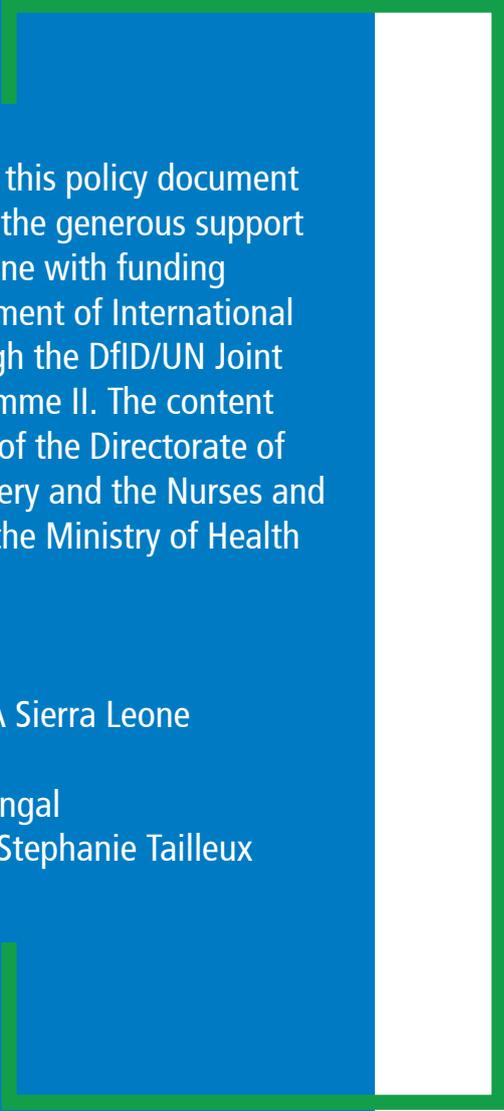




April 2020

# **Preceptorship policy and implementation guidelines** for clinical competency building of midwifery and nursing students and residents





The development of this policy document is made possible by the generous support of UNFPA Sierra Leone with funding from the UK Department of International Development through the DfID/UN Joint Saving Lives Programme II. The content is the responsibility of the Directorate of Nursing and Midwifery and the Nurses and Midwives Board of the Ministry of Health and Sanitation.

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Editor: Anita Palathingal  
Design and Layout: Stephanie Tailleux

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# Foreword

The Ministry of Health and Sanitation is the major health care provider in Sierra Leone. Over the years, the Ministry has committed to working with the midwifery and nursing fraternity and development partners to develop and deploy qualified midwives and nurses to all health facilities, in a bid to provide quality health care to the population of Sierra Leone. The private clinics and hospitals across the country also employ midwives and nurses, towards reaching the same objective.

The global drive for universal health coverage to achieve the health-related sustainable development goals calls for equitable and efficient allocation of resources, for which human resource for health is prime. Sierra Leone is one of the countries with the poorest maternal health indicators globally, which calls for a revision of policies in human resources for health (HRH) in order to achieve quality affordable and accessible health care services for all citizens. To achieve this, the 2017–2021 HRH Strategy outlined critical pathways to address the persistent gaps in human resource capacity among all cadres, across districts, regions and nationally. According to the HRH Strategy, the loss of over 257 health workers during the Ebola crisis, most of them nearing retirement age, spurred a need for more health care workers, especially midwives, to improve the quality of maternal health services and contribute to changing the negative narrative for the better.

Since 2010, the three midwifery schools in Freetown, Makeni and Bo have increased their intake of students in order to train more midwives to address the gap in the midwifery workforce. With the support of partners such as UNFPA, WHO and ICAP, the practice of preceptorship, which is core to clinical skills acquisition, received increased support in order to improve students' competencies. However, there was no overarching policy to guide a systematic approach to teaching and applying the concept, that would bridge the gap between theory and practice.

The need for such a policy informed the development of this document which has been compiled through rigorous consultative engagements and reviews by stakeholders. It presents models of preceptorship, key definitions, standards, roles and responsibilities and an implementation framework among other topics. My Ministry and I, are convinced that the document will revolutionize the way students are trained to become professional nurses and midwives. The introduction of this policy and implementation guidelines will enable well organized professional interactions between students and experienced, qualified professional nurses and midwives.

The Ministry of Health and Sanitation is indebted to all the organizations and individuals who worked tirelessly to develop this document.



Hon. Dr. Alpha Tejan Wurie (Ass. Prof.)  
Minister for Health and Sanitation

# Statement from the Directorate of Nursing and Midwifery and the Nurses and Midwives Regulatory Board

As part of educational standards set by the Nurses and Midwives Board of Sierra Leone, a novice student develops into a professional nurse or midwife through an exposure to an academic programme that consists of 40 per cent theory and 60 per cent clinical competence building. Effective clinical teaching is vital to developing competent, quality nursing and midwifery workforce whose practice contributes to building a strong health services for optimal public protection. Preceptorship is an approach and a concept that is globally accepted and commonly practiced to achieve clinical competency.

Preceptorship is not new to Sierra Leone nursing and midwifery programmes. It bridges the gap between theory and practice for trainee nurses and midwives, and allows for organized professional interactions between the trainee and an experienced and qualified professional who assists in a gradual introduction of the trainee to expected skills through coaching and other competency-based methods. Furthermore, preceptorship serves as a lifelong training for preceptors themselves, thereby strengthening their capacity for continual professional practice.

Policy development in preceptorship has been vital to guiding a national approach to trainee competency development and to ensuring that all educational institutions are well-informed about the nationally approved system for adoption. Therefore, the Directorate of Nursing and Midwifery Services, the Nurses and Midwives Regulatory Board and UNFPA have worked in partnership with other sectors of the Ministry of Health and Sanitation and other Health Development Partners to develop a policy for preceptorship in nursing and midwifery in Sierra Leone.

Nurses and midwives in Sierra Leone appreciate UNFPA's sponsorship and technical assistance for such a laudable venture, and all those whose concerted efforts have brought us to where we are now. We are highly optimistic that the policy will make a significant change in the education of nurses and midwives and substantially improve their competency and professionalism.



Matron Mary M. Fullah  
Acting Chief Nursing and Midwifery Officer



Matron Christiana Baidun Massally  
Acting Registrar, Nurses and Midwives  
Board

# Acknowledgements

The Ministry of Health and Sanitation and its Directorate of Nursing and Midwifery recognize the importance of preceptorship in the educational preparation of students for optimal competency building towards quality care. As Sierra Leone works with its many and valued stakeholders to develop health systems and services for universal health coverage, policy documents such as the Preceptorship Policy and Guidelines are critical for standardization and are much appreciated.

Special recognition is given to the Minister for Health and Sanitation for his continual support and leadership in building the nursing and midwifery systems for quality services. To all the nurses and midwives (listed in the appendices) who committed their time and efforts towards the development of the preceptorship policy, we are thankful for your interest and commitment to strengthening competent practice in your profession.

We thank all our development partners for working with the nursing and midwifery remits for effective education and practice. We are indeed indebted to UNFPA for its continued technical and financial support for the production of vital reference documents needed for standardized improvements in the midwifery profession, especially in maternal, newborn, child and adolescent health services. We are especially grateful to Dr. Kim E. Dickson and Dr. Abiodun Oyeyipo for their technical direction and leadership in the development process and for investing in the consultants to ensure that this important aspect of midwifery education is addressed.

Our invaluable gratitude and commendations go to the consultant, Dr. Jemima A. Dennis-Antwi, who gathered the input needed, including thoughts and concerns about preceptorship in Sierra Leone, to write the policy and implementation guidelines. We are also thankful to the consultant, Lisbet Hansen, for pretesting the policy with three midwifery schools and selected clinical sites to ensure its validation for quality improvements.



*As Sierra Leone works to develop health systems and services for universal health coverage, policy documents such as the Preceptorship Policy and Guidelines are critical for standardization*

# Acronyms and abbreviations

ACNM	American College of Nurse Midwives
CHO	Community Health Officer
CNMO	Chief Nursing and Midwifery Officer
ICM	International Confederation of Midwives
MoH	Ministry of Health
MoHS	Ministry of Health and Sanitation
NGO	Non-governmental organization
SDG	Sustainable Development Goals
SL	Sierra Leone
SLNMB	Sierra Leone Nurses and Midwives Board
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

# 1. Introduction



Midwifery and nursing are critical professions for delivery of quality health care globally. Midwives and nurses are capable of reducing over 80 per cent of maternal and newborn morbidity and mortality if they receive quality education based on nationally recognized educational programmes that are informed by international standards such as those of the World Health Organization (WHO), International Confederation of Midwives (ICM) and International Council of Midwives. The Sierra Leone Nurses and Midwives Board (SLNMB) has the prime goal of setting up systems that result in the quality training of professional midwives and nurses. The SLNMB sets standards for education, training, conduct, performance and ethics. Furthermore, it keeps registers of all categories of trained midwives and nurses and grants them the license to practice.

In education and training, clinical practice is core to the learning process and necessitates the design of a curriculum that builds on the abilities of students to apply critical thinking to patient care, informed by professional ethics. It also capacitates the student to provide care to clients through the gradual and guided acquisition of skills. In a study of 484 graduating students in midwifery education in Ethiopia, the importance of clinical practice was identified as core to competence building. Students in the study reported that sufficient clinical experience and managing greater numbers of births were the most significant predictors of higher competence scores.<sup>1</sup> This must be supported by an experienced and often senior colleague with an interest in teaching students within a well-functioning health system, aided by inter-professional teamwork. The senior midwife or nurse is expected to apply the concept of preceptorship to achieve objectives.

The concept of preceptorship in professional midwifery and nursing education, hinges on the three cornerstones of knowledge, skills and practical experience. The three must be balanced for delivery of quality health care. Preceptorship is a critical component in the transfer of competencies for quality health care needed to achieve the health-related Sustainable Development Goals (SDGs).

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1. Yigzaw, T., Ayelew, F., et al. (2015). "How well does pre-service education prepare midwives for practice: competence assessment of midwifery students at the point of graduation in Ethiopia," *BMC Medical Education*, 15 (130). DOI 10.1186/s12909-015-0410-6.

## 2. Background



Preceptorship in midwifery and nursing exists in various forms in institutions to pass on new knowledge, trends and skills to students. However, the extent of implementation varies and may be nonexistent in certain training institutions.<sup>2</sup> Reports from studies in preceptorship indicate several challenges militating against effective preceptorship for competency building. They range from young and inexperienced midwives/nurses, inadequate numbers of midwives/nurses in clinical sites due to high turnover, heavy workload and limited competent tutors to implement strong preceptorship approaches. Furthermore, lack of time for preceptorship, lack of interest to be preceptors due to the absence of remuneration or perceived self-benefit, large student numbers that force training institutions to post students across the nation to areas where tutors are unable to follow up have also been documented.<sup>3</sup>

Preceptorship is not new in the educational system for midwives and nurses in Sierra Leone. Models of preceptorship have existed in the Training Institutions. Based on nationally designed curricula

developed in collaboration with development partners, categories of midwives and nurses have been selected and trained to act as preceptors to enhance the clinical competencies of students. But there is an enormous need for qualified preceptors to bridge the gap between theory and practice. In 2016, the World Health Organization (WHO) supported the development of a preceptorship curriculum for training. This was followed by the development of a training manual and a revised version of the 2016 curriculum in 2018, with funding from the President's Emergency Plan for AIDS Relief, through ICAP, an international non-governmental organization (NGO) of the Columbia University Mailman School of Public Health, in New York. This recent revision has informed the training of over 100 preceptors in recent times by the midwifery schools in Bo, Freetown and Makeni and the Directorate of Nursing and Midwifery, with funding support from ICAP and the United Nations Population Fund (UNFPA).

Generally, effective preceptorship in Sierra Leone has been hampered by factors such as poor collaboration between hospitals and health training institutions and a lack of clinical instructors and preceptors for effective student supervision and clinical competency building, coupled with weak frameworks for assessing students' clinical performance.<sup>4</sup> Furthermore, though the curriculum has been developed, there is no national policy that informs the approach to preceptorship development. Neither are there any standardized reference manuals or facilitator's guides to enhance the application of the curriculum and ensure standardization in the training process.

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2. Dennis-Antwi, J. A. (2011). "Preceptorship for midwifery practice in Africa: challenges and opportunities," *Evidence based Midwifery* 9 (4): 137-142.

