

# ASCO Optometry Clinical Preceptor Toolkit

As teachers and preceptors, we are in a state of continuous learning. For new preceptors, the Clinical Preceptor Toolkit will serve as a foundational resource. For more experienced preceptors, the toolkit can be a complementary resource to refine their teaching skills in the eye care environment.

The Clinical Preceptor Toolkit was written by a subcommittee of the ASCO Clinical Affairs Committee.



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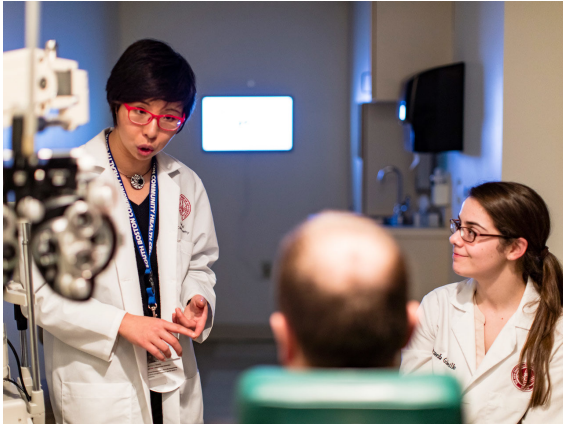
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## Section 1: Basic Principles of Precepting

These principles are essentially universal to all optometry schools in terms of expectations of students and preceptors in the clinical setting.

Precepting students in a clinical environment is a mutually beneficial learning environment for the doctor, the student doctor and the patient. To ensure that everyone gets the most out of the time together, the learner must feel comfortable to make mistakes, ask questions and push themselves to become more independent clinicians. The doctor must nurture an environment for growth, encourage independence and critical thinking. Hopefully this is achieved with minimal effort with all student interns and clinical preceptors, but in the event more effort is needed, please use this toolkit as a resource to enhance the clinical experience for all members of the learning team.





## Basic Principles for a Preceptor:

- Teach by example.
- Create a supportive learning environment.
- Create a safe environment for students.
- Encourage students to ask questions.
- Give informative balanced feedback.
- Heighten student's understanding and practice of cultural and linguistic competency.
- Demonstrate the development of physician-patient relationship and communication.
- Follow through.
- Model "Patients First" mentality.
- Be on time for your patient care sessions.
- Move the patient flow along to ensure good time management for patients and students.

## Part 1. Preceptor Expectations:

- **Review clinical policies and practice specifics early on.**
  - Protocol for emergencies—whom do they contact, and what is the protocol for safety and reporting?
  - What if they have something that requires immediate attention, what is the protocol?
  - If they have a question or concern when not in the office, what is the preferred method of contact and all the players involved in that communication tree?

**Preceptor Pearl:** *Students take in only a part of what they learn in orientation, just because there is a lot to take in. Have important points in written form so that they can refer to these elements later.*

- **Establish and review learning objectives with each student early on. Make sure that everyone is on the same page and helps one another to feel like you are working towards the same goal. For example, if you are concerned with efficiency and they are concerned with accuracy, those two items may not be mutually exclusive in the beginning of clinical learning.**
  - What are you hoping they learn over the course of the clinical rotation
  - What are they hoping to learn over the course of the clinical rotation

- **Coordinate student's educational activities (student schedules), patient assignments, patient presentation styles and required components and desired flow when presenting clinical findings.**
  - Set up your expectations of the student early to help them start to think clinically. Presentation of clinical findings and clinical thinking is a learned skill that takes time to develop.

**Preceptor Pearl:** *Some students do best by watching the best practice modeled for them. Others need to see the general flow in writing. Try to meet them in the way that is most effective for them, as presenting cases to a new preceptor can be nerve-racking at first.*

- **Discuss specific expectations of oneself and of the student learner.**
  - What if they don't understand something, or need assistance, what is the preferred approach?
  - When should they be prepared for the clinical session? 15 minutes before patient care?
  - Do they need to check in before picking up a patient?
  - When should a student check in with you?
  - Can they dilate a patient without consultation with you?
  - What testing is absolutely necessary on each patient?
  - How will you provide feedback to the student?
- **Lead discussion of clinical cases asking open ended questions.**
  - Ask thought provoking questions to see where they learner may have a learning gap.
  - Provide appropriate guidance to assist the learner and help them arrive at the best final outcome
  - Encourage independent decision making and afford clinical externs the opportunity to formulate diagnosis and patient management plans.
- **Allow students different ways to respond to questions, i.e. in real time in the exam room, after some time to think on their own or to look up answers. Not all students respond well to direct questions in the exam room or with peers within earshot.**
  - Lack of feedback or feedback that is provided well past the learning opportunity impedes the learning
  - Allow the student a chance to remediate mistakes and foster an environment that creates mutual respect.
  - No feedback or lack of holding students accountable hinders the students success moving forward as this may create a false sense of ability that does not allow the student to know where to focus their efforts.
  - Be sensitive that students are sometimes under immense pressure inside and outside the classroom. If you suspect that a learner is struggling, ask for help from others or let other faculty know so that they can also discuss it with them

**Preceptor Pearl:** *Provide Feedback that is consistent. Verbal feedback should match written feedback.*

- **Complete all grading in a timely manner. Discuss areas of strengths and weaknesses to**

**foster an environment of back and forth dialogue.**

- **Finish charting promptly and provide feedback to students as appropriate.**

## **Part 2. Student Expectations:**

- **Students should be familiar with policies, clinical hours and procedures to follow**
- **Arrive on time, have all equipment necessary and be ready for patient care**
- **Communicate any and all questions immediately for a quick resolution**
  - Clarify expectations
  - Complete assignments in a timely manner
  - Communicate goals for the rotation and areas for increased abilities
  - Communicate any misunderstandings early
  - Preceptors have the best intentions for your success. If there is another way to better communicate with you, let them know that.
- **You are a student who is integrating yourself into a busy practice. Understand that you are a part of a healthcare team and all members are expected to be present and deliver high quality patient care at all times**
  - Any absence from the clinic should be taken very seriously and all individuals must be notified as early as possible especially if patient care is impacted.
- **Understand that you will be making mistakes in your learning process. It is your job as a student intern to remediate mistakes as quickly as possible and prevent similar mistakes from happening again**
  - Ask questions
  - Be a self starter
  - Defensiveness, if a large internal barrier, can impede progress
- **Clinical requirements for patient care**
  - Identify, record and analyze pertinent history and problems presented by the patient
  - Demonstrate the necessary skills to examine and evaluate the patient to arrive at a rational diagnosis
  - Independently formulate a treatment and management plan and understand the implications of various treatment and management options
  - Provide preventative care, patient education and counseling to a level of understanding by the patient
  - Recognize when it is necessary to obtain a consultation and to coordinate care provided by healthcare providers and/or other professionals
  - Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to the delivery of optometric care
  - Effectively communicate orally and in writing with other professionals and patients

## Section 2: Preceptor Communication with Students

Communication is the key to a successful rotation between preceptor and student. Without effective communication, patient care and the educational experience are not optimized.



### Basic Principles



### Communication Skills of the Student



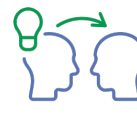
### Feedback and Emotional Preparedness



### Setting Expectations



### Equipping Students for Tough Situations



### Determining "Preceptor's Style" and "Learner's Style"

## Section 2: Basic Principles

### Part 1. Basic Principles

- Be present and approachable
- Remember that each student not only has their own learning style, but also a communication style
- Allow time for students to speak and give more information about their thought process
- Avoid jumping to conclusions
- When providing constructive feedback, delivery should be done in such a way that it is clear that the preceptor cares about their success, and concrete steps are given towards improvement
- Input should be solicited by the student in response to the constructive feedback such that they are jointly helping to shape their improvement plan as needed
- Ensure a respectful learning environment
- Be ready to present examples to back up your feedback
- Start a feedback discussion with asking the student to assess their own performance
- End with an action plan for next steps



## Characteristics of an effective mentor

1. Good listener
2. Gives constructive feedback
3. Takes personal interest in the student's well-being and learning
4. Enthusiastic and takes pride in their work
5. Respectful to everyone around them, no matter their role
6. Skilled and intentional teacher
7. Demonstrates responsibility for their students
8. Avoids judgment and looks at all sides of a situation
9. Experts in their own field
10. Approachable and fair

## Additional Resources

[Medical student mentoring programs: current insights](#)  
[Being an Effective Preceptor](#)

# Section 2: Communication Skills of the Student

## Part 2. Communication Skills of the Student

Students should hopefully have learned basic communication skills before entering optometry school, but may benefit from coaching in the following areas:

- **Active Listening**
  - While delivery of the message is important, they should be able to listen and interact in two-way dialogue, understanding there may be varying perspectives.
- **Awareness of communication styles**
  - Some may be active communicators, while others may be passive or a blend of both. The knowledge that there are different styles of communication allows someone to have a positive relationship with another person.
- **Persuasion**
  - The ability to influence others' opinions and behaviors is important, especially when a student is presenting a case and giving information to contribute to the preceptor's decisions on next steps. This may look like using more clinically-appropriate language, choosing a time to speak when the preceptor is not still busy typing or on the phone, framing the case presentation in such a way that extraneous information is not included.
- **Professional Email Communication**
  - The ability to write an email in a professional manner is important for a doctor's interpersonal communication.
    - Dr. Eilene Kinzer and Dr. Rachel Fitzgerald have provided an informative lecture addressing this situation. [lecture notes available here.](#)



Image courtesy of: New England College of Optometry

## **Additional Resources**

### **Four tips to enhance patient communication with medical students**

<https://www.ama-assn.org/residents-students/medical-school-life/4-tips-enhance-patient-communication-medical-student>

### **Corporate communication skills**

<https://www.northeastern.edu/graduate/blog/corporate-communication-skills/>

## Section 2: Feedback and Emotional Preparedness

### Part 3. Feedback and Emotional Preparedness

#### How to give feedback when a student responds with reactionary emotions

(adapted from: <https://hbr.org/2016/09/how-to-give-feedback-to-people-who-cry-yell-or-get-defensive>)

- **Focus on the good reasons you are giving feedback**, such as “I’m sharing this with you because I want you to be successful” or “I want to see you keep growing.”
- **Increase your own self-awareness** about how you react when another person has an emotional reaction. The goal is to walk in centered, prepared, and organized. Don’t wing it.
- **Create an environment of psychological safety**, which should be consistent with the overall clinical learning environment. Use open body posture to show receptiveness.
- **Handle emotional reactions in the moment**, and respond calmly and effectively.

#### Specific situations with suggestions for a preceptor’s response:

The overall principle in an emotionally-charged conversation is to work to diffuse the emotional reaction to a place where you can productively give the feedback and come up with a plan together to ensure the person’s success. You can also ask for a second meeting to give the person time to calm down and collect themselves.



Image courtesy of: Western University College of Optometry

**Preceptor Pearl:** *The emotional reaction doesn’t need to derail the other parts of effective feedback, including sharing the ‘whys’ of feedback, naming the issue clearly, offering examples, hearing their side of things, and coming to a shared plan on next steps.*



- **If they have a tendency to cry** → A hard message doesn't have to be delivered in a hard tone. Deliver the feedback thoughtfully and with consideration. Pick the time of the meeting carefully, so that they can go home after the meeting instead of having to see patients afterwards.

**Preceptor Pearl:** Have a box of tissues ready—handing them the box of tissues acknowledges the emotion and gives them a chance to collect themselves. Be ok with needing a second meeting. Say phrases like, “I understand you are upset. I know you want to be successful, and I want you to be too.” Also, if someone who normally isn't emotional starts to cry, something else may be going on outside in their personal lives.

- **Talking to someone who yells** → Stay calm. Don't fight fire with fire, because it gives them a reason to conclude that you do not have their best interests in mind. Be willing to shut down a meeting that is not constructive or professional.

**Preceptor Pearl:** Use responses like: “I want to have this conversation with you, and I need you to lower your voice,” or “I need you to take a deep breath. I appreciate the strength of your convictions, and I'd like to hear what you say after you've taken a moment to calm down.”

- **Talking to someone who gets defensive** → For a person who has an excuse for everything, and tries to shift blame, say something like, “I see this as your responsibility-let’s talk about why you don’t see it this way,” or “When you blame someone else, you become the victim, which isn’t helpful to you.”
- **Recurring patterns of poor emotional responses to feedback** → Repetitive poor responses to feedback might warrant something like, “I notice every time we sit down to discuss feedback, you become [upset, angry, defensive]. I want to help you succeed. What can I do to help you receive feedback with more openness? Focus on good intentions and moving to the same side of the table to help with student growth.

### **Take into account both sides of Self-Reflection Skills**

- **Self-Reflection skills of the student** - are they constantly or rarely self-evaluating, do they take constructive feedback well, etc.
- **Self-Reflection skills of the preceptor** - receiving feedback from students and improving your own communication skills, learning from student evaluations, trying new strategies when a student does not learn from their errors or fails to learn new skills.

**Preceptor Pearl:** *Feedback in the clinic may be one of the first times that students are receiving more personalized feedback compared to general exam feedback they received in the classroom or the lab.*

## **Additional Resources**

### **Giving Feedback**

[Feedback: Cultivating a Positive Culture](#)

[Giving Feedback on Clinical Skills: Are We Starving Our Young?](#)

[Teaching Preceptors to Give Feedback](#)

[MedEd Moments: Improving the Learning Climate on Vimeo](#)

### **Student Observations and Feedback**

[Example of Student Expectations for their observation at Emory](#)

### **Self-Reflection**

#### **Self-Reflection skills of the Student**

“The self-critical doctor”: Case studies of students who need assistance with self reflection on their own patient interactions. [Teaching Rounds: The self critical doctor: helping students become more reflective](#)

#### **Self-Reflection skills of the Preceptor**

Receiving feedback from students and improving your own communication skills.

[Leadership & Professional Development: A Letter to the Future Teaching Physician](#)

### **Motivational Interviewing Books**

[Helping People Change by William R Miller](#)

[Motivational Interviewing in Health Care: Helping Patients Change Behavior \(Applications of Motivational Interviewing\) by Stephen Rollnick](#)

# Section 2: Setting Expectations

## Part 4. Setting Expectations

### Expectations of Time

- Start and end time should be written and clear
  - Examples: Students should arrive at least 15 min before the first patient, we leave as a team when all patients are complete and paperwork has been finished.

