where they can access the online reference form.] Ensure your reference letters are sent to the MEP by **December 11, 2026**.

2. Reading Package and Workshops

(see next page)

3. Post Reading Package and Workshop Quiz - due by **Dec 17, 2026**

Complete the online quiz following the Teaching and Evaluation workshop. This quiz will address the reading package and workshop content.

Then you are a MEP Preceptor!

We look forward to you becoming a clinical teacher for midwifery students and making an important contribution to growing the profession of midwifery in Ontario and beyond.

Once you have completed all 3 components of the New Preceptor Education Program, you will receive a preceptor certificate that will also be sent to your practice's Practice Education Coordinator. You can then be assigned as a preceptor for a MEP student.

New Preceptor Education Program Overview

There are 3 mandatory components: the OHRC and EDI workshops, the reading package and quiz, and the MEP workshops. The MEP workshops will be recorded for participants who are unable to attend due to on-call clinical responsibilities.

Part 1:

- Human Rights and the Duty to Accommodate
- CAM Learns
- Reconceptualizing the Student Preceptor Relationship

Part 2: New Preceptor Workshop Manual and Quiz

- Reading package [estimated time 3+ hours]
- Multiple choice quiz [estimated time 50+ minutes]

Part 3: New Preceptor Workshops (see below for dates)

- Part I: MEP Policies and Preparing for Placement (mandatory)
- Part II: Teaching and Evaluation (mandatory)
- Supporting Success for your FUN Student (optional - focused on supporting all preceptors who have a student for the first time, all preceptors are welcome)

Ontario Human Rights Code e-Learning modules

Preceptors are responsible to understand and abide by the Ontario Human Rights Code in clinical teaching. New preceptors are **required to complete the OHRC module on the Accessibility for Ontarians with Disabilities Act and complete an anti-racism course. We encourage all preceptors to take the MEP workshop which focuses on racism in the clinical education context.** There are also antiracism and cultural safety workshops offered by CAM.

You may also want to explore the other OHRC modules described below. **These workshops are free for Ontario midwives.**

The deadline to complete these modules is **December 23, 2026**.

Human Rights 101

This learning module offers a basic understanding of rights and responsibilities under the Ontario Human Rights Code. It provides an introduction to the principles and concepts of human rights, how to recognize different types of discrimination and some examples of how the OHRC can be applied.

In working with students, preceptors are responsible to create a clinical teaching and learning environment that is equitable and free from discrimination. This module is relevant to preceptors to understand the legal duty and shared responsibility to treat everyone equally and

without discrimination.

Call it Out: Racism, Racial Discrimination and Human Rights

This learning module offers a foundation for learning about race, racial discrimination and human rights protections under the Ontario Human Rights Code.

Preceptors are responsible to create an equitable and inclusive teaching and learning environment for students. This module provides a basic introduction to racism, racial discrimination and the law in Ontario. **Preceptors are asked to prioritize ongoing anti-racism training and Indigenous cultural safety training. CAM has excellent online courses on both topics. An alternate training is the AOM antiracism e-learning course for ESW instructors.**

Working Together: The Code and the AODA

This learning module provides a basic understanding of the meaning and principles of accommodation, and rights and responsibilities for accommodating. The module explains the "duty to accommodate" and the standard of "undue hardship" and how accommodation is a shared responsibility among those with accommodations and others.

This module is relevant to preceptors working with students who have university approved disability related accommodations for the clinical placement, e.g. additional protected time off call to attend medical appointments or regular breaks during clinical care. The university Academic Accommodation Support office will provide a "clinical accommodation" letter outlining the student's accommodation needs, which is sent to the preceptor team and faculty tutor by the MEP Experiential Learning Coordinator. Preceptors are asked to speak to the faculty tutor if they have any questions about the student's accommodation needs.

