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Observations on Current Practices in Preceptor Training

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INTRODUCTION

Preceptor education is a major focus for all athletic training programs. Clinical education is a required and fundamental component of an athletic training student's education, so it is imperative the preceptors delivering and supervising clinical experiences have the highest level of training. In 2012, the Commission on Accreditation of Athletic Training Education (CAATE) changed preceptor education standard 41 to state, "Preceptors should receive planned and ongoing education from the program designed to promote a constructive learning environment."[1(p5)] This new standard gets away from the previous requirement and allows for institutional autonomy in delivering preceptor education. The purpose of this exploratory qualitative investigation was to examine the current preceptor education practices in athletic training programs and share a few models for consideration.

FEEDBACK ACQUISITION

A group of 5 experts created a list of 7 questions focused specifically on preceptor education. The questions focused on current practices, the role of the clinical education coordinator (CEC), and challenges associated with the delivery of educational content. Upon refining the questions, we solicited CECs from 6 programs to participate in the survey. We selected these CECs as they were affiliated with professional degree programs at public and private institutions with different National Collegiate Athletics Association (NCAA) divisions. Of the 6 individuals we solicited, 3 completed the questions. Institutional affiliations were 2 bachelor's degree programs and 1 master's degree program; 2 public institutions and 1 private institution; and 1 NCAA Division I Football Bowl Subdivision, 1 NCAA Division I nonfootball, and 1 NCAA Division II. After the participants answered the questions, we used follow-up e-mails to clarify answers and investigate any additional questions we had. We evaluated the interviews for content, which we broke down into overall themes and subthemes. The 4 major themes—delivery of content, diverse settings/clinicians, challenges, and optimizing preceptor education—are discussed in the upcoming text.

PRECEPTOR EDUCATION DELIVERY

Although the CAATE has removed the requirement for annual training, all 3 respondents stated they held an all-inclusive formal meeting once a year with additional ongoing training occurring throughout the academic year. They felt the goal of this meeting was to detail foundational information, programmatic goals, and changes to clinical education practices. For example, CEC 1 stated, "Our annual workshop focuses on contemporary topics in clinical practices and clinical information." CEC 2 also explained:

> *We want to use the yearly meeting as a more training type of environment. The idea is that it could be used to brainstorm ideas for teaching, learning new skills or updating skills that many preceptors have forgotten, or just discussing how to improve.*

The delivery of this annual content differed among programs, with 2 using formal face-to-face communication and 1 using a blended learning strategy (ie, a home study program before an in-person meeting).

Beyond the annual meeting, all 3 respondents took similar approaches to ongoing preceptor education, integrating both formal and informal processes in their programs. This training took many different shapes and followed a wide variety of approaches to ensure all preceptors received information while also addressing their specific questions. One method of ongoing education occurred through formal clinical visits by the CEC. During these visits, the CEC addressed venue- and preceptor-specific questions while also conducting a shorter training session. Informal visits were also used for face-to-face communication, as CEC 2 noted:

> *I get calls from preceptors about things that they are unsure of, handling difficult situations, something students are learning in class, etc. . .so I might do a pop-up training as well.*

A second method of ongoing training was to deliver small amounts of content via digital methods. This digital learning occurred as Internet-based modules or as e-mails about

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information influencing clinical practice and other critical changes in clinical education. Clinical education coordinator 3 stated, "We provide monthly updates online. Included in these are clinical education articles from the literature and preceptor/group discussions are encouraged." The general consensus of the participants was that it is essential to adapt the ongoing education to the specific needs of preceptors/venues while creating and facilitating discussions on current literature and practices.

NEEDS FOR DIVERSE SETTINGS AND CLINICIANS

A second theme dealt with the education of preceptors from a variety of clinical settings as well as the diverse population of clinicians who serve as preceptors. One CEC stated that although the settings and credentials of preceptors may vary, the focus should be "the development of excellent preceptors who model the characteristics of health care and who cultivate an effective learning environment for students." A second CEC stated, "We cannot force all sites to look the same. Some of the training has to reflect these differences and allow preceptors to find what works for them and talk about it."