### Know the Curriculum

- Be aware of how the curriculum and laboratory learning aligns with the level of their clinical skills/knowledge expected in the program
- Meditrek evaluation criteria
- Lab schedule
- Practice time opportunities
- Differences in curriculum sequence or skills taught between class years



Image courtesy of: Southern College of Optometry

### Medicare Guidelines for Working with Student Interns

- Ensure familiarity with institution's policies for documentation with students
- Review basic compliance guidelines such as required elements of an exam, complete charting, etc

### Student Charting and Preceptor Charting

- It can be stressful for a preceptor to have to finish charts all of a sudden at the end of the day. An efficient preceptor lets students know at orientation about their expectations for charting.
  - A 2nd and 3rd year student may need coaching about charting workflows, such as not documenting normals until the end of the visit or during downtime, or how to take notes during case history.
  - A preceptor should also track which patients have arrived, so that they can ensure which charts they should be looking for from students.
  - Variability between EHR systems can cause confusion for students. Give them time to get

used to a new EHR system, but also let them know that you still hold them accountable for accuracy and completion such that you are able to also finish your part of the note.

**Preceptor Pearl:** Use auto-text and templates in the EHR to your advantage. If you are able to type in the note while the intern is occupied with another patient, start filling in portions of the note while you are able, so that completion is much quicker at the end of the day.

**Preceptor Pearl:** It is not necessary to go over every single chart with a student. Note trends while reviewing charts, and give prompt feedback on an individual basis. If several students are showing the same trends, a small group can be brought together to give the “whys” of why these charting elements are important. Students can sometimes assume that a preceptor is just being picky about documentation, so it is important to explain why you feel the change to the documentation is important.

## Holding Space

Preceptors do not know the students' mental space/background when they arrive to the clinic. Entering the teaching space with an open mind, compassion, and self-awareness is important for a preceptor to be fully effective.

Article: Holding space and engaging with difference: Navigating the personal theories we carry into our pedagogical partnership practices.

[https://www.researchgate.net/publication/341134103\\_Holding\\_space\\_and\\_engaging\\_with\\_difference\\_Navigating\\_the\\_personal\\_theories\\_we\\_carry\\_into\\_our\\_pedagogical\\_partnership\\_practices](https://www.researchgate.net/publication/341134103_Holding_space_and_engaging_with_difference_Navigating_the_personal_theories_we_carry_into_our_pedagogical_partnership_practices)

## Faculty Roles and Responsibilities

### Do's:

- Provide guidance and mentorship
- Allow for a supportive learning environment
- Be a role model
- Give timely constructive feedback, verbal and written
- Have a “filter”
- Be an active patient care provider
- Give difficult feedback privately to students
- Provide activities when there is downtime in clinic
- Make sure your written feedback matches verbal feedback

### Don'ts:

- Show too much emotion in a negative manner – be matter of fact
- Just document issues – be sure to communicate verbally as well
- Be “passive/aggressive”
- Criticize students in front of patients – no public shaming

Keep the mantra in mind – **in the eyes of the student, how would you best receive feedback for improvement?**

**Preceptor Pearl:** *Keep in mind that everyone processes feedback and communicates differently depending on the situation. Try different approaches if your natural style doesn't seem to be the most effective with that student. Teachers that can adapt to different styles tend to be more effective all around. Get feedback from other preceptors when they observe you giving feedback.*

## Additional Resources

[Kansas U sample orientation video: Student Expectations for their Rural Preceptorship – 24 minutes](#)

## Documenting Progress (or lack thereof)

- Students do not like being surprised by a poor midterm evaluation. Some schools may have

grading on a daily basis, a per-patient basis, or a midterm/final basis. For those with less formal feedback, preceptors should aim to have 1-2 informal check-ins with each student to see how they think they are progressing, and provide feedback from the preceptor's point of view.

- Examples of verbal progress feedback after the student has relayed how they think they are performing:
  - “I really liked how you knew your refraction was taking a long time and came to check in with me. That puts the patient first, and I can see you understand that. I’ll help you speed things along and then we can discuss strategies for avoiding the time sink next time.”
  - “I think your history skills are strong, but after that, you become a little less efficient. Can we talk about that and come up with a plan together?”
  - “I’ve noticed that you’re struggling with completing your charts efficiently. Can you tell me what you think slows you down and we can troubleshoot together?”
  - “This was a complex patient, and you really pinned down the assessment and plan. The only thing I would edit is...”

### **Additional Resources**

[A presentation from George Washington University regarding language used for writing feedback for medical interns](#)

### **How to be a Good Mentor**

- Preceptor Variability: Students have a hard time with differences across preceptors. Be up front about how to navigate these differences in a site with multiple preceptors.
- Students want to perform well and may often worry more about the grade and getting to the preceptor's preferences than understanding the “why” behind the method.
- Encouraging students to determine gaps in knowledge and probing **the “why”** will often initiate student growth for continual learning.
- Providing resources for students or asking them to find them will also help them learn how to obtain information when they no longer are in the student setting.

## Section 2: Equipping Students for Tough Situations

### Part 5. Equipping students for tough situations

While we cannot prepare students for every difficult situation, the preceptor can instill principles in the student to allow them to respond professionally, calmly, and with common sense.

#### Best Practices

- Prepare students for common difficult/awkward situations during orientation
- Hold small group discussions about what one would say in specific situations, including situations of safety or potential sexual harassment
- Model professional ways to discuss HIV/AIDS with a patient
- Equip students to see signs of domestic abuse or child abuse and discuss procedures for mandatory reporting
- Familiarize students with resources available to help patients with housing or food insecurity
- Learn together about gender diversity and look up appropriate resources
- Asking about pregnancy/breastfeeding status
- How to navigate patients who are refusing to have a student intern participate in their exam

**Preceptor Pearl:** *Students find their preceptors to be most approachable when the preceptor acknowledges that they do not know everything, and show understanding of the student's anxiety about a given situation. Telling stories about your own experiences to a student can help.*

**Preceptor Pearl:** *Tell the students, "when in doubt, come and ask the preceptor!"*

## **Additional Resources**

[Qualities of a good preceptor from an audiologist's perspective.](#)  
[Practical Framework for Fostering a Positive Learning Environment](#)  
(Please make sure to refer to Table 1)

## Section 2: Determining “Preceptor’s Style” and “Learner’s Style”

### Part 6. Determining “Preceptor’s Style” and “Learner’s Style”

Consider each person’s style and understand how to optimize communication with each other. This will maximize learning while building mutual respect.

#### Basic Learning Styles

1. Visual Learner
2. Auditory Learner
3. Reading and Writing Learner
4. Kinesthetic Learner

[The VARK Questionnaire](#) for learning styles is a short survey that asks questions about specific scenarios to help determine what type of learner you are. It then assigns a numeric score for each of the four categories and provides a customized profile that explains the results and provides optimal learning strategies. Additional questions about current learning methods are also available to help assess whether those strategies are the best for your learning style.

#### Why does this matter?

If the preceptor is a visual learner they will likely teach in that same style, using graphs and diagrams for example, but if the student is an auditory learner and needs to hear explanations they may struggle. The preceptor may have to adjust their methods to better match the student.

#### Communication Styles

Communication styles play an important role in the effectiveness of the interaction between preceptor and student. Preceptors should recognize their own communication style and that of their student in order to maximize their teaching impact, navigate conflict, and provide constructive feedback.

#### Communication Style Questionnaires

- [Four Basic Communication Styles](#) is a document that gives examples of personality traits of each type of communicator and provides samples of verbiage used.
  1. Passive
  2. Aggressive
  3. Passive-Aggressive
  4. Assertive
- [Personal Coaching Style Inventory](#)

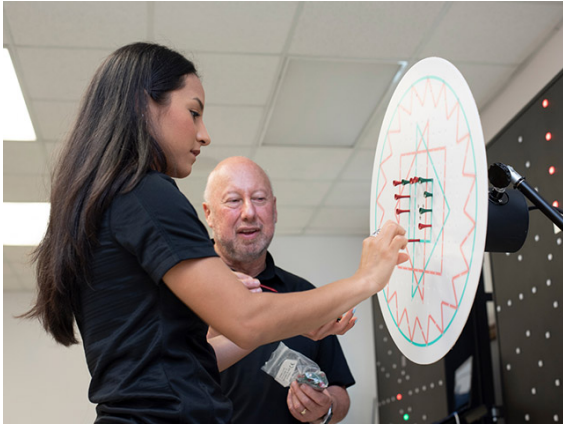


Image courtesy of: UIW Rosenberg School of Optometry

Four styles identified through a series of simple descriptions to determine if you are a Director, Presenter, Mediator or Strategist. Then strengths and weaknesses of each type are discussed with directions on how to coach/teach each type and conversely, how each type best receives said coaching/teaching

- [Comparison of Communications Styles Amongst Students in Allied Health Professions Programs: How Do Our Students Communicate with Other Healthcare Providers? | Buhler | Journal of Research in Interprofessional Practice and Education](#)
  - Journal article analyzing use of PCSI to assess and improve patient outcomes in an interprofessional setting
- [5 Minute Personality Test:](#)
  - Rating system for descriptions of personality style preferences used to generate score categorizing personality type using animal analogies:
    - Lion
    - Otter
    - Golden Retriever
    - Beaver
  - Strengths/weaknesses of each type listed along with other characteristics such as communication style, motivation, time management, wants, needs

### **Why does this matter?**

If a student communicates in a passive style but the preceptor has an assertive communication style, then the preceptor might **perceive the student** as weak in knowledge base or clinical comprehension. Both student and preceptor might need to adjust their style, or at minimum, acknowledge the **communication** style differences and not attribute them negatively towards the other party.

## Section 3: Effective Teaching Strategies

While many clinicians step into precepting roles with strong clinical expertise, few receive formal training in how to effectively teach within a clinical environment. This section offers curated resources designed to support and elevate your skills as a clinical educator. By incorporating proven strategies used across a range of optometry programs and affiliated clinical sites, you can foster a more impactful and rewarding experience—for both you and your students.



### Efficient Teaching Tools for Preceptors



### Resources/Activities for Students in Between Patient Care



### Active Observation of Student Performance



### Inclusive Teaching



### Effective Teaching and Setting Expectations



### Useful AI Prompts for the Optometric Preceptor

## Section 3: Efficient Teaching Tools for Preceptors

Teaching effectively during a busy clinic session can be challenging. Here are some strategies for balancing patient care and productivity, while making an educational impact during patient care.

### One-Minute Preceptor

- Get a Commitment
- Probe for Supporting Evidence
- Reinforce What Was Done Well
- Give Guidance About Errors/Omissions
- Teach a General Principle
  - Video explanation:  
[Take 5: One Minute Preceptor:](#)
  - Written Instructions:
    - [One Minute Preceptor](#)
    - [The One Minute Preceptor: 5 Microskills for One-On-One Teaching](#)



## SNAPPS:

A six-step learner approach to clinical education; the learner talks about the case in more detail, taking the preceptor through their critical thinking process, while the preceptor acts as a facilitator for the process.

Written summary here: [SNAPPS: A Six-Step Learner- Centered Approach to Clinical Education](#)

## Structured Chart Review and Feedback Opportunities

Have a designated time with each student to review charts and ensure they fully understand the **clinical reasoning** behind patient management. This dedicated review period also creates an intentional space for **formative feedback**. During these sessions, preceptors may guide students through questions such as:

- **“How does your assessment and plan connect to the patient’s chief complaint?”**  
Encourage students to articulate the clinical logic linking symptoms, exam findings, assessment, and proposed management.
- **“Were there any unexpected findings or systemic conditions we may have overlooked?”**  
This helps students practice identifying red flags, comorbidities, or subtle findings that may influence care.
- **“Is there anything from the previous exam that we need to carry forward for future visits?”**  
This supports continuity of care and teaches students to track long-term issues, monitor changes, and update problem lists appropriately.

These discussions reinforce critical thinking skills, highlight gaps in clinical reasoning, and allow the preceptor to tailor feedback to the student’s level of training.

If time constraints prevent regular in-person review, consider using a shared, living document for ongoing comments, questions, and feedback throughout the rotation. Secure communication methods—such as institutional encrypted email, HIPAA-compliant messaging platforms, or the clinic’s secure EHR messaging system—are appropriate ways to follow up about specific patients when synchronous conversations are not feasible.

Throughout this process, be mindful of the distinction between your personal charting preferences and the standard of care, and make this clear to students as part of their professional development.