Overview of the MEP Curriculum

4 Year Full-Time Program begins with 2025 Cohort

	Year 1	Year 2	Year 3	Year 4
Fall	**MWF150** Introduction to Midwifery **BLG101** Anatomy & Physiology **MWF11A** Social Justice in Midwifery **MWF115** Research Methods for Midwives Elective – Required Group 1 Elective – Open elective (OE)	**MWF251** Midwifery: Clinical Skills I **MWF252** Midwifery: Clinical Skills II **MWF201** Reproductive Physiology **MWF114** Pharmacotherapy Elective – Required Group 2 Elective – Required Group 2	**MWF122** Fundamentals in Midwifery Care II (if Fall) **MWF344** Advanced Clinical Skills I	**MWF420** Midwifery: Complex Care II
Winter	**BLG111** Anatomy & Physiology **MWF11B** Social Justice in Midwifery **MWF113** Life Sciences **MWF108** Introduction to Indigenous Midwifery Elective – Required Group 1 (MWF325 Birth and Its Meanings meets either a Required Group 1 or Required Group 2 elective)	**MWF121** Fundamentals in Midwifery Care I (if Winter)	**MWF123** Fundamentals in Midwifery Care III **MWF345** Advanced Clinical Skills II	**MWF410** Midwifery Care Clerkship
Spring/ Summer		**MWF121** Fundamentals in Midwifery Care I (if Summer) **MWF122** Fundamentals in Midwifery Care II (if Summer)	**MWF320** Midwifery: Complex Care I	

Note that TMU offers a 5 year part time option. It also offers a 2 year option for health professionals who have a degree and experience as a labour floor nurse, a midwife or a physician. See the TMU website for more information about the part time and post baccalaureate programs.

MEP Policies and Preparing for Placement

This component of the new preceptor program focuses on orienting new preceptors to MEP placement related policies and preparing for student placements. This includes the reading package below and a 2-hour online workshop to explore these issues, with examples from placement experiences.

The MEP Policies and Preparing for the Placement workshop is offered at two different times this fall. Please email Julie Cabanatan to register for one of these if you have not already done so and indicate your preferred date. Attendance at the online workshop is recommended. Workshops will be recorded for participants who cannot attend due to on call work.

MEP Policies

Preceptors are responsible to understand and follow MEP policies related to placements and clinical teaching. This is part of the contractual relationship between the Midwifery Education Program and its affiliated midwifery teaching practices groups and preceptors.

Placement related policies and clinical teaching resources referred to below are posted on the TMU MEP website. You can access these at any time as a preceptor and it is helpful to become

familiar with the materials posted. **Expand the "For Preceptors" tab** to see the resources are posted for preceptors. Please also explore this web page to see what is posted for students and your practice's MEP liaison midwife, the "Practice Education Coordinator".

1. Policy and Information Handbooks

MEP policies are published in consortium and site specific Policy and Information Handbooks. While placement related policies are contained in these handbooks, they also include detailed policies and information related to the academic program and the MEP program structure.

Consortium placement policies are linked throughout this handbook to make the information more readily accessible to preceptors. If you are interested you can find the TMU University Policy and Information Handbook posted on the MEP website under "Student Resources" under the "Students" tab. The MEP consortium handbook is not available online so we have linked the relevant policies.

Please read and review the content carefully. You are responsible and accountable to know and work within MEP policies and CMO standard Professional Responsibilities when Supervising Students as a preceptor. Please continue to refer to MEP policies when you are working with students.

Some specific policies will be reviewed in more detail during the Policies and Preparing for Placement workshop. A few are highlighted below.

2. MEP Placement "areas"

With the closure of the Laurentian University (LU) MEP in 2021, the Ministry of Colleges and Universities asked McMaster and TMU Universities to accept additional students (15 each per year). Students admitted to McMaster are placed in the Southwestern Ontario Area or the former LU area now called the Greater Ontario Area (GOA), while students admitted to TMU University are placed in the Greater Toronto Area (GTA) or the GOA. Students with northern designations are prioritized for northern. French language fluent students are prioritized for French language placements. Students are not able to cross regions outside of the designated placement process, or the out of area placement request process. For more information about placement areas see the TMU website on affiliated practices and areas.