3. Carlson and Bengtsson, 2015; Quesnel and Guilcher 2012; Oklahoma Board of Nursing, Reference Manual for Preceptorship in Nursing and Midwifery for Pre-Service and Post-Graduate Residency Education, MCSP-Ghana, 2010.

4. Ministry of Health and Sanitation of the Government of Sierra Leone, 'Curriculum for Preceptorship Training Programme for Nursing and Midwifery', World Health Organization, 2016.



## Development process

It is based on these gaps that the leadership of the Directorate of Midwifery and Nursing in Sierra Leone in collaboration with UNFPA is initiating the development of a holistic approach that positions preceptorship as a system rather than an activity.

A policy that directs a systems approach to preceptorship to ensure quality improvements in students' clinical learning is being adopted according to the provisions of this document. The decision to develop this policy was taken at a Consensus Building Meeting held on 26 February 2019 at the premises of the UNFPA to create the opportunity for reflection on all the key actors and activities in the preceptorship process. The meeting brought together 18 participants who were stakeholders in students' academic training and policy decision-making at the Ministry of Health and Sanitation (MoHS). Further to this meeting, a policy writing team was set up to actively engage in and oversee the development process. A second meeting was held on 24 May 2019 at the Nursing and Midwifery Board Secretariat to develop an action plan on the policy writing process. A desk review of the literature was conducted to generate relevant information to guide the writing process by a UNFPA consultant. Subsequently, a one-day Stakeholder Review Meeting was held on 26 July 2019 to build concurrence on the content of the policy and recommend revisions to the draft document.

This was then followed by levels of validation interactions with various categories of stakeholders, locally and internationally in August and September 2019 to approve the contents prior to final editing and publication. Comments were received from nursing and midwifery practitioners, educators, policy makers and regulators as well as Jhpiego International, an international, non-profit health organization affiliated with The Johns Hopkins University in the United States. The document was finalized in March 2020.

## Purpose

To outline a systems approach to clinical competency building of students of nursing and midwifery towards achieving quality services for universal health coverage in Sierra Leone. This effort is integral to the provisions of the 2019–2023 Nursing and Midwifery Strategic Plan of the MoHS and the 2019 UNFPA Country Work Plan of the Saving Lives Programme II.

## Mission

To contribute to the attainment of the universal health coverage/Sustainable Development Goals (UHC/SDG) targets for health improvements in Sierra Leone through competent midwifery and nursing services within an enabling environment.<sup>6</sup>

## Target audience

This policy document is relevant to the variety of stakeholders with a critical interest in improving the quality of midwifery and nursing services in Sierra Leone and with a focus on the academic preparation of students for higher professional performance. These include:

### Primary audience

- Professional midwives and nurses as potential preceptors;
- Students of basic and post-basic institutions and residents of Post Graduate Nursing and Midwifery College;
- Principals and faculty of Training Institutions of Midwifery and Nursing (public/private/faith-based);
- Other clinical professionals in the health care field, such as Community Health Officers (CHOs) and doctors,

## Aim

To contribute to the development of a systems approach to preceptorship development in Sierra Leone to improve on the quality of academic and professional preparation of students of midwifery and nursing for improved health care.

## Vision

In line with the provisions of the 2019–2023 Nursing and Midwifery Strategic Plan, to achieve “A healthy population with universal access to health care through the contribution of quality, sustainable, equitable and safe professional midwifery and nursing services by a functional and dynamic midwifery and nursing workforce by 2023”.<sup>5</sup>

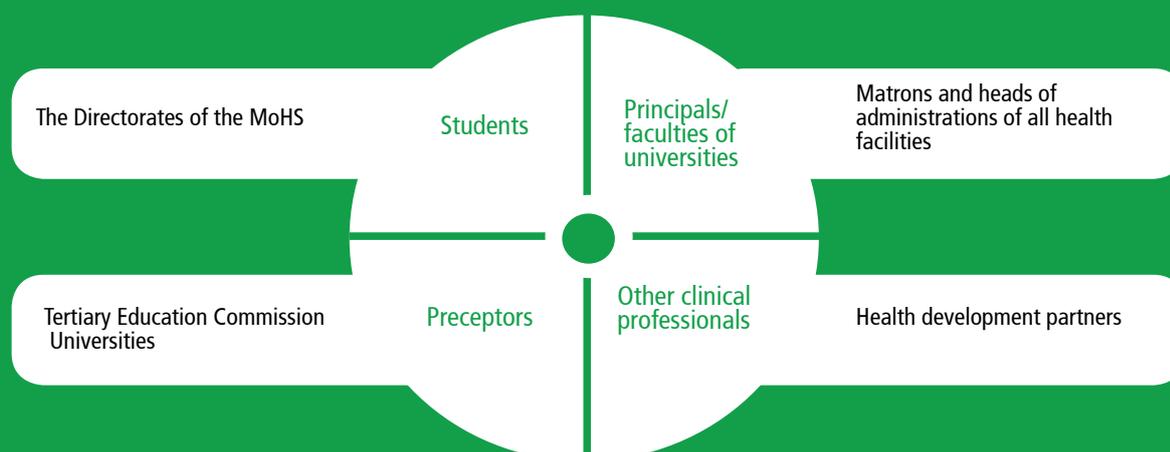
### Secondary audience

- The Directorates of the MoHS;
- Matrons and heads of administrations of all health facilities;
- Tertiary Education Commission;
- Health development partners (NGOs in health, UNFPA, WHO, UNICEF).

5. Ministry of Health and Sanitation of the Government of Sierra Leone, ‘National Nursing and Midwifery Strategic Plan (2019-2023)’, 2019.

6. Ibid.

Figure 1: Framework of inter-relationships of the target audience



# 3. Models of preceptorship and definition of key terms

To ensure optimal success, preceptorship programmes are designed to apply both practical and theoretical components combined with adult learning principles.<sup>7</sup> Programmes emphasize the need for students to master a body of knowledge that forms the basis for evidence-based practice and clinical decision-making. Preceptorship allows knowledge to be activated through acquiring key skills to gain competence. The application of knowledge, skills and the right attitude therefore form three critical cornerstones that must continually be balanced during practice to improve the health and survival of patients and their families.<sup>8</sup> According to the ICM, the midwifery curriculum must include a minimum of 40 per cent theory and a minimum of 60 per cent practice.<sup>9</sup>

Setting this stage requires a strong academic and practice-based method to develop nurses and midwives who are highly skilled, confident and assertive.

## Preceptorship models

The approach to preceptorship varies from country to country as each midwifery and nursing system attempts to outline a tailor-made strategy for students' competency building at the clinical site but based on the concept of preceptorship. The literature points to three models that focus on

- Individualized institution-based programmes of preceptorship due to lack of national standardization;
- a national framework that allows institutions to identify a set of preceptors and train them accordingly but with the permission of relevant stakeholders to oversee student clinical skills teaching; and
- the call for a systems approach to preceptorship that applies a team approach to students skills building.<sup>11</sup>

The literature further qualifies another model to the team approach that calls for a strong preceptorship programme focused on building successful relationships and orientation period for new employees.<sup>12</sup> The systems approach builds on the positive recommendations of 21 journal articles reports and grey literature sourced from databases (HINARI) and free on-site published articles by topic. Search words such as preceptorship, mentorship, preceptorship policy and clinical site improvements for professional practice were used to generate the references. The abstracts or introduction of the article were reviewed to assess relevance before the entire literature was reviewed. The key data relevant to the literature search were documented using a template to inform choices.

7. Carlson, Elisabeth and Mariette Bengtsson, "Perceptions of preceptorship in clinical practice after completion of a continuous professional development course - a qualitative study Part II", *BMC Nursing*, vol. 14, no. 41, 2015.

8. Ronsmans, Carine, and Wendy J. Graham, 'Maternal mortality: who, when, where and why', *The Lancet*, vol. 368, no. 9542, 2006, pp. 1189–1200.

9. International Confederation of Midwives, 'Global Standards for Midwifery Education', 2011.

10. Dennis-Antwi, J. A., "Preceptorship for midwifery practice in Africa: Challenges and Opportunities," *Evidenced based Midwifery*, vol. 9, no. 4, 2011, pp. 137–142.

11. Ministry of Health - Ghana/USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post-graduate Residency Education, 2018; Somerset Partnership-NHS, 'Preceptorship Policy and Guidelines for documentation for newly qualified nurses and Allied Health Professionals', 2017; Andrews, G.J. Brodie D.A., et al.(2006 ) Professional roles and communications in clinical placements: a qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies* Sep;43(7):861-74.

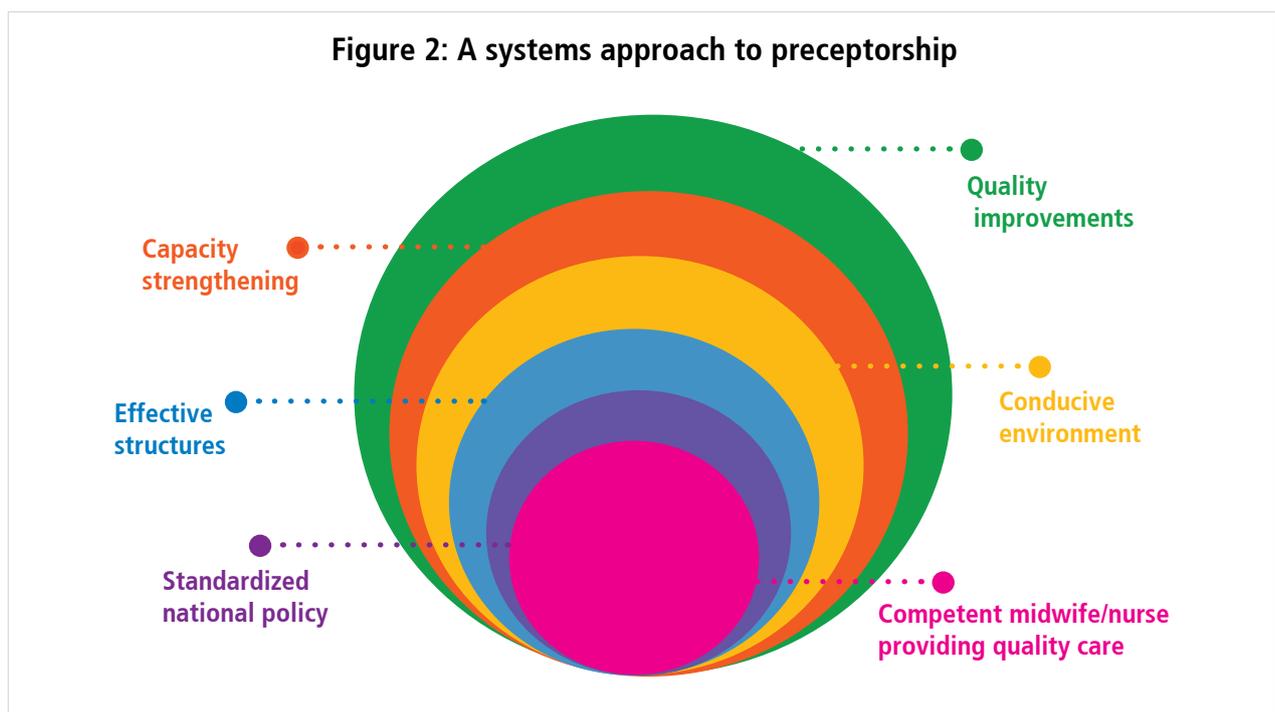
12. Preceptorship Policy and Guidelines.



A systems approach requires a holistic interconnected structure. It ensures the following:

- **Supportive and comprehensive nationally standardized policy** that enjoins all academic institutions to follow the same standards to student preparation for skills development, guided by one nationally approved strategy and guidelines.
- **Effective structures/institutions** that require that all academic institutions and clinical sites are effectively accredited by the Regulatory Institution and recognized as fully meeting the requirements for operation towards quality patient/client care.
- **Facilitative environment** supported by the provisions and political will of the office of the MoH right through to the management team of even the basics of health facilities devoted to ensuring that the students assigned to any accredited clinical facility received the best of professional support for clinical competence building.
- **Capacity strengthening** programme that allows all stakeholders of the preceptorship process to be continually oriented to the concepts, roles and responsibilities as well as updates on technical competencies that would enable them to effectively support the process.
- **Continual quality improvement** calls for supportive supervisory, monitoring and evaluation structures that allow the Regulatory Body and the office of the Chief Nursing and Midwifery Officer (CNMO) to be continually convinced that all the aspects of the systems approach are effectively operational and successful for positive outcomes. Evidenced-based approaches to such assessments should be adopted for a successful preceptorship.

