ATHLETIC TRAINING EDUCATION JOURNAL

www.natajournals.org
ISSN: 1947-380X
DOI: 10.4085/1004302

ORIGINAL RESEARCH

Preceptors' Perceptions of the Preparation and Qualifications for the Preceptor Role

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Context: The 2012 Commission on Accreditation of Athletic Training Education (CAATE) standards include several changes that allow more institutional autonomy when determining the qualifications and preparation of preceptors. Clinical education coordinators (CECs) must make educated decisions in this area, yet minimal research exists to guide their decisions.

Objective: To investigate the preceptor's perceptions regarding the preparation and qualifications for their role.

Design: Qualitative.

Setting: Three undergraduate, CAATE-accredited athletic training programs.

Patients or Other Participants: Seventeen preceptors (8 males, 9 females; 9.88 ± 9.46 years of clinical experience; 5.06 ± 3.92 years of clinical teaching experience) working in the college/university, rehabilitation clinic, and high school settings. Participants were recruited through the CECs of 3 institutions and selected through purposeful sampling. Data were collected until a variety of participant experiences were obtained and data saturation occurred.

Main Outcome Measure(s): The researcher interviewed participants using an individual, in-person, and semistructured format. Interviews were recorded, transcribed verbatim, and analyzed using inductive coding with ATLAS.ti software. Trustworthiness was established with the use of source and site triangulation, member checking, and peer debriefing.

Results: Four categories emerged from the data, including benefits, preparation, qualifications, and challenges of being a preceptor. While participants described it was beneficial to supervise students, they also faced several challenges, including balancing their responsibilities and keeping their knowledge current. Participants discussed that mentorship from other preceptors and past experiences as students were primary contributors to their roles as preceptors, whereas preceptor training and communication by the CEC could improve. Participants described that clinical experience, willingness to be a preceptor, and confidence were the main qualifications for becoming a preceptor.

Conclusions: Clinical education coordinators should recruit confident clinicians with sufficient clinical experience to become preceptors along with ensuring adequate preparation of and communication with preceptors. Educators and researchers should consider the challenges faced by preceptors and develop strategies for overcoming these challenges.

Key Words: Education, clinical supervision, clinical education

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Full Citation:
Nottingham S. Preceptors' perceptions of the preparation and qualifications for the preceptor role. *Athl Train Educ J*. 2015;10(4):302–314.

Preceptors' Perceptions of the Preparation and Qualifications for the Preceptor Role

Sara Nottingham, EdD, ATC

Athletic training preceptors are responsible for the instruction and assessment of athletic training students during clinical education experiences.[1] Athletic training programs (ATPs) are responsible for the selection, training, and evaluation of preceptors, and recent changes in the Commission on Accreditation of Athletic Training Education (CAATE) standards have allowed more institutional autonomy in these areas. Examples of changes include removal of a minimum requirement of clinical experience to become a preceptor and removal of requirements for the content and format of preceptors' training and evaluation.[1,2]

While program directors (PDs) and clinical education coordinators (CECs) benefit from more freedom in decision making in their respective ATPs, they also have more responsibility to ensure the quality of clinical education experiences for athletic training students. Program directors and CECs must rely on existing literature and resources to make decisions regarding the identification and education of potential preceptors. Weidner and Henning[3] developed standards for the selection, training, and evaluation of preceptors, which include expectations for ethical behavior, clinical knowledge, and skills in communication, instruction, evaluation, supervision, and interpersonal relationships. Until 2012, the CAATE standards[2] and clinical instructor educator seminars[4] also provided guidelines for preceptor training, including learning styles, evaluation, supervision, policies, and procedures, among others. Research conducted during the implementation of these standards and guidelines found that nearly 79% of graduate assistant (GA) preceptors[5] and 65% of preceptors[6] believed their preceptor training prepared them for the role. However, researchers have not investigated the details of preceptor preparedness, such as helpful components of preceptor training or other factors that help prepare preceptors for the role. If 21%–35% of preceptors do not believe preceptor training workshops are helpful, educators need to understand what factors contribute to the preparation of preceptors.

In addition to the general selection and training of preceptors, several researchers have focused on the preparedness of novice clinicians (generally clinicians with fewer than 3 years of clinical experience) for the role of preceptor.[5,7–9] Mulholland and Martin[7] found that athletic training students believe that novice clinicians are just as effective at modeling professionalism, displaying a positive attitude toward teaching, and communicating positively with students as more experienced preceptors and clinicians. Similarly, GA preceptors with less than 2 years of preceptor experience and 3 years of clinical athletic training experience felt prepared to be preceptors.[5] Despite perceptions that novice preceptors with less than 2 years of clinical teaching experience are qualified to serve in this role,[5] Stemmans[8] and Stemmans and Gangstead[9] discovered that novice preceptors may not facilitate student learning during clinical education experiences as well as experienced preceptors. Specific to their roles as clinicians, Henning and Weidner[6] found that GA athletic trainers, who are typically novice preceptors and clinicians, experienced a higher degree of role incompetence than head athletic trainers. Inconsistent findings regarding the experience and ability of novice preceptors and clinicians provides additional challenges for CECs who are attempting to make informed decisions regarding the selection and preparation of potential preceptors.

While existing research provides some basis of information in the area of preceptor selection and training, a detailed understanding of what qualifies and prepares preceptors for the responsibilities of clinical supervision and instruction is still lacking. The relationship between clinical experience and clinical teaching performance is conflicting, and previous researchers have only investigated this topic with quantitative measures.[5,7–9] In addition, no athletic training researchers, to the author's knowledge, have investigated preceptors' perceptions of what prepares them for this role. Without understanding these factors and the challenges preceptors face after undertaking the role of preceptor, CECs may have difficulty effectively selecting and training preceptors. Therefore, the purposes of this study were to investigate the experiences, qualifications, and preparation of preceptors. Investigating preceptors' perceptions on these topics through qualitative, inductive methods will help educators further understand the experiences of preceptors and provide additional information for CECs to make decisions regarding the selection and education of preceptors.

METHODS

Design

A qualitative, phenomenological approach with in-person interviews was used to investigate the experiences of preceptors. Qualitative methods allow researchers to describe meanings and explore contexts of people's individual experiences.[10] Phenomenology, a type of qualitative method, allows researchers to gain understanding of people's experiences with a specific phenomenon of interest.[10] The phenomenon of interest in this study was preceptors' current and past experiences as preceptors. In addition, interviews are useful when researchers are interested in past events or when the topic of interest cannot be observed.[10] Therefore, the use of qualitative, exploratory interviews was appropriate for this study. The research was approached through a constructivist perspective, meaning that the researcher sought to describe, understand, and interpret participants' perspectives on their experiences, preparation, and qualifications without predicting the findings of the research questions.[10] The research questions and interest in this topic developed from past qualitative research investigations and experiences as a CEC. Throughout the study design, data collection, and analysis process, biases were minimized to fully understand and explore preceptors' experiences. Additional methods were used to improve credibility of the study, which is described in the Trustworthiness section.

