

Exploring Best Practices in Preceptorships: Preceptor Selection

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Context: Athletic training programs have autonomy to select preceptors based on program objectives. Due to a lack of empirical evidence outlining best practices for graduate programs, program administrators must appraise this themselves. Gaining information on what stakeholders believe is most appropriate when considering clinicians for the role of preceptor may help administrators choose preceptors who are well suited to teach.

Objective: The purpose of this study was to explore stakeholders (ie, preceptors, program directors, clinical education coordinators) beliefs of the ideal qualities of athletic training preceptors.

Design: Hermeneutic phenomenological approach.

Setting: Individual phone interviews.

Patients or Other Participants: Nineteen individuals (10 clinical education coordinators, 7 preceptors, 1 program director, 1 dual-role program administrator; 7.74 ± 6.30 years of experience). Data saturation guided the total number of participants.

Data Collection and Analysis: A semistructured interview guide was used to conduct interviews, which were recorded and transcribed verbatim. Data were analyzed by the primary investigator and coded into themes using the interpretative phenomenological analysis approach. Peer reviews and narrative-accuracy member checks established credibility.

Results: Participants discussed their desire for preceptors to prioritize their role as educator by being committed to teaching and creating abundant experiences for learners. In addition, participants described ideal preceptors as those who practice with professionalism by setting a good example, meeting administrative expectations, and having autonomous experiences beyond their professional degree. Finally, participants discussed preceptors should have the qualities of leaders by possessing a growth mindset, utilizing best practices as they relate to recent literature and evolving clinical skills, and embracing educational advancement.

Conclusions: To promote the best learning environment, preceptors should possess the qualities of an educator, professional, and leader. The findings of this study help inform decisions regarding who may be best suited to serve as preceptor. Future research should investigate what stakeholders believe are ideal components of preceptor development.

Key Words: Clinical education, clinical teaching, experiential education, athletic training, best practices

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KEY POINTS

- Selecting professionals who may be best suited to serve as preceptor for today's athletic training students is complex. Overall, to promote the best learning environment for students, it is vital for preceptors to possess the qualities of an educator, professional, and leader.
- Preceptors should view themselves and be viewed as vital educators within an athletic training program. To do this, preceptors should take time to connect with students, adopt a warm and inviting approach to mentoring, and intentionally engage students in patient care.
- To develop students who embody professionalism upon graduation, it is crucial for preceptors themselves to have the characteristics of professionalism. Preceptors can display the qualities of professionalism by modeling strong communication, adhering to established standards of care, engaging with professional organizations, and having autonomous experiences beyond their professional degree.
- To best exemplify leadership qualities, preceptors should adopt the attitude of continuing to grow as a clinical teacher as well as developing their clinical skills alongside the evolution of health care. Further examples of leadership qualities include incorporating the best available evidence into their practice and embracing the transition of athletic training education and programmatic transformation.

INTRODUCTION

Preceptors are skilled practitioners within health care professional programs who supervise students during clinical experience.¹ In athletic training education, the Commission on Accreditation of Athletic Training Education (CAATE)² defined a preceptor as a credentialed athletic trainer or physician who supervises and guides students during clinical experiences. The responsibilities of preceptors include instructing and assessing students' clinical skills, supervising students during clinical experiences, and facilitating the development of students' abilities. Furthermore, preceptors bolster student socialization into the athletic training profession where they learn the attitudes and behaviors of the health care culture³⁻⁵ further cultivating students' excitement and commitment to the profession.^{6,7} In addition, preceptors have a role in protecting students during stressful situations and assisting students in good decision making.⁸ The mentorship that preceptors provide to students results in a relationship that has a large impact on students' acceptance of the responsibilities of an athletic trainer, which subsequently influences their career decisions after graduation.^{6,9-11} Published literature^{4,5,12-14} suggests that there are characteristics, behaviors, and skills including those in communication, interpersonal practices, management, and problem solving that influence a preceptor's effectiveness. Preceptors' success in meeting the goals and objectives of clinical education may also depend on more innate characteristics such as patience, enthusiasm for the profession, self-confidence, and adaptability.^{13,14} These characteristics, behaviors, and professional

attributes of a capable preceptor are thought to be like those of a developed leader.¹³