Figure 2 presents the interconnectivities of the systems approach.





In Sierra Leone the midwifery and nursing system has adopted the systems approach to clinical competency building and will work with institutions, structures, offices and all stakeholders to implement a robust, successful preceptorship programme.

## Key definitions

The terms below are defined according to their generic meaning and the context of the Sierra Leonean system within the provisions of this preceptorship policy.<sup>13</sup> (Other terms can be found in the glossary in the appendix.)

### Preceptorship

It is a general philosophy or approach to training, or specific activities performed during a clinical practicum to help a student or resident acquire the desired competencies.

### Precepting

Refers to 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. It 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.

Furthermore, precepting refers to a method of student or resident teaching that provides the opportunity to experience day-to-day practice with a role model and resource person. Such a role model is a person who is always available within the practice area and willing to impart knowledge and skill".<sup>14</sup> They are also a supervised clinical experience that allow students and residents to apply knowledge gained in the didactic portion of a program to clinical practice.<sup>15</sup>

### Preceptor

A trained, experienced and actively practicing health professional who provides structured opportunities for students to gain experience in a clinical setting. The preceptor's goal is to enable students to achieve competence and confidence in applying knowledge and skills in a supervised setting, as well as providing continual feedback.

### Preceptor team

The clinical precepting team of experienced actively practising health professionals that provide structured opportunities for students and residents to gain experience in a clinical setting such as a PHU, community clinic, health centre or hospital (district/ regional/ national/teaching). Clinical coordinators/nurse technicians/practical coordinators are experienced, practising health care providers who use their clinical knowledge and skills to support students'/residents' development in the clinical area.

13. Reference Manual for Preceptorship in Nursing and Midwifery.

14. Dennis-Antwi, J. A.(2011). "Preceptorship for midwifery practice in Africa: Challenges and Opportunities," Evidenced based Midwifery, vol. 9, no. 4, 2011, pp. 137–142

15. Ohrling K., Hallberg I.R. (2001). The meaning of preceptorship: nurses' lived experience of being a preceptor. Journal of Advanced Nursing 33(4): 530-40.



### **Student (learner/preceptee)**

A learner from any of the basic nursing or midwifery institutions or an undergraduate in a university. Residents are learners pursuing postgraduate specialist professional programmes at an institution of higher learning (e.g., the Sierra Leone Post-Graduate College of Nurses and Midwives), and they would also benefit from this policy. All are hereby referred to as the learner.

### **Clinical educator**

An experienced professional nurse/midwife with a minimum diploma in nursing/midwifery who trains students or residents to acquire clinical skills and competence at the clinical site. In the absence of a clinical educator, the clinical preceptor shall be applied.

### **National preceptorship coordinator/ manager**

A senior level midwife or nurse, holding a master's degree in nursing/midwifery or a related field and be at minimum a Principal Nursing or Midwifery Officer with extensive experience in education, regulation and clinical practice. This person shall take national responsibility for establishing a viable and sustainable preceptorship programme in institutions and clinical facilities.

The person shall organize regular trainings for potential preceptors and team members to ensure effective performance and act as technical advisor to the institutions and clinical sites in collaboration with stakeholders and development partners.

### **Clinical coordinator/practical coordinator/nurse/midwife**

A faculty member who liaises between academic institutions and health facilities.

### **Institution**

All academic and/or professional bodies or organizations that run professional programmes in nursing and midwifery in Sierra Leone.

### **Faculty member**

A professional nurse/midwife educator in the educational institution with at least a first degree in nursing/midwifery in charge of impacting theoretical knowledge and/or clinical skills to students/residents.

# 4. Standards for preceptorship in Sierra Leone

## A systems approach



This will be implemented by a team that brings individual, personal and professional capacities and skills together to ensure effective preceptor-preceptee experience for competency building. The dynamics of teamwork from the national level to institutions and clinical facilities enables a culture of reliability and inter- and intra-professional support to advocate for and practicalize an enabling environment.

### The team shall comprise:

- A **member of faculty** of the institution responsible for the programme/course/module;
- A **clinical coordinator**/nurse technician/practical coordinator assigned from the institution/college;
- A **clinical instructor/educator** who is a nurse or midwife at the clinical site and a senior practitioner;
- A **clinical preceptor** who is a nurse or midwife at the clinical site who supports the clinical instructor/educator and is continually hands-on and more practice-oriented;
- A **medical doctor**, where his/her specialty/field of operation is required.

This team shall be approved by the management of the health facility (district/regional/ national/teaching) and required to work in synergy to assure all round supervision of students/residents and to optimize the learning process. The members of the team, while assuming these roles, should be assigned dual roles if a particular institution or facility does not have enough personnel to assign single roles.

At lower level facilities, the member of faculty, clinical coordinator, clinical preceptor and Surgical Assistant-Community Health Officer shall form a team for preceptorship.

## National level focal coordinator/manager

The coordinator/manager shall be appointed to the office of the Registrar of the Sierra Leone Nurses and Midwives Board to oversee the implementation of the policy across the country, follow up on progress and evaluate the policy and implementation process at midterm and at the end of five years (2025). **The Officer shall be guided by an agreed upon terms of reference in the implementation of actions. The coordinator will ensure quality control measures are introduced in collaboration with partners to effect adherence and compliance.** The National coordinator shall apply a phased approach to implementation of the policy. Phase one shall focus on setting up the structures for implementation while phase two seeks to effect the policy.

## Fitness for practice

The purpose of this standard is for the precepting team to assure the SLNMB that their judgement of learners' ability to practice is based on the standards set by the Authority. It is also a reflection of the ability of the team to appropriately prepare learners to the standards of proficiency that lead to registration and issuance of license to practice.

To achieve this objective, **the precepting team shall be prepared and clearly oriented to their specific tasks and expectations** so they can continually and successively assess competence in both theory and practice to confirm that the learners are capable of safe and effective practice. The person in charge of signing off the learner's clinical documentation book shall review the practical evidence to professionally confirm that all competencies have been met according to placement objectives.

## Equality and diversity

Equality is a state of being equal to each other on grounds that include race, gender and sex. It recognizes that **all learners have equal rights to be supported by the precepting team to achieve their full potential** in both practice and academic learning environments to achieve the standard of proficiency in the relevant programme as spelt out by the SLNMB. The precepting team shall act with sensitivity and understanding with regard to the disabled and ensure they bring fairness, respect and cooperation to bear on the preceptorship experience. The Regulatory Authority shall hold high the importance of supporting all students to achieve their full potential in both practice and academic learning environments. In addition, by the provisions of the ACT of the SLNMB, all approved programmes shall be open to all applicants provided that they are able to meet the entry requirements for admission.

## Supporting students with a disability

Disability shall be considered as any declared incapacitation or health conditions that was taken into consideration during the recruitment processes and for which the **SLNMB shall provide all that is required to support academic and clinical preparation of affected learners**. This shall be further informed by the provisions of the general duties of the Disability Discrimination Acts (1992 and Equality Act 2010) to ensure quality competency building. The precepting team shall be trained in aspects of disability and equality so they can collaborate effectively with stakeholders to create a conducive environment for all.

## Conducive environment

The MoHS in its drive for improved quality care has designated facilities for both comprehensive and basic emergency obstetric and newborn care across provinces and districts that can be accredited for competency development of learners within the health field. The SLNMB shall publish in the early part of each year, a list of accredited clinical sites based on a recent accreditation report. Each school will make a choice of a suitable clinical site based on the objectives of clinical placement and accessibility.

The school's faculty assigned to the preceptorship programme shall work collaboratively with site staff to prepare the accredited clinical settings. All efforts shall be harnessed to ensure that the site has the requisite departments, wards and committed preceptor teams who have been trained in the concept of preceptorship and are committed to supporting the students.

They shall work to create an environment that allows for learners' confidence building and ability to disclose gaps in services without suffering from discrimination. Consideration should be given to allocating time for learners to engage with each member of the precepting team and guided by placement objectives. In addition, the clinical setting should create opportunities for meeting the special needs of learners with disabilities. The SLNMB and the Directorate shall work with stakeholders to set up and maintain functional and well-equipped skills laboratories in the facilities to aid skills practice.

Another important aspect of creating a conducive environment is addressing the issue of sexual harassment or gender-based violence in clinical practice sites. Evidence from a study led by WHO on harassment and discrimination in medical training showed that around 60 per cent of students and trainees experienced discrimination and sexual harassment during their training period. This finding threatens the integrity of education.<sup>16</sup> Consequently, learners should be oriented to the existing national or institutional policies on the issue and empowered with techniques to deal with it. In addition, staff of the clinical sites need to be oriented to the policies as well and the expected performance and consequences of their actions. This will enhance opportunities for learners to practice in a safe and conducive environment.

## Selection criteria

All members of the team shall be selected according to the selection criteria described in Table 1 that follows. **The selection shall be based on levels of consultation by the institution with relevant stakeholders at the clinical sites and the policy focal person. They shall have clearly defined roles and responsibilities to inform their actions and facilitate supervision, monitoring and evaluation.**

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16. World Health Organization, *Delivered by women, led by men: A gender and equity analysis of the global health and social workforce*, WHO, Geneva, 2019 (Human Resources for Health Observer Series No. 24). Licence: CC BY-NC-SA 3.0 IGO.



**Table 1: Selection criteria for precepting team**

Precepting team members	Basic requirements	Qualities	Attitudes/values
Nurse/midwife (preceptor)	<ul style="list-style-type: none"> <li>• Minimum of diploma in nursing or midwifery</li> <li>• Minimum 3 years' clinical experience</li> </ul>	<ul style="list-style-type: none"> <li>• Role modelling</li> <li>• Proactive</li> <li>• Supportive</li> <li>• Helpful</li> <li>• Experienced</li> <li>• Adopts teaching style based on feedback from students / residents</li> <li>• Provides appropriate feedback</li> <li>• Provides opportunity for students to learn</li> <li>• Approachable</li> <li>• Sound clinical knowledge and skills</li> <li>• Motivational skills</li> </ul>	<ul style="list-style-type: none"> <li>• Professional competence</li> <li>• Reflective awareness</li> <li>• Confidence</li> <li>• Mutual respect</li> <li>• Flexibility, fairness and dependability</li> <li>• Patience</li> <li>• Flexibility</li> <li>• Enthusiasm</li> <li>• Caring and understanding</li> <li>• Organizational abilities</li> <li>• Critical thinking</li> <li>• Delegation and direction skills</li> <li>• Advocacy skills</li> <li>• Autonomy</li> <li>• Self-analysis capacity</li> <li>• Interpersonal skills</li> <li>• Professional relationship with students</li> <li>• Enthusiasm with role</li> </ul>
Clinical coordinator	<ul style="list-style-type: none"> <li>• Bachelor's degree in nursing /midwifery</li> <li>• Minimum 3 years' clinical experience</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to the preceptorship partnership for achieving learner mastery of all key skills</li> <li>• Advocacy for a safe and nurturing environment for learning</li> <li>• Proficiency in health assessment and counselling skills</li> <li>• Appreciation of each team member's roles and responsibilities</li> <li>• Role modelling</li> <li>• Readiness for continual capacity-building</li> </ul>	
Clinical educator	<ul style="list-style-type: none"> <li>• Bachelor's degree in nursing/midwifery</li> <li>• Minimum 3 years' clinical experience</li> <li>• Minimum 3 years' clinical teaching experience</li> </ul>		
Doctor, SACHO, CHO	<ul style="list-style-type: none"> <li>• Basic medical degree</li> <li>• Doctors may have specialist competencies</li> <li>• At the lower level health facilities, training as a Surgical assistant or CHO</li> <li>• Minimum 3 years' experience in clinical practice</li> </ul>		

### Additional characteristics

The preceptorship team shall collaboratively build a system that enables a preceptor-preceptee relationship built on:

- application of appropriate competency-based learning styles with teaching styles;
- team personality characteristics that facilitate a confidence building learning environment;
- matching the leadership qualities of the preceptor to that of the preceptee's learning and clinical experience needs.