Table 1. Participant Demographics

Participants (Pseudonym)	Years of Clinical Athletic Training Experience	Years of Clinical Teaching Experience	Associated ATP[a]	Work Setting	Highest Degree Earned	Route to Certification	Approximate No. of Preceptor Workshops Attended[b]	Approximate No. of Students Supervised[c]
Sid	3	≤1	A	ICA-DIII	M	Curriculum	1	8
Pete	4	3	A	HS	B	Curriculum	1	12
Jessie	≤2	≤1	A	HS	B	Curriculum	1	1
Jack	15	8	B	HS	B	Internship	10	40
Hannah	≤2	≤1	B	ICA-DI	B (MIP)	Curriculum	2	6
Janie	≤2	≤1	B	ICA-DI	B (MIP)	Curriculum	1	1
Emily	7	3	A/C	HS	B	Curriculum	4	17
Ken	12	7	A	CC	B	Internship	4	40
Bonnie	33	10	C	ICA-DI	M	Internship	16	400
Andy	3	2	C	ICA-DI	B (MIP)	Curriculum	2	5
Molly	4	3	C	ICA-DI	M	Curriculum	3	20
Violet	6	5	C	Clinic	M	Curriculum	5	40
Edna	30	10	C	Clinic	M	Internship	10	90
Kari	11	8	C	ICA-DI	M	Curriculum	8	40
Rick	16	10	C	ICA-DI	M	Internship	10	100
Al	14	12	A/C	CC	M	Internship	12	35
Gilbert	4	≤1	A	ICA-DI	M	Curriculum	1	1

Abbreviations: ATP, athletic training program; B (in Highest Degree Earned column only), bachelor's degree; CC, community college; DI-III, NCAA Division I-III; HS, high school; ICA, intercollegiate athletics; M, master's degree; MIP, master's degree in progress.

[a] Athletic training program(s) preceptor was affiliated with University A, B, or C.

[b] Approximate number of preceptor workshops attended include training programs and workshops hosted by ATP.

[c] Approximate number of students supervised includes while acting as a preceptor, approved clinical instructor, or clinical instructor.

Participants and Setting

Before participant recruitment began, institutional review board approval was obtained. A combination of purposeful, convenience, and snowball sampling were used to recruit participants. Participants were purposefully recruited through the CECs of 3 undergraduate, CAATE-accredited ATPs. Because ATPs have autonomy in selecting and training preceptors, it was important to capture the experiences of preceptors in multiple programs rather than only 1 ATP. These ATPs were conveniently located within a similar geographic area of National Athletic Trainers' Association (NATA) District 8 and allowed in-person interviews. Two ATPs were located in large state universities (Universities B and C), whereas 1 ATP was located in a smaller private university (University A). Clinical education coordinators were initially given a description of the study and asked if they were willing to pass on the e-mail to their preceptors. Once they agreed, each CEC was e-mailed an official recruitment letter to forward to his or her preceptors. Reminder e-mails were sent to each CEC 2 weeks after the initial recruitment e-mail.

In order to participate, participants were required to be current preceptors for a CAATE-accredited ATP and must have supervised at least 1 student during the 2011–2012 academic year. Preceptors who did not meet these criteria were excluded from participation. Preceptors interested in participating e-mailed the author to set up a date and time for the interview at the participant's workplace or other preferred location. Seventeen preceptors (8 males, 9 females; 9.88 ± 9.46 years of clinical experience; 5.06 ± 3.92 years of clinical teaching experience) working in the college/university (n = 11), rehabilitation clinic (n = 2), and high school settings (n = 4) volunteered to participate in the study. Participant pseudonyms and demographics are located in Table 1. Two preceptors served as preceptors for 2 of the ATPs (Universities A and C). Eleven preceptors initially agreed to participate after receiving the recruitment e-mail. An additional 6 preceptors at University C were recruited through snowball sampling. These preceptors volunteered to participate after meeting with the researcher while interviewing 1 participant (Bonnie) at her workplace.

Data Collection

Individual, semistructured interviews were conducted with each of the participants in order to guide the conversation and allow for flexibility in the discussion (Table 2).[10] Each interview began with open-ended questions about preceptors' experiences, challenges, and the relationship between their roles as clinicians and educators to allow participants to reflect upon their general experiences. Because the intent of the study was to understand certain components of preceptors' experiences, such as their perceptions of the qualification and preparation of preceptors, specific follow-up questions were asked regarding the phenomenon of interest if participants did not address them in their initial responses.[10] When developing questions, terminology was used that has been documented in published articles and athletic training resources, including qualifications,[1] preceptor training,[1] roles as clinicians and preceptors,[6] challenges,[4] preparedness,[5] and experiences.[11] These procedures were taken to ensure the objectives of the research study were met while minimizing researcher bias on participants' responses.[10] Throughout the interviews, participants were asked to relate their answers to

Table 2. Semistructured Interview Script

1. Tell me about your experiences as an ACI.
2. Tell me about the relationship between your role as a clinician and role as an ACI.
3. What challenges have you faced as an ACI?
4. What do you think qualifies someone to be an ACI?
   a. Can you tell me about your personal qualifications in particular?
5. How well prepared did you feel when you started as an ACI?
   a. How has this changed over time?
6. What has prepared you to be an ACI (ie, educational workshops, past experiences)?
   a. Can you discuss how your ACI training may or may not have prepared you to be an ACI?
   b. Can you discuss how your past experiences may or may not have prepared you to be an ACI?
   c. Can you think of anything that may have better prepared you to be a preceptor?
7. Is there anything else you would like to add regarding your experience as an ACI?
8. It appears that there are a few key points that have emerged from your responses: (list/describe). Would you agree with this? Are there any key points you think I have missed?

Abbreviation: ACI, approved clinical instructor.

their personal experiences and provide examples. At the time of the study, the CAATE and athletic training educators were starting to use the term *preceptor*, but most preceptors were unfamiliar with this language. Therefore, the term *approved clinical instructor* (*ACI*) was used with participants to avoid confusion. The terms preceptor and ACI are used interchangeably throughout this paper.

The interview script was evaluated by 1 additional athletic training educator and piloted with 2 preceptors in order to promote credibility of the script. Minor changes were made to the order and wording of questions, and pilot data were not used in analysis of this study. Interviews were audio recorded and transcribed verbatim.

Data Analysis and Trustworthiness

Once the initial 17 interviews were complete, independent analyses of the data were completed through the process of open, axial, and selective coding[10] with ATLAS.ti software (Version 7.0; ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). Open coding began with an initial reading of the interviews and notation of key information. This included identification and summarization of any important points made by participants so they could be linked to similar comments by other participants. During axial coding, connections were made between important information from different interviews to identify broader themes. For example, because preceptors' comments about their enjoyment of teaching and learning and students' positive influence on patient care both related to benefits of being a preceptor, the benefits category was created to combine these types of comments. Lastly, all interviews were reexamined with a framework of developing themes and supporting categories to ensure they were representative of most participants.

