**In your experience having worked with multiple learners, in what ways do successful learners prepare for clinical in advance? What does a “prepared" student do in advance to get the most out of their clinical learning?**

I like it when students scan the schedule the day before, select patients they know or feel will enhance their clinical knowledge and research any questions they have about the patient. I hate it when they haven't looked at the schedule at all.

The know basic knowledge of GYN. They arrive on time and know what patients are being seen that day and are ready to dive in. If they didn't understand something about the patient, they would have already researched the issue.

Come to L&D early (15-30 mins) and prep on all the pts and look up the "problems" that that pt has also come up with plans for them

A prepared student has thought through the top most common presentations and complications and already knows how to detect and treat them. They have a "step-by-step" in their mind (or on paper) of what something might be and how to think about and address it. I do see students using Up-To-Date more, though I find that it is very time-consuming. A one-pager on common topics synthesized from Up-To-Date would be the most helpful. *(note: midwifery faculty recommend developing a “peripheral brain” for this, inclusive of midwifery management; Up-to-Date is not always inclusive of midwifery management)*

I don't think there is a "one size fits all" for preparation. The learner needs to know themselves and what types of resources they need to succeed. Additionally, they need to revisit this self-assessment, informed by feedback from their preceptors, and update their resource plan to solidify what's working + improve for subsequent shift.

Be very confident on DEFINITIONS:
Solid on EFM definitions. Interpretation of EFM in the context of labor progress or status is what we will refine. But students should know all EFM terms and what’s cat 1,2,3 That’s basic fundamental knowledge I expect a student to have prior to clinical practice. Solid on diagnostic criteria of disease: (how do we dx gest htn, pre E, PPH etc) Solid on basic midwifery counseling (how do you tell a person about signs and symptoms of labor, how do you talk about red flags, fetal movement surveillance, etc). This is basic bread and butter midwifery topics students should know how to educate patients about. Even if you can’t put it all together or have clínica nuance, a student shouldn’t miss a beat in knowing the definitions. When they don’t… it’s super hard to then learn how to assess/ evaluate/ use those tools in practice.

Prior to clinical rotation: visit the site and meet with preceptor, discuss norms/expectations at that site and how to access resources, get a copy of site-specific guidelines (if available), read them and compare to peripheral brain, research differences and come with questions.

At my office - they would review birth control options and common contraindications, wet mount exams and treatment options for different vaginitis diagnosis.

Have a good understanding of the pregnancy schedule/labs for each trimester. Know treatment of vaginitis. Be able to counsel on all birth control.

They chart prep. I spend about 1.5 hours chart prepping my own clinics the week before. I expect that they should be doing the same to be prepared. It will likely take them longer than it takes me. I expect them to know the basics of what tests/ ultrasounds are done when and why. I do not expect them to have all the answers, but I do expect them to come in with curiosity and some good questions.

They review clinical material, and they come in open to shadowing a bit at first to get a sense of how my particular practice site works. They also bring their questions.

Having a solid educational background helps them use the clinicals to integrate that knowledge in real life and helps solidify the concepts and information. Practice drills or informed consent conversations can help. Know the EHR is helpful as well. Sleeping!

Prepared learners are curious learners. They are open to feedback and eager to practice new skills. When they access resources, they are clarifying information but have a general idea what they are looking for. They have a basic skeleton note that guides their assessment and plan. They are not referencing resources in the clinical setting to learn basic concepts for the first time. If something is new, they come back to the next shift having taken the time to review what was taught in the previous clinical shift.

They arrive early to review patients' medical histories before clinic starts and they dress professionally. :)

It's helpful when they have a goal for the day or the week that they share with their preceptor. Certainly, integrating any feedback from prior sessions is recommended.

Have knowledge, hand skills, clear explanations for routine questions, prepare AP charts before clinic and study and follow up on complicated issues that presented during prior experiences.

Review resources prior to a clinical shift, come with a concrete goal for the day, come back the following shift having looked up/learned more about things they didn't know the shift before.

Being prepared getting adequate rest. Come ready with energy and attentiveness. Ready to accept direction. Know basic principles and basic skills and information in more complex situations.

A prepared student has a good grasp on the clinical material. For integration student they have done a few deliveries at least and are starting to feel more comfortable with their SVEs and counseling.
The most important thing for me is an open mind and willingness to adapt to different situations.

They understand the different types of visits and what are the priorities for those visits so they know what data they need from the chart, from the human they are seeing, and from their “brain” whatever form that takes, and where to find it quickly.

A well prepared clinician, whether student or not, reviews charts either before shift and creates a general plan (to be adjusted upon receiving report, or upon evolving clinical status).

A prepared student is ready to interact with patients in a confident way and is ready to assume the basic aspects of care while noticing deviations from normal and asking clear questions about how to deal with those deviations if they are not sure what to do next.