3. MEP Clinical Placement Policies

This policy outlines how placements are allocated including designated placements.

Placement Allocation

This policy outlines roles and responsibilities.

Student Preceptor and Practice Group Responsibilities

Expectations for birth numbers, volume of pre and postnatal visits, roles of students and preceptors at different levels of the program, on call and off call expectations and policies, including the Academic Study Day policy and variations are outlined here:

Clinical Experience and Student Roles

Our expectations about how practices orient students are here:

Orientation Checklist

This policy explains how to count births and record for clinical evaluations and in the student birth log.

Defining and Documenting Clinical Experience

4. Guide to Planning Clinical Experience

Review the MEP Guide to Planning Clinical Experience and note the recommended and required birth numbers for each clinical course in the MEP curriculum. This is an important document for preceptors to know and refer to and is used by PECs to plan placements in your practice. It was revised in 2024 to reflect the new curriculum.

As you can see this chart lists the number of weeks for each placement and recommended planned births numbers for continuity, observed, primary, second and total. It also lists minimum and maximum requirements for planned and attended primaries, seconds and totals per placement.

This document guides clinical experience for students to achieve clinical competency in each clinical course and overall in the MEP. It also ensures students meet the College of Midwives of Ontario registration requirements for births attended [60 total with 40 as primary midwife, 30 continuity of care, 10 hospital births with 5 in the primary role, 10 home (or out of hospital) with 5 in the primary role].

This document is used by Practice Education Coordinators to plan MEP placements. It also guides preceptors and students during placements and forms the basis for midterm and final clinical evaluations. It is important as a preceptor to be aware of the planned, minimum and maximum birth numbers to ensure the placement has sufficient - but not excessive - births. You should speak with your Coordinator proactively if there is a need to increase or decrease the planned numbers. You are also responsible to monitor the planned and attended birth numbers during the placement along with your student and co-preceptor(s) to ensure they are within the MEP guidelines.

An important goal in clinical placements is for students to have a reasonably consistent volume, rather than a clustering of births, if possible. This supports students to develop their skills and abilities over the course of the placement.

It is important to address any actual or anticipated shortfalls of births in a timely way. Students who do not have sufficient clinical experience are at risk of requiring additional time in placement, either as a placement extension if they do not meet the minimum birth requirements or a remedial placement if they are not Satisfactory at the final evaluation.

It is equally important to keep within the maximum birth numbers to ensure that student workload is appropriate for short and long term sustainability and to balance their academic responsibilities.

The expected roles of students in all phases of care and the expectations of the level of supervision are detailed in the Clinical Experience Policies. This includes on-call responsibilities of students and off-call policies.

5. Variations to the Academic Study Day

The MEP established policies for variations to the Academic Study Day (ASD) in response to feedback from students, preceptors and faculty about the impact of the ASD on birth numbers and student participation in routine clinical care. Guidelines and procedures were established to provide clear and consistent standards and expectations for students, preceptors and tutors for how to address actual or anticipated shortfalls in births planned and attended, as well as to accommodate routine clinic times on Thursday late afternoon/early evening and attendance at an imminent birth on Thursday evening. These are included in the Clinical Experience Policies.

It is important to understand the situations where a variation may be considered. Please note how the policies distinguish between variations for all students from those for students who are at risk of a shortfall in attended births. Also, please note that formal approval by the tutor is required in advance for most variations and that the preceptor is asked to initiate the request to the tutor and include the student in the communication. Variations may be approved as temporary or as ongoing. This policy has recently been revised to give **all students permission to stay on call on ASD for out of hospital births** as this has become a common shortfall for a majority of students. Note that some students will be **required to stay on call for out of hospital births.** If you are in a practice where there are ongoing challenges with birth numbers the practice can request a standing variation for students to stay on call on ASD except for tutorial attendance.