Table 3. Categories for Describing Participant Experiences

Years of Clinical Athletic Training Experience	Years of Clinical Teaching Experience
<2 (novice)	≤ 1 (novice)
2–4 (intermediate)	1–4 (intermediate)
≥ 5 (advanced)	≥ 5 (advanced)

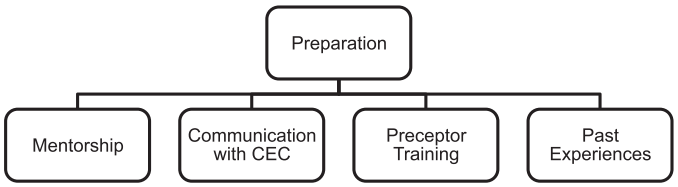
This inductive approach allowed for themes to emerge from the data that were representative of several participants and not predetermined by the researcher.[10] Because the interview script included specific questions regarding the objectives of the research study, resulting themes mirrored the interview questions. In order to reduce researcher bias in labeling of themes and categories, theme and category names were developed from a combination of participants' words, existing research, the author's categorization, and peer debriefer input.[10] In addition, several categories emerged from the data that were not mentioned in the interview script (eg, benefits, mentorship, communication). After analysis and peer debriefing of the initial 17 interviews was completed, it appeared that data saturation was reached, and further participant recruitment and data collection were unnecessary.

Trustworthiness. In order to promote trustworthiness of the study, member checks were completed at the end of each interview. This allowed participants to confirm, correct, or elaborate on preliminary themes that emerged from each individual interview to ensure accuracy of participant comments.[10] Credibility is enhanced with the use of site and participant triangulation and piloting of the interview script.[12] Recorded notes were collected during and after each interview and throughout the data analysis process to monitor the identification of categories.[12] Lastly, 2 peer debriefers with expertise in qualitative research and athletic training education reviewed the categories and supporting data previously identified.[13] Each peer debriefer independently made comments and suggestions, and categories were reorganized to improve clarity of the findings. The process of peer debriefing ensured that findings were properly supported and all themes that emerged from the interviews were accounted for, regardless of whether they addressed 1 of the purposes of the research study.

RESULTS

Four themes and several supporting categories emerged from the interviews, including (1) preparation for preceptor role, (2) qualifications for becoming a preceptor, (3) benefits of being a preceptor, and (4) challenges of being a preceptor. The sampling process resulted in participants who had a wide range of experience as preceptors and clinicians. In order to describe similarities and differences between preceptors with different amounts of experience, participants are referred to as novice, intermediate, or advanced preceptors and clinicians. These categories were developed by Stemmans and Gangstead,[9] modified to include clinical experience, and are illustrated in Table 3. At the time of this study, clinicians

Figure 1. Theme 1: Factors that prepared preceptors for role. Abbreviation: CEC, clinical education coordinators.



were required to have a minimum of 1 year of clinical experience in order to become a preceptor.[2] Because no participants could have less than 1 year of clinical experience and be a preceptor, novice clinicians were considered to have less than 2 years of clinical experience.

Theme 1: Preparation for Preceptor Role

Participants were asked to describe what prepared them to become a preceptor. Four categories emerged from the interviews regarding preparation: (1) mentorship, (2) preceptor training, (3) communication with the CEC, and (4) past experiences. See Figure 1 for presentation of categories.

Category 1: Mentorship. Participants of all experience levels described the importance of mentorship in their preparation for becoming and continuing as a preceptor. They described how they reached out to peers and mentors when they first started as preceptors and detailed how their relationships with peers and mentors have supported them in this role on a continuing basis. Jesse, a first-year preceptor, described how she reached out to fellow clinicians when she was first asked to be a preceptor:

> *At first I didn't really know what to expect. I was calling other mentors of mine who have been certified. I was like, "What do you think? What advice can you give me because I'm really nervous?"*

Kari described how her workplace provided a good support system for her as she started as a preceptor because all of her coworkers had several years of experience in that role:

> *Given my location of employment I had a great support network. So my superior, the head athletic trainer, and others were really pretty good about [giving me] some things to focus on. So I got help and mentorship there.*

Rick suggested having a formal mentorship program for preceptors to help them develop in that role: "I almost think there should be like a mentorship for ACIs. I mean that's how a lot of us learn."

Category 2: Preceptor Training. Several participants mentioned preceptor training when discussing their preparation as a preceptor. Participants had conflicting responses regarding the usefulness and content of preceptor training. Most participants viewed preceptor training as a formality for discussing policies and procedures rather than a way to train athletic trainers to become good clinical teachers. Gilbert was 1 preceptor who shared this opinion:

> *I think that ACI training just is really meant to give you the guidelines and the requirements that the students are supposed to complete, and I don't know if it's [designed] to make you a better ACI. So I don't know if, I mean, they kind of prepare you because, that way, you know what you are supposed to be doing. In regards to making you a good quality ACI, I think that's up to your prior training.*

Gilbert, a newer preceptor, had experienced only 1 brief training session that focused on discussion of policies and procedures. Gilbert's opinions on preceptor training may be due to his 1 experience with a training session that did not include strategies for clinical teaching.

When asked about how preceptor training may or may not have prepared her to become a preceptor, Violet responded: "I don't know, I think ACI training is just something you kind of have to go through. . . the business side of things." Bonnie provided more detail on the content of preceptor workshops when she described that the most helpful workshops are those with applicable concepts:

> *The [preceptor workshops] that I think are good and what I define as good, as I do in any workshop or any session that you go in as a learning tool that you can walk out with application skills.*

Other preceptors also noted that applicable concepts and activities were helpful components of preceptor workshops, which CECs should consider when planning workshops.

Category 3: Communication with CEC. Several participants mentioned the expectations and communication of the CEC and PD in relation to their preparation for becoming a preceptor. Most participants felt that communication of expectations to preceptors was lacking and that several preceptors did not know what was expected of them. They also described that the general communication with their CEC was lacking throughout their time as a preceptor, not just when they started working with the ATP.

When asked about what prepared her to become a preceptor, Molly described that taking on that role was an expectation and was not well defined at University C: "I am sure that it varies from school to school. For here, it's pretty much it's a role that you take on after you have been here for 1 year or after you have been certified for 1 year."

In addition, Molly described that clarifying the role of the preceptor would help new preceptors: "If there was some sort of like parameters of like what are the responsibilities as an ACI, so preparation I guess, yeah, talking about expectations of what would be required of an ACI." Janie from University B made a similar comment, that she was unsure of what exactly she should be doing in regard to some of her student interactions, particularly evaluating them: "I would like to see a little bit more guidance and structure and, you know, see what—you know, what our clinical coordinators looking for." Gilbert, a preceptor for University A, said: "I think having their requirements ahead of time would be a big plus," when discussing his difficulty trying to understand what he should expect of his student before she arrived at his clinical site. Similar comments regarding a lack of communication from CECs by preceptors in different institutions suggest that this may be an issue for several ATPs.