As part of policy, educational institutions and clinical facilities will collaborate to select the appropriate teams based on the selection criteria outlined and influenced by the type of facility being used. Teaching hospitals shall be well-positioned to set up the full teams whilst in the district and community facilities, teams may be smaller but must include the preceptor, clinical coordinator and clinical educator and enabling environment established through continual advocacy, material and logistics supply and a warm learning-teaching environment.

Furthermore, clinical sites shall be assessed in advance and certified as suitable for preceptorship based on a standard system by the SLNMB of assessment on regular basis. The preceptorship team shall benefit from continual professional development by the educational institutions and other stakeholders to assure continuing competence and relevant teaching. Such a responsibility shall rest with the Office of the CNMO, Registrar, educational institutions and the clinical facilities. Stakeholder and partner engagements should be sought regularly to support capacity-building. This is outlined in subsequent sections.

## Reward system for preceptorship

It is critical that a reward system is identified and made accessible to the preceptorship team to ensure continuing motivation and interest in the assignment. The MoHS shall provide the following rewards in kind:

- Recognition as accredited preceptor professional;
- Priority consideration for relevant continual professional education (CPE) opportunities for improved performance;
- Regular CPE with credit points for renewal of personal identification numbers (PINs) with regulatory body;
- Master trainer in preceptorship;
- Eligibility to undertake qualifying preceptorship education with the SL Postgraduate Specialist College of Nurses and Midwives as accredited preceptors.

## Preceptorship qualification programme

The MoHS shall, in collaboration with development partners, **provide all support to the Postgraduate Specialist College of Nurses and Midwives of Sierra Leone to establish a qualifying examinable programme** for specialist preceptors to support the academic education of nurses and midwives.



# 5. Roles and responsibilities of preceptorship team

Each member of the team shall be oriented to clear roles and responsibilities for effective preceptorship practice. The core actors in the relationship which include the institution, preceptor, faculty/ clinical coordinator (tutor whose course is informing the clinical placement/tutor assigned to organizing learner clinical placement) will require prior engagements to inform effective interactions with the clinical sites. Such interactions are critical to developing the right interconnectivity for competency building. An individual may play more than one role depending on the existing staff circumstances.

Educational institutions and clinical facilities shall require persons to carefully study their roles and responsibilities and sign papers of agreement to ensure performance.

**Table 2: Roles and responsibilities of training institution**

Person/ institution	Roles and responsibilities
Midwifery and nursing institutions	<p>Midwifery and nursing institutions are responsible for preparing for their students'/ residents' preceptorship.</p> <p><b>The institutions shall perform the following activities to ensure an effective precepting experience:</b></p> <ul style="list-style-type: none"> <li>• <b>Clearly define objectives and plan for clinical experience</b> Formulate site placement objectives/competencies, outlines of didactic material, reference manuals and other relevant materials for students' clinical placement.</li> <li>• <b>Seek permission to use clinical site</b> Request formally in writing for the use of the site and the involvement of staff for students' clinical experience. The request should include the total number of students/residents, their names, dates of the clinical placement, clinical objectives and competencies and any other information about the students/residents that would be helpful to administrators, staff and precepting team members.</li> <li>• <b>Assess the clinical site and accredit</b> Ask permission to assess the clinical site to gather information about the client caseload, potential clinical precepting team that is available at the clinical site and the number of other students/residents who will use the facility at the same time. The Clinical Coordinator/Nurse Technician/Practical Coordinator can then use this information to decide how many students/residents will go to each clinical site based on the types of desired experiences.</li> <li>• <b>Provide ongoing site strengthening</b> Based on assessment report of the clinical site using the performance standards criteria for site (Appendix J and other clinical site assessment tools –page 62), provide site strengthening where critical gaps are uncovered. The results of the assessment should be discussed with the facility administrators, nurse managers and partners so that an action plan can be formulated to address major gaps. The facility may call on the national or regional continual professional education team to assist with this. If feasible, the midwifery and nursing institutions can provide targeted training to facility staff to improve service delivery.</li> </ul>

**Table 2: Roles and responsibilities of training institution (continued)**

Person/ institution	Roles and responsibilities (continued)
Midwifery and nursing institutions	<ul style="list-style-type: none"> <li data-bbox="395 300 1437 524"> <p>• <b>Build capacity of clinical precepting team members</b> The training institutions are responsible for ensuring that the clinical precepting teams are abreast with the expectations of the policy to implement them. <b>Furthermore, institutions should liaise with partners and the MoHS to regularly update members’ knowledge and skills in the subject matters</b> in which they precept so that evidence-based competencies in the midwifery and nursing program are transmitted.</p> </li> <li data-bbox="395 555 1437 748"> <p>• <b>Prevention of sexual exploitation and abuse</b> <b>Orient students to the threat of sexual exploitation and abuse in communities and work environments and their potential to become victims.</b> Students should be empowered with the needed skills and behaviour regarding professional workplace behaviors with a focus on preventing any occurrence of sexual misconduct or discrimination.</p> </li> <li data-bbox="395 779 1437 943"> <p>• <b>Apply use of standardized learning guides and checklist preferably issued by the SLNMB</b> To ensure standardization, the clinical precepting team members shall use the same learning guides and checklists that are used in the institution’s skills labs to enhance consistency in all learning environments.</p> </li> <li data-bbox="395 974 1437 1167"> <p>• <b>Hold an orientation session for stakeholders on policy to clarify roles, responsibilities and expectations</b> <b>Conduct an initial orientation session (or sessions) for the faculty, students, facility administrator, nurse managers, departmental in-charges in the various departments where students/residents will work,</b> and the clinical precepting team on the policy and implications of the precepting experience.</p> <p>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).</p> </li> <li data-bbox="395 1198 1437 1518"> <p>• <b>Prepare preceptor information pack</b> Clinical coordinators/instructors and faculty of Institutions should prepare a <b>preceptor information pack at the beginning of each semester</b> to guide preceptors in effectively building skills of students at clinical sites. Each preceptor shall have access to this pack which is basically a file containing printed information such as:</p> <ul style="list-style-type: none"> <li data-bbox="443 1550 1437 1713"> <p>• Learning guides (<b>step by step instructions and checklists on how to perform particular midwifery skills/procedures</b>) that the preceptor should use as a guide for coaching, demonstration and case studies (This information can be accessed from the preceptorship training manual and teaching methodologies as well as well midwifery procedure manual).</p> </li> <li data-bbox="443 1744 1437 1803"> <p>• <b>Objectives/competencies</b> specifically developed for the students’/residents’ clinical experience (<b>found in the curriculum</b>)</p> </li> </ul> </li> <li data-bbox="395 1841 1437 2000"> <p>• <b>Apply evidence-based interventions at the site</b> Look for evidence-based interventions at the site that are known to improve individuals, families and community health outcomes that students/residents can practice during their clinical placement (e.g., respectful and culturally sensitive care of clients, infection prevention, use of the partograph, use of nursing process).</p> </li> </ul>

**Table 2: Roles and responsibilities of training institution (continued)**

Person/ institution	Roles and responsibilities (continued)
Midwifery and nursing institutions	<ul style="list-style-type: none"> <li>• <b>Apply effective clinical teaching methods at clinical site</b> Ensure that clinical precepting team members apply effective clinical teaching methods such as skills demonstrations and coaching as well as lead case studies and role plays to enhance students'/residents' competencies.</li> <li>• <b>Apply principles of adult learning and humanistic approaches</b> Apply the principles of adult learning and humanistic approaches to students. Others include mentorship, leadership and conflict resolution programmes as well as assisting students/residents in performing roles and responsibilities within their scope of practice.</li> <li>• <b>Conduct follow-up visits</b> Delegate faculty members/clinical coordinators to plan follow-up visits and phone calls to the site during the student/resident clinical placement and to monitor the progress of their learning experiences. They are expected to provide approximate dates for these follow-up visits and phone calls to help both the institution and the clinical precepting team in planning.</li> </ul>

Source: Adapted from: MOH-Ghana/USAID-MCSP/ACNM (2018) 2nd Ed.

**Table 3: Roles and responsibilities at the clinical site**

Person/ institution	Roles and responsibilities
Clinical site	<p>The midwifery/nursing educational institution will</p> <ul style="list-style-type: none"> <li>• <b>Contact the clinical site administration on preceptorship system</b> Contact in writing about role of the site in establishing a preceptorship system of high quality. The administration of the clinical site should agree in writing to undergo site assessment and strengthening and to participate as a training site for students from the midwifery and nursing institutions. This experience can be made even more positive for students if the administration, through its matron-in-charge or ward-in-charge agrees to do the following: <ul style="list-style-type: none"> <li>• Provide a precepting <b>team member on each shift with students/ residents.</b></li> <li>• Maintain the <b>standards of evidence-based clinical care</b> (standard approved care) that were taught during site-strengthening activities.</li> <li>• Collaborate with training institutions to <b>identify potential clinical precepting team members to attend knowledge and skills updates</b> as well as regular meetings with faculty members as and when requested.</li> <li>• In consultation with the CNMO's office, <b>maintain trained clinical precepting team members in relevant clinical areas</b> to preserve continuity for students/residents.</li> <li>• <b>Communicate clear expectations regarding professional workplace behaviour</b> with a focus on preventing sexual exploitation/harassment and discrimination.</li> <li>• Collaborate with the training institution to develop <b>incentive and recognition programmes</b> for preceptors.</li> </ul> </li> </ul>

Source: Adapted from MOH-Ghana/USAID-MCSP/ACNM (2018) 2nd Ed.

**Table 3: Roles and responsibilities at the clinical site (continued)**

Person/ institution	Roles and responsibilities
Clinical site	<ul style="list-style-type: none"> <li>• <b>Participate in ongoing communication</b> between the training institutions, the clinical precepting team members and the students/residents.</li> <li>• <b>Provide equipment and consumables</b>, if possible.</li> <li>• Encourage all staff to <b>create a friendly learning environment</b>.</li> <li>• Update guideline on staff and student’s/resident’s <b>scope of work and client safety</b>.</li> </ul>

Source: Adapted from MOH-Ghana/USAID-MCSP/ACNM (2018) 2nd Ed.

**Table 4: Responsibilities of the Clinical Coordinator/Technician/Practical Coordinator**

Person/ institution	Roles and responsibilities
Clinical Coordinator/ Technician/ Practical Coordinator/ Clinical Instructor	<p><b>The midwifery/nursing educational institution will:</b></p> <p>Identify at least one faculty member who acts as a clinical coordinator for each clinical site and who will coordinate all activities within the precepting team.</p> <p><b>The clinical coordinator within the Training Institution shall have the following responsibilities:</b></p> <p><b>Take the lead in:</b></p> <ul style="list-style-type: none"> <li>• Identifying and <b>recommending appropriate clinical sites</b> that would meet the identified educational requirements for students/residents</li> <li>• Collaborating with faculty to <b>prepare, revise and submit learning outcomes, objectives, and competencies</b> for clinical placement (preceptor information package)</li> <li>• Ensuring that tools such as learning guides, checklists, case studies, role plays, job aids, and student/resident evaluation templates are <b>up-to-date</b>.</li> <li>• Collaborating and consulting with faculty members to <b>review, evaluate, and recommend clinical placement</b> changes to the institution</li> <li>• <b>Coordinating signing needed clinical contracts</b> with all accredited clinical facilities and institutions and serve as liaison between the clinical facility and the institution.</li> <li>• <b>Coordinating the gathering of facility-specific</b> documentation necessary for students’/residents’ placement in the clinical facilities.</li> <li>• Participating in <b>networking activities to build strategic relations</b> with contracted health care facilities and related professional agencies, including appropriate placement activities for new students/residents</li> <li>• Maintaining <b>self-clinical competence</b> to ensure relevance of clinical support to institution and students/residents</li> <li>• Establishing and maintaining <b>positive working relationships</b> with clinical facility management and staff</li> </ul>