Clinical education helps students develop critical thinking skills and professional commitment, and to gain confidence, as they progress through a professional program.^{6,9,15,16} Preceptors play a vital role during this time of development as they serve as the primary facilitators of student learning during clinical experiences and ensure optimal learning outcomes for students.^{3-5,8,11} Recent and ongoing reform in athletic training education has created a renewed need to examine preceptorships. The transition of the athletic training professional degree to the graduate level and to the 2020 CAATE standards has modified the landscape of clinical education by changing the timeframe for clinical experiences as well as adding components such as immersive clinical experiences. Previous literature has suggested characteristics, behaviors, and attributes of effective preceptors^{4,5,12-14}; however, this literature may be outdated as it examines preceptorships at the undergraduate level as well as programs using old accreditation standards. Furthermore, while the lack of standardization gives programs the freedom to develop their preceptors based on the goals and objectives of the program, there is no empirical evidence that identifies best practices for preceptorships for graduate athletic training programs. This gap creates a problem for program administrators as they are unable to use empirical evidence to support the autonomous decisions they make. The lack of best practices may have implications on the quality of clinical experiences. Gaining information on what stakeholders believe are the ideal characteristics of preceptors who are teaching graduate-level learners may be helpful in making these critical decisions. Therefore, the purpose of this study was to explore how stakeholders (preceptors and program directors or clinical education coordinators) determine what is most appropriate when selecting athletic training preceptors for graduate, professional athletic training programs.

METHODS

Design

We built this study on a qualitative paradigm using a hermeneutic phenomenological approach to inquiry.¹⁷ The goal of phenomenological studies is to explore the experiences of participants with a specific phenomenon.¹⁸ For this study, the phenomenon being investigated was how preceptors and program administrators determine what is most appropriate for the selection of athletic training preceptors. Utilizing the qualitative paradigm helped develop an understanding of the experiences of those involved in athletic training clinical education to better understand preceptor selection. Central to hermeneutic phenomenology is the idea of interpretation. To develop a collective understanding of the phenomenon being investigated in this study, both the interviewer (ie, primary investigator) and participants (ie, program administrator or preceptor) use interpretations of their individual lived experiences and cultural background. Institutional review board (IRB) approval was obtained before initiating this

Table 1. Participant Demographics

Participant Pseudonym	Role in AT Clinical Education	Years of Experience in Current Role	NATA District	Population	Miles to Next City
Aiden	CCE	7.0	6	Urban	NA
Anne	CCE	2.0	9	Urban	NA
Anthony	P	12.5	10	Urban	NA
Carrie	CCE	2.0	3	Rural	50
Charlotte	P	3.0	9	Urban	NA
Harry	PD	15.5	5	Rural	62
Jack	P	8.5	2	Rural	40
John	CCE	3.0	3	Urban	NA
Maria	CCE	3.0	3	Urban	NA
Mary	P	3.5	9	Urban	NA
Miranda	CCE	2.0	10	Urban	NA
Natasha	CCE	2.0	9	Urban	NA
Ray	P	26.0	3	Urban	NA
Richard	PD+CCE	10.0	8	Urban	NA
Robert	P	9.0	5	Rural	10
Samantha	P	17.0	3	Urban	NA
Stanford	CCE	3.0	5	Urban	NA
Steve	CCE	10.0	3	Urban	NA
Trey	CCE	8.0	5	Urban	NA

Abbreviations: AT, athletic trainer; CCE, coordinator/director of clinical education; NA, not applicable; NATA, National Athletic Trainers' Association; P, preceptor; PD, program director; rural, population <50 000; urban, population \geq 50 000.

study and written informed consent was obtained before interviewing each participant.