Category 4: Past Experiences. Several participants described how diverse past experiences as students, coaches, and community volunteers have helped them develop as preceptors. Like many preceptors, Hannah described that her

Figure 2. Theme 2: Participants' perceived qualifications for becoming a preceptor.

past experiences as a student, including remembering how past preceptors interacted with her, have guided her in her current role as a preceptor:

> *It's kind of nice to able to give back kind of because I really enjoyed my ACIs when I was a student. So it was cool to be able to take certain things that they did with me that I liked and use it on my own students and see how they reacted to it.*

When asked how prepared he felt when he started as a preceptor, Gilbert described that his past experiences mentoring community youth were a big contributor to his preparation:

> *I would have to say that I was decently prepared simply because I've been teaching. I've been [teaching] since I was an undergrad. I've always worked with a lot of—with the youth. So I've been doing a lot of lectures and workshops.*

Similarly, an experienced preceptor, Al, talked about how his past experiences as a football coach and classroom teacher translated into his current role as a preceptor, especially when teaching complex concepts and teambuilding:

> *Definitely the teaching part just of how to break down a concept. And the coaching part from football was how do you look at with your [athletic training] students, you develop them like it, you know, how do they work with one another?*

These statements by preceptors suggest that diverse past experiences help shape how a preceptor approaches clinical teaching.

Theme 2: Qualifications for Becoming a Preceptor

Participants were asked what they believe qualifies someone to become a preceptor. Three categories (Figure 2) emerged from their interviews: (1) clinical experience, (2) willingness to be a preceptor, and (3) confidence.

Category 1: Clinical Experience. Every participant said that clinical experience should be a qualification for becoming a preceptor. Participants provided various reasons and additional information to support their answers. Molly described how most clinicians in her workplace become preceptors after 1 year, but it took her a few years more than that to feel comfortable in her role:

> *I don't know if I necessarily think that, just because you are a clinician, you have to be an ACI, which is pretty much how it is now after you have been a clinician for 1 year, you are an ACI. . . So I would say probably experience maybe more than just 1 year also because I think that you are still trying to figure out yourself. Just now after 3 years, I feel like I am at a point where I can start giving back to the students.*

Although preceptors were not asked to provide a specific timeframe for becoming a preceptor, several preceptors stated that it took them about 3 years to feel comfortable in their position and role as a clinician. Pete reflected on how long he thought it took to become comfortable in his position as a high school AT and why it is important to be able to do the job yourself before having students:

> *I think 3 years probably. I don't think this should be right away just because I'm not good at doing this yet and I need extra hands and I need help. That shouldn't be the reason why you want to get the students. Because I've heard people say that before, their first year at their job: "Man, I could use some students." But if you don't, if you can't manage the situation yourself, it's a little hard to have students that you have to teach.*

Emily reflected on her transition to a new job and how that adds an additional demand on a clinician that may take away from their ability to be an effective preceptor:

> *I had 1 more duty on top of trying to adjust to [my new job]; it would have been really difficult. And I just don't think that the students would be able to get out of it what they could. And again I just don't think that is fair. It is just going to add stress to everyone's life. But I think it is important that [preceptors] have a certain amount of time in their position. I mean, maybe if they were an athletic trainer in a different setting and came into a new setting, it might only be a couple months that they get adjusted to it.*

Emily described how she transitioned from a clinic to a high school setting as an athletic trainer, and she was glad she did not have a student during that transition because her time was consumed by her new clinical position.

Category 2: Willingness to be a Preceptor. One of the most frequent responses to the question about qualifications for preceptors was that the clinician should be willing to teach and take on that responsibility. Experienced preceptors spoke about their enjoyment of their preceptor role more than novice and intermediate preceptors. Bonnie, the Head Athletic Trainer at her institution, is responsible for hiring several GAs each year. She discussed how she considers the responsibility of a preceptor as an important part of the job, and she considers a potential candidate's willingness to teach when hiring them:

> *So they have to be able to, or they at least need to understand [being a preceptor] is going to be a really high expectation. If they know they don't want to teach, I am a bad teacher, I don't want to do anything with the students, then they know, then this is not the job for them.*

Pete described that an important qualification for becoming a preceptor is someone's willingness to teach and be open to students doing things:

> *I think you have to be comfortable with letting them do some things that you may not be comfortable letting them do. You got to be able to push the bar because inevitably they're now end up having to [make clinical decisions] on their own 1 day. I think every ACI has something to teach. It's whether they wanted to give that freely to a student.*

Emily mentioned that, if someone is placed in the position to be a preceptor who isn't interested, it might be detrimental to both the student and preceptor: "I think they have to want to

do it. Otherwise, it's not going to benefit either party." These comments demonstrate the importance of having willing, interested clinicians take on the responsibilities of a preceptor.

Category 3: Confidence. Participants described that another important quality one should have in order to become a preceptor is confidence in one's self and abilities, or self-efficacy, as an athletic trainer. Several people mentioned that clinical teaching includes a degree of vulnerability that preceptors must be willing to experience. Edna described the importance of being both confident and open to being wrong when working with students:

> *I think they need to be able to have confidence in you and that they feel like you're there to help them move along and to improve. And that it's—there isn't any sort of competition or test anymore. It's about getting everybody to the point of success, and so that's why you are there and that they could rely on you.*

Al, who has 14 years of experience as a clinician, made a similar comment in relation to feeling confident. He described that, in order to be a good clinical teacher, one needs to feel confident in his own ability as a clinician in order to surrender responsibility to students:

> *I've seen some clinicians where they feel threatened. They may be young. They have just been certified. They have like minimal experience, so I know for me, I'm comfortable with saying, "Thank you and go ahead. Go ahead and take a look at it," even if a kid comes in the door and goes to maybe a senior athletic training student, [I'm] comfortable going to him versus me.*

While Edna and Al, both experienced clinicians and preceptors, commented on the importance of feeling comfortable, Hannah, a first-year preceptor, talked about her own experience with confidence and how she interacts with students:

> *I know I said earlier that sometimes I'm not 100 percent confident in myself, but you have to act confident because, if you don't act confident in something you are doing, your students are going to look you like, "Look, OK, you don't even know what you are doing, I'm not even going to be able to do it."*

Theme 3: Benefits of Being a Preceptor

Participants described several benefits of being a preceptor, such as enhanced knowledge and improved patient care. Most preceptors described that they enjoy their preceptor responsibilities. Kari described that she likes being a preceptor because she gets to learn from her students on a regular basis: "You get to learn. I learn every day from my students. It's awesome, and I think that's the part I really, really enjoy." Similarly, Jack described that, because he learns so much from students, he believes his role as a preceptor strengthens his role as a clinician:

> *It's been a really good experience. It has made me a better clinician because I have college students constantly coming in with new interesting ideas. It might be new techniques that are cutting edge that are being presented and I haven't heard about, or it just might be a new way of looking at things. So I think being an ACI has actually helped me become a better clinician.*

Jesse talked about how she recognizes that her patient care improves by having a student with her: "I can just see that the level of the quality of care that I can give to my [patients] just increases so much." Jesse and other preceptors believe that students helped improve patient care by bringing in a variety of experiences and new information to their clinical setting.