**Table 4: Responsibilities of the Clinical Coordinator/Technician/Practical Coordinator (continued)**

Person/ institution	Roles and responsibilities
Clinical Coordinator/ Technician/ Practical Coordinator/ Clinical Instructor	<p><b><u>Assist the Head of Institution in:</u></b></p> <ul style="list-style-type: none"> <li>• Identifying and <b>applying up-to-date equipment and technology</b> for student teaching</li> <li>• Making the <b>clinical precepting team available</b> at all times during students'/residents' clinical placement</li> <li>• <b>Engaging with mentors about learning opportunities</b> to further enrich students'/residents' learning and accomplishment of the programme's outcomes</li> <li>• <b>Performing other related duties</b> as may be assigned by the head of the institution</li> </ul> <p>Support students by:</p> <p><b><u>Support students by:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Determining the number of students/residents that the facility can take</b> while still ensuring adequate, constructive clinical placements for the clinical precepting team members</li> <li>• <b>Orienting students/residents to the objectives/competencies and activities</b> of the preceptorship and discuss students' responsibilities during the preceptorship (see Table 6 below).</li> <li>• <b>Orienting students/residents about the institution's regulations</b> regarding clinical practice. Provide guidelines regarding the institution's regulations.</li> <li>• <b>Meeting with the students/residents</b> to go through their objectives/competencies</li> <li>• <b>Assigning students</b> (in groups or as individuals) to a clinical precepting team member and developing a placement schedule</li> <li>• Performing continuous <b>evaluation of the effectiveness</b> of students/residents and faculty</li> <li>• Providing <b>timely and ongoing evaluative feedback</b> to the respective institution on students'/residents' performance</li> <li>• <b>Resolving issues that may arise</b> and provide feedback to the head of the institution</li> <li>• <b>Working/collaborating with precepting team at clinical sites</b></li> <li>• <b>Meeting with clinical precepting team and plan</b> regarding objectives/competencies</li> <li>• <b>Visiting clinical area regularly</b> to ensure that students/residents are receiving support.</li> <li>• <b>Ensuring precepting team meets</b> with students/residents to plan how clinical precepting will be conducted</li> <li>• Ensuring <b>precepting team has copies of evaluation form</b>, time sheet and attendance sheet (part of the preceptors' information package)</li> <li>• <b>Planning assessment/evaluation</b> with clinical precepting team and collecting evaluation forms/time sheets/attendance sheets for the institution</li> <li>• <b>Performing continuous evaluation of the effectiveness</b> of clinical sites</li> </ul>

**Table 4: Responsibilities of the Clinical Coordinator/Technician/Practical Coordinator (continued)**

Person/ institution	Roles and responsibilities
Clinical Coordinator/ Technician/ Practical Coordinator/ Clinical Instructor	<p><b>The Clinical Coordinator shall work with Clinical Precepting Team Members to:</b></p> <ul style="list-style-type: none"> <li>• <b>Arrange appropriate students'/residents' accommodation</b>, with the clinical precepting team members at the clinical site, if needed.</li> <li>• <b>Orient the clinical precepting team members to the students</b>, learning objectives/competencies, assessment tools, schedules, and any special requests or assignments</li> <li>• During regular site visits, <b>work with clinical team to monitor the students' clinical experience</b> and practice sessions using checklists and observe pre-clinical and post-clinical meetings</li> <li>• Develop a schedule to <b>routinely communicate with clinical precepting team members</b> (by phone and visits) during the clinical placement to monitor student progress and identify any problems that arise</li> <li>• <b>Collect feedback on student performance</b> from clinical precepting team members</li> <li>• <b>Collect feedback on the appropriateness of the site</b> for continued student/resident training and share with clinical precepting team members and other faculty members</li> <li>• <b>Manage conflicts or other difficulties</b> that develop between students and the clinical precepting team members, staff and/or other students/residents</li> </ul> <p><b>Apart from these responsibilities, the clinical coordinator/practical coordinator</b></p> <ul style="list-style-type: none"> <li>• must be knowledgeable on policies and standards of practice. In addition, the role of the clinical coordinator involves personal and people development, quality assurance and research in the area of practice.</li> </ul>

Source: Adapted from MOH-Ghana/USAID-MCSP/ACNM (2018) 2nd Ed.

**Table 5: Responsibilities of the clinical precepting team member**

Person/ institution	Roles and responsibilities
Clinical precepting team member	<p><b>The clinical precepting team member shall:</b></p> <p><b>Prepare for students' arrival at the clinical site</b></p> <p>Before students/residents arrive for clinical placement, the clinical precepting team member and the clinical coordinator/nurse technician/practical coordinator should:</p> <ul style="list-style-type: none"> <li>• <b>Check on their accommodation</b> (if collective boarding and lodging is being arranged for students) for the following: <ul style="list-style-type: none"> <li>o Cleanliness</li> <li>o Ventilation</li> <li>o Lock and key for the door</li> <li>o Availability of water and clean toilet facilities</li> <li>o Clean and comfortable bed and bedding</li> <li>o Chair and desk or table and light source</li> <li>o Easy access to clinical site</li> </ul> </li> <li>• <b>Meet students/residents as they arrive.</b> Show them their accommodation and explain where they can get food. They can also be given information on whom to contact if there are any problems, and details on the time and location of the clinical site orientation meeting.</li> <li>• Orient students/residents at the clinical site.</li> </ul> <p><b>Other general responsibilities:</b></p> <ul style="list-style-type: none"> <li>• <b>Share contact information</b> with the clinical coordinator/nurse technician/practical coordinator and students/residents</li> <li>• <b>Know the units that the students/residents have covered in the curriculum</b> and the strengths and needs of each student as she/he arrives for the clinical placement</li> <li>• <b>Communicate regularly with the clinical coordinator/nurse technician/practical coordinator</b> about the students'/residents' performance, progress and issues</li> <li>• <b>Manage conflicts</b> between students/residents and the clinical precepting team member, staff and/or other students/residents</li> <li>• <b>Conduct student evaluations</b>, reporting periodically and at the end of the clinical rotation using approved templates and sharing the results with the educational institution</li> </ul> <p><b>Responsibilities in the clinical area: In order that students will observe and develop the professionally and ethically appropriate skills, clinical precepting team members shall:</b></p> <ul style="list-style-type: none"> <li>• <b>Maintain good communication</b> with other services in the hospital and encourage students/residents to become comfortable with them</li> <li>• Use good communication skills to <b>support a healthy learning environment</b></li> </ul>

**Table 5: Responsibilities of the clinical precepting team member (continued)**

Person/ institution	Roles and responsibilities
Clinical precepting team member	<ul style="list-style-type: none"> <li>• <b>Ensure respectful and family-friendly</b> care at all times.</li> <li>• <b>Provide evidence-based care</b></li> <li>• <b>Ensure that students/residents observe standard</b> precautions at all times</li> <li>• <b>Check on the number of clients and their appropriateness for care</b> by students/residents</li> <li>• <b>Inform clients that they will be cared for by a student/resident</b> under supervision</li> <li>• <b>Obtain client’s permission for the student/resident</b> to provide the care</li> <li>• <b>Act as a role model and coach</b></li> <li>• Understand the <b>difference between precepting while working with models and precepting while caring for clients</b></li> <li>• Involve other staff in the experience to <b>foster teamwork and good communication</b></li> <li>• <b>Observe and coach students/residents while they are caring for clients</b></li> <li>• <b>Provide immediate feedback</b> and arrange clinical skills practice based on each students’/residents’ progress and needs</li> <li>• <b>Carry out pre- and post-clinic meetings</b> with students/residents</li> <li>• <b>Supervise all students’/residents’</b> documentation</li> </ul>

Source: Adapted from MOH-Ghana/USAID-MCSP/ACNM (2018) 2nd Ed.

**Table 6: Responsibilities of the student/resident/intern**

Person/ institution	Roles and responsibilities
Student/ resident/intern (learners)	<p><b>General responsibilities</b></p> <p><b>The learner shall reflect a personal commitment to:</b></p> <ul style="list-style-type: none"> <li>• be willing to learn</li> <li>• value the experience of senior midwives and nurses</li> <li>• be an active participant in the learning process</li> <li>• be accountable for own learning and practice</li> <li>• acknowledge own learning deficits and seek support</li> </ul>

**Table 6: Responsibilities of the student/resident/intern (continued)**

Person/ institution	Roles and responsibilities
Student/ resident/intern (learners)	<p><b>Before the clinical rotation, the student will:</b></p> <ul style="list-style-type: none"> <li>• Read the objectives for the clinical rotation as well as the learning guides and checklists, and ask for clarification, if necessary</li> <li>• Demonstrate competence in the simulation lab in all specified skills for the rotation, including counselling and communication, and review all assigned readings</li> <li>• Review and update relevant knowledge on areas of placement</li> <li>• Demonstrate accountability for thoroughness and timeliness in completing assigned role responsibilities</li> <li>• Demonstrate professional role behaviours</li> <li>• Maintain a practicum log book and submit to the faculty at designated intervals</li> <li>• Share contact information with the clinical coordinator/nurse/midwife/practical coordinator and preceptor and update information as appropriate</li> <li>• Contact faculty by phone or email if faculty assistance is necessary</li> </ul> <p><b>During the clinical rotation, the student will:</b></p> <p><b>Be present at the facility</b> during all assigned hours</p> <p><b>Maintain an attitude of respect and open communication</b> with the preceptor; promptly communicate concerns to the preceptor and clinical coordinator/nurse/midwife / practical coordinator</p> <p><b>Conduct a daily pre-clinical meeting</b> with the preceptor/precepting team member to discuss targeted objectives for the day based on progress/needs to date <b>Participate in peer skill practice</b>; use checklists while performing skills and after completing the skills (for self-evaluation)</p> <p><b>Follow policies</b> of the clinical site</p> <p><b>Use a problem-solving approach</b> while caring for clients, including:</p> <ul style="list-style-type: none"> <li>• Obtaining complete client history</li> <li>• Conducting physical examination in the presence of the preceptor</li> <li>• Establishing the diagnosis in consultation with the preceptor</li> <li>• Determining the plan of care in consultation with the preceptor</li> <li>• Planning for evaluation</li> <li>• Documenting findings clearly and completely</li> </ul> <p><b>Other critical actions by the student:</b></p> <ul style="list-style-type: none"> <li>• Ensure that the logbook/schedule book is updated at the end of each day</li> <li>• Conduct a daily post-clinic meeting with the preceptor to discuss strengths and any need for improvement</li> <li>• Participate in the evaluation process for skills performed, using checklists</li> <li>• Conduct a self-evaluation and then obtain feedback from peers and the preceptor to determine strengths and discuss areas needing improvement</li> <li>• Present case studies, if appropriate</li> </ul> <p><b>After the clinical rotation, the students will:</b></p> <ul style="list-style-type: none"> <li>• <b>Use the appropriate form to evaluate the experience</b> at the clinical site and meet with the preceptor and tutors to provide targeted feedback</li> <li>• <b>Respect the confidential nature of all information</b> obtained during the practicum experience.</li> <li>• <b>Maintain a practicum log</b> and submit to the faculty at designated intervals.</li> </ul>

## Expected student performance outcomes:

- Confidence in knowing oneself in reference to one's abilities and limitations
- Management of abilities in prioritizing workload and appropriate use of time
- Professionalism as in punctuality, adherence to standards and code of ethics as well as adhering to uniform restrictions
- Competency in exhibiting requisite skills and identifying client needs
- Ability to review and update relevant knowledge on area of placement
- Demonstrate accountability for thoroughness and timeliness in completing assigned role responsibilities.
- Demonstrate professional role behaviours.