Note that in 2026-2027, in the context of placement shortages, we are recommending that all students stay on "soft call" on ASD and attend for imminent primary births and 1 hour postpartum only, until minimum numbers for the course are reached at which time students can resume taking regular ASDs. The goal of this policy is to avoid the need for extensions which may not be available or may extend into other student's placement time.

We can discuss the academic study day and the variation guidelines and process in more detail at the workshop.

Preparing for the Placement

1. Student-Preceptor Communication

Students are asked to contact their assigned preceptor(s) by email once they are notified of their practice and preceptor assignments following the placement allocation lottery. This is typically in mid-November for FUN I and in mid-March for senior students.

Please be sure to reply promptly to your assigned student to let them know how to contact you and what your expectations are for the beginning of the placement.

2. Placement Orientation Checklist

As a preceptor, you are responsible to ensure that students receive a formal and structured orientation at the beginning of the placement. This may be done by you or delegated to another member of the practice. This includes orientation to the placement and the preceptor team, the practice, hospital(s) and birth centres as relevant.

We provide a detailed Placement Orientation Checklist that we recommend preceptors and practices to use to guide student orientation. This checklist is included in the policies linked above and is posted on the MEP website as a standalone document.

3. Tip Sheets for Integrating Students

The MEP has developed several resources for preceptors with tips for how to structure an effective placement and integrate students into client care – Tips for Structuring an Effective Placement and Tips for Integrating Students into Client Care. These documents are posted on the MEP website.

Review these documents carefully and consider what you can do now to plan the placement and prepare clients if you are expecting a student soon.

4. Resources for Effective Clinical Teaching and Learning

MEP faculty and student researchers developed a series of tools to support effective communication and relationship building between students and preceptors, which are informed by a literature review of student-preceptor conflict in the health professions.

The Ask-Reflect-Connect Cards for Students and Preceptors provide a model for “bi-directional” communication, feedback and reflection by students and preceptors. They offer prompting questions for the student-preceptor team to discuss learning needs and plans, and self reflect and provide feedback on learning and teaching. The student and preceptor tools mirror one another in their structure and content as a symbolic way to highlight the parallel roles and

responsibilities of the clinical learner and teacher.

We suggest students and preceptors refer to these cards at the beginning of the placement as part of the orientation process and use them as a model of communication during the placement and at feedback and evaluation meetings.

The student-faculty research team also developed a resource to guide preceptors on what is – and what is not! – effective clinical teaching. The Clinical Teaching Dos and Don'ts for Clinical Preceptors and Teaching Practices highlights best practices and common missteps in being a preceptor. The dos and don'ts format was used as a playful yet transparent way to distinguish effective vs ineffective teaching approaches and identifying unprofessional ways of interacting with students. These are taken from MEP student experiences.

Both of these resources are posted on the MEP website.

Teaching and Evaluation

This component of the New Preceptor Education Program focuses on clinical teaching, feedback and evaluation. This includes the reading package provided below and a 2-hour workshop to explore these issues in more detail, with examples from placement experiences. Please note: The content of the reading package and workshop primarily focus on clinical teaching for Fundamentals of Midwifery (FUN I and II) students. Additional workshops are offered in the Spring for preceptors working with Senior students.

The Teaching and Evaluation workshop will take place as a 2-hour workshop to discuss teaching and evaluation strategies and best practices.

The Teaching and Evaluation workshop is offered at two different times this fall. Please email jcabanat@torontomu.ca to register for one of these workshops and indicate your preferred date. We recommend you attend the online workshop, however workshops will be recorded for participants who cannot attend due to on call work.

Teaching

1. Understanding the MEP Curriculum

During the first 2.5 years of the MEP, students complete a **pre-clinical curriculum** that includes an equal balance of science and social sciences courses. As part of the pre-clinical curriculum, first year students take an Introduction to Midwifery course that provides an overview of midwifery philosophy and practice and explores the experiences of childbearing persons. This course also provides the opportunity for students to observe midwifery clinic and attend one or more births in an observer role.