Theme 4: Challenges of Being a Preceptor

Participants were asked about any challenges they face as preceptors. Three categories (Figure 3) emerged from the interviews regarding challenges: (1) negotiating roles, (2) keeping knowledge current, and (3) establishing self.

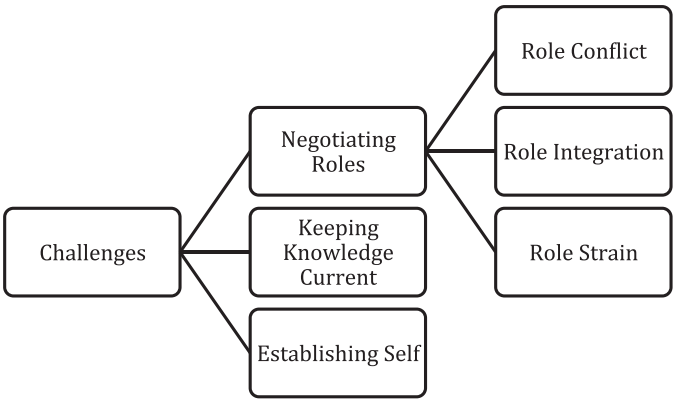
Category 1: Negotiating Roles. Participants were asked to describe the relationship between their role as a clinician and their role as a preceptor. Some described that these roles and responsibilities coincided and worked together as if they were one in the same. Others described a conflicting relationship where they felt pulled in different directions on a daily basis. Typically, those who enjoyed their role as a preceptor also found less conflict between their roles as a clinician and preceptor than those who did not. Also, novice preceptors and clinicians described more role conflict and strain than intermediate and advanced preceptors. I identified 3 subcategories that further describe the negotiating roles category: *role conflict*, the issue of competing roles; *role integration*, the incorporation of different roles; and *role strain*, the difficulty meeting the total demands of several roles. This terminology has been previously used in athletic training research to describe the responsibilities of preceptors.[6]

Subcategory 1: Role Conflict. Andy, a GA, described how he felt his roles as preceptor and clinician are very different:

> *It's too completely different to be an ACI at 1 time and then focus on your clinician or your clinical skills because it's just 2 demanding different roles. You know, you sign up to be a clinician, you were supposed to work for the basketball team, but then you are responsible for these kids growth and make sure that they don't screw up.*

Like Andy, other preceptors who described issues with role conflict thought they could not be preceptors and clinicians and still do a good job at both. These preceptors found it

Figure 3. Theme 4: Challenges of being a preceptor.



challenging to be responsible for both their patients' medical care and students' education. The preceptors who experienced role conflict typically did not point out any benefits of being a preceptor.

Subcategory 2: Role Integration. Edna, a preceptor at the same institution, had a very different perception of her roles. She explained that her roles as preceptor and clinician integrated well with each other:

> *I guess I feel like it works really smoothly for me. I don't see a problem with it. From a clinician standpoint, I would like to have that student right there working with me and then feel like they slowly, as they feel comfortable, start to take over the role of either treatment or evaluation and then really putting the whole thing [together].*

Rick also described a smooth interaction between his preceptor and clinician roles when teaching students how to become professionals in his work setting: "I see it as very intertwined, you know, and really guiding the student along to whatever clinical setting that they are part of." Other preceptors who appeared to practice role integration found that involving students in their daily practice was a smooth process that also resulted in improved patient care.

Subcategory 3: Role Strain. Regardless of their opinion on how closely the roles of preceptor and clinician are tied (role conflict), most clinicians experience difficulty in meeting the total demands of a clinician, preceptor, and other aspects of their lives (role strain). Role strain occurred more with less experienced preceptors and GAs. Janie, a mature GA who also has children, described her difficulties balancing her responsibilities:

> *I really think that it's kind of a detriment to our students if you have somebody who is trying to juggle so much and do school themselves. . . I would really rethink the whole process if I had to [do] it all over again. You know, I'm glad with the experiences, but I think, if somebody said, "Do you want to be [an] ACI on top of [whatever] they [are] also doing," I probably would have said, "No."*

Rick, an experienced clinician and preceptor, shared his thoughts on trying to manage the responsibilities of a clinician and preceptor:

> *I think time, balancing the needs of the job clinically, as well as the needs of the student education wise, are 2 separate jobs that should be 2 separate full-time jobs for 2 separate individuals. So trying to balance all of that while not sacrificing quality for either is in my opinion impossible, as there is no way to balance that.*

Category 2: Keeping Knowledge Current. Clinicians of all experience levels found that trying to keep their knowledge current, even to the level of their students', was a challenge. This included content, such as educational competencies, and changes related to supervision and instruction of students in the clinical setting. When asked how prepared he felt when he started as a preceptor, Jack described his surprise at how advanced students' knowledge was:

> *I thought I was prepared, I really did, but then when I realized how much more knowledgeable the students were even. . . 4, 5 years after I graduated, just the change in those areas was very impressive. So although I was definitely confident, I felt good about my basic knowledge, my entry-level knowledge. I found out rapidly, I've got to be even better than that. So that was a—that first year was really good because I found out, even though I was confident, I still had a long way to go to be a quality educator.*

Bonnie, an experienced preceptor, described her challenges trying to keep up with current athletic training students' knowledge:

> *The biggest changes over time are the standards with which our students are being taught. You know, that's the biggest change because they are so smart, and they are learning so much, and the standard of didactic education has escalated off the chart. And so I think that's the biggest change for us to stay up with that and to be current with that.*

Even a first-year preceptor, Andy, described having trouble matching his knowledge base with his students': "And then some of their competencies, sometimes they come in to the competency more prepared than I was. So that was also a challenge."

Category 3: Establishing Self. Another challenge experienced by preceptors was balancing that role while trying to establish themselves as clinicians. While similar to the confidence category in the *qualifications* theme, *establishing self* refers to the process of gaining respect with colleagues and supervisors in a new position or setting, or when working with different individuals (ie, new coach or athletic director). Even preceptors who expressed confidence in themselves and clinical skills described experiencing this transition even later in their careers. While less experienced preceptors described this more frequently, even experienced preceptors reflected on going through this process themselves. Sid, who was in his first year at a new job and a first-year preceptor, mentioned how he was adjusting to his new roles: "As a clinician, being this is my first year, I'm still trying to establish myself with these student athletes who haven't really seen me around and haven't worked with me a lot." Pete, a more experienced preceptor, described his process of gaining trust of his athletes' parents, coaches, and patients before he could allow students to take on responsibility:

> *You have to build that trust, and parents and coaches and athletes which I hadn't myself built yet, you know, which now is, you know, I have 3, 4 years' experience, and then I've been there, and they've seen me around, so now it's a little bit easier to let them do stuff, the students.*

Hannah, a second-year GA and first-year preceptor, described her issues establishing herself as a clinician while working with students:

> *Being new to the field myself, sometimes I second-guess like my own doings. And so it's kind of hard to be completely confident all the time and something that I'm showing my students because, if it's something new to me, then I don't want to show them wrong, so that's kind of tough, and I try not to show them things that I'm not kind of self-confident about, and if they come to me and they ask me questions that I don't know the answer to, then I just tell them that, no, I've got to look them up, but I'll get right back to you kind of thing.*

The process that novice clinicians go through to become comfortable in their role as clinicians also relates to feeling

the need to have about 3 years of clinical experience before becoming a preceptor and feeling confident in their abilities. These factors should be considered when selecting preceptors.