**Table 7: Core preceptor roles and expected outcomes**

Person/ institution	Roles and responsibilities
	<p><b>The preceptor is required to:</b></p> <ul style="list-style-type: none"> <li>• <b>Be accountable</b> for their own practice</li> <li>• <b>Practice in accordance with the vision and values of the profession</b> and the MoHS</li> <li>• <b>Be familiar with the roles and responsibilities</b> of both preceptor, preceptee and the rest of the precepting team</li> <li>• <b>Be familiar with new tools and policies</b> in the area</li> <li>• <b>Be aware of all familiarization processes</b> of the area</li> <li>• <b>Have input into the performance evaluations</b> of the preceptee, providing constructive feedback on preceptees' strengths and areas for improvement</li> <li>• <b>Take responsibility for obtaining skills</b> and knowledge necessary to guide a preceptee</li> <li>• Be familiar with <b>assessment and feedback skills and processes</b></li> </ul>
Key responsibilities	Expected outcomes
Orient preceptee to ward/department/ service	<ul style="list-style-type: none"> <li>• Provides a safe, effective, comprehensive introduction to the clinical workplace</li> <li>• Awareness of emergency procedures, policies and procedures and ward/department work processes</li> <li>• Introduction to members of the multidisciplinary team</li> </ul>
Plan acquisition of skills needed by preceptee to function at the expected level based on placement objectives	<ul style="list-style-type: none"> <li>• Skills and knowledge are obtained either through one-on-one teaching by preceptor, ward /department sessions or by attending organization sessions</li> <li>• Preceptor will ensure opportunities arise where learning can occur</li> <li>• A plan is formulated for how the skills will be attained within a defined time frame, on agreement by both the preceptor and preceptee</li> <li>• Core skills, such as medication, IV certification, and cardiopulmonary resuscitation certification, are obtained as soon as possible</li> </ul>

**Table 7: Core preceptor roles and expected outcomes (continued)**

Key responsibilities	Expected outcomes
Set appropriate workload to increase independence of preceptee, as necessary skills are obtained	<ul style="list-style-type: none"> <li>• Preceptee will confidently increase independence in practice while maintaining safe practice at all times</li> <li>• Preceptee will be able to time manage and set priorities in their workload</li> </ul>
Provide continuous feedback on progress and support in their new role	<ul style="list-style-type: none"> <li>• Formal assessments are completed in the agreed time frame</li> <li>• Informal feedback is given immediately and used as a learning situation</li> </ul>
Formal and informal evaluation	<ul style="list-style-type: none"> <li>• All parties concerned discuss outcomes, progress and issues frequently</li> <li>• Progress is monitored and evaluation forms completed</li> <li>• Issues identified and managed in consultation with manager</li> </ul>
Take responsibility for obtaining new skills and knowledge required to teach preceptee required skills	<ul style="list-style-type: none"> <li>• Preceptor acquires sufficient capability to teach required skills or delegate to a practitioner who has the skills</li> </ul>

Source: Adapted from NZNE Preceptorship Subgroup, Precepting for Excellence, 2010.

## 6. Implementation framework to support learning and practice

The systems approach to preceptorship by its nature of teamwork requires advance preparation in order to achieve the learner and institutional objectives for competency building in clinical skills for quality improvements in nursing and midwifery services. By policy, this implementation framework outlines preparatory actions that should be taken at different levels to create an enabling environment suitable for success. **A detailed reference manual shall be developed to provide detailed content to the preceptorship system and the implementation process.**

### Preceptor preparation

Preceptors shall be prepared for their roles and responsibilities by receiving regular orientation from their health facilities and assigned educational institutions. This exposure will prepare them for effective preceptorship as learners seek support. Other members of the clinical preceptorship team shall also be oriented and supported to ensure effective teaching and role performance. The MoHS and development partners will provide professional capacity-building to ensure continual competence for appropriate teaching and application of globally standardized skills.

### Faculty preparation

With reference to the roles and responsibilities outlined under section 5, faculty preparation shall create the platform to clarify the purpose and objectives of the clinical placement, set up the appropriate site for placement to achieve intended clinical skills and build the needed networks and relationships for success. Prior correspondence and physical interactions must be key to the planning process. Faculty shall conduct regular clinical site assessments to selected accredited sites for competency building.

Furthermore, faculty will be expected to determine whether learners have achieved the required standards of competence for safe and quality practice to move to the next level of academic preparation or to undergo examination and licensing by the Regulatory Council. Consequently, all evidenced-based documentation needed should be compiled, signed off and stored for reference.

## Student preparation

Clinical placement of learners requires that learners are prepared in advance to conform to the standards of the clinical facility, professional interrelationships and communication, what to expect, reporting systems and the expected environment of operation. Learners shall receive prior skills training by faculty at the skills laboratory (demonstration room) to familiarize themselves with teaching learning materials and life-saving equipment to build basic confidence before the clinical experience. Learners shall be thoroughly oriented to their roles and responsibilities and supported in meeting expectations. Competency based learning approaches should be applied to facilitate skills acquisition.

## Preparation of clinical sites

Members of the precepting team at the clinical sites have a responsibility upon placement, through an agreement with the educational institution, to effectively prepare sites to facilitate learning. Staff should be oriented to be receptive to learners and to create the enabling environment for their integration and successful learning. Critical expectations of the educational institutions as part of the planning process shall be communicated well in advance to ensure learners report with the required uniforms, logistics, tools and reference materials.

Clear definition of roles and responsibilities of the precepting team shall be communicated to the team and the required orientation given in readiness for the arrival of the learners. Administrative provisions for receiving and orienting learners to their new environments shall be made and implemented accordingly. Feedback from clinical site assessments by educational institutions or the MoHS shall be received and gaps critically addressed to create a suitable environment for learning and competency building.

## Teaching approaches and learning styles

The principles of adult learning shall be applied in building the clinical competencies of learners. The clinical preceptorship team shall integrate their expertise around teaching, learning, critical thinking and evidenced-based care to build the capacities of the learners. The institutional curricula shall be designed to apply competency-based approaches as a standard in order to promote improved skills.

## Skills laboratory

All educational institutions shall establish standardized and equipped skills laboratories capable of building the basic skills of learners before their introduction to formal clinical practice. Faculty shall by policy be assigned clinical duties and be mandated to perform such assignments as part of renewal of the license to practice. This is required in order that faculty maintain professional clinical skills for evidenced-based teaching, practice and transfer of standard competencies.

## Assessment of learning in practice

Learners shall demonstrate their competencies in clinical skills based on objectives of placement and educational requirements. Assessment of learning therefore shall be evidence-based. It must be critically assessed through objective structured clinical examination and be equitably documented and certified by the clinical precepting team for the sake of public protection. Preceptors shall be oriented as part of preparation to the standard assessment tools approved by the Regulatory Board and to be used by all educational institutions for assessment (see tools in the appendices). The clinical precepting team, especially the preceptors, shall be accountable for decisions made to pass, refer or fail a learner and based on training received to act as such. This decision shall be made equitably.<sup>17</sup>

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17. Nursing and Midwifery Council, Standards to support learning and assessment in practice NMC standards for mentors, practice teachers and teachers, UK, 2008, <https://staff.napier.ac.uk/faculties/fhlss/mentorcentre/Documents/NMC%202008%20standards%20second%20edition.pdf>, accessed 24 July 2019.

## Continual competence of the preceptorship team

Existing evidence calls for health care professionals assigned to precepting students to benefit from continual orientation around pedagogical education in order that they can apply educational principles to their roles and responsibilities. Need for skills in self-reflection, critical thinking, communication and adult learning principles are core to their ability for effective preceptorship.<sup>18</sup>

Continual professional training as well as various aspects of preceptorship skills shall by policy be made accessible to preceptors and other members of the preceptorship team to build their capacities to perform. Ongoing professional development shall also consider review of the relevant preceptorship articles, holding of a preceptor forum, mentoring, forming communities of practice (e-platforms to share experiences and knowledge), postgraduate clinical teaching sessions and review of published preceptorship papers.<sup>19</sup>

## Leadership for change in preceptorship

Leadership is required to provide a pathway for imparting knowledge, improving skills and developing students professionally to apply the principles and practices of the nursing and midwifery professions for quality care. Leadership is also required to promote personal growth of students especially as they go through the rigours of competency building by applying their knowledge to develop the appropriate skills with the right attitude.<sup>20</sup> The capacity of the preceptorship team shall be enhanced to apply leadership principles. They will also be supported to apply the change concept to establish the systems approach to preceptorship. Conflict resolution skills shall be developed to address challenges in managing the entire process.



18. Carlson and Bengtsson, 'Perceptions of preceptorship in clinical practice'.

19. NZNE Preceptorship Subgroup, 'Preceptoring for Excellence National Framework for Nursing Preceptorship Programmes', 2010, <[www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce](http://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce)>, accessed 25 June 2019.

20. Melanie Zilembo and Leanne Monterosso, "Nursing students' perceptions of desirable leadership qualities in nurse preceptors: A descriptive survey," *Contemporary Nurse*, vol. 27, 2008, pp. 194–206.

## Supportive supervision, follow-up and monitoring



Supportive supervision, follow-up and monitoring are important aspects of establishing the systems approach to preceptorship. The institution, the preceptorship team members and the facility administration are able to continually engage with each other to address needs and challenges through this system.

Supportive supervision, follow-up and monitoring shall be carried out through electronic systems, on site visits and written documentations. All information gathered on learners' clinical placement progress, suitability of site, communication

processes etc. shall be assessed to determine accomplishments and areas of concern so strategies for solutions can be determined. Facilitative supervision principles shall be applied to ensure joint problem-solving decisions are taken and applied to enhance the learning process. Standardized monitoring schedules and supportive supervision tools for on-site visits and electronic supervision shall be applied in the exercises.

## Evaluation of preceptorship and re-planning

Evaluation is critical for determining the extent to which the objectives for the clinical placement was met. Evaluation shall be conducted in four ways: (a) performance of the learner (b) the clinical site (c) precepting team members and (d) the educational institution.

Per policy, the precepting team shall be responsible for evaluating the learner experiences and provide feedback to the educational institution about the competencies developed or built over the period of placement. The precepting team shall have continual integrated sessions with learners during the period and also at the end of the clinical placement to give feedback towards improving the learning process.

Conversely, learners shall have the opportunity to evaluate the preceptorship team individually using a standardized tool to give feedback on the styles of precepting for improvements towards building a robust system.

Evaluation of the clinical sites and institutional performance shall be regularly conducted to enhance communication with the administration and also supply important feedback on the clinical teaching and needed actions. The clinical precepting team and the institution's clinical coordinator/nurse technician/practical coordinator shall interact regularly on various aspects of the experiences of learners and strategize for improvements. Appropriate standardized evaluation tools shall be supplied.

The institutions shall analyse all data gathered from the evaluation exercise to determine which factors are working well and which factors need further attention and re-planning.

The members of faculty in the team shall assume the leadership role and oversee the coordination of all aspects of the system. The leader shall ensure that the four-part evaluation is completed for each clinical placement and the observations and recommendations are fed back to strengthen the system. Transparency shall be key in the entire evaluation process.

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## 8. Appendices

## Appendix A: List of contributors

### Preceptorship Policy Writing Committee

Mary H. Fullah	Ag. Chief Nursing and Midwifery Officer, MoHS
Christiana B. Massally	Ag. Registrar, Sierra Leone Nurses and Midwives Board, MoHS
Amber R. Coker	Deputy Chief Nursing and Midwifery Officer, MoHS
Elizabeth Tucker	Deputy Registrar, Sierra Leone Nurses and Midwives Board, MoHS
Emelia E. Coker	Midwife Educator, National School of Midwifery, Freetown
Francess Fornah	Principal, School of Midwifery, Makeni
Dr. Jemima A. Dennis-Antwi	Midwifery/Preceptorship Consultant, UNFPA

### Preceptorship Consultative and Review Meetings held in February and July 2019

Amber R. Coker	Deputy Chief Nursing and Midwifery Officer, MoHS
Agnes Freeman	Programme Officer, ICAP-Freetown
Aminata Fofarnah-Jones	Head of Department, Eastern Polytechnic School of Nursing
Aminata Nunie	District Health Sister, District Health Management Team, Western Area Urban
Betty Sam	Senior Technical Officer, London School of Tropical Medicine, Freetown
Christiana B. Massally	Registrar, Sierra Leone Nurses and Midwives Board, MoHS
Dolphine Buoga	Nursing and Midwifery Services Manager, ICAP-Freetown
Dr. Joan Shepherd	Principal, National School of Midwifery, MoHS
Donald Conteh	Technical Advisor, Clinton Health Access Initiative
Edwin Jestus Jambala	Acting Principal, Jattru School of Nursing
Elizabeth Lemor	President, Nurses Association of Sierra Leone/ Representative of MoH Directorate of Training
Elizabeth Tucker	Deputy Registrar, Sierra Leone Nurses and Midwives Board, MoHS
Emelia E. Coker	Midwife Educator, National School of Midwifery, Freetown
Elizabeth Swaray	Health Systems Strengthening Specialist, MoH
Francess Fornah	Principal, School of Midwifery, Makeni
Irene M. Sesay	Matron, Princess Christian Maternity Hospital, MoHS
James Sahr	Head of Nursing Department, N'jala University
Jattu B. Sellu	SPHS, Moyamba District, MoHS
Josephine J. Saidu	Senior Public Health Sister, MoHS
Mariama Mansaray	Ag. Deputy Director of Nursing Services, MoHS
Mary A. Fullah	Ag. Chief Nursing and Midwifery Officer, MoHS
Patricia Mokuwa	Principal, School of Midwifery, MoHS-Bo
Safiatsu A. Foday	President, Midwives Association of Sierra Leone
Dr. Jemima A. Dennis-Antwi	Midwifery/Preceptorship Consultant