In the term prior to FUN I, students complete a clinical skills course that introduces the basic hands-on skills for midwifery practice, for example taking blood pressure, palpation of fetal position and venipuncture. Students learn the theory of these skills and have an opportunity to

practice each skill at least one time. Most skills are learned, practiced and evaluated in a simulated setting. Some skills may be learned in a clinical setting with "standardized clients", such as pelvic exams. Your student can share their course syllabus with you, if you would like to learn more about the content and format of this course. In summary, to pass the Midwifery Clinical Skills course students must:

- Participate in key workshops: venipuncture, labour and birth, gynecological teaching, suturing, palpation
- Demonstrate understanding of the basic structure of prenatal and postnatal assessments, including standard documentation
- Successfully takes blood at least twice
- Take blood pressure with correct technique
- Conduct palpation with correct technique in actual or simulated situation
- Conduct a simulated birth and third stage
- Conduct a simulated newborn exam
- Tie an anchor stitch and perform simple repair in simulated situation (can perform hand ties, interrupted stitch and continuous stitch for 3 stitches)

All of the above skills must be demonstrated during the course, in workshops and/or OSCEs.

The MEP **clinical curriculum** integrates academic and clinical learning. While in the clinical placement, students complete an academic course with weekly tutorial classes, assignments and midterm and final exams. Tutorials use a problem-based learning format where students apply theory to practice by analyzing simulated case scenarios

The clinical curriculum begins with Fundamentals of Midwifery I (FUN I). Students learn theory and evidence about normal and variation of normal conditions in weekly academic tutorials. The clinical placement focuses on the development of midwifery skills and abilities to provide care in normal and variation of normal situations. MEP tutors are responsible to lead weekly academic tutorials and supervise the clinical placement. Preceptors take the lead role in clinical teaching for midwifery students.

As students advance through the MEP clinical curriculum, they expand their knowledge and skills to integrate atypical and abnormal conditions, as well as interprofessional collaboration. For an overview of how MEP students advance through the clinical course, see the MEP Clinical Course Pathway. Note that the curriculum changed in 2025. If you are not familiar with the changes see attached for an Overview of Curriculum Changes. The main difference for preceptors is that the first clinical course/placement Fundamentals of Midwifery I (FUN I) will be 12 weeks rather than 16-17 weeks and will be followed by a second 12 week course/placement which will be in the same practice. In the new curriculum FUN II will replace one term of interprofessional placements in the old curriculum, resulting in an additional 7-8 weeks of midwifery placement to prepare students for the final year of placements. Students will continue to have mandatory obstetric and labour and delivery placements and one elective placement.

2. Clinical Placement Competencies and Objectives

Each clinical course has a list of clinical competencies and objectives to be met by the end of the placement. They form the basis for the online clinical evaluation form, which is used in clinical evaluations at the mid-term point of the course to assess progress and at the end of the placement to identify outstanding learning needs and assign a grade. These will be shared with you by the student or the MEP tutor.

The clinical competencies and objectives guide the focus of student learning and teaching in the placement. It is important to review these with the student at the beginning of the placement as part of the placement orientation so that you and the student have shared expectations. If you are working with an entry level senior student, they will also share a list of learning needs they are carrying forward from their previous placements in addition to the senior course competencies.

As noted in the section above, it is important to remember that FUN I students are considered clinical beginners. They have completed a pre-clinical science and social science curriculum and as part of this, they have been oriented to basic midwifery skills, however they need hands-on experience and repetition to become skilled. Their clinical and theoretical learning in FUN I takes place over the 12 week course and focuses on knowledge and skills for antenatal and postpartum care and an introduction to intrapartum care. Students will normally stay in the same practice for FUN II. FUN II will focus on knowledge and skills for intrapartum care in normal situations, learning the primary role in normal and common situations and advancing prenatal and postpartum skills. Students entering the senior year in the Complex Care I course are beginners at learning to lead and manage care and focus on learning to manage common complex situations and skills for consultation and collaboration.