*Preceptor Pearl: Students often do not remember to review medications and allergies and need coaching to link the importance of these items to the management plan. Encourage them to ask the patient the indication and/or jot them down in a small notebook and look up the indication for each medication.*

## Mini-Lecture: Effective Case Presentation Techniques

Preceptors can demonstrate clear expectations by modeling an organized and concise case presentation. A typical structure includes:

1. **Demographic Information:** Age, ethnicity, gender
2. **Reason for Visit:** Chief complaint and duration
3. **Pertinent History:** Relevant review of systems, ocular and medical history, and updated medications/allergies
4. **Key Findings:** Data that directly informs case history, diagnosis, and management

**Assessment & Plan:** Differential diagnosis, testing rationale, treatment plan, and follow-up recommendations

*Preceptor Pearl: One of the most challenging skills for students is identifying **pertinent** details from the case history that meaningfully guide differential diagnosis and testing decisions.*

*Preceptor Pearl: Actively listen to the student's presentation and reflect back what you heard. Ask, "Do you think this information is sufficient to form a differential diagnosis?" When appropriate, reorganize or restate the presentation to model a clearer, more structured version so the student can hear and emulate effective communication.*

# Prompts to Strengthen Assessment Skills

## Linking Findings to the Chief Complaint

- *“How does your assessment address the patient’s chief complaint?”*
- *“Which findings today directly support your working diagnosis?”*
- *“Is there anything in the case history that you think is inconsistent with your assessment?”*

## Differential Diagnosis Development

- *“What are the top three differentials based on the findings so far?”*
- *“What did you rule out, and how?”*
- *“If the primary diagnosis is incorrect, what else could this be?”*

## Identifying Pertinent Positives/Negatives

- *“Which exam findings most strongly support your diagnosis?”*
- *“Which expected findings were **not** present, and what does that tell you?”*
- *“What systemic conditions might influence this presentation?”*

## Using Previous Exam Information

- *“Is there anything from the last exam that we need to carry forward today?”*
- *“How has the condition changed over time, and what does that imply for our assessment?”*
- *“Does the patient’s response to previous treatments affect your conclusion today?”*

# Prompts to Strengthen Plan-Writing Skills

## Evidence-Based Decision Making

- *“What is the rationale behind your plan?”*
- *“What clinical guideline or standard of care supports this decision?”*
- *“What alternative management options could also be appropriate here?”*

## Prioritizing Interventions

- *“Which issue do we need to address first, and why?”*
- *“What is most urgent for the patient’s health or safety?”*
- *“Does your plan address both the acute concern and long-term management?”*

## Follow-Up and Monitoring

- *“What follow-up interval is appropriate, and why?”*
- *“Which findings do we need to monitor over time?”*
- *“What specific changes would prompt you to shorten or lengthen follow-up?”*

## Patient Communication Considerations

- *“How would you explain this diagnosis and plan to the patient?”*
- *“What instructions should the patient take home today?”*
- *“Are there lifestyle or systemic health factors the patient should know about?”*

## AI Prompts for Integrating Systemic and Ocular Health

- *“Could any systemic conditions contribute to these findings?”*
- *“Should we coordinate with the patient’s PCP or a specialist?”*
- *“What labs or imaging might be appropriate if this were systemic?”*

## AI Prompts for Refining Clinical Judgment

- *“If this patient returned tomorrow with worsening symptoms, how would your plan change?”*
- *“What is the risk of doing nothing in this case?”*
- *“Is your plan safe, efficient, and cost-appropriate?”*

## Prompts for Self-Assessment & Growth

- *“What part of writing this A/P felt most challenging for you?”*
- *“What information do you wish you had gathered earlier in the exam?”*
- *“If you observed another student present this case, what advice would you give them?”*

## Additional Resources:

- [Strategies for Clinical Teaching \(from Audiology perspective\)](#)
- [Effective Clinical Education: Strategies for Teaching Medical Students and Residents in the Office](#)
- [Internal Medicine Milestones](#)
- [Article in \*Journal of Optometric Education\* on optometric case vignettes for teaching case presentation and practicing case management](#)

## AI Tools for Clinical Teaching

Artificial intelligence is a helpful tool for clinical teaching, with the right boundaries set to protect patient confidentiality and the critical thinking process for student learning.

General guidelines for the usage of AI to convey to students:

- Absolutely no patient protected health information (PHI) should be entered into an AI platform without proper security measures through the institution. This can include identifiable ocular imaging that can be traced back to a patient.
- Use the institution’s AI platforms to ensure security of information. Using personal AI platforms that are not under the institution’s Business Associate Agreement can put you at risk for breach of confidentiality.
- Students should develop their own management plans before using AI to refine their wording, if

needed.

Some examples of the use of AI in the clinical setting include:

- Devising cases for small group discussions
- Helping students to understand how to handle difficult situations with patient interactions
- [Customer Service AI Role-Playing Exercise](#) (used in Optometric Business Management Course on topic of Communication at NECO)
- Refining assessment and plans WITHOUT inserting protected patient health information (PHI)
- Preparing students for OSCE's

AI-Based Tools:

- ChatGPT
- SimConverse
- Copilot

## Section 3: Resources/Activities for Students in Between Patient Care

### Independent Study

During gap time between patients, students can do the following:

- **Read required journal article reviews, then provide synopsis**
  - National Library of Medicine
  - [PubMed](#)
- **Online case reviews with embedded quizzes**
  - [Eye and Contact Lens Association, Inc \(ECLA/CLAO\)](#) - curriculum for ophthalmology residents
  - [Digital Journal of Ophthalmology](#)
  - [Digital Reference of Ophthalmology](#)
- **Semester Project:** This can be assigned to students to research further on an interesting case or address a public health issue. For example, there could be a recent burst of teenagers purchasing unprescribed contact lenses, and a student develops methods of patient education to help them to understand the importance of a full contact lens fitting.
- **A fun Binocular Vision Semester project:** To design a vision therapy exercise, i.e. a board game, a card game, a puzzle, using what was learned in class and in clinic so that it can then be used by others in the future. This not only pushes your student clinician to design something with active didactic forethought but also expands the capability of your clinic's vision therapy activity options.
  - Don't forget to ask for playing/demonstration instructions to be left behind with each project



Image source: J. Nishimoto, Ketchum University SCCO

*Preceptor Pearl: When assigning projects or assignments, keep in mind the student's general workload, timing of midterm and final exams, and other factors in their schedule.*

## Journal Club

**Journal Clubs:** Discussion on latest clinical trials or landmark studies; these journal sessions are best performed during a lunch and learn regular session, or during a blocked off time. The rounds can be led by a preceptor or resident. New preceptors can collect journal articles and discussion questions over time, or access online case websites for Optometry and Ophthalmology.

- **Resources for discussion of case presentation:**
  - [NECO's Journal Club Portal](#) (open to public)
  - [NECO Resource for Journal Clubs, with teaching "packets" by disease topic](#)
  - [NEI Clinical Trials](#)
  - [Optometric Case Bank Discussions for improving case presentation and writing management plans \(Moy A, Reilly J, Pham L\)](#)
  - [ASCO Teaching Case Reports from Journal of Optometric Education](#)
- **Resources for pre-written cases:**
  - [EyeRounds](#)
  - [OCT Cases](#)
  - [Journal of Optometric Education teaching case reports](#)

*Preceptor Pearl: The best types of journal articles are well-referenced, well-organized, and use language that students can follow. Collect a variety of articles that address "hot topics" for conditions you often see in your clinic. You can keep them electronically or in a folder to use when there is downtime or a planned journal club session.*

## Peer Learning

Similar to Journal club and case discussions; have your students pick a topic every week and do a small presentation regarding a patient or general learning points they'd like to share. Having this sense of accountability to teach their colleagues and effectively their preceptor allows for independent learning and clinical maturing.

## Case Presentations/Discussions

- An example of instructions for final year students to prepare for a case presentation at the end of their clinical rotation that semester (courtesy of Dr. Benjamin Young, NECO)  
[https://drive.google.com/file/d/1CEwc9MTYQkGUtO5\\_vvxAiTFXBgwJL03M/view?usp=sharing](https://drive.google.com/file/d/1CEwc9MTYQkGUtO5_vvxAiTFXBgwJL03M/view?usp=sharing)
- Review of topics in SOAP format for case discussion:
  - Pediatrics
  - Binocular Vision
  - Exams for patients with disabilities
  - Primary Care/Ocular Disease
  - RX recheck scenarios
  - Difficult patient scenarios
  - Ethical Dilemmas

- Role-playing (clinician vs patient)
- [ASCO's SOCCEP Case Presentations for remote learning](#)

## Small Group Activities

These discussions are to supplement the direct patient care experience when there are less patients. The time frame can be 15 minutes to one hour, depending on the time allotted.

### Required Technical skill/patient encounter types

- “Skill of the month” to be signed off by preceptor
  - ie. Various forms of tonometry, gonioscopy, 3-mirror retinal eval, scleral depression, punctal plugs, foreign body removal, double lid eversion, contact lens fit, etc.
- “Skill Roulette”/Round Robin among the students in your cohort
  - Pair off students and round robin a skill such as gonio or tono under a set timeframe. Skill Roulette ends when everyone has had a turn.
- Perform exams on each other – with specific procedures in mind. Examples:
  - Ocular Disease
    - OCT
    - FAF
    - Scleral Depression
    - Gonioscopy
    - Threshold VFs
    - Topics to discuss in patient SOAP format
    - A/B Scan
  - Contact Lenses
    - Fitting specialty fits (Sclerals, Multifocals)
    - Corneal Topography
  - Binocular Vision Evaluation (visual efficiency evaluation)
  - Perceptual evaluation
  - Low Vision
    - Practice vision simulation evaluations and use of magnifiers
    - Bioptic workshop
    - Review of drivers license form completion
    - Watch visually-impaired influencers on TikTok



Image from Ketchum SCCO



Image from Ketchum SCCO

### **Questions of the Day**

- Preceptors can provide questions at the beginning of a clinical session, spanning various topics that are clinically relevant (i.e. ocular disease pathophysiology/management/treatment, binocular vision therapies, pediatric disease, contact lens calculations)
- Each student can pick these questions at random and answer them. This can also start small group discussions. Questions can be also used during downtime in clinic

### **Use of technology for learning and communication**

- Video technology (Zoom, Teams, etc) to observe student patient care synchronously
- Use of instant messaging within EHR or other approved secure methods
- Use of polling in case review sessions (Kahoot, Poll Everywhere, etc)
- Boards Review games/quizzes (Jeopardy, Who Wants to Be a Millionaire, pre-quiz and post-quiz during the semester)
- After recorded eye exam or practical, make clinical videos available to students for review and self-assessment

- Making videos to help with procedural skills
- Making videos for role modeling a patient exam
- Making videos of student doing exam skills (with fellow student) and getting feedback from preceptor
  - Establish method for peer-to-peer feedback

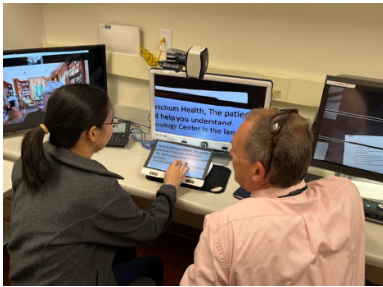


Image courtesy of Marshall B Ketchum University Southern California College of Optometry


## Optometry Olympics

Have “events” that measure time and accuracy in areas such as: retinoscopy, lensometry, retinal image interpretation, writing a comprehensive assessment and plan, etc. It can be fun to have medals for those who do best in each event, or best overall medal. It is important to emphasize that this is not part of their grade, but a good self-assessment for skills and efficiencies to work on.

**First MARTHA ELIOT OPTOMETRY OLYMPICS!**

EVENT	R	A	G	M
Retinoscopy				
Lensometry				
OCT Image Diagnosis of 1 case				
Optos Image Diagnosis of 1 case				
Assessment/Plan of 1 case				

Rules: 1) Preceptor must time you to the tenths of a second, 2) No student observers allowed, 3) No sharing results until winner

**NECO** | New England College of Optometry 

Example form designed by A. Moy, NECO

## Section 3: Active Observation of Student Performance

Active observation of a student in the exam room can be helpful for real-time feedback. However, it is important to take into account the student's learning style, ability to cope with the anxiety of being observed, and impact on the patient's experience. Below are some pros and cons to the Active Observation model.

### The Pros/Cons of Active Observation

#### PROS

- Silent/Objective Observer
- Better able to observe nuances
- Asking follow up questions
- Can observe real patient or peer
- Real-time Feedback

#### CONS

- Interfering with the examination
- Student anxiety with preceptor there (can watch on video as an option)
- Student may focus on task completion rather than patient care
- No time to digest question before answering, and assessment of student knowledge base may be affected
- Observing real patients should not have a negative tone as this may impact patient trust in their care they are receiving



Image courtesy of Marshall B Ketchum University Southern California College of Optometry

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Image courtesy of Marshall B Ketchum University Southern California College of Optometry

## Section 3: Inclusive Teaching

### What is inclusion in education?

*“An inclusive approach to education means that each individual’s needs are taken into account and that all learners participate and achieve together.”*

-UNESCO

*“Inclusive teaching involves deliberately cultivating a learning environment where all students are treated equitably, have equal access to learning, and feel valued and supported in their learning. Such teaching attends to social identities and seeks to change the ways systemic inequities shape dynamics in teaching-learning spaces, affect individuals’ experiences of those spaces, and influence course and curriculum design.”*

-University of Michigan

### Why is it important to teach our students about inclusion?

It is our duty as healthcare professionals to care for anyone who is under our care in an equitable and inclusive manner. This means tailoring the exam and management plan to the patient’s individual needs, whether they have a language barrier, a disability, socioeconomic barriers, challenges at home, transportation issues, and other social determinants of health.

## Inclusive Teaching

### Setting the stage for preceptor-student relationship (understanding culture, bias, etc)

- Ask yourself these questions about the clinical learning environment you create as a preceptor (adapted from NYU’s Inclusive Curriculum Toolkit):
  - Are the learning experiences accessible for all students? (Case review, case presentation, small group discussions, mini workshops, semester projects, etc)
  - Do clinic policies take into account the different challenges students may encounter? (food insecurity, transportation issues, family issues, mental health issues, etc)
  - Does my teaching (case review, journal club, etc) provide diverse perspectives, including those that are often marginalized?
  - Are the assessments and feedback sessions I use designed for improvement of the student

and myself as a preceptor/doctor?

- Do students have the opportunity to demonstrate learning in more than one way?

**Inclusive Teaching Strategies in the Classroom, and adaptable to Clinical setting:**

- [Equity-Focused Teaching Strategies by University of Michigan](#)
- [Yale University Inclusive Teaching Strategies](#)
- [Cornell University Inclusive Teaching Strategies](#)
- [Navigating Difficult Moments \(Harvard University\)](#)
- [Setting the Stage for Inclusive Teaching: Harvard Center for Teaching and Learning](#)
- [Guidelines for Inclusive Teaching from Univ of Illinois Chicago](#)





## Cultural Sensitivity/Humility and Implicit Bias

Understanding how to provide culturally-inclusive and culturally-safe care for patients is important for optimizing care, reducing barriers to good healthcare outcomes, enhancing care collaboration and coordination, and reducing healthcare costs.