It appeared every program did its best to adapt their training towards their audience. In the large meeting previously discussed, CECs delivered overarching program fundamentals and information; however, CECs addressed venue- and preceptor-specific ideals during clinical site visits for both formal and informal education sessions. Within these smaller sessions, CECs could focus on the strengths and weaknesses of preceptors to enhance the overall clinical education preceptors delivered to students.

The general wording of the new CAATE standard provides flexibility for every program to meet the individual needs of preceptors and venues while maintaining compliance. Although the base objectives of preceptor training are the same, each setting and preceptor will have different variables influencing the learning process. These variables may be the strengths and weaknesses previously identified or something specific to the clinical setting. When discussing these specific issues, the respondents felt they should not be addressed at the large meeting. Instead, all 3 respondents felt specific issues could be addressed through asynchronous learning. Asynchronous learning occurs through online interactions that allow for the delivery of overall and preceptor-specific content.[2–4] In summary, all 3 respondents stated there are overarching themes among all preceptors and venues, but it is essential to identify and address the different challenges preceptors experience in their clinical setting.

CHALLENGES

Delivery of Information

Although the new CAATE standard is flexible, all 3 respondents detailed similar challenges when delivering preceptor education. The first challenge revolved the delivery of information. Although the single meeting has the advantage of delivering pertinent information to all preceptors at one time and allowing for quality discussions, it is often difficult to schedule a large group of clinicians for this meeting. Beyond scheduling, motivating individuals to give up personal time to attend a meeting was difficult, as CEC 2 described: "Colleges struggle with weekends, and evenings do not work for anyone. Also, with limited budgets, bringing people in for training and more formalized workshops is a challenge."

Experience Level of Preceptors

A second challenge for the large-scale formal meeting is the different levels of preceptor experience. Both new and experienced preceptors attend the meeting, so the content should focus on specific programmatic goals and objectives for clinical education relevant to preceptors of all levels of experience. For new preceptors, 1 university used online modules completed before the large-scale meeting. As CEC 1 explained,

> *Our initial preceptor workshop is now divided into multiple modules with varying objectives that take place over the course of a more extended period of time so that preceptors could more effectively digest the material being presented.*

In all, it is essential because of time and budget constraints for any large formal meeting to have specific objectives all preceptors may use.

Preceptor Characteristics

Another challenge respondents identified involved preceptor characteristics. Specifically, the challenge was to teach new standards to experienced clinicians (ie, teaching an old dog new tricks). The use of ongoing education has made this easier by delivering pertinent content (eg, evidence-based practice, new or updated position statements) in smaller packets both personally and electronically. All 3 respondents used digital media, e-mail, and online modules to help keep preceptors up to date with current practices; however, using digital media can be challenging. Clinical education coordinator 2 stated, "The online environment that many have gone to for most of the training just doesn't promote dialogue."

A challenge associated with preceptor characteristics is the strengths and weaknesses of individuals. All participants felt it was important to tailor education to the individual as well as the mass. This took multiple forms, including individual meetings or specific modules or activities to improve preceptor skills. Clinical education coordinator 3 stated,

> *We use assessment with outcomes to determine the effectiveness of preceptor training. For example, if critical thinking is really low with students assigned a particular preceptor, we'll address this aspect with the preceptor, offering advice and guidance.*

Overall, many CECs are challenged to deliver preceptor education to a large group of clinical educators with a wide variety of experiences and personal characteristics.