3. Teaching Approaches

The preceptor role includes active teaching, in addition to providing clinical opportunities. Teaching can take many forms, including demonstration, guided hands on teaching, structured workshops, simulated assessment, reflective practice discussions, and direct and indirect supervision. Teaching can take place both within the clinical setting and outside clinical care, included in structured debriefing times and workshops. Clients can also be invited to participate in “teaching” by providing direct feedback to students. It is the preceptor’s role to engage clients in teaching while ensuring clients remain at the centre of care.

It is important to adapt teaching approaches to the level of the student’s learning. Preceptors are expected to demonstrate a new skill before the student begins to perform the skill. Preceptors are also responsible to assess a student's level of competency before the student provides care independently or under indirect supervision. New learners often benefit from demonstration, guided hands on learning and direct coaching. More experienced learners generally benefit from teaching approaches that are more hands off where the preceptor is available for feedback and assistance as needed.

Preceptors and students have individual learning and teaching styles. You may want to reflect on your own learning style, as we can assume others use the same style. It is also helpful to reflect on your own teaching style and/or what teaching style worked well for you. It is useful to have a conversation with the student at the beginning of the placement about your teaching style and their learning style, including your expectations for how they will be integrated into client care, how you can work to meet each other's needs. This is an important conversation to maintain during the placement to address any gaps in styles or expectations. The Ask-Connect-Reflect Cards for Students and Preceptors, that you were introduced to in Part 2 of this handbook above, integrate questions about learning and teaching styles. In addition to reviewing these together at the beginning of the placement, you may want to formally review them again at the midterm evaluation.

The MEP Guide to Teaching, Learning and Assessment for Midwifery Preceptors and Student Midwives provides teaching and learning strategies, as well as a detailed breakdown of skill development expectations for students at all levels of the program. Please open this resource and scan it to become familiar with its content and structure. Be aware that the work to adapt the Guide for the new curriculum is a work in progress.

The MEP has also developed some learning and teaching tools and approaches that you may find helpful, including:

- Chunking Skills
  - Student and preceptor tool
  - Suitable for teaching and integrating students into new skills or when students are having difficulty mastering a skill/ability or a portion of a skill/ability
- Preceptor Pause
  - Preceptor tool
  - Suitable for giving students to opportunity to lead care before the preceptor prompts the student or steps in to assist or take over care
- Seeing the Big Picture of Midwifery Care
  - Student and preceptor tool
  - Suitable for learning and teaching the components of midwifery care and for identifying areas of strength and areas of learning in feedback and evaluation
- Communicating Assessments and Plans
  - Student and preceptor tool
  - Suitable for learning and teaching systematic assessment and building and communicating care plans
- Making Care Plans Using A-SOAP-ER
  - Student and preceptor tool
  - Suitable for learning and teaching a systematic approach to building a care plan

Feedback and Evaluation

Preceptors are responsible for feedback and evaluation so that students understand how they are meeting clinical course competencies and objectives, and so that learning needs and plans are clear and transparent. As adult learners, students are also responsible for self-reflection and self-assessment, and for identifying and communicating learning needs and plans to the midwives they are working with.

Feedback and evaluation can be stressful for students. They can also be stressful for preceptors. Creating an atmosphere for open dialogue about learning and teaching, having confidence in the student's ability to learn, having appropriate expectations, and being open and collaborative about areas where the student is facing learning challenges are examples of ways to create respectful practices for feedback and evaluation.

Again, please refer to the Ask-Connect-Reflect Cards for Students and Preceptors that provide prompting questions for students and preceptors to discuss feedback preferences and styles. The Clinical Teaching Dos and Don'ts for Clinical Preceptors and Teaching Practices tool, which you were introduced to in Part 2 of this Program Handbook, also provides some guidance about best practices in feedback and evaluation – and practices to avoid!

1. Feedback

The goal of feedback is for improvement. Ongoing feedback is important for students to understand what they are doing well and areas for learning, as well as to identify strategies to support learning and teaching. The MEP recommends creating a regular, structured time for debriefing, feedback and simulated learning.