### Some examples of teaching inclusive care to our students are below:

- Teaching how to communicate through interpreters to Non-English speaking patients: <https://www.healthaffairs.org/doi/10.1377/forefront.20210726.579549/full/>
- Any attempt at connecting to your patient can elicit better information from the beginning and will lead to greater outcomes. Most patients will try to meet you in the middle with the little bit you may try. The patients will greatly appreciate you but the students will also see this as another level of compassion to have and to strive for.
- Practice active listening and reflect back to the patient their desires for outcomes for the exam.
- Take into account individual patient needs and social determinants of health that would affect their healthcare outcomes and medication regimen (cost, schedule, remembering to take the medication, family members for support, etc)

**5 minute video on implicit bias for preceptors: [Implicit Bias in Health Professions What Is Bias, and What Can Medical Professionals Do to Address It?](#)**

## **Additional Resources:**

- [ASCO Case Studies in Cultural Competency](#)
- [Cultural Competence in Health Care: Is it important for people with chronic conditions?](#)
- Gender Diversity and Healthcare: It is helpful to review guidance for use of pronouns and be familiar with categories of gender diversity.
  - [Improving LGBTQIA+ care in eye care for improved patient outcomes](#)
- Improving cultural competence in healthcare
  - [How to Improve Cultural Competence in Health Care](#)
  - [ASCO Guidelines for Culturally Competent Eye and Vision Care](#)
  - [ASCO Cultural Competency Toolkit](#)
- [Optimizing communication with families of patients with disabilities and families of non-English speaking patients \(ASCO Online Clinical Educators Forum 2021\)](#)
- [Resource on exploring a culture of fairness, respect and anti-racism in health professions education, from the National Academies of Science, Math, and Engineering](#)

# Section 3: Effective Teaching and Setting Expectations

## General Best Practices for Precepting Optometry Students

Preceptors and optometry programs should establish shared expectations while recognizing that individual preceptors may differ in style. Clearly distinguishing personal preferences from standards of care helps students understand what is required versus what is optional. Below are key practice areas to communicate to students.

### 1. Clinical Session Timing

- Provide written and verbal expectations for arrival, lunch, and end-of-day times.
- Clarify expectations for taking the last patient of the session, especially in clinics using a team-based departure model where everyone leaves when all patients are completed. Tracking patient counts per student can help ensure fairness.
- Review room setup expectations (chart review, equipment readiness) at the start of the day.
- If preceptors rotate daily, maintain an internal preceptor schedule accessible to staff and students.

### 2. Chart Review Practices

- Communicate whether you prefer pre-clinic chart review or an end-of-day case discussion / “family chat.”
- For evening clinics, be mindful of late-day timing when planning wrap-up discussions.

### 3. Journal Club and Research Expectations

- At the start of the semester, define what constitutes a credible source for journal club to prevent inappropriate or unreliable articles from being selected.

### 4. BIO Technique (Sitting vs. Supine)

- State whether your preference is sitting or lying-down BIO, and note if this choice is dictated by clinical space or clinic protocol.
- Students in earlier years may not have learned BIO yet at earlier points of the semester, so be aware of the timeline of their laboratory skills.

### 5. Special Testing Expectations

- Special testing decisions can be challenging for new learners. Provide summary sheets or guides outlining expectations for:
  - Initial binocular vision testing
  - OCT scan types for common conditions
  - HVF settings
  - Glaucoma workups
  - Other frequently encountered testing scenarios

### 6. Timing to Dilation

- Set expectations for how long a student should take to complete the work-up prior to dilation.

- Adjust timing expectations based on student level, while maintaining professionalism.
- Tools such as a phone timer on vibrate can help students stay aware of the time.

## 7. Chart Documentation Requirements

- Review baseline documentation standards, including:
  - Standardized wording for chief complaints
  - Additional required history for conditions like diabetes or autoimmune disease
  - Efficient use of EHR auto-text
  - Importance of documenting medications and allergies
- Clarify the workflow for transitioning from student charting to preceptor review (e.g., how students should indicate they are finished).

## 8. Preceptor Presence During Patient Care

- Explain where you will typically be located during patient encounters, how students should reach you (e.g., knock if you're with another patient), and if/how you may be observing their performance.
- If you may step in to speed up an exam, let the students know that this is a possibility so that patients can be prioritized.

## 9. Orientation to the Clinical Rotation

- Inform students whether there is a formal orientation date set by the academic calendar or whether they are expected to begin on their first assigned day.

## 10. Requirements Prior to Clinical Privileges

- Clearly outline immunization requirements, deadlines, and consequences for non-compliance.
- Specify any required HR or EHR training, including dates—especially relevant for external sites.

## 11. Approaches to Delivering and Receiving Feedback

- Share how you prefer to communicate expectations and [give feedback](#), and invite students to express how they best receive it.
- Maintain approachable body language to reinforce openness and psychological safety.

# Transition to Direct Patient Care for New Student Clinicians

It can be difficult for interns to enter into patient care for the first time after only seeing their peers in laboratory settings. Here are some ways that the preceptor can optimize the transition.

- Clinical preceptor works with student in exam room for first patient encounter helping them navigate process, EHR, institutional procedures
- Reduces student anxiety: Be clear about expectations. Advise the student clinicians that they may observe for a set number of sessions, and then will be expected to gradually ramp up in

participating in patient care.

- Familiarizes faculty with the student and allows for understanding of communication and learning styles.
- Can help to identify strengths and areas that require improvement.

[Click here for examples of potential preceptor responses for certain situations with students in clinical setting](#)

## Assess yourself as a Teacher

A useful tool to assess your own levels of teaching is the [Clinician Educator Milestone project](#). Preceptors can use these milestones for their own self-assessment as educators, or with a trusted peer to provide feedback and assessment. There are 20 subcompetencies, each covering a different area of professional development. Each serves as a stand-alone assessment of a specific teaching skill or method. Individuals may choose to focus on one or more of the milestones, but do not need to assess against all of them.

### **7 Habits of Highly Effective Teachers**

[DOWNLOAD PDF](#)

### **Giving Effective Feedback Checklist**

[DOWNLOAD PDF](#)

*Resources courtesy of Dr. Neil Pence, Indiana University*

#### **Additional Resources**

##### **University of Pittsburgh**

[Teacher Self-Assessments](#)

##### **Preceptor Expectations from Emory University**

[Preceptor Expectations](#)

## Section 3: Useful AI Prompts for the Optometric Preceptor

Below is a set of **ready-to-use AI prompts** an optometric preceptor can enter into ChatGPT (or another LLM) to generate **teaching aids, examples, and practice exercises** for a student who is struggling with writing strong assessments and plans. These prompts are designed to produce **clinically accurate, structured, optometry-specific educational material**.

### AI Prompts for Helping Students Improve Assessment & Plan Writing

#### 1. Generate Step-by-Step A/P Templates

**Prompt:**

“Create a step-by-step template for writing an optometry assessment and plan for common clinical scenarios such as dry eye, glaucoma suspect, diabetic eye exams, and red eye. Include required elements, clinical reasoning steps, and example wording.”

#### 2. Provide Examples of Strong vs. Weak A/Ps

**Prompt:**

“Provide examples of weak and strong assessment and plan statements for optometry cases. Explain what makes the strong version superior. Include cases such as posterior vitreous detachment, blepharitis, allergic conjunctivitis, and refractive error.”

#### 3. Create Practice Case Scenarios

**Prompt:**

“Generate 5 optometry case scenarios for an intern to practice writing assessments and plans. Include patient age, chief complaint, key exam findings, and relevant systemic history. After each case, provide an ideal A/P for comparison.”

#### 4. Build Differential Diagnosis Practice

**Prompt:**

“Create practice exercises where an optometry intern is given exam findings and must list 1–3 possible diagnoses. Include answer keys and explanations that show how findings support or rule out each diagnosis.”

#### 5. Highlight Common Student Pitfalls

**Prompt:**

“List the most common mistakes optometry interns make when writing A/Ps and provide corrected examples. Include issues such as missing medications/allergies, failing to link findings to the chief complaint, and inappropriate follow-up intervals.”

## 6. Create a ‘Reasoning Through the A/P’ Worksheet

**Prompt:**

“Create a printable worksheet that takes a student through the reasoning steps of building an assessment and plan, including: identifying the chief complaint, listing pertinent positives and negatives, linking findings to diagnoses, and choosing follow-up intervals.”

## 7. Produce a Patient-Communication Focused A/P Aid

**Prompt:**

“Generate examples of how to translate technical assessments and plans into language patients can understand. Include examples for glaucoma, cataracts, dry eye, and contact lens complications.”

## 8. Design a Quick-Reference Clinical Guide

**Prompt:**

“Create a quick-reference guide for optometry interns outlining the standard components of an assessment and plan for common conditions: what must be included, what is optional, and common follow-up intervals.”

## 9. Create Editable A/P Templates for Documentation

**Prompt:**

“Write editable EHR-style templates for assessments and plans for:

- dry eye disease
- glaucoma suspect
- diabetic eye exam
- contact lens follow-up

Include placeholders that students can fill in.”

## 10. Build a Case-Review Reflective Activity

**Prompt:**

“Create a reflection activity for an optometry intern to review a patient encounter and evaluate the strengths and weaknesses of their assessment and plan. Include guiding questions and a scoring rubric.”

## 11. Make a Prompt for Student Self-Diagnosis of Gaps

**Prompt:**

“Develop a self-assessment checklist for optometry interns to identify weaknesses in their assessment

and plan writing. Include categories such as clinical reasoning, synthesis of history and findings, identifying urgency, and follow-up planning.”

## 12. Generate ‘Explain Your Reasoning’ Prompts

### **Prompt:**

“Create 10 prompts that force an optometry student to justify the assessment and plan they wrote, such as: ‘Which finding led you to this diagnosis?’ or ‘Why is this follow-up interval appropriate?’ Provide model answers.”

### **Additional Resources:**

OCEF 2025 recording of speaker on usage of AI for clinical teaching (Dr. Laurah Turner, Univ of Cincinnati):

[Article about AI in Optometric Education](#)

## Section 4: Assessment in the Clinical Setting

Assessment in the clinical setting involves effective communication, respectful and impactful documentation of progress and grading, knowledge of expected skill timelines, observation, and preceptor awareness of dynamics between themselves and the student.

For a video overview, check out the ASCO Online Clinical Educators' Forum Spring 2022: [Communication with the Struggling Student](#)

(a presentation from 4 optometry faculty members and 1 student from various schools. See also, [Section 5, Part 1](#))



### Providing Verbal Feedback in the Clinic



### Written feedback



### Accountability — Holding the Student Accountable



### Giving a Remedial Grade

## Section 4: Providing Verbal Feedback in the Clinic

Effective feedback is one of the most powerful tools in clinical education, and timing plays a critical role in its impact. The closer feedback is given to the actual patient encounter or learning moment, the more meaningful and actionable it becomes for the student. By addressing observations promptly, preceptors help students make immediate connections between their actions and the learning points.

Feedback should always be delivered in a private setting—away from peers—to preserve the student’s confidence and create a safe space for growth. Framing the conversation with respectful, open-ended questions encourages dialogue, reflection, and deeper understanding, transforming feedback into a collaborative learning experience rather than a one-way critique. Additionally, when completing online evaluations such as Meditrek, preceptors should strongly consider discussing any substantial concerns—especially if the evaluation reflects failing performance—before submitting the form. Waiting a week or more to address written concerns can create unnecessary anxiety for the student; discussing issues in real time ensures clarity, transparency, and fairness in the evaluation process.

[MedMoment Video: Discusses the importance of giving feedback to learners, so that they reach their target every time:](#)

### Verbal feedback should be used when:

1. **The feedback has a lot of nuances and details.** Emails are not the best way to discuss complicated situations, and difficult to have back and forth responses. A lot can be inferred from tone of voice during the verbal feedback that might be imagined to be completely different in the body of text of an email. Body language is very important during difficult conversations. In addition, the recipient of the feedback would have the opportunity to explain their side of the story.
2. **Preparation of the recipient is best so that they can be mentally and emotionally prepared.** State how and when you plan to give verbal feedback as part of your expectations from day one. Recommended at minimum: Midterm and Final performance feedback in person.
3. **Your goal is to preserve the relationship and to improve the person's performance.** Emphasize this with your students, as this message can easily get lost in discussion.
4. **Resentment has been building up and the relationship is deteriorating.**
5. **...all else fails:** A written request for a meeting might be appropriate. Follow up with a written summary of the conversation.

## Issues to keep in mind for verbal feedback

[Adapted from Harvard Business Review article: Gershman S, Mank C. When to Give Verbal Feedback — and When to Do It in Writing. Harvard Business Review. 14 Dec 2022.](#)

1. **Understanding the grading rubric:**  
Preceptors should be familiar with the grading criteria for each class year and term. Knowing the rubric helps set appropriate expectations, guides goal-setting, and ensures feedback aligns with the student's stage of training.
2. **Moving from feedback in the lab to feedback in the clinical setting:**  
Clinical feedback is typically one-on-one, integrates multiple steps, and addresses the broader

context of patient care. In contrast, lab or classroom feedback tends to focus on isolated tasks or group performance. Students should understand that mistakes are part of learning, but errors in clinical care may have higher stakes and require more urgent or intensive remediation than those made in controlled didactic environments.

**3. Preparing students to receive real-time clinical feedback:**

Students may need priming to transition into real-world clinical expectations. This includes setting clear expectations during orientation, outlining responsibilities for patient care and documentation, scheduling time for end-of-session feedback, and notifying students when you plan to discuss their progress. Clear preparation helps students receive and apply feedback more effectively.



*Preceptor Pearl: Illusion of transparency is the mistaken belief that others can read our thoughts and feelings without us saying anything. This can lead preceptors to unintentionally soften negative feedback, assuming the student already understands their concerns. For example, a preceptor might feel frustrated with a student's repeated tardiness but only say, "Try to be on time," assuming the student senses their disappointment. In reality, the student may not realize how serious the issue is. To avoid miscommunication, preceptors should clearly express expectations and feedback. If a difficult conversation is expected, it's helpful to prepare in advance.*

## **Giving a remedial grade**

1. Give a heads up to the student that you would like to verbally discuss their clinic grade.
2. Provide a safe, quiet space and close the door so that others cannot overhear.
3. Remember that grading expectations change from semester to semester (they may have met previous semesters' expectations, but have not met the current criteria).
4. Be a calming presence. If they start crying, be ready to give them a minute if they need time to calm down and have tissues readily available.
5. Stay objective with the goal of helping them to improve.