The limitation of the online environment to generate dialogue may be addressed by incorporating hybrid learning approaches, which allow for both online and face-to-face communication. Additionally, CECs should seek out research and programming on teaching and learning, which may provide strategies to engage individuals and generate more dialogue while completing online modules. This education may come via institutional programs or current literature on online

education. One example of literature that can assist with facilitating online learning is Susan Ko and Steve Rossen's[5] text *Teaching Online: A Practical Guide*. Finding strategies to facilitate online discussion can reduce the risk of limited dialogue when using a Web-based or hybrid preceptor training.

Student Characteristics

A fourth challenge for the experienced preceptor is relating to the different characteristics of the millennial generation of students. Although experienced preceptors can be highly motivated, the current generation of students has very different characteristics. Millennials have lower levels of self-motivation than previous generations, and they desperately need and desire high levels of quality role modeling.[6] Clinical education coordinators have to balance the need for autonomy among preceptors with the needs of students today. Clinical education coordinator 1 identified this challenge by stating,

> *Our approach has always been to require an initial preceptor workshop for new preceptors that includes foundational content related to being a successful preceptor (eg, communication, delivering feedback, modeling).*

Theoretical Translation

The final challenge to preceptor education the 3 respondents identified was theoretical translation, or bridging the gap between classroom and clinical education. One way to decrease this gap was to incorporate discussions on new research and standards of practice during the large formal meeting, as CEC 2 noted:

> *We are in the process of making the yearly, formal, policies and procedures, ethics, etcetera meeting more online. This way a preceptor can complete the training on their time. We want to use the yearly meeting as a more training type of environment. The idea is that it could be used to brainstorm ideas for teaching, learning new skills or updating skills that many preceptors have forgotten, or just discussing how to improve. I want to make the preceptor training something that the preceptors gain information from and ideas, not a chore to attend.*

Beyond the formal meeting, informal meetings or e-mails can address this gap by discussing information being taught in the classroom and how it can be integrated into clinical practice. One CEC discussed relying on the students to help facilitate conversations "[by] putting students in charge of the pre-event time out." Although there are many challenges associated with preceptor education, a number of the challenges can be overcome by thinking outside the box and understanding how individual characteristics influence the type and quality of clinical education preceptors deliver.

OPTIMIZING PRECEPTOR EDUCATION

Although there can be challenges associated with preceptor education, we identified 3 factors that may optimize this education: the use of incentives, the use of technology, and the delivery of preceptor-specific content. Clinical education coordinators recognize that preceptors are protective of their time, so having preceptors recognize the value of attending meetings or completing modules may be difficult. Because all health care professionals are required to complete continuing education, programs can attain continuing education unit–granting status, which may be a method of gaining preceptor compliance.

A second method for optimizing preceptor education can be the use of technology. Instructional technologies can be an excellent tool for delivering broad content such as the goals of the program as well as smaller content appropriate for specific learning modules. It can be difficult to achieve preceptor compliance with this instruction, however. To guarantee completion of the online training, programs can use online quizzes or other forms of assessment.

In addition to identifying completion of online modules, the online assessment can be used to evaluate if a preceptor is weak in a specific area. In order to overcome these weaknesses, a preceptor may complete learning modules directly targeting the weakness. These modules will also allow for specialized training, and they will let preceptors work at their own pace. In addition, these modules can be used for program-required education, or they may be used by preceptors who desire self-enrichment.

CONCLUSION

Our exploratory investigation of different programmatic practices for preceptor education identified similarities among the 3 programs we interviewed. Although the CAATE requirement for annual training has been eliminated, all 3 programs still used the large annual meeting to deliver basic program content while also using both formal and informal meetings during the year to deliver preceptor- and venue-specific education. All 3 programs were in the process of moving towards asynchronous, or online, learning to deliver content to preceptors. This online content may be as simple as an e-mail, or as detailed as Web-based modules and assessments. Finally, the participants from all 3 programs felt it was important to find ways to incentivize preceptor education to achieve preceptor buy-in. Overall, the 3 programs continued to find a variety of methods for delivering high-quality preceptor education to a wide variety of clinicians.

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