DISCUSSION

The findings of this study provide greater understanding of preceptors' experiences. Preceptors believe their own past experiences and mentorship from other preceptors are positive contributors to their preparation, but feel that CECs can improve their initial and ongoing communication with preceptors. In order to become preceptors, participants emphasized that clinicians should have a few years of clinical experience and have confidence in their current roles as athletic trainers. While preceptors identified benefits of supervising students, they also identified challenges, such as role strain and keeping their knowledge current. Clinical education coordinators should ensure potential preceptors are willing and able to take on the responsibilities associated with supervising students and improve their initial and ongoing support of preceptors.

Preparation for Becoming a Preceptor

Mentorship. Novice, intermediate, and advanced preceptors in this study described that mentors were strong contributors to their understanding of and development as preceptors. Even without a formal mentorship program in place for these preceptors, they sought out mentors on their own. Haggerty et al[14] discovered that novice preceptor nurses consulted more experienced counterparts to orient them to this role. Pitney et al[15] found that novice clinicians also sought out mentors to help them adjust to a new work setting and responsibilities as clinicians. At the time of this study the role of mentorship for preceptors has not been explored in athletic training; however, Pircher et al[5] recommended that experienced preceptors mentor GAs as they become preceptors. Hallin and Danielson[11] implemented a preceptor model in nursing that included ongoing mentoring between nurses of all experience levels and found that this improved nurses' preparedness and satisfaction for their roles as preceptors.

The importance of mentorship for preceptors ties into the selection, preparation, and ongoing communication with preceptors by the CEC. Preceptors in this study mentioned 1 of the values of in-person preceptor workshops is they allow preceptors to interact with each other. Clinical education coordinators can provide more support and facilitate mentorship by holding in-person preceptor workshops, creating a formalized mentorship program for preceptors, and encouraging preceptors to reach out to each other. These steps may help socialize new preceptors into this role and help them gain confidence. In addition, novice preceptors who have several colleagues in their workplace will likely have more support and may be ready to take on the role of preceptor more easily than those who work independently. Whether they are working in environments with colleagues or independently, preceptors should be encouraged to seek out their own mentors and mentees.

Preceptor Training. When asked about what prepared them to become preceptors, participants made both positive and negative comments regarding preceptor training workshops they attended. Commission on Accreditation of Athletic Training Education accreditation standards from 2008–2012 required that preceptor training include content on learning styles, instructional skills, evaluation and feedback, supervision, program procedures, legal and ethical behaviors, communication skills, clinical skills and knowledge, and interpersonal relationships.[2] Weidner and Henning developed[3] and validated[16] these research-based standards to provide structure and quality to clinical education experiences. Extensive research in nursing, which has similar guidelines as athletic training, has demonstrated that preceptor workshops provide much-desired support for preceptors,[17] contribute to the overall success of clinical education,[18] and preceptors feel more prepared to act as preceptors with initial and continuing workshops and communication.[11] McAllister et al[19] also note that preceptor workshops are important for clinical educators in several health care professions to ensure that preceptors learn effective, research-supported teaching practices.

While the purposes and benefits of preceptor training have been identified in athletic training and other health care professions, preceptor perceptions of these trainings have been critical.[5,6] Henning and Weidner[6] found that 35% of collegiate athletic trainers believed preceptor training did not prepare them for this role, and Pircher et al[5] found that approximately 20% of GAs did not believe preceptor training prepared them to become preceptors. Similarly, preceptors in this study viewed preceptor training as a formality for discussing policies procedures, but did not prepare them for becoming effective clinical teachers. Consistent with adult learning theory, participants in this study described that the most valuable components of preceptor training included interacting with the CEC and other clinicians, in addition to learning applicable information that they could easily use with students.[20] Clinical education coordinators should consider including more than policies and procedures in preceptor workshops to improve preceptor satisfaction and preparedness. Including problem-centered activities, such as case studies, role-playing, and discussion on topics, such as clinical teaching strategies, may improve preceptors' engagement in the learning process.[20] Improving the quality of preceptor workshops may help decrease role strain[6] and improve socialization into the role of preceptor.[15]

Findings from existing athletic training research suggest that there has been a mismatch between CAATE requirements and perceived and actual values of preceptor training. Future research must link preceptor qualities and education to student outcomes. With more autonomy in decision making, CECs must use the evidence available to make educated decisions regarding the orientation and ongoing education of preceptors. Several evidence-based resources on clinical teaching, such as information on effective supervision,[21] questioning,[22,23] feedback,[24] and adult learning,[25] have been recently published. Current CAATE standards state that preceptors must "receive planned and ongoing education" from the ATP that "promotes a constructive learning environment."[1(p5)] In order to meet this requirement, CECs should include current evidence that helps preceptors provide a quality educational experience for students while following program and accreditation policies and procedures. It is also important to evaluate preceptor training to ensure they contribute to positive student learning outcomes.

Clinical Education Coordinator Communication. In addition to weaknesses in preceptor workshops, preceptors in this study also described that their CECs did not adequately communicate expectations and information with preceptors. They described that CECs did not provide enough information about the preceptors' role in the ATP, and they desired more ongoing communication with CECs after becoming preceptors. Pircher et al[5] found that GA preceptors identified "understanding institutional policies and procedures"(p65) as a challenge. After discovering weaknesses in preceptor preparation, Henning and Weidner[6] suggested that CECs improve their communication with and make themselves more accessible to preceptors. It appears that CECs in athletic training should provide details of the responsibilities of preceptors before recruiting these individuals for this role.

Inadequate communication and description of expectations are closely tied with initial and ongoing preceptor training. Considering clinical education is 1 of the most important contributors to the professional preparation of athletic training students,[26] CECs should communicate to preceptors their importance to student development and provide specific strategies for executing their responsibilities with students. Including case studies and scenarios related to student supervision, instruction, and evaluation in preceptor workshops may help preceptors understand and apply these concepts to student interactions.[27] Sending newsletters, leading online discussions,[28] and offering ongoing continuing education, both online and in person,[14] are strategies for improving communication with preceptors. Although not discussed in my interviews with participants, preceptors should consider reaching out to CECs and PDs if more communication or clarification of their expectations is desired.