## **Resources**

[Twelve tips for giving feedback effectively in the clinical environment](#)

[University of Arizona: 7 Tips for Providing Feedback in a Clinical Learning Environment](#)

[Michigan State: Twelve Tips for Feedback](#)

[Literature review: Ten tips for receiving feedback effectively in clinical practice](#)

[Article on the importance of feedback in medical education](#)

## Section 4: Written feedback

### Written feedback is appropriate when:

1. Performance needs to be documented, either positive or negative aspects; this happens with grading and annual evaluations of employees
2. A warning or remediation is being given
3. You are summarizing what happened in a meeting to ensure everyone is on the same page
4. You want to give the recipient time to digest the information first
5. You have provided next steps and the recipient may not remember all of it from the meeting

## Issues to keep in mind for written feedback

1. **Check your tone.** Aim for an objective tone and be aware that emotion does not get conveyed easily in an email, and can be misconstrued by the reader. They cannot see your body language while they read the message.
2. **Don't pass the buck.** Written assessments should be clear, objective, and be reflective of you as their supervisor, rather than blaming preceptors before you or the curriculum. Ask how you can help them.
3. **Be clear about expectations.** Next steps should be well-delineated. For example, what is it that you want them to improve on, and how would that be measured? Are the expectations reasonable? **Give positive reinforcement for good behavior/performance.**
4. **Be aware that remedial students do not often understand the "rules" of clinical behavior and protocols.** Ask yourself if there are unwritten rules, and whether students who did not grow up in the US healthcare system need extra prep for these "unwritten rules" and knowledge of the healthcare system.
5. If writing a message to interns to assign homework to be reviewed the following week, remember that **homework is not intended as a punishment or structured only for struggling students.** Assignments should target reviewing interesting conditions or clinical findings that were either correctly identified or missed by a student to help connect didactic knowledge to clinical practice. Frame this as a learning opportunity.

## Writing Clinical Evaluation Comments

There is an art when it comes down to grading your students and adding the appropriate comments. Below are 5 different styles of grading and comments that might be seen regarding a student's performance. Remember the goal is to shape knowledgeable, caring and clinicians who continue to strive for improvement.

## Sample meditrek grading form

	Score	Criteria
Technical Skills	1-4	Accurately and effectively performs tests involved in primary eye care; using proper technique, equipment and record keeping.
Knowledge Base	1-4	Demonstrates knowledge of basic science and clinical concepts used in patient care. Able to distinguish normal from abnormal.
Analytical Skills	1-4	Integrates knowledge base with clinical findings. Tailors exam testing for specific characteristics and/or complaints for <i>common conditions</i>
Diagnostic Skills	1-4	Independently makes accurate differential and final diagnoses of common conditions
Management and Treatment	1-4	Formulates <i>management</i> plans for common diagnoses, including appropriate follow up, <i>treatment</i> and patient education for the majority of patient encounters.
Communication Skills	1-4	<i>Effectively communicates with patients, preceptor, staff and/or other interns, presents cases and/or demonstrates thought processes. Establishes good doctor-patient rapport. Exhibits cultural sensitivity.</i>
Efficiency	1-4	Completes routine exams in an appropriate timeframe: including completing charts, referral letters, and eyeglass orders.
Attitude	1-4	Accepts and benefits from constructive criticism, shows active desire to learn, uses learning resources well, actively seeks new knowledge from a variety of sources. Independently pursues self study.
Professionalism	1-4	Punctual, ethical, appropriately dressed, respectful, prepared, complies with confidentiality and clinic policies, works effectively with others to optimize patient Demonstrates respectful and compassionate interpersonal behavior.

Overall Impression

### **Total Score**

In the examples below, a 1 is the lowest score and a 4 is the highest score.

(Taken from lecture by Dr. Amy Moy and Dr. Phyllis Andrejko, NECO)

## **The Generic / I Don't Really Know You Evaluation:**

The preceptor gives high 3's and 4's in most sections, but has no comments that support the above average performance. There are no areas provided for the student to work on or feedback provided on techniques or skills that they did well in.

<b>Competency</b>	<b>Score 1-4</b>	<b>Comments</b>
Technical Skills	3	
Knowledge Base	4	
Analytical Skills	3	
Diagnostic Skills	4	
Management and Treatment	3	
Communication Skills	3	
Efficiency	4	
Attitude	3	
Professionalism	3	
Overall Impression	Great job, great clinician	
<b>Total Score</b>	<b>30</b>	

### The "Repeater" Evaluation

Doesn't provide specific feedback other than rewording of grading criteria.

	<b>Score</b>	<b>Comment</b>
Technical Skills	3	Uses accurate techniques and has a good command of technical skills required in a primary care examination.
Knowledge Base	3	Demonstrates knowledge of basic science and clinical concepts used in patient care. Able to distinguish normal from abnormal.
Analytical Skills	3	
Diagnostic Skills	3	Independently makes differentials for common conditions and is beginning to attempt differentials for final diagnoses.
Management and Treatment	3	
Communication Skills	3	
Efficiency	3	
Attitude	3	
Professionalism	3	Student is always professional
Overall Impression		
<b>Total Score</b>	<b>27</b>	

## The “No Filter” Evaluation

This evaluation is giving unnecessary personal commentary and speaks of other preceptors' assessments.

In the overall impression section, the preceptor writes the following:

“I am not sure why this student got a remedial at the previous site. I wonder if the previous preceptor was young. Often young preceptors are harsher graders because they feel that they have something to prove.”

This evaluation is giving unnecessary personal commentary and speaks of other preceptors' assessments. An evaluation should be objective and refrain from personal, unclinical and unprofessional opinions about others.

## The “It Takes Time” Evaluation

It is important to provide a frame of reference for where the student's current skills are, instead of where they will be in the future.

	<b>Score</b>	<b>Comment</b>
Technical Skills	3	appears to be ok with use of equipment. Some difficulty in recording results and signing charts, but I think this will improve with time
Knowledge Base	3	I think that with time and exposure to patients, student will continue to improve her clinical detection skills
Analytical Skills	3	
Diagnostic Skills	3	I think there is a natural tendency for the student to overreact or over-diagnose normal variations. She often describes the signs of the disorders rather than recording the diagnosis. This is not so bad as long as I can convince her to be brief in her records when appropriate and expand notations when indicated. It takes time.
Management and Treatment	2	Student will need time and patient exposures but seems to have potential

	<b>Score</b>	<b>Comment</b>
Communication Skills	2	This is an Achilles heel for the student. I have sat with her and personally discussed the need to make eye contact with the patients, speak confidently, and make herself better understood.
Efficiency	2	Again, I feel that time management should improve with experience.
Attitude	3	
Professionalism	3	
Overall Impression		
<b>Total Score</b>	<b>24</b>	<b>Remedial grade</b>

### The "I am Paying Attention" Evaluation: A Good Scenario

This scenario provides feedback specifically in most categories, providing more individual areas that the student did well and areas that they can still improve.

	<b>Score</b>	<b>Comment</b>
Technical Skills	3	Student...sometimes forgets to record findings as discussed/viewed. Continue to work on writing assessments as clinical fact and plan accordingly. Continue to work on acceptable refractive shortcuts and use of refractive binocular techniques. Record keeping should include last exam, A+O x 3, ethnicity, etc. Student has done a nice job with gonioscopy. Continue to enhance 90D and BIO
Knowledge Base	3	He can sometimes be disconnected from his cases but is capable of showing sufficient knowledge base...
Analytical Skills	3	Needs to be more consistent with tailoring his exams accordingly. Continue to work on cases anterior to posterior, common to rare...
Diagnostic Skills	3	Mostly consistent, however needs to work on being more independent in decision making
Management and Treatment	3	Continue to work on recording process; assessment is clinical fact and plan is what you do about it.
Communication Skills	3	Continue to enhance verbal independent decision making by sharing thoughts and speaking optometry on regular basis
Efficiency	2	Needs to work in lab to practice skills; review cases independently and in group prior to and after patient's exam

	<b>Score</b>	<b>Comment</b>
Attitude	3	
Professionalism	3	
Overall Impression		Overall, the student has improved and grown in clinical care. He needs to embrace being proactive in clinic and approaching clinic as not only his chosen career, but a plan should be in place to study and practice for clinic and have follow-up learning issues from clinic. I think the student would benefit from tutoring sessions to practice verbal and written commitment to a case to enhance independent decision-making.
<b>Total Score</b>	<b>26</b>	<b>Pass</b>

### **Example of Thoughtful Written Feedback from a Preceptor**

#### **Technical Skills Rating: 3**

The student demonstrates developing technical proficiency and has shown clear improvement, particularly in procedures such as gonioscopy, where technique has become more confident and consistent. The student should continue to work on accurately recording all clinical findings as they are observed, ensuring documentation includes key elements such as last exam date, A+Ox3 status, and demographic information including ethnicity. Refractive technique is improving but would benefit from additional practice in binocular balancing and refractive shortcuts. Continued refinement of 90D and BIO skills is recommended, practicing on every appropriate patient.

#### **Knowledge Base Rating: 3**

The student possesses a solid foundational knowledge base and can demonstrate appropriate understanding when prompted. At times, the student appears somewhat disconnected from details of the cases, which may affect the ability to integrate knowledge independently. With more deliberate pre- and post-encounter case review, the student will continue to strengthen clinical reasoning and confidence.

#### **Analytical Skills Rating: 3**

The student is able to analyze most clinical findings appropriately, though the approach is not always consistent. The student should continue working on structuring examinations from anterior to posterior and using a "common to rare" approach when forming differential diagnoses. Analytical accuracy improves when the student pauses to reflect on findings, and additional repetition and intentional case review will help solidify this skill.

#### **Diagnostic Skills Rating: 3**

The student is developing reliable diagnostic skills and can typically arrive at an appropriate diagnosis with some guidance. Greater independence in decision-making will help the student transition from seeking frequent confirmation to feeling confident in clinical conclusions. The student is encouraged to formulate a top differential before seeking preceptor input and to verbalize diagnostic reasoning clearly.

### **Management and Treatment Rating: 3**

The student generally selects appropriate management strategies but should continue working on clearly distinguishing the assessment (clinical fact) from the plan (action steps). Strengthening the recording process will help the student develop more structured, actionable treatment plans. Continued review of standard-of-care management guidelines will help the student write concise, confident, and complete plans.

### **Communication Skills Rating: 3**

The student communicates respectfully and professionally with patients and staff. Continued development of verbal clinical reasoning and independent decision-making through clear explanation of thought processes is recommended. Regular practice “speaking optometry” using clinical terminology, differentials, and rationale will strengthen both confidence and clarity.

### **Efficiency Rating: 2**

The student is improving in efficiency but still has room to streamline workflow. Additional hands-on practice in the lab will help reinforce technical skills so they become more automatic during patient care. Reviewing cases independently and with peers both before and after exams will help the student better anticipate required tests and manage time more effectively during patient encounters.

### **Attitude Rating: 3**

The student maintains a positive and receptive attitude in clinic and remains willing to learn and adjust based on feedback. This openness will support ongoing clinical growth. Continued curiosity and readiness to improve are encouraged.

### **Professionalism Rating: 3**

The student demonstrates appropriate professionalism, interacting respectfully with patients, staff, and preceptors. The student is punctual, prepared, and receptive to guidance. Continued development of a proactive professional identity through patient ownership and preparation is recommended.

### **Overall Impression**

Overall, the student has demonstrated progress and meaningful growth in clinical care. There remains an opportunity for the student to become more proactive in clinic—approaching responsibilities with the mindset of an emerging clinician rather than solely a learner. Establishing a structured plan for studying, practicing skills, and following up on learning issues will support continued development. The student may benefit from targeted tutoring or coaching sessions focusing on verbal and written clinical communication to strengthen independent decision-making and case ownership.

## Section 4: Accountability – Holding the Student Accountable

Accountability is a shared responsibility in clinical education and plays a critical role in student growth, patient safety, and professional identity formation. While preceptors are responsible for creating a supportive and structured learning environment, students must also be held accountable for their actions, decisions, and progress. This section focuses on how preceptors can balance psychological safety with clear expectations—encouraging students to take ownership of their learning, reflect honestly on their performance, and learn constructively from mistakes. By setting firm but fair boundaries, modeling professional self-reflection, and addressing repeated errors or safety concerns directly, preceptors can reinforce accountability as a developmental tool rather than a punitive measure.

- Creating a safe (but firm) learning environment
- Students will and should be encouraged to make mistakes as long as they understand they must learn from them and avoid repeating them in the future
- Safe learning environment encourages more honest discussions with self assessments
  - [Creating a psychologically safe learning environment](#)
- If self-assessments provided are inaccurate, help them reframe to better understand their areas of weakness
  - “High performers tend to underestimate their own performance, and lower performers tend to overestimate”
  - [Accuracy of physician self-assessment](#)
- Be a role model and admit when you don’t know an answer and demonstrate how you go about educating yourself
- Communicate clear expectations when a mistake is repeated or patient safety is in question
- Failing encounters should be emphasized as opportunities to learn and NOT as a punishment

## Shared Responsibility in Student Preparedness

Student improvement is most effective when guided by a proactive and engaged preceptor. While students are expected to arrive prepared, preceptors also play a critical role in identifying gaps early and helping students get back on track when needed.

- When standard teaching approaches are not effective, utilize available **institutional or employer-supported resources**, such as remediation clinics, additional clinical shifts during academic breaks, increased direct observation, or peer-based clinical tutoring.

- It is reasonable to expect preparedness from students; however, when preparation is lacking, preceptors share responsibility in providing structure, guidance, and opportunities for remediation.
- **Consistent enforcement of deadlines, institutional policies, and clinical requirements** is essential for reinforcing accountability and professional standards.
- **Group calibration among preceptors**—such as aligning expectations for granting drop privileges or increasing clinical challenge once benchmarks are met—helps maintain fairness and reduces perceptions of inconsistency (e.g., “easy” vs. “strict” preceptors).
- **Group work can be an effective learning strategy** when appropriately structured, as it encourages collaboration and critical thinking; however, expectations for individual contributions should be clearly defined.
- **Rewards and recognition matter.** Students are motivated when their efforts are acknowledged. Provide timely positive feedback when students perform well and set clear, achievable goals to encourage continued growth.
  - For example of student email, add subtitle (*Credit to Dr. David Hall, SCO*)

## Setting expectations from the beginning

Consider sending an email to all interns just after orientation to give them written guidance on expectations. This allows the preceptor to be able to point to a written document when needing to provide feedback.