## **International Reviewers**

Peter Johnson Senior Director of Nursing & Midwifery, Jhpiego, Baltimore, MD (US)  
Julia Bluestone Health Workforce Team Lead, Jhpiego, Baltimore, MD (US)

## **UNFPA SL**

Dr. Kim Eva Dickson Country Representative  
Dr. Abiodun Oyeyipo SRH/FP Technical Specialist  
Dr. Stephen Mupeta Maternal Health/Midwifery Specialist  
Dr. Jemima A. Dennis-Antwi Midwifery/Preceptorship Consultant  
Lisbet Hansen Preceptorship Consultant  
Safiatu A. Foday Family Planning Specialist

## **WHO**

Patricia Titulaer Technical Officer, Maternal and Newborn Health

## **UNFPA SL editorial team**

Dr. Kim Eva Dickson Country Representative  
Dr. Jemima A. Dennis-Antwi Midwifery/Preceptorship Consultant  
Angelique Reid Communications Specialist  
Dr. Stephen Mupeta Maternal Health/Midwifery Specialist

## Appendix B: Glossary

Term	Definition
<b>Assessment</b>	A systematic process/procedure for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified standards, outcomes or competencies.
<b>Clinical site</b>	Variety of settings where midwifery and nursing care are practised; includes home, community, hospitals, clinic and \ health units
<b>Clinical supervision</b>	Brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues
<b>Conducive environment</b>	The creation of a set of right conditions by the Regulatory Authority, Health Ministry, clinical site and other stakeholders to facilitate the development of proficiency in competencies approved under programme of study
<b>Clinical competence</b>	The combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific clinical task at a defined level of proficiency
<b>Competency</b>	The successful demonstration of essential knowledge, skills, attitudes and professional behaviour for a specific task, action or function at a defined level of proficiency
<b>Continual competence</b>	A range of learning activities that health professionals engages with in order to maintain, develop and/or enhance competencies for a specific task, action or function to a defined level of proficiency throughout their career in order to retain their capacity to practise safely, effectively and legally within their scope of practice in a rapidly-changing societal and working environment.
<b>Disability</b>	Any declared disabilities or health conditions that were taken into consideration during the recruitment processes and for which the Regulatory Authority shall provide all required support as defined by the general duties of the Disability Discrimination Acts (1992) to ensure quality competency building.
<b>Diversity</b>	Regulatory Authority approved programmes are open to all applicants providing that they are able to meet the defined selection criteria. This includes the Regulatory Authority entry requirements for literacy, numeracy, good health and good character as specified in the standards of, and any educational requirements set by, programme providers.
<b>Equality</b>	State of being equal to each other, including on the grounds of race, gender and sex. It recognizes that all learners have equal rights to be supported by the precepting team to achieve their full potential in both practice and academic learning environments to achieve the standard of proficiency in the relevant programme as spelt out by the Regulatory Authority.
<b>Evaluation</b>	The means by which the effectiveness of a programme and outcomes is measured, taking into account the views of those affected by the process
<b>Evidence-based practice</b>	Practice which is based on decisions that combine systematic assessment of relevant information in the scientific literature with clinical judgment
<b>Facilitative/supportive supervision</b>	Facilitative supervision is a way of enhancing the quality of the preceptorship system. It is an approach in which all preceptors/supervisors attend to the needs of the preceptees/supervisees under their care. This approach emphasizes mentoring, joint problem-solving, and two-way communication between a preceptor and preceptee/supervisee.
<b>Fitness for practice</b>	Evidence that a midwife has the knowledge, skills, professional behaviours, character and health status necessary to meet the standards or competencies required for entry to the midwifery profession and for continuing the practice of midwifery. It also implies the evidence that a member of the preceptorship team has the competencies to develop a preceptee.

## Appendix B: Glossary (continued)

Term	Definition
<b>Follow-up and monitoring</b>	Follow-up and monitoring are defined as vital components of the preceptorship system intended to enhance communication among the system members (the institution, the preceptor, and the clinical site administration). It is intended to help identify issues that need to be addressed; provide support to preceptors and students/residents; involve the clinical site administration as an active partner in the preceptorship process; and provide avenues for improving the overall system.
<b>Midwife</b>	A person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery
<b>Nurse</b>	A person who has completed a programme of basic education and is qualified and authorized in her/his country to practice nursing. Basic nursing education is a formally recognized programme of study that provides a broad and sound foundation for the practice of nursing, and for post-basic education, which develops specific competencies.
<b>Practice</b>	The creation of a set of right conditions by the Regulatory Authority, Health Ministry, clinical site and other stakeholders to facilitate the development of proficiency in competencies approved under programme of study
<b>Professionalism</b>	Skill or behaviour that goes beyond what an ordinary person would have, behaving in a more formal or business-like manner.
<b>Regulatory Board/</b>	The successful demonstration of essential knowledge, skills, attitudes and professional behaviour for a specific task, action or function at a defined level of proficiency

Source:

1. International Confederation of Midwives, Glossary of terms, <[www.internationalmidwives.org/assets/files/general-files/2018/04/english-icm-glossary-of-terms-2011\\_updated-2017\\_final2.pdf](http://www.internationalmidwives.org/assets/files/general-files/2018/04/english-icm-glossary-of-terms-2011_updated-2017_final2.pdf)>, accessed 28 November 2019.
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## Appendix C: Contract with Learners Form

The purpose of a Learning Contract is to ensure that the Preceptor team and learners are conscious of their personal and professional responsibilities, for the success of the preceptorship system. In the issuance of the contract, two copies shall be made and signed so that the learner and the precepting team (preferably the preceptor) both have copies. The contract form could be produced as a component to the student log book or if copied separately, can be clipped into the student log book for easy reference. The cost of production shall be built into the tuition cost of each student.<sup>21</sup>

### Learning Contract between Preceptee and Preceptor

#### Learning Contract A

I, .....(Preceptor) agree to provide  
preceptorship to .....(Preceptee) in this:  
Health facility.....  
Department.....  
Ward .....  
Commencing on date: ..... and finishing on .....

#### As a Preceptor I will provide the following:

- Sharing and role modelling of my clinical expertise and skills
- An understanding of the requirements of the preceptor and orientation programmes
- Facilitation of learning experiences for the preceptee
- Opportunities for self-directed learning for the preceptee
- Encouragement and support for the preceptee to identify their own learning needs and the resources available
- A colleague to provide support if I am unavailable
- Regular feedback of preceptee's progress to preceptee and charge nurse
- Assessment of clinical competencies if applicable

#### I will be involved in the following activities to support my role as a Preceptor:

- Participation in training workshops
- Taking responsibility to seek assistance when encountering problems/conflicts
- Keeping the clinical area informed in relation to the preceptorship programme

Signature: ..... Date: .....

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21. This form is courtesy of the NZNE Preceptorship Subgroup, *Preceptoring for Excellence National Framework for Nursing Preceptorship Programmes, 2010*, <[www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce](http://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce)>, accessed 25 June 19).

## Appendix C: Contract with Learners Form (continued)

### Learning Contract B.

I, .....(Preceptee) agree to participate in the preceptorship provided by (Preceptor) in this:  
Health facility.....  
Department.....  
Ward .....  
Commencing on date: ..... and finishing on .....

#### I agree to take responsibility for the following:

- Negotiating learning contract and time frames with preceptor
- Participating in clinical teaching experiences provided
- Developing a plan to meet the requirements of the clinical competencies
- Acknowledging own skills and knowledge level
- Seeking out support and information required
- Actively seeking constructive feedback provided by preceptor
- Acknowledging increasing responsibility in the role of Registered Nurse/Midwife
- Taking the opportunity provided to develop own nursing skills
- Participating in team meetings
- Seeking and discussing feedback from peers
- Reflecting on my clinical practice and demonstrating self-awareness

Signature: ..... Date: .....

**Other identified and agreed upon responsibilities include:**

## Appendix D: Sample letter of agreement with preceptor

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

-----  
Preceptor's name, signature & date

-----  
Nursing Administrator's name, signature & date

## Appendix E: Self-evaluation questions for learners at the end of the clinical placement

### Examples of questions to review with students

- Did you meet your clinical placement objectives?
- Will you share your experiences as a student/resident working with a trained precepting team?
- Did you find the follow-up clinical site visit from the school helpful? Why?
- Do you have suggestions for improving on the follow-up clinical site visits?
- Do you have suggestions for improving the clinical placement experience?
- Is there anything else you would like to discuss about your clinical placement?

## Appendix F: Self-evaluation questions for precepting team members at the end of the clinical placement

- Did you have any positive experiences as a precepting team member? If yes, can you share those experiences?
- What can you share about your experiences and performance as a precepting team member at the end of the students'/residents' clinical placement?
- Did you encounter challenges with any of your students/residents? If yes, what were the challenges and how did you handle them?
- Did you encounter any challenges with other staff in your role as a precepting team member? If yes, what were the problems and how did you solve them?
- Do you have any suggestions for improving the preceptorship system?
- Do you have any suggestions for improving precepting team's responsibilities and students'/residents' follow-up by the institutions?
- Do you have anything else you would like to share?

*Source: This tool is by courtesy of the MOH-Ghana/USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post-graduate Residency Education, Jhpiego, USA, 2018.*

## Appendix G: Preceptor evaluation of the preceptorship experience

The information provided in this evaluation will be applied to the review and further development of the preceptorship system as well as to the orientation for future staff/students coming to the clinical site.

**Instruction: The preceptor will fill each section of the of the following form and add any additional comments.**

<b>Facility Name</b>			
<b>Date of Evaluation</b>			
<b>Name of Preceptor</b>			
<b>Name of Faculty Member (Clinical Educator)</b>			
Feature	Yes	No	Please explain
1. In general, were you satisfied with the quality of the orientation programme your unit/ward offered (what you were able to provide and how you delivered it)?			
2. Were you provided information about your preceptee/preceptor prior to them coming to your ward/department?			
3. Did you have sufficient time to complete all requirements of the orientation?			
4. Did your workload allow preceptorship to take place?			
5. Were you able to be immediately available when your preceptee/ preceptor needed you? (during or initially post-orientation)			
6. a. For the preceptor, have you completed a formal Preceptorship Training Programme?  b. Do you believe that the Training Programme training meets the requirements in order for you to successfully carry out the role?			
7. a. Did you receive support from other members of the preceptorship team to enable you to undertake preceptorship effectively?  b. State help given and what else would have made your work more effective.			

## Appendix G: Preceptor evaluation of the preceptorship experience (continued)

Feature	Yes	No	Please explain
8. Did you receive support from other nursing staff in your ward/ department to enable the preceptorship experience?			
9. Did you encounter any learning/teaching problems working with your preceptee?			
10. Did you experience any interpersonal problems working with your preceptee?			
11. Were you able to identify/access the appropriate patients and clinical situations to enhance the learning experience and to assist with further learning?			
12. Did you use a learning contract?			
13. Were you able to plan goals/objectives that were (a) attainable (b) met?			
<b>Other comments, critiques or suggestions:</b>			

Source: These tools are by courtesy of :

1. NZNE Preceptorship Subgroup, 'Preceptoring for Excellence National Framework for Nursing Preceptorship Programmes', 2010, <[www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce](http://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce)>, accessed 25 June 2019.
2. MOH-Ghana/USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post- graduate Residency Education, Jhpiego, USA, 2018.

Thank you for taking the time to fill in the form. Please return it to the faculty member of your Preceptor team.

## Appendix H: Preceptee evaluation of the preceptorship experience

The information provided through this evaluation will be utilized to assist in the review and further development of preceptorship and orientation for future staff/students who will be coming to the clinical site.