Past Experiences. Other factors that prepared preceptors for their responsibilities were their past experiences as students and clinical teachers. Participants felt that their interactions with students are greatly shaped by these experiences and helped give them confidence and good examples of teaching that they could apply to their own students. While these past experiences may help athletic trainers become better preceptors, CECs should ensure that preceptors are also interacting with students according to current recommendations for student supervision and instruction[22] and ATP goals and expectations. McAllister et al[19] explained that, when not taught otherwise, clinical teachers will teach students in the same way they were taught. This emphasizes the importance of guidance, communication, and good quality preceptor training by the CEC to ensure quality clinical instruction by preceptors.[16]

Qualifications for Becoming a Preceptor

Clinical Experience. When preceptors were asked what qualifies someone to become a preceptor, clinical experience was the most discussed response by respondents. Multiple researchers in athletic training have found that a lack of clinical experience negatively impacts students' clinical experiences. Stemmans and Gangstead[9] found that students initiate clinical education behaviors less frequently with novice preceptors than more experienced preceptors. Similarly, Stemmans[8] observed that novice preceptors also provide less feedback than more experienced preceptors. Similarly, Henning and Weidner[6] discovered that GA athletic trainers experienced more role incompetence, or lack of experience that leads to a lack of ability to fulfill their roles, than assistant and head athletic trainers. While this study was not specific to preceptors, one may speculate that GA athletic trainers may not be capable of fulfilling the role of preceptor if they are experiencing incompetence in their role as a clinician. Phan et al[29] also found that postprofessional ATP preceptors believed that experience as a clinician was an important quality of clinical preceptors.

In contrast, other researchers have found no difference between novice and experienced clinicians' perceived abilities to supervise and evaluate students.[5,7] Mulholland and Martin[7] found that students believe younger preceptors who have recently graduated from an ATP relate more to the students' experience. Pircher et al[5] surveyed preceptors with fewer than 3 years of clinical experience. These preceptors believed they possessed the clinical skills and experience needed to be effective. Preceptors in this study believe that novice clinicians are not experienced enough to effectively supervise and evaluate students. Inconsistent findings regarding the experience level and effectiveness of preceptors may be due to different research methods that measure the perceptions versus objective measurements of preceptor effectiveness. Triangulation of sources and methods, such as observing behaviors, obtaining student, preceptor, and CEC perceptions, and measuring student outcomes should be considered in future research.

Although preceptors were not asked to provide a specific number of years of clinical experience recommended to become a preceptor, several respondents stated it took about 3 years to feel comfortable enough as a clinician to adequately supervise, evaluate, and teach students. The 2008 CAATE standards required a minimum of 1 year of clinical experience to become a preceptor.[2] Based on the findings of their 2008 study, Henning and Weidner[6] suggested that the 1-year minimum requirement was inadequate because of the high degree of role strain experienced when taking on new responsibilities as a clinician. Now that the 2012 standards do not specify a minimum requirement, CECs should carefully consider whether potential preceptors have enough clinical experience, confidence, and willingness to create high quality learning experiences for students. Similar suggestions have been made in medicine[30] and nursing.[31]

Participants in the current study reinforced the need for clinical experience before becoming a preceptor when they described the challenges they face while taking on this role. Novice clinicians in this study described that it was difficult to adjust to the responsibilities of a working clinician, and this transition was more difficult when added on to the responsibilities of supervising and evaluating students. Pitney et al[15] also found that novice clinicians experience a period of uncertainty when transitioning to a full-time employee, especially in their first year of a new job.[15] In the current study, preceptors described the adjustment period as new clinicians, where they are still developing confidence in their clinical skills, and having confidence improves teaching. Similarly, Laurent and Weidner[26] identified that confidence and willingness to admit he/she does not know are important characteristics of preceptors, and these characteristics may take time to develop. Researchers in nursing have also discovered that, while new clinical educators may feel

confident in their clinical skills, they are often not as confident in their ability to teach.[32] These researchers have found that this self-efficacy in teaching typically improves after receiving formal instruction on how to teach or with teaching experience.[33] Clinical education coordinators should consider the time it takes for novice clinicians to establish confidence as clinicians and avoid having these individuals become preceptors before they are ready.

In addition to the extent of an athletic trainer's clinical experience, CECs should also consider situations when an athletic trainer may not be able to adequately fulfill the preceptor role. Experienced clinicians in this study described several occasions that they had to establish and reestablish themselves in their clinical positions, such as starting a new job, working in a new setting, and working with new coaches, supervisors, and administrators. Some participants described that they almost felt as if they were starting over when 1 of these job changes occurred. This finding suggests that it is not only novice clinicians who struggle with transition and self-establishment, but experienced clinicians may have points in their career when they may not be willing or able to effectively supervise and teach students.[31] This is yet another factor that CECs should consider in the selection of preceptors. In order to evaluate whether a potential preceptor is prepared and interested in taking on this role, CECs should consider standards for preceptors previously established in athletic training[16] or interviewing potential preceptors, which some have done in dental[34] and nursing[31] education. Clinical education coordinators should also periodically check in with preceptors to ensure they are still willing and capable to meet the obligations of being a preceptor.

Willingness. Preceptors in this study described that, in order to become an effective preceptor, clinicians must want to take on this role. Hallin and Danielsen[11] found that the level of interest in precepting improves the satisfaction of this role for nurses. Mulholland and Martin[7] discovered that athletic training students believe having a positive attitude toward teaching was an important characteristic of an effective preceptor. In addition, Weidner and Henning[3] pointed out that preceptors should be willing to share information with students. As Pete, a participant described, some clinicians may be more interested in having students present as a workforce rather than engaging them in the learning experience. Clinical education coordinators are responsible for clearly defining the role and expectations of a preceptor and asking potential preceptors if they are willing to take on these responsibilities. Clinical education coordinators should also ensure that preceptors are committed to supervising students for the right reasons.

Benefits of Being a Preceptor

Despite the challenge of keeping up with changing standards of care and information, preceptors in this study said that students help them learn and keep updated, which helped improve their patient care. These results are similar to the study by Hyrkas and Shoemaker[17] of nursing preceptors, who believed that sharing knowledge, learning from students, and keeping knowledge current were the biggest benefits of being a preceptor. Similarly, several researchers[17,18,35] have found that nursing preceptors enjoy being preceptors because it is personally fulfilling and allows them to give back to the profession. These benefits, classified as intrinsic rewards, motivate preceptors to take on the preceptor role without requiring resources of academic programs.[17]

In addition to intrinsic rewards that our preceptors described, ATPs may consider providing other incentives to becoming a preceptor, which may improve preceptors' commitment to the role.[17] Henning and Weidner[6] and Weidner[27] suggested that academic programs offer preceptors with additional benefits, such as free textbooks, clothing, public recognition, or financial compensation. Hyrkas and Shoemaker[17] described that providing continuing education and regular preceptor workshops are other benefits that academic programs can provide to preceptors in order to support them. Preceptors in this study described that keeping their knowledge current in the areas of clinical practice and clinical teaching was 1 of their greatest challenges. With recent changes in clinical education[1] and educational competencies,[36] providing regular workshops to preceptors may be a cost-effective, impactful way to reward preceptors.