### Here is an example of an email from a preceptor to new early 3rd year optometry interns:

For early 3rd Year Interns:

I know that you are excited to begin seeing patients in a clinical setting, but I also realize that you are very nervous in this new role! I don't expect you to have all the answers, make every diagnosis or to be completely efficient. However, I DO expect you to come ready to learn, grow, be challenged and to stretch yourself!

#### Expectations of Summer Semester, Third Year Clinicians:

1. Come ready to see patients on time.
2. I leave it to the suite to figure out the order of taking patients.
3. Medical versus vision: know whether your patient is here under their medical or vision insurance.
4. Medical insurance exams MUST have a medical chief complaint, and that complaint must be clearly stated in the “chief complaint” section of the chart, as well as the “history” section. The diagnosis must follow the chief complaint as well.
5. Always take a quick look at your patient's past history and diagnosis before starting the exam.
6. I expect you to always get a visual acuity on every patient. This means that you must think creatively about obtaining this information from patients that have special needs. (i.e.: tumbling E, pediatric acuity, etc.)

7. I expect you to be to the point of dilation within 60 minutes of starting the exam. (Begin to think creatively about how to streamline your history and chair skills to become more efficient.)
8. I expect you to attempt Goldmann before using ICare. (please ask to use ICare before proceeding)
9. After getting a chief complaint and looking over the patient's history, come see me to make your first case presentation. Be ready to answer my questions regarding the patient such as age, sex, chief complaint, past ocular history, systemic history, glucose/A1c levels, as well as special needs.
10. You will give an update to me before proceeding with dilation. I expect a clear and concise presentation, as well as presenting a clear understanding of the direction of the case as you proceed.
11. I don't expect you to know every diagnosis, so please ask for help when needed! That's what I'm here for!
12. Use your time during dilation to ask questions of me, and to work on the EMR.
13. You and I will make charges and complete the diagnosis coding on the route page. However as we progress towards the end of the semester, I will expect you to do more of this on your own.
14. I expect you to make educated recommendations to each patient regarding their spectacle, nutrition or work needs, and clearly document those recommendations in your plan. (This will help you think like a private practitioner)
15. I expect you to complete straightforward exams within 90 min to 2 hours (depending on site).
16. I expect you to proceed through the exam constantly evaluating the inter-relationships of the data you are gathering.
17. I expect your documentation to be complete and thorough. This includes clear assessment and plans, and properly notated special testing. (Special testing note: state the reason for ordering the test, the results of the test, validity of the results and the plan, such as whether to treat or not, the treatment and the follow up)

## Setting Expectations Clearly at Orientation is an Investment in Student Accountability

Setting clear expectations and parameters during orientation is an essential investment in a successful semester, providing students with a structured foundation that supports both learning and accountability. When expectations are explicitly outlined from the start, preceptors spend less time correcting avoidable misunderstandings and more time fostering clinical growth. A thorough orientation should cover:

- **Logistical expectations:** such as arrival and departure times, lunch schedules, cleanup procedures, and charting workflows—as well as operational processes like completing optical orders, writing referral letters, navigating front desk responsibilities, and properly introducing themselves and the doctor.
- **Clinical Expectations:** Students should also understand how to present cases to the preceptor, including whether they should wait in a designated location, send a message, or knock on an exam door. Clinical expectations should be clearly defined, including anticipated patient volume, whether students will be stacking patients, expected cycle time for a full dilated exam, permissions for

dilation, and any personal preceptor preferences that shape clinic flow.

- **Expectations for Feedback:** The preceptor should share how they will be providing feedback over the course of the rotation, and emphasize respect and the overall goal to see them succeed. The learner should know what to expect for feedback and know how it will be given.
- **Additional topics:** such as patient confidentiality, dress code, and even practical items like the location of the fridge and microwave contribute to a smoother, more cohesive clinic environment.
- **Professionalism and shared responsibility:** Emphasizing a team-based approach—where everyone helps each other—reinforces professionalism and shared responsibility.

By establishing these expectations early, preceptors set students up for success while creating a fair, transparent framework for providing feedback and holding students accountable throughout the rotation.

### **Additional Resources**

[Study that highlights the gaps between preceptors' \(supervisors'\) perception in the role of preparing students](#)

## Section 4: Giving a Remedial Grade

A remedial grade, while initially uncomfortable for all involved, is a helpful process when a student needs to understand the extent of the issues keeping them from a successful clinical performance. While it is tempting to give a grade that is passing so that a preceptor can avoid awkward moments, this merely passes the buck and can cause the student to waste thousands of dollars before they potentially are dismissed from the program without a degree. Below are examples of a poorly-delivered verbal conversation about a remedial grade and a professionally and warmly given remedial grade.

### Poorly Delivered, Unhelpful Script (What Not to Do)

**Preceptor:**

“Hey, we need to talk. You’re getting a remedial grade.”

*No pause, abrupt tone*

**Preceptor:**

“You’re just too slow in clinic. You’re not finishing your charts, and honestly, your thought process isn’t where it needs to be. I shouldn’t have to chase you on this stuff.”

*Student is visibly uncomfortable*

**Preceptor:**

“I don’t know why these things aren’t clicking for you. Other students don’t have this problem. You need to figure it out because we really don’t have time to keep reviewing the basics.”

**Preceptor:**

“I’m giving you a remedial grade because you’re behind. That’s just how it is. You’ll need to improve somehow. Maybe try practicing or something.”

*Dismissive tone*

**Preceptor:**

“Anyway, that’s what’s happening. I hope this doesn’t come as too much of a shock. Let’s get back to clinic; we’re already behind.”

### Well-Delivered, Professional, Supportive Script

**Preceptor:**

“Thanks for meeting with me today. Before we talk about your midterm performance, I want you to know my goal is to help you grow into a confident and capable clinician. You are absolutely capable of succeeding, and I want to work with you to get there. How do you think you have been doing in clinic?”  
*[Here, the student either confirms they are struggling or thinks that they are doing well. Respond with*

*open posture and nonjudgmental tone. "I agree" or "I see. I wanted to spend some time with you because I'm seeing things differently"]*

*Pause, warm tone*

**Preceptor:**

"Based on your performance so far, I do need to let you know that you're receiving a *remedial grade* at this point in the rotation. I know that may feel disappointing, so I want to explain clearly what this means and why."

**Preceptor:**

"One area is **exam efficiency**. You are improving, but you're consistently requiring significantly more time than is reasonable for your level. This affects both the flow of clinic and the number of patients you're able to see. The good news is that efficiency can absolutely be improved with deliberate practice."

**Preceptor:**

"Another concern is **chart documentation**. We've discussed the importance of completing charts on time and ensuring they are complete. There have been multiple sessions where charts were not fully finished, or important components—including medications, allergies, and key findings—were missing. Thorough and timely charting is an essential professional responsibility, and we need to see consistent improvement there."

**Preceptor:**

"The last area involves **analytical thinking**. You often have the right information, but you struggle to connect the findings into a coherent assessment and plan without significant prompting. This is a very common developmental hurdle, but we need to see you taking more initiative in reasoning through your cases."

*Pause, supportive tone*

**Preceptor:**

"This remedial grade is not a punishment—it's a signal that you need more structured support. And I want to provide that. Here is a plan I think will help:"

- "We'll schedule one-on-one skill-building sessions for efficiency and exam flow."
- "I'd like you to complete your charts within 24 hours, and I'll review them with you for the next few weeks."
- "We'll practice writing assessments and plans together using sample cases."
- "I recommend dedicating time outside of clinic to review your cases and look up related learning issues with a clinical tutor."

**Preceptor:**

"I want to be clear: you *can* pass this rotation. You have strengths, including your professionalism, rapport with patients, and willingness to learn. If you commit to the improvement plan and stay engaged, I am confident we can help you reach the expected level."

**Preceptor:**

“How are you feeling about this? I’d like to hear your thoughts and answer any questions you have. My goal is for you to feel supported while understanding the seriousness of where you stand.”

## Section 5: When Nothing Else Works...

Precepting students in a clinical environment creates a mutually beneficial experience for the doctor, the student, and the patient, and we hope this is achieved with minimal effort from both interns and preceptors. However, when additional support is needed, this toolkit serves as a resource. In some cases, despite every effort—from adapting teaching strategies and communication styles, to providing direct observation, reflecting on interaction dynamics, engaging in heartfelt conversations, and diligently tracking progress—the student continues to struggle. When a preceptor has tried all reasonable approaches and nothing seems to make a meaningful difference, it is natural to wonder what else can be done. This section outlines the next steps to consider when all typical strategies have been exhausted.

### Understand your triggers

1. Don't make it personal
2. Remain objective
3. Be constructive not destructive

### Mental Health Toolkit for the Preceptor

**“Do's and Don'ts”** template by Maria Armandi, OD and Tami April-Davis, Psy.D. (Drexel University)

- Offers guidance when providing clinical performance feedback to students whose reactions may stem from learning differences or emotional and mental health disorders
- Learn to identify student emotional response type as “Externalizing” or “Internalizing” and adjust your delivery accordingly
- Describes various types of students: unmotivated, confused, referral, emotional, anxious, dismissive
- Includes script for specific type of students

## Do's

Consider cultural context and individual differences

Be aware of *how* you say it

Keep your overall goal in mind (i.e. to have the student fully understand feedback)

Stay calm (neutral voice; open body posture)

Understand your triggers

De-escalate (e.g., normalize, validate, empathize)

Collaborate with student

Assume positive intent

*Source: Maria Armandi, OD and Tami April-Davis, Psy.D.*

## Don'ts

Don't take 'it' personally

Don't give individual feedback in front of other students or patients

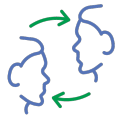
Don't jump to conclusions

Don't get defensive

**For examples of elements of this table, click below on “Guidelines for Difficult Conversations”**



[Guidelines to Difficult Conversations](#)



[Types of Student Reactions](#)



[More Detailed Scenarios](#)

## Section 5: Guidelines for Difficult Conversations

Do's	Don'ts
Consider cultural context and individual differences	Don't take 'it' personally
Be aware of <i>how</i> you say it	Don't give individual feedback in front of other students or patients
Keep your overall goal in mind (i.e. to have the student fully understand feedback)	Don't jump to conclusions
Stay calm (neutral voice; open body posture)	Don't get defensive
Understand your triggers	
De-escalate (e.g., normalize, validate, empathize)	
Collaborate with student	
Assume positive intent	

*Source: Maria Armandi, OD and Tami April-Davis, Psy.D.*

### Do's

#### 1.) Culturally Responsive and Trauma-Informed Approaches to Clinical Teaching

A culturally responsive and trauma-informed approach recognizes that students enter clinic with diverse backgrounds, communication styles, and lived experiences that shape how they learn, how they interact, and how they respond to feedback. Preceptors who adopt this lens are better equipped to interpret student behaviors accurately, deliver feedback compassionately, and foster an inclusive learning environment that supports all learners.

- **Recognizing Cultural and Individual Differences**

When considering student performance or reactions to feedback, preceptors should be mindful of cultural context, ethnicity, underlying mental health conditions, or learning differences—including anxiety, depression, or ADHD—that may influence communication, confidence, or emotional regulation. Students may also be managing personal challenges at home or interpersonal stressors that impact their bandwidth in clinic. These factors can influence how students receive and process feedback, so it is essential not to expect a single “correct” response based on dominant cultural norms.

- **Examples of Culturally and Trauma-Informed Awareness in Action**

- **Cultural expression of respect:**

In many Asian cultures, lowering one’s eyes or speaking softly is a sign of respect toward authority. A quiet or hesitant student may not be disengaged but rather showing deference. A culturally sensitive inquiry might be:

*“I’ve noticed you tend to speak quietly when we discuss cases. I want to make sure I understand your thinking. Is there anything influencing how you communicate with me—culturally or otherwise—that you’d like me to know so I can better support you?”*

- **Silent acceptance of feedback:**

In some cultures, it is respectful to receive feedback without verbal response or explanation. While this may seem dismissive to a preceptor, it may actually indicate full attentiveness. Open-ended questions can help determine whether the student has absorbed and understood the feedback.

- **Family stress and mental health:**

A student experiencing anxiety or depression due to family issues—such as illness, financial instability, or conflict—may appear withdrawn, overwhelmed, or unusually sensitive during feedback. These responses may reflect emotional strain rather than lack of motivation. A trauma-informed check-in might sound like:

*“I’ve noticed you seem more overwhelmed recently. You don’t need to share details, but if something outside of clinic is impacting your stress level, I want to be aware so I can support your learning. Is there anything you’d like me to know or anything that might help you feel more grounded here in clinic?”*

This approach acknowledges the student’s humanity, respects their boundaries, and avoids assumptions or pathologizing.

- **Core Principles of Trauma-Informed Precepting**

Trauma-informed teaching does not require knowing students’ personal histories; instead, it relies on universal principles such as:

- **Safety:** Creating an environment where students feel physically and emotionally safe to learn and ask questions.
- **Trustworthiness and Transparency:** Clearly explaining expectations, processes, and academic implications.
- **Peer and Preceptor Support:** Encouraging a team culture where interns help one another.
- **Collaboration:** Framing feedback as a shared effort, not a hierarchical judgment.
- **Empowerment:** Highlighting student strengths and reinforcing progress while identifying areas for growth.
- **Cultural Humility:** Recognizing cultural influences on behavior and avoiding assumptions about intent or capability.

- **Why This Framework Matters**

Culturally responsive and trauma-informed precepting not only helps prevent misinterpretation of student behaviors but also enhances learning outcomes, strengthens professional identity formation, and supports equity in clinical education. By viewing students through a holistic lens and responding with curiosity rather than judgment, preceptors create a learning environment where all students—regardless of background, stressors, or neurodiversity—can thrive and reach their clinical potential.