**Instruction: Preceptee will fill each section of the of the following form and add any additional comments.**

<b>Facility Name:</b>			
<b>Date of Evaluation:</b>			
<b>Name of Preceptee:</b>			
<b>Name of Faculty Member (Clinical Educator):</b>			
Feature	Yes	No	Please explain
1. Did you feel welcomed by the precepting team?			
2. Was your orientation completed within the first week?			
3. Were you allocated a Preceptor/Clinical Educator on or before your first day?			
4. Were you able to discuss your objectives and competencies checklist with your Preceptor/Clinical Educator and Faculty Member?			
5. Were you able to review the action plan/ learning needs with your Clinical Precepting Team?			
6. Were you able to develop an action plan/ identify learning needs at the end of this placement with your Clinical Precepting Team?			
7. Were you supported in linking theory to practice?			
8. Were your procedures performed as per the competency checklist?			
If no, explain:			

## Appendix H: Preceptee evaluation of the preceptorship experience (continued)

Feature	Yes	No	Please explain
9. Were learning materials e.g., models, instruments, kits, consummables, articles/ books/computers available and accessible?			
10. Did you receive constructive feedback throughout the placement?			
11. Were there inter-professional learning opportunities?			
12. Did you need additional support during this placement?  If Yes: Who did you approach for support? Were the issues resolved?			
13. The most useful aspects of your Clinical Practice learning were:			
<b>Other comments, critiques or suggestions:</b>			

Source: These tools are by courtesy of :

3. NZNE Preceptorship Subgroup, 'Preceptorship for Excellence National Framework for Nursing Preceptorship Programmes', 2010, <[www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce](http://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce)>, accessed 25 June 2019.

4. MOH- Ghana/USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post- graduate Residency Education, Jhpiego, USA, 2018.

Thank you for taking the time to fill in the form. Please return it to the faculty member of your Preceptor team.

## Appendix I: Assessment of Overall Professional Behaviour of Students

(This can be conducted by a member of the preceptorship team preferably the preceptor)

Dates: \_\_\_\_\_  
 Clinical Site: \_\_\_\_\_  
 Student: \_\_\_\_\_ School: \_\_\_\_\_  
 Faculty: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

Please rate this student/resident in the following areas using the rating scale below. Add any additional comments you feel will contribute to the assessment of this student.

**Please circle the description that best represents the student's performance in each area**

Facility Name:					
Date of Evaluation:					
Name of Preceptee:					
Name of Faculty Member (Clinical Educator):					
Attendance	1. Zero attendance	2. Sporadic attendance	3. Occasional unexplained absence	4. Attends all sessions	5. Not observed or applicable
Relationship with clients	1. Causes concern by being discourteous and/or not empathetic with clients	2. Fair rapport. Occasionally discourteous if client is hostile	3. Generally good rapport with clients but may be erratic	4. Widely recognized as being courteous and empathetic	5. Not observed or applicable
Interest and motivation	1. Poor self-motivation. Has to be prompted to participate in activities. Some-times refuses to participate.	2. Frequently needs prompting to participate. Demonstrates variable level of interest.	3. Always participates. Asks spontaneous questions.	4. Highly self-motivated. Mature approach to activities. Makes specific requests.	5. Not observed or applicable
Reliability	1. Poor reliability. Work not well done or incomplete. Often absent/late for duties.	2. Occasionally forgetful	3. Usually reliable. Work always done. Always present and prompt.	4. Always reliable. Takes initiative for routine matters.	5. Not observed or applicable

## Appendix I: Assessment of Overall Professional Behaviour of Students (continued)

Attendance	1. Zero attendance	2. Sporadic attendance	3. Occasional unexplained absence	4. Attends all sessions	5. Not observed or applicable
Clinical skills	1. Unable to demonstrate basic procedures appropriate for this stage of study.	2. Minimal level of basic skill. Needs work on procedures. Little progress.	3. Satisfactory basic skill appropriate to stage of study. Steady improvement.	4. Demonstrates competency in basic skills. Performs in advance of stage of study.	5. Not observed or applicable
Dress code/ appearance	1. Appearance may cause offence to clients.	2. Dress/ appearance may be inappropriate, unkempt or immodest.	3. Generally conforms to standard but may be untidy.	4. Appearance appropriate. Conforms with professional image.	5. Not observed or applicable

Source: This form is courtesy of: MOH-Ghana/USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post-graduate Residency Education, Jhpiega, USA, 2018.

## Appendix J: Performance standards for nursing and midwifery clinical training sites

(This should be conducted by the training institution to facilitate accreditation of site for students)

Performance standards	Verification criteria	Yes, No or N/A	Comments
1. The number of clinical practice sites meets requirements of the curriculum	<ul style="list-style-type: none"> <li>Determine the following by interviewing and observing clinical preceptors and visiting clinical practice sites:</li> <li>Number of sites is sufficient so that no more than ten students are practising in a particular service delivery area during one shift</li> <li>School works with clinical sites to plan and coordinate a schedule</li> </ul>		
2. The variety of clinical sites meets the requirements of the curriculum	<ul style="list-style-type: none"> <li>Determine by interviewing school administrators and clinical preceptors and reviewing administrative records:</li> <li>Clinical practice sites are available for the following:                             <ul style="list-style-type: none"> <li>Focused antenatal care</li> <li>Birth preparedness and complication readiness</li> <li>Prevention of mother-to-child transmission of HIV</li> <li>Labour/assessment of clients presenting with signs of labour</li> <li>Delivery and the management of delivery complications</li> <li>Newborn care and management of newborn problems</li> </ul> </li> </ul>		

## Appendix J: Performance standards for nursing and midwifery clinical training sites (continued)

Performance standards	Verification criteria	Yes, No or N/A	Comments
3. The infrastructure of the clinical practice area is conducive to clinical practice	<ul style="list-style-type: none"> <li>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> </li> </ul>		
4. Clinical workload at the clinical practice sites is adequate for student learning	<ul style="list-style-type: none"> <li>Review statistical records to determine whether there is sufficient clinical workload:</li> <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 labor ward data for previous year	Attach copy of clinical workload at the clinical practice sites and ensure that it is adequate for student learning
5. The school has an agreement with the clinical practice sites that allows students' learning	<ul style="list-style-type: none"> <li>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 clients</li> </ul> </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 /public health units</li> <li>Community health clinics (CHCs) Health post/ maternity</li> </ul> </li> </ul>		
6. The clinical practice sites are prepared for student teaching	<ul style="list-style-type: none"> <li>Verify the following by interviewing clinical practice site coordinator/supervisor and reviewing record:               <ul style="list-style-type: none"> <li>Clinical practice facilities have been assessed before student placement</li> <li>Course coordinator and hospital personnel meet regularly to discuss issues related to clinical practice of students</li> </ul> </li> <li>Observe that clinical sites have medical supplies such as the following:               <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> </ul> </li> <li>Forms and documents, including partograph and others for midwifery and nursing care</li> </ul>		

Performance standards	Verification criteria	Yes, No or N/A	Comments
7. Schedules have been developed to distribute students evenly across clinical practice areas	<ul style="list-style-type: none"> <li>Verify the following with clinical preceptors:               <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> </li> </ul>		
8. Students are given regular breaks for meals while on duty in clinical practice facilities	<ul style="list-style-type: none"> <li>Verify with two students and two clinical preceptors:               <ul style="list-style-type: none"> <li>- When students are at a site for more than five hours, they get a 30-minute break</li> </ul> </li> </ul>	Student 1 Student 2 Preceptor 1 Preceptor 2	
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>	Preceptor 1 Preceptor 2	
<b>Clinical practices</b>			
1. Clinical preceptors have been appropriately selected	<ul style="list-style-type: none"> <li>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, nurses</li> <li>- Have evidence of a total of two years of clinical practice experience within the past five years for each clinical preceptor or chose to become preceptors</li> <li>- Have received knowledge and skills date in basic emergency obstetric and newborn care (at least once in the past three years)</li> <li>- Have participated in teaching skills or preceptor skills workshop (in the last three years)</li> </ul> </li> </ul>		

## Appendix J: Performance standards for nursing and midwifery clinical training sites (continued)

Clinical practice			
2. Students are prepared for clinical practice before their departure for clinical practice site	<ul style="list-style-type: none"> <li>• Interview school administration and midwifery program coordinators and review documents to verify the following:               <ul style="list-style-type: none"> <li>- A clinical preceptor or teacher meets with students before their departure for clinical practice sites</li> <li>- Students are oriented to the use of a personal clinical schedule book</li> <li>- Students are oriented to client emergency procedures and equipment</li> <li>- Students are oriented to safety and security</li> </ul> </li> </ul>		
3. Students are prepared for clinical practice upon their arrival at clinical practice site	<ul style="list-style-type: none"> <li>• Verify the following with at least two students and clinical preceptors:               <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> </ul> </li> </ul>		
4. The preceptor plans for clinical learning	<ul style="list-style-type: none"> <li>• At the clinical site, observe whether the preceptor does the following:               <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> </li> </ul>		
5. The preceptor protects clients' rights during clinical practice with students	<ul style="list-style-type: none"> <li>• At the clinical site, observe whether the preceptor does the following:               <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> </li> </ul>		
6. The preceptor manages pre-clinical practice meetings appropriately	<ul style="list-style-type: none"> <li>• At the clinical site, observe whether the preceptor does the following:               <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 students' roles and responsibilities for that day</li> <li>- Discusses assignments given the previous day</li> </ul> </li> </ul>		

## Appendix J: Performance standards for nursing and midwifery clinical training sites (continued)

Clinical practice			
7. The preceptor manages pre-clinical practice meetings appropriately	<ul style="list-style-type: none"> <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>		
8. Students and preceptors use appropriate learning and assessment tools	<ul style="list-style-type: none"> <li>• At the clinical practice site, determine the following:               <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> </li> </ul>		
9. Clinical preceptors begin practice sessions by providing clear instructions	<ul style="list-style-type: none"> <li>• Observe whether the 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 clients whenever possible, or use simulation, if necessary</li> </ul> </li> </ul>		
10. Clinical preceptors monitor student performance and give feedback	<ul style="list-style-type: none"> <li>• Observe whether the preceptors do the following:               <ul style="list-style-type: none"> <li>Protect clients' rights by:                   <ul style="list-style-type: none"> <li>- Informing the client of the role of students and preceptors;</li> <li>- Obtain the client's permission before students observe, assist with or perform any procedures;</li> <li>- Ensure that an officially recognized doctor or midwife is always present;</li> <li>- Respect the right to bodily privacy when a client is undergoing a physical exam or procedure;</li> <li>- Observe the confidentiality of clients and their information, including ensuring that other staff and clients cannot overhear, and not discussing cases by the client's name</li> <li>- Supervise students as they work and do not leave students unsupervised for extended periods of time (more than two hours)</li> </ul> </li> <li>• Provide feedback to students by:                   <ul style="list-style-type: none"> <li>- Providing praise and positive reinforcement during and/or after practice</li> <li>- Correcting student errors while supporting student self-esteem</li> </ul> </li> </ul> </li> </ul>		
11. Clinical preceptors meet with students at the end of a clinical practice session	<ul style="list-style-type: none"> <li>• 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 clients</li> </ul> </li> </ul>		

## Appendix J: Performance standards for nursing and midwifery clinical training sites (continued)

Clinical practice		
12. The preceptor gives appropriate corrective feedback during the procedure	<ul style="list-style-type: none"> <li>• 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 questions 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> </li> </ul>	
13. The preceptor organizes feedback session properly	<ul style="list-style-type: none"> <li>• 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> </li> </ul>	
14. The preceptor manages post-clinical practice meetings appropriately	<ul style="list-style-type: none"> <li>• 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> </li> </ul>	

Source: This form is courtesy of: MOH-Ghana/USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post-Graduate Residency Education, Jhpiego, USA, 2018.

Indicate in the next cell the total standards observed out of 27 expected		
Total standards achieved		
Percentage of standards achieved (standards achieved/standards observed)		

## Appendix J: Performance standards for nursing and midwifery clinical training sites (continued)

### **NOTE: Other tools of relevance to the effective preceptorship process**

1. Clinical site assessment tool: Required to determine equipment, resources and supplies to support the learning objectives for placement and the overall preparation of the student midwife or nurse.

Areas of interest for assessment could include:

#### **Midwifery**

- Antenatal and postpartum clinics
- Care and documentation in antenatal and postpartum facilities
- Equipment and supplies for labour and birth site
- Care, documentation and clinical decision-making in labour and birth sites
- Newborn care
- Inpatient postpartum services

#### **Nursing**

- Equipment and supplies for medical and surgical wards
- Equipment and supplies for specialist wards

2. Clinical site assessment summary sheet

**Source of these tools: Copy from or refer to SLNMB site assessment tool and also MOH-Ghana/ USAID-MCSP/ACNM, Reference Manual for Preceptorship in Nursing and Midwifery for Preservice and Post-Graduate Residency Education, Jhpiego, USA, 2018.**