Preceptors in this study also identified improved patient care as a benefit of their preceptor role. Research on this topic is lacking in athletic training, and findings in other health care professions are conflicting. Previous literature in medicine revealed that physicians who supervise students spend less time with their patients than physicians who do not,[37] whereas other research found no difference in billing between clinics with and without students.[38] In physiotherapy, Davies et al[39] discovered that patients perceived improved care with the presence of students because students tended to take the time to talk and interact with patients. Similarly, patients became involved in the students' education and subsequently increased their own knowledge.[39] Future research should investigate the influence of athletic training students on patient outcomes.

Challenges of Being a Preceptor

In addition to challenges with establishing themselves as clinicians and developing confidence, preceptors described it was difficult to balance responsibilities and keep their knowledge current when working with students.

Negotiating Roles. When preceptors described the relationship between their roles as preceptor and clinician, participants often reported experiencing role strain. Despite experiencing challenges trying to meet all the demands of their responsibilities, some described a seamless interaction between their preceptor and clinician responsibilities (role integration), whereas some described ongoing conflicts between these roles (role conflict). While this was not examined in particular, it appears that preceptors in this study who enjoyed their role as preceptor had more role integration. Edna and Al described that they involve students in their daily activities by teaching as they treat patients and regularly delegating patient care responsibilities to students. In contrast, Andy, a GA and preceptor in this study, described high levels of role conflict and disinterest in his role as a preceptor because he felt like teaching a student and treating patients had to be 2 separate activities. For preceptors in this study, integration of preceptor and clinician roles improves when clinicians have a genuine interest in taking on the responsibilities of a preceptor.

Despite a preceptors' abilities to integrate their roles as clinicians and preceptors, most preceptors described that

balancing the responsibilities of their jobs, student supervision, and personal lives were challenging (role strain). Rick, an experienced preceptor who enjoyed working with students, described that there is still too much work for 1 person. Challenges with balancing different responsibilities and workload have been identified by several researchers. Henning and Weidner[6] found that about 50% of collegiate preceptors experience role strain, and Rich[40] discovered that preceptors cannot take advantage of some teachable moments due to time constraints. Role strain may increase when considering other factors, such as administrative duties, work setting, family, and supervisors. Henning and Weidner[6] found that preceptors who experience role strain oftentimes experience role incongruity, where the clinician's responsibilities do not match the expectations of supervisors. Clinical education coordinators can help minimize role conflict by helping preceptors understand their responsibilities, promoting a collaborative athletic training education environment, providing benefits, and improving communication with preceptors.[6,17] Preceptors should also be cautious of taking on too many responsibilities and choose to become a preceptor because they want to contribute to the education of students,[17] not because they want extra help, as 1 of the preceptors in this study described. Including preceptor responsibilities in job descriptions may also help athletic trainers understand the expectations of a job that includes student supervision in addition to clinical responsibilities.

Another factor that increased the workload and negatively impacted preceptors' ability to fulfill their responsibilities was the preceptor's role as a graduate student and clinician. Graduate assistants in this study described extensive challenges trying to balance their patient care, preceptor, and student responsibilities in addition to trying to establish themselves as clinicians. Other researchers have identified GAs' issues with having a lack of time to complete tasks[5] and increased role incompetence.[6] Although teaching time management to GAs may be valuable,[5] CECs and athletic trainers who are supervising novice GAs should consider whether they should be responsible for students' clinical education experiences, considering these experiences are so important.[26] Given their lack of clinical and clinical teaching experience, GAs may be to a point of role overload where they cannot take on another responsibility while adjusting to the role of a certified athletic trainer.[6]

Keeping Knowledge Current. Both novice and experienced clinicians described 1 of the biggest challenges of being a preceptor was keeping up with new evidence and changing standards of care in athletic training. Weidner and Henning[16] have also identified keeping knowledge current as a challenge to being an effective preceptor. Although clinical skills and knowledge have been established as important characteristics of preceptors,[3] this component of being a preceptor and athletic trainer has become increasingly difficult with changing educational competencies and a perceived lack of sufficient continuing education opportunities.[16] While this may be an additional challenge for the already role-strained preceptor, supervising students may encourage preceptors to stay more current on clinical knowledge and skills than clinicians who do not work with students. Similar to nursing preceptors,[41] participants in this study described that learning from students is a benefit of being a preceptor. While students may help preceptors learn about new clinical knowledge, CECs may also become more responsible for the continuing education of preceptors so they have enough knowledge to evaluate students. While offering continuing education to preceptors potentially becomes another challenge for CECs, continuing education workshops provide another benefit for preceptors.

PRACTICAL APPLICATION AND CONCLUSIONS

Clinical education coordinators and PDs should consider the existing evidence and results of this study to improve the selection and training of preceptors. Clinical education coordinators need to ensure potential preceptors are prepared for this role by ensuring they are confident, experienced clinicians who are comfortable in their current role. Clinical education coordinators need to educate preceptors about their responsibilities and ensure these clinicians are willing to take them on before starting as preceptors. Preceptors who are interested in supervising students should consider their workload and ability to balance responsibilities before committing to this role. Clinical education coordinators should consider interviewing potential preceptors in order to determine their readiness for this role.

After selecting preceptors, CECs need to provide high-quality initial and ongoing workshops that include interactive discussion and application of clinical teaching strategies, policies, and procedures. These workshops, in addition to facilitating communication and mentorship between preceptors, can improve socialization and reduce role strain. Experienced preceptors and athletic trainers in supervisory positions should consider reaching out to novice preceptors to support them and help them understand how to balance responsibilities. Preceptors face challenges with role strain and integrating their clinician and educator roles, and CECs may help reduce these challenges by improving communication, ensuring preceptors are prepared, and providing incentives for this role. Lastly, with recent changes in CAATE standards allowing more ATP autonomy, additional resources such as workshops, handbooks, and peer-reviewed publications should be provided for CECs to select, prepare, and improve preceptors.

LIMITATIONS AND FUTURE RESEARCH

Generalizability of this study is limited because data were collected in 1 geographic location and only in undergraduate ATPs. Results may not be directly applicable to all preceptors or programs. In addition, only preceptors' perspectives were investigated in this study. Future research including CECs' perspectives and objective measures of preceptor effectiveness and student learning outcomes should be conducted. To more thoroughly investigate this topic, researchers should identify how many athletic trainers currently act as preceptors, explore current ATP practices in the selection and training of preceptors, and learn about the effectiveness of different types of preceptor workshops. Lastly, CECs need more resources to aid in the process of selecting and developing effective preceptors.

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