## 2.) Your tone matters just as much, if not more than your actual message.

Put another way, *“It’s not what you say, it’s how you say it.”*

- Avoid sarcasm, condescending tone, and/or being curt. Be inviting, welcoming, and supportive in conversation.
- Many students are hypersensitive to negative feedback. Although it is not your job to accommodate every student’s sensitivities, keep in mind your main goal- to have feedback heard and incorporated. You improve your chances of achieving this goal by delivering feedback with a supportive tone.

- Preceptors encourage students to ask questions when they don't understand the material. Many preceptors welcome questions - "There are no stupid questions." There are other preceptors, however, who will encourage questions, but then are disparaging, caustic, or disapproving in their response to questions. As a result of this approach, many students will respond by asking fewer questions.
- Not everyone is aware of how their tone may be coming across or interpreted by others. Feedback from fellow peers may help with ways to improve tone when providing feedback.

**3.) Keep your overall goal in mind:** Creating the best environment to convey feedback and to have it received. You want students to hear your feedback and integrate it into their practice. Individuals are more receptive to feedback when their nervous systems are not dysregulated into a fight or flight response. Continually ask yourself before and during feedback, "How can I give myself the best opportunity to be heard and understood?" Oftentimes, the answer to this question will involve assessing your tone versus your message.

#### **4.) Stay calm.**

- Regulate your tone of voice (e.g., avoid raising your voice) and maintain an open body posture. Calm breeds calm. Recall #3: A relaxed nervous system contributes to a receptive student.
- Open body posture and communication pointers:
  - Arms uncrossed
  - Body squared toward student
  - Eye contact
  - Leaning toward the student when listening
  - Nodding
  - Paraphrasing student's concerns/responses (e.g., "You're confused as to why your grades do not match the feedback that I'm giving you.")

**5.) It is hard to stay calm all the time.** Situations and people trigger us! Think about how you are feeling in the moment and how that might influence the situation. We might feel dismissed, unimportant, unheard, disrespected, etc. These reactions occur in response to student behavior, but they are also related to our own sensitivities, biases, and our templates for relational patterns, particularly concerning authority figures.

**6.) When you are calm, you can better help students regulate their emotions.** You want students to maintain an ideal level of anxiety during feedback. When students feel just enough anxiety to motivate them to change, but not so much anxiety that they freeze, they will fully understand and subsequently incorporate your feedback (recall: Do #3). Some tools that may help de-escalate anxiety include empathizing, normalizing, and validating students' emotions in response to receiving your feedback. Think about how you would want to be told this information or how you would share it with a loved one.

- *Empathizing:* "I remember being in your shoes as a student- I also used to feel frustrated- and sometimes even angry- with myself and/or my preceptors when receiving feedback."
- *Normalizing:* "It's normal to feel upset when you receive constructive criticism or negative feedback; many students with whom I work react the same way." "Feedback is part of the process of becoming an optometrist- we've all been there!"
- *Validating:* "You're feeling anxious right now. It's okay to feel anxious. Why don't we take a few breaths together and then proceed when we're feeling a little calmer."

**7.) Collaborate with the student during a feedback session.** Remind them that feedback isn't intended to be taken personally and that it is an important part of the training process. Get the student's 'buy-in' on how to deliver feedback. This will help them to feel more in control of their situation. Check-in with them and their emotional reactions. Help students understand what falls within their control to change versus what does not.

• **Examples:**

- "I understand that feedback can feel like a personal attack sometimes. I wonder if you could reframe receiving feedback as being part of your job as a student. Feedback can be positive- it will help you achieve your ultimate goal of becoming an optometrist."
- "How do you prefer to get feedback from preceptors?" i.e., Do you like direct feedback? Do you prefer to hear what you've done well and then what you need to work on? If you get upset, do you prefer to be left alone to collect yourself or would you prefer that I stay with you to support you? Are you someone who likes to be given specific tools to work on your skills or do you tend to like to figure things out on your own? Do you prefer written or verbal feedback?
- "You seem angry/anxious/upset. Am I correct? How can I support you right now?"
- "You think you received poor scores from Dr. X because he doesn't like you. That may be true and it may be untrue. Regardless, you can't control how he feels about you. What *can* you control about this situation?"

**8.) Assume positive intent coming toward you and from you.** Assume students want to learn. Assume that you have their best interests at heart.

## Don'ts

**1.) Don't take 'it' personally.** When a student gets angry/cries/freezes up- you may become emotionally reactive. Their response to your feedback may have nothing to do with you. As mentioned above, you come to the interaction with your own set of sensitivities, biases, and templates for interactions with authority figures- your students do too! If you are applying the above "Do's" and you know that you are not coming from a place of anger/manipulation/retribution when delivering feedback, then their response has nothing to do with you. They are entitled to their feelings. Their behaviors, however, in response to their emotions may have consequences (e.g., professionalism citations).

**2.) Whenever possible, provide feedback without the presence of others.** Students can become very self-conscious, ashamed, and/or embarrassed when receiving feedback in front of their peers, patients, and other preceptors. When they experience these negative emotions, they are less likely to attend to what you are saying. Remember Do #3: Provide feedback so that your student hears you.

**3.) Don't jump to conclusions about your student.** Mislabeled your students as lazy, unmotivated, or disinterested, can be dangerous for subsequent interactions with them. You could be misattributing their undesirable behavior. Recall Do #8: Assume positive intent.

**4.) Don't get defensive when a student reacts negatively toward you and/or your feedback.** Your defensiveness and anger may breed the same response (or some other emotional response such as increased anxiety) in the other party. It can be hard not to get defensive, especially when a student blames YOU for their failure. When you're feeling defensive, take a minute and notice it. Reflect back to the student, "You feel I could've done that differently." You don't need to take on ownership/blame.

People just want to be heard. Reflecting and/or paraphrasing shows that you are listening and hearing the student. Once you reflect or paraphrase, move on with your feedback.

# Section 5: Types of Student Reactions

## Types of Student Reactions to Preceptor Feedback

	<b>Internalizing Student</b>	<b>Externalizing Student</b>
<b>Tendencies</b>	Student recognizes their faults and how they contribute to the negative feedback. May already have a good sense of areas that are in need of improvement.	May or may not recognize their own contribution to the feedback that they are receiving.
<b>Reaction to negative feedback</b>	Could react with anxiety/panic, tears, anger toward self (that may be experienced by preceptor as anger toward the preceptor), fearfulness regarding consequences of negative feedback. May shut down or have a frozen, "deer in the headlights" reaction.	This student blames external factors, including, but not limited to, the preceptor, the patient, peers, the grading system, and/or the university....This student is unable and/or unwilling to accept feedback.
<b>Student Perspective and Interpretation</b>	May have trouble recognizing feedback as appropriate and necessary; may, instead, interpret feedback as their being defective, not having skills that they should have at this point; likely to think of themselves as less prepared or less equipped than peers. <i>Student's response may be exacerbated by preceptors who are shaming, have a harsh tone, or make the feedback personal rather than normalizing it as developmental, belaboring feedback.</i>	The student is likely to be emotionally fragile but may react in a superior manner to the preceptor and feedback. This superior manner may manifest as dismissive and/or angry (confrontational versus conversational). <i>This type of student can be very triggering to preceptors with traditional views of relationships with authority figures. That is, it can be shocking when students react angrily rather than deferential toward an authority figure.</i>

## Potential Student Scenarios:

*\*Not all students are going to fit neatly into these categories. Many situations are complex and fall into multiple categories at the same time.\**

- **The 'unmotivated' student:** needs a 'reality check'
- **The 'confused' student:** seems 'oblivious' to why they are receiving your negative feedback)
- **The 'referral' student:** you suspect a Learning Difference, ADHD, or underlying health dx and want to address it with an appropriate referral
- **The 'emotional' student:** angry/crying upon receiving feedback
- **The 'anxious' student:** panics or withdraws or seems to be in despair upon receiving negative feedback
- **The 'dismissive' student:** denies or does not take accountability for the reality of negative feedback; has some components from scenarios of student who is unmotivated, confused and/or emotional

*Preceptor Pearl: Open a difficult conversation with "How do you think you've been doing clinically so far?" This builds learner critical thinking and helps preceptors ease into providing feedback.*

## Section 5: Examples of Scripts Specific to Certain Scenarios

The following scripts apply to the 'dismissive' student scenario but might also have overlaps with others:

**“I’m doing fine because all of my Meditreks (evaluations) are good.”**

**“Meditreks reports are one measure of your performance and I’m glad to hear that you’re performing well in that domain. There are, however, still a few areas in which you could use further development. Let’s talk about them.” (Consider asking them to think about what areas they can identify for self-improvement before naming the areas yourself.)**

**“I’m not sure what I am doing wrong because none of my preceptors have said anything to me.”**

**“It sounds like you’d like more specific, on-the-spot feedback, even if it is not positive. Am I hearing you correctly? Let me see if I can talk to your preceptors about being more direct in their feedback. In the meantime, I have feedback here from your preceptors on areas they see as needing development. Why don’t we have a seat and look through them together? Then we can come up with a plan of attack to get you where you need to be.”**

**“I don’t think I need to be in Learning Support/Tutoring (remediation program).”**

**“Could you tell me a little bit more about why you don’t think you need to be in Learning Support? I understand that some students find it embarrassing or shameful. I want to assure you that you are not being punished. Our only goal here is for you to be successful. I think we will reach that goal more quickly if you take advantage of the resources we’re offering you.”**

**“I don’t have time for Learning Support activities because I have classes to study for. “**

**“It can be so hard to balance everything that’s required of you as a student. I can remember what it was like. I would encourage you to rethink your stance on participating in LS activities. Yes, your classes and performance on exams is very important to your success. So is your performance in clinic. If you don’t take advantage of this resource we’re offering, you might fall even further behind. If that happens, you could be in danger of being dismissed from the program. Would you like to talk a little bit more about how to integrate the LS activities into your schedule or would you prefer to continue as you’ve been, knowing that there’s a risk that you could be dismissed?”**

**“My classmates have worse GPA’s than me but they didn’t receive a low grade**

## **in clinic.“**

**“I can understand why that would be confusing! Keep in mind that GPA is comprised of both scores from your didactic classes AND scores from your clinical skills experiences, including practicals and performance in clinic. Some students tend to be stronger in one area than the other; some students are strong in both! What I’m seeing right now, is that you’re doing well in your didactic classes and that’s fantastic. Let’s see if we can match your clinical performance to your academic performance.”**

## **“It’s because Dr. Smith doesn’t like me.”**

**“I’m so sorry to hear you feel that way. I would hope that your impression isn’t true. And, we’ll probably never know whether or not that impression is true, right? Unfortunately, that’s something that you may have no control over. Why don’t we talk about what is within your control? Let’s start with the specific areas of growth I have here to review with you, based on what Dr. Ngyuen and the other preceptors have shared with me.”**

## **Student doesn't show any emotion or response when told that they are not performing at expected levels**

They just don’t show any emotion or response when told that they are not performing at expected levels. They nod and seem to accept the news but then do not take advantage of the resources offered.

**“It seems like I lost you a little during my feedback. How are you feeling about all of this? I can imagine that this might be unexpected/overwhelming/frustrating. When you think of the resources I’ve just explained, which ones do you think you’re most likely to take advantage of?”**

2nd part, follow-up to feedback when it is clear that the student is not taking advantage of resources:

**“Hi, xxx. It’s been a few weeks since we had our feedback session. During that time, I outlined many resources that you could take advantage of to support your improvement in clinic. It doesn’t appear that you’ve taken advantage of any of them. What’s getting in your way?”**

If the student brushes off the question and continues to deflect:

**“Listen, I know how overwhelming it can be as a student. We’ve all been there. I sincerely want you to be successful in this program. I’ve outlined the resources we have available to you to improve your performance. The ball is in your court, at this point. I hope that you will reach out for help—if you don’t, please be aware that you may be in danger of being dismissed from the program. I’m here if you have any questions.”**

Or they show an obvious poor attitude with eye-rolling and body language evident of their lack of care/concern:

**“I could be wrong, but it seems like you’re feeling angry/frustrated. Do you want to talk about what you’re feeling or why you’re feeling that way?”**

Or they show no effect at all, no nodding in agreement, no poor attitude, just no reaction:

**“You seem kind of checked out right now. How are you feeling in reaction to this feedback?”**  
(See [Internalizing Student vs Externalizing Student](#) grid)

### **Additional Resources:**

[Mental Health First AID](#) is a great training course that helps raise awareness of mental health issues for everyone, clinical or non-clinical, and supports all in understanding ways.

## Section 5: More Detailed Scenario Examples

M. Armandi and T. April-Davis

### The 'unmotivated' student

(needs a reality check)

These students may exhibit this lack of motivation by not seeming to make more than minimal effort in clinic when it comes to being willing to see patients. They sometimes stay in their exam room in between patients to avoid having to take another one. They might purposely take longer than necessary with their first pt. so they aren't free when the next one comes up. Based on body language, and facial expression when asked to see someone new, it seems as if they aren't eager to do so. They often have low patient numbers consistent with this.