Principles for effective feedback include:

- Role model reflective practice
- Role model professionalism in both giving and receiving feedback
- Use MEP materials to guide feedback, e.g. clinical course competencies and objectives, MEP Guide to Teaching, Learning and Assessment
- Provide structured opportunities for feedback
- Debrief regularly
- Provide written feedback
- Coordinate feedback from other midwives working with the students
- Be timely and specific in your feedback
- Be transparent and constructive
- Tell students what they are doing well and where they need to improve
- Focus on learning rather than performance
- Be open and straightforward about challenges and how to work together to address them
- Provide structured opportunities for simulated learning and teaching
- Seek tutor assistance as needed for teaching and learning goals and strategies
- Provide opportunities for "bidirectional feedback" by inviting the student to give you feedback about your teaching

2. Evaluation

Evaluation is a formal assessment of student progress in relation to the clinical competencies and objectives of the course. Evaluation of student progress takes place at the midterm point of the placement and at the end of the placement, as well as additional points in the course as needed. Students are responsible early in the placement to share the MEP clinical competencies and objectives for the course and book the midterm evaluation meeting.

The clinical evaluation process includes the following steps:

- Student and preceptor complete the online evaluation form independently in advance of meeting with one another and the tutor, which is submitted directly to the tutor
- Student and preceptor forward the email copy of their completed evaluation forms to one another for review
- Student and preceptor meet with one another to discuss student progress, learning needs and plans, and check in about planned/attended birth numbers and placement organization
- Tutor meets with student and preceptor to review student progress, learning needs and plans, grading, planned and attended births, placement structure and opportunities, and MEP placement policies

Preceptors are responsible to assess if the student's skills and abilities are at the appropriate level, if they fall below the expected level, or if there has been insufficient opportunity. In addition, preceptors are responsible to recommend a grade for each skill category on the evaluation form, as well as for overall grade of student performance. Students do a self-assessment, which does not include a grading component. Students and preceptors identify learning needs and plans, and students record births attended and planned. The tutor is responsible to assign the overall grade after reviewing the evaluation forms and meeting with the student and preceptor.

The clinical grading format includes:

- Satisfactory grade – students meets placement competencies and objectives with few outstanding learning needs, student passes clinical component of the course, carries learning needs and plans into next clinical course
- Unsatisfactory grade – student does not meet placement competencies and objectives, with significant learning needs, student fails clinical component and repeats the course when it is next offered
- Provisional Satisfactory – used at the final evaluation only, student does not meet placement competencies and objectives with "discrete" learning needs that could be met in 4-week remedial placement, signed learning contract with objectives, goals, and outcomes, evaluation conducted after remedial placement to determine if final clinical

grade is Satisfactory or Unsatisfactory

- Placement extension – up to 4 weeks if learning opportunities have been limited, evaluation conducted after the extension to determine if the final grade is Satisfactory, Unsatisfactory, or Provisional Satisfactory

In the evaluation process, preceptors are expected to:

- Model professional behaviour
- Book evaluation meetings in a timely and responsive way, cancel only for births or other urgent clinical issues
- Follow MEP policy for evaluation procedures, i.e. preceptor and student complete form independently, meet together to review, then meet with tutor to report
- Be on punctual and prepared for evaluation meetings
- Use course evaluation form and the Guide to Teaching, Learning and Assessment to guide evaluation
- Evaluate at the appropriate level and be clear about learning needs to be addressed and provide suggestions for plans
- Ensure appropriate expectations vs too high/low expectations
- Recommend appropriate grade – don't overuse Provisional Satisfactory or Unsatisfactory but recommend if needed to ensure student has adequate time for learning and consolidation before advancing to the next level
- Notify tutor prior or between evaluations if concerns arise – a Satisfactory final grade is expected with a Satisfactory midterm grade, a tutor meeting is needed between evaluations to identify learning needs and plans if concerns arise
- Seek tutor support if assistance is needed for complex evaluation or grading