- *How should we address this with these types of students?*
  - **"I'm wondering if you could help me understand some things I've been noticing in clinic while observing you. It seems to me that you sometimes avoid taking patients by staying in the exam room a little longer than necessary or taking more time than might be necessary with your first patient of the day. I wanted to address this with you as soon as possible because this type of behavior might be interpreted as not being professional/collegial/appropriate. I want to support your success in clinic so let's try to figure out what's going on so we can improve your performance in this area."**
- *What do we say if they offer various excuses for not seeing enough patients or they get defensive?*
  - **"But Dr. Brown, my last patient was really complicated and took longer than I thought so I wasn't ready for another one."**
    - **"Let's problem-solve how you might work on your speed with cases like this one."**
    - **"What was particularly complicated about this case that slowed you down?"**
    - **"Could you help me understand why your performance with a case like this might be, on average, slower than some of your peers?"**
  - *Or complete denial if confronted with a suggestion that they are not seeming as if they want to see patients:*
    - **"No, that's not true at all. I'm not avoiding patients."**
      - **"Can you help me understand the context of what I'm observing? Compared to your peers, you are not seeing as many patients while working in clinic. Could you help me understand the difference in performance between you and your peers?"**
      - **"I'm glad to hear that you're not avoiding patients. We want to make sure you're getting adequate exposure to training experiences. What do you think needs to change to meet that goal?"**

## The 'confused' student

(seems oblivious as to why they are receiving your negative feedback)

- *These students show facial expressions consistent with confusion or even surprise that they are being told that they are not performing to expectations.*
  - *"What do you mean that I am not doing well in clinic?"*
    - **"Why don't we go into one of the exam rooms so we can speak privately? I want to share some feedback with you on your performance so that we can work together to get you where you need to be at this point in your training."**
  - *"From what I hear from some of my classmates, I thought I was doing as well as everyone else."*
    - *Start with what the student is doing well.*  
**"In some ways, you are performing at the level of your peers. You do x, y, z, really well. Here are some areas that need development...."**
  - *"My classes this semester were really hard, and I am working as efficiently as I can. I feel like I'm doing just as well as my classmates."*
    - **"Yes, some classes this semester are very hard-I hear that all the time! It can be really hard to balance all of the tasks that are required of you as a doctoral student. Let's see if we can figure out some tips and tricks to make this process easier. I know you can be successful if we make a few adjustments"**
- *Despite receiving low Meditrek grades they don't comprehend the fact that they need to improve.*
  - *"Well I know I got some 2's on some patients but I got 4's on some others and the ones I got the lower grades on were really tough cases."*
    - **"Yes, you did get 4s on some patients-awesome job. If we can get you moving more 2s to 4s, you'll be well on your way to success. Let's figure out how to make that happen- I have some suggestions that might help."**
    - **"Yes, some classes this semester are very hard-I hear that all the time! It can be really hard to balance all of the tasks that are required of you as a doctoral student. Let's see if we can figure out some tips and tricks to make this process easier. I know you can be successful if we make a few adjustments."**
  - *"Some of my friends have gotten lower grades than me but they haven't been told they need to get better."*
    - **"That must be confusing to hear. Our peers don't always share the full picture of their grades and performance. We don't target students about their performance to make them feel bad. When I'm giving you this feedback, it's only because your performance needs to improve so that you can be successful in this program. I wouldn't want you to get this feedback too late in the semester, because then you wouldn't have an opportunity to make the necessary changes to be successful."**
- *Even with lower grades and feedback written in Meditrek by faculty, they are still not aware of what they have to do to improve or what they have been doing wrong.*
  - *"I really don't know what is expected of me. None of the faculty ever tells me what I need to do better or what I am doing wrong."*
    - **"I'm really surprised to hear that no one has addressed these issues so far"**

and I'm glad that I'm getting the opportunity to do that now because I don't want you to feel lost or confused about your performance. Let me give you some very specific feedback and things to work on. I'm going to document this conversation here too so that we both know we've discussed these issues." (You might consider having the student summarize back to you the feedback so you confirm that you are on the same page and that the student heard you. And then DOCUMENT it!).

## The 'referral' student

(you suspect a Learning Difference, ADD, or underlying emotional, mental, or systemic health dx and want to address it with a referral)

- How do you tell them that you think they have a disorder and/or that you recommend they be tested or seek help from the appropriate professional?
  - **"I've worked with students in the past who have struggled in similar ways to you. I know you're able to do this work-it just seems like something is getting in the way. This is obviously beyond my scope of practice, so I'm going to suggest that you make an appointment with the counseling center because they may be able to give you a better understanding of what may be going on with your attention/processing/cognition/anxiety."**
  - What if they deny it, argue with you, or are resistant to your suggestions?
    - **"No one ever told me this before."**
      - **"It may be that the demands of this situation are just so big that you've been able to work around these issues up until this point."**
    - **"Wouldn't something like this have already been diagnosed?"**
      - **"I thought the same thing so I had a conversation with one of the counselors who shared that it is not uncommon for bright students to make it this far without being diagnosed. Our overall intelligence and strong academic performance can mask attention/processing issues sometimes."**
    - **"I've gotten through my education so far without any problems so how could I have a learning difference?"**
      - **"Bright students can often find workarounds to attention/processing issues until they reach this level of education. At this point, sometimes the demands of the program become too big for any workarounds that may have been successful up until this point."**
- How should this be approached if a student has an actual physical disability that seems to be interfering with their progress or their ability to safely/accurately perform certain clinical tasks?
  - **"I realize that what I'm about to say may be uncomfortable to discuss so please know that my intention is not to embarrass or shame you. It seems to be that (description of disability or label of disability) may be interfering with your ability to perform this task-would you agree? Should we spend some time problem-solving some workarounds?"**
  - What if they get upset when you tell them that or they suddenly become very self-conscious, and withdrawn?

- **“What I’ve just shared with you seems to be upsetting to you. Please know that this feedback is not intended to shame or embarrass you. If I did hurt you or offend you, please know that it was not my intent to do that although I understand that it may have had that impact.”**
- *What if they deny it and possibly become argumentative about it?*
  - **“Well I know I have that issue but I can still do all the parts of the exam. It’s not interfering with anything.”**
    - **“Okay, good to hear. If this disability isn’t interfering with your ability to perform this task, what do you think is getting in the way?”**
  - **“I can just have a tech do that procedure for me or use an automated piece of equipment instead.”**
    - **“Once you practice under your own license, you are welcome to be as creative as you feel appropriate in completing necessary tasks of the job. Here, however, you will need to be able to do this task manually so why don’t we problem-solve how to do that so you can pass this course?”**

## The ‘emotional’ student

(Crying or angry upon receiving negative feedback)

- *How do you calm down a student who starts crying?*
  - **Normalizing/validating the emotion, encouraging deep breaths, offering a tissue. Look for a private area to talk, and slow down the pace of conversation. Although being in the presence of someone crying can be uncomfortable, there’s nothing inherently wrong with crying. Some people are just quicker to cry than others. Your goal is to get them calm enough to hear the feedback.**
- *What if in the process of becoming upset, they start to reveal underlying personal problems? What if they start telling us “too much”?*
  - *Empathy/validation/normalization first.* **“Wow, it sounds like you’re going through an awful lot right now. Have you thought about reaching out to counseling?”**  
**“Anyone in your shoes would feel overwhelmed right now. Let me give you some counseling center emails so you can get in touch with a counselor and get some support.”**
    - **“I don’t know if I can handle all this because my boyfriend just broke up with me.”**
      - **“Ugh, couldn’t have happened at a worse time, right?” “It’s so hard to manage regular life stressors when you’re in graduate school, isn’t it?”**  
**“Breakups are so hard. Heartbreak is just awful.”** *Refer to the counseling center.*
- *They may become angry and start blaming others.*
  - **“Well, why haven’t my preceptors been telling me this all along?”**
    - **“It sounds like you feel blindsided by what I’m sharing. I’m glad we’ve gotten the opportunity to discuss this feedback now so that you know what to work on going forward.”**
  - **“I only got the low grades from Dr. Perez and everyone knows she gives everyone low grades.”**
    - **“I hear you. It’s frustrating that grading can feel subjective and even personal sometimes. Let’s take a look at the bigger picture of your**

performance. If you just received low grades from one professor, I wouldn't be talking to you right now. There seems to be a larger issue at play. Let's see what we can figure out."

- "I hear you. It's frustrating that grading can be subjective and it can feel personal sometimes. Respectfully, not everyone is receiving the same grades from Dr. Perez as you are. Compared to your classmates, even accounting for Dr. Perez's tough grading, you're not where we need you to be. The good news is that we're meeting right now and have some time to figure out a plan to help you be successful."
- "How am I supposed to know what to do when all the faculty want us to do things differently?"
  - "You're right. Faculty sometimes have different things that they focus on in more detail. Over time, you'll come to know everyone's idiosyncrasies and adapt accordingly. In the meantime, let's figure out what is in your control to improve because the important thing to keep in mind is that all preceptors are looking for the same building blocks. If we work on your foundation, idiosyncratic grading shouldn't significantly impact your performance."

## The 'anxious' student

(Panics, withdraws, appears ashamed, or seems to be in despair upon receiving negative feedback)

- *May panic*
  - "Does this mean I am going to fail?"
    - "The reason we're addressing this right now is so that you have time to make the necessary adjustments before it's too late."
  - "Am I going to graduate on time?"
    - "I can't imagine why you shouldn't graduate on time if you apply this feedback now."
  - "I can't believe this is happening."
    - "It's normal to be upset at first when receiving feedback like this. With a little space, I know you can take a breath, apply the feedback, and get to where you need to be."
- *May withdraw and suddenly become quiet and stop making eye contact.*
  - *What do we say to engage them at this point?*
  - "I'm noticing you've seemed to shut down a bit. Is there anything that would make you feel safer/more comfortable right now? Do you want me to give you a few minutes to digest this feedback? Could you use a minute alone? Why don't I grab you some water while you take a few breaths? I'll be right back."
- *May show despair*
  - "I knew this was going to happen."
    - "Even when we're prepared to hear something, it can still be hard to digest. I completely understand."
  - "I don't know how I am going to get better."
    - "Good news-that's where I come in. I have some ideas to help you improve. I know you can do this."
  - "I have finals coming up and now this?"

- **“You’re juggling a lot right now. I’ve worked with many students who have been in your situation before and they’ve been able to figure it all out. I can’t see any reason that you won’t figure it out too. You can do this!”**
- *Often it is suggested that they speak with specific preceptors to get specific or detailed feedback, guidance, and ask for help but they admit apprehension.*
  - *“I’m afraid to talk to Dr. Patel. He intimidates me too much.”*
    - **“It’s normal to feel anxious when interacting with people we respect. It would be in your best interest to get specific feedback from Dr. Patel, however. If your anxiety is getting in the way of you talking with Dr. Patel, I might suggest talking with someone from the counseling center so that you can work on some anxiety management tools.”**
  - *“Dr. S already thinks I am a poor student so I don’t want to make things worse by meeting with her.”*
    - **“The only thing that meeting with Dr. Strayer will do is potentially improve your performance. When a student takes the initiative to meet with me, I have a greater respect for them because I see that they are taking themselves seriously as a professional. I’m willing to bet that Dr. Strayer feels the same way.”**
    - **“Help me understand how you think that meeting with Dr. Strayer will make things worse. If she already thinks that you are a poor student, you have the opportunity to change her mind by showing initiative to improve.”**
- See the previous section for the ‘dismissive student’ script

## The ‘unprofessional’ student

(Late to arrive, leaves early, calls out of clinic sessions or wants to make switches frequently, not dressed appropriately, disrespectful towards faculty, staff, students, or worst of all, patients)

- *Use verbiage to address these issues directly with the student.*
  - **“Hi there, I need to bring a few things to your attention. Over the past few weeks, you’ve been arriving late/leaving early/calling out of the clinic more frequently and this concerns me. There are a certain number of hours required of you in the clinic to graduate. If the current pattern continues, you will be at risk of not meeting those requirements. Do you want to share with me what is getting in the way of you being able to get in your required training hours? (*help to problem solve, i.e. are there transportation issues? Redirect to counseling if personal issues*).**
- **“Hello, (student name). I need to share some feedback with you about interpersonal interactions with faculty/staff/students/patients. Could you talk with me so that I can try to fully understand what might be going on?”**
- **“Part of being a professional is how we dress and how we interact with people. If you don’t mind, I’d like to share some feedback with you about these topics and then I’d like to work with you to improve these areas.”**
- *What would be effective and appropriate consequences for such behavior?*
  - Consider a verbal or written warning first, and let the student know that continued episodes of unprofessional behavior will impact their grade.

- Connect with the Student Affairs team about whether this is a theme of behavior for this student. There may be other issues going on in their home life.

## Section 6: Self-Care for the Preceptor

Teaching can be hard! Taking care of yourself is important so that you can invest time in others. Be on the lookout for symptoms that may indicate your current mental health status is in need of self-care:

- Feeling unhappy about going to work.
- Feelings of agitation at work.
- A feeling of apathy about your work.
- Acting less collaborative or friendly/cordial with others.
- Starting to view patients as objects or formulas instead of human beings.

### Tips for Self-Care

(Adapted from [Physician Self-Care: Wellness Tips to Avoid Burnout](#))



#### **Stay connected.**

1. Strong relationships with family, friends, and colleagues provide a sense of belonging and support.
2. These connections help remind us of our values and purpose and keep us grounded in life outside of work.
3. Getting to know coworkers as fellow humans can strengthen workplace relationships.
4. Finding shared interests with colleagues can make the work



#### **Stay focused.**

1. Remind yourself regularly why you chose to practice optometry.
2. Reflect on what motivates you to continue in your professional journey.
3. Consider your levels of professional and personal fulfillment.
4. Explore ways to improve both areas to maintain long-term satisfaction.



#### **Stay happy with hobbies and activities outside of work.**

1. Cultivate both new and old hobbies.
2. Make time to travel, garden, laugh with friends, and experience joy.
3. Prioritize activities that restore your energy and well-being.
4. Remember that taking time for yourself enables you to give more to others.

environment more enjoyable and fulfilling.



### **Stay healthy.**

1. Nurture your physical, mental, and emotional health whenever possible.
2. Recognize that inadequate nutrition, hydration, sleep, and exercise can accelerate burnout.
3. Seek professional help when needed—there is no shame in doing so.
4. Lean on family, friends, or colleagues for support during challenging times.



### **Stay organized.**

1. Organize your personal and professional responsibilities to prevent feeling overwhelmed.
2. Set aside time to list and schedule everything you need and want to do.
3. Use digital calendars to sync personal and work obligations for easier planning.
4. Include personal commitments, health needs, and hobbies—such as Little League games, exercise, meals, and downtime.
5. This practice helps you identify priorities and determine what can be reduced or postponed when necessary.



### **Don't be afraid to seek help from administrators and/or professional counselors.**

1. Talking through your struggles with an objective person can help you begin to process and find a path forward.
2. Many organizations offer behavioral health resources that employees can access for additional support.

## **Additional Resources:**

[Breaking the Stigma: Mental Health in Optometry Video:](#)

Rodriguez, Tori. [Physicians Reveal the Self Care Activities That Help Them Avoid Burnout.](#) 21 May 2024.

[American Optometric Association: 4 Self-Care Habts that Help Prevent](#)

[Burnout](#)

[Healio: 'Please take action' to avoid optometrist burnout](#)

[Optometric Management: Beat Burnout](#)