3. When Challenges Arise

Learning and/or teaching challenges may arise during a clinical placement for a variety of reasons that may be complex and multi-layered. Challenges may be related to, for example, delays or inconsistencies in the student's learning trajectory, balancing academic and clinical demands, volume of clinical experience, structure and organization of the placement, or the student- preceptor relationship. Students may face difficulty learning new skills and abilities, such as hands-on skills, clinical thinking, care management, or organization and "executive" functioning. Students may not be well prepared for the placement and/or preceptors may perceive they have gaps in foundational knowledge and skills. Students may face lifestyle or personal challenges that affect their ability to be a clinical learner. Students may feel a lack of safety due to the power imbalance with their preceptor(s) or experiences of racism or other human rights based discrimination in the placement. There may be professional behaviour issues and/or a poor student-preceptor match. There may also be insufficient or excessive clinical opportunities, a lack of cohesion and coordination in the placement, or confusion and tension related to MEP placement policies. Many of these challenges may be prevented by following best practices for planning and coordinating the placement, following MEP policies and procedures, understanding competency expectations, providing active teaching, and

engaging in collaborative, transparent and respectful feedback and evaluation.

When challenges do arise, it is important to identify and address them early and seek appropriate assistance before they become too large and difficult to resolve. Some key approaches for preceptors in preventing and minimizing learning and/or teaching challenges include:

- Create an environment that welcomes open and respectful dialogue
- Identify issues early – try to understand what underlying issue(s) need to be addressed
- Take a problem solving approach
- Speak directly among those involved
- Seek support within the practice from another/senior preceptor or the MEP liaison midwife, the "Practice Education Coordinator"
- Identify another person in the practice who student can go for guidance and support if needed, e.g. the Practice Education Coordinator
- Contact the tutor for assistance and support – the MEP is equally responsible to the preceptor as to the student and the tutor is first point of contact for the MEP
- Be aware of and sensitive to power dynamics

When the student is struggling in their clinical progress:

- Identify issues early
- Notify the tutor and seek assistance ASAP
- Document your feedback and evaluation in relation to competency expectations
- Set goals using the clinical evaluation form and the Guide to Teaching, Learning and Assessment
- Make a learning plan with tutor assistance
- Facilitate clinical/simulation learning opportunities
- Create an appropriate time frame for improvement and have regular check ins with the student, preceptor and tutor

When challenges become significant:

- Adjust expectations to where a struggling student is at rather than where they should be and assist them to progress from that point
- Be transparent about and document learning needs and actively support the remediation plan
- Students may require more time, e.g. provisional placement, failure and repeat course
- Students may be assigned to another preceptor or to another practice

TMU MEP developed a series of problem solving and conflict resolution pathways following consultation with preceptors, students and tutors and a literature review on conflict in health professions education. See the Problem Solving and Conflict Resolution Pathways for Students and Preceptors.

These pathways are designed to encourage direct communication and give both the student

and preceptor the option of seeking guidance from the tutor first. They guide tutors to make clear plans and be in frequent contact with students and preceptors experiencing problems or conflict. They seek to resolve issues within the placement, however they acknowledge that a tutor may recommend the student be reassigned to another preceptor or relocated to a different placement if issues are not easily resolved. This may include moving the student to have another opportunity for assessment and evaluation. As noted on these pathways, students may also take concerns directly to other offices within the university.

Supporting Success for your FUN I & II Student Workshop

You are invited to attend a 2-hour workshop to discuss supporting success for your FUN I & II student. We recommend all new preceptors working with FUN I & II students attend the workshop, which is planned prior to the midterm evaluations in the winter FUN I placement. The purpose of this workshop is to give FUN I preceptors a chance to ask questions, and discuss strategies that are working well and challenges with each other.

The Supporting the Success for your FUN I & II Student workshop is offered at two different times in the winter term. Please email jcabanat@torontomu.ca to register for and indicate your preferred date. All new preceptor workshops will be recorded for participants who cannot attend due to on call work.