Participants

We recruited preceptors for graduate, professional athletic training programs as well as program administrators (ie, program directors or clinical education coordinators) who are primarily responsible for selecting preceptors for these programs. In addition, to engage in this study, participants must have been at least 18 years old. To meet inclusion criteria, participants must have been either a preceptor or the individual primarily responsible for selecting preceptors for a graduate, professional athletic training program, and the CAATE accreditation status of the program must have been active and in good standing. Individuals who did not identify with one of these roles; who served within undergraduate, professional athletic training programs; or who were younger than 18 years old were excluded from participation. Furthermore, if an individual had worked in their role (preceptor or program administrator) for less than 1 academic year, they were excluded. Creswell¹⁸ recommends including data from 5 to 25 participants for phenomenological studies. However, data saturation guided the total number of interviews.^{19,20} We interviewed 19 stakeholders (ie, preceptors and program directors or clinical education coordinators) of athletic training preceptorships. A large percentage of participants in this study reported that they serve as clinical education coordinator (53%, $n = 10$). Thirty-seven percent ($n = 7$) serve as a preceptor, 5% ($n = 1$) as a program director, and 5% ($n = 1$) indicated that they were serving as both program director and clinical education coordinator at the time of data collection. Participants reported a mean of 7.74 years (± 6.30 years) of experience in their current role.

We also asked participants to provide geographical characteristics of the area in which their program lies. Seven districts

of the National Athletic Trainers' Association (NATA) were represented by the participants of this study, with participants coming from 13 states. Out of the 19 total participants, thirty-two percent ($n = 6$) reported that they work in District 3; 21% ($n = 4$) in District 5; 21% ($n = 4$) in District 9; 11% ($n = 2$) in District 10; and 5% ($n = 1$) in Districts 2, 6, and 8, respectively. Furthermore, 78% ($n = 15$) of participants indicated that the program they work within is in an urban area with a population greater than or equal to 50 000. Those who indicated that the program is in a rural area (population <50 000; 22%, $n = 4$) reported a mean distance of 40.5 miles (± 19.25 miles) to the nearest city. A full list of participant demographics is presented in Table 1.

Instrumentation

Participants completed an electronic questionnaire using Qualtrics XM, LLC (www.qualtrics.com) to confirm inclusion criteria as well as provide informed consent and demographic information. During each interview, the primary investigator (JLRH) used 1 of 2 semistructured interview guides based on the participant role assigned (ie, preceptor or program administrator). Questions centered around preceptor selection are outlined in Tables 2 and 3. To improve the trustworthiness of the interview process, a panel of experts that had experience with athletic training clinical education and qualitative methods reviewed the interview protocol for understanding, content, and clarity.²¹ These individuals were independent from the research study, thus reducing researcher bias during the development of the interview framework. We made small modifications (ie, wording, grammar) upon review of the feedback provided during this process. We then piloted the interview guides to help determine any flaws or limitations. These pilot interviews were conducted with 2 individuals (1 preceptor and 1 program administrator) who served within an undergraduate athletic training program. Each pilot interview lasted approximately 60 minutes. Based on feedback during

Table 2. Selected Interview Questions for Program Administrators

Describe the characteristics/qualities that make an ideal preceptor.
Why do you feel these are important qualifications?
What are some reasons a preceptor should no longer be used?
Based on your previous responses, what influences your beliefs of preceptor qualifications?
Is there anything else related to preceptor criteria that I haven't touched on that you would like to discuss?
Is there anything additional that you would like to discuss that we have not?

these pilot interviews, we made small wording modifications to improve clarity of the questions.

Data Collection

Prior to recruitment (June 2018), we identified all graduate-level, professional athletic training programs that were listed as active and in good standing (n = 83) using the public database on the CAATE website (www.caate.net). The primary investigator then searched each institution's website to identify the athletic training program director and clinical education coordinator. The primary investigator then sent a recruitment email to the program director and clinical education coordinator for each institution. This recruitment email provided details related to the study and asked the person primarily responsible for the selection and development of preceptors to participate and to forward the email to all preceptors of their athletic training program. If they were interested in participating in the study, individuals completed the electronic demographic questionnaire previously described. Participant confidentiality was assured, and informed consent was obtained from each participant before beginning all interviews. Furthermore, to protect the identity of the participants, pseudonyms were assigned and used for the remainder of the study. All other identifiable information (ie, institution name, colleague's name) that may have come up during the interview was deidentified during the transcription process to maintain participant confidentiality.

Each semistructured interview lasted approximately 60 to 90 minutes and was conducted by the primary investigator. Interviews were conducted with participants of varied experience levels and geographic backgrounds, so we could gain diverse perspectives of what is most appropriate for preceptor selection. We used these categories (role in program, years of experience, geographic location) to guide the data analysis process. Finally, each interview was audio-recorded and transcribed verbatim by the primary investigator to increase the credibility of the data.^{18,20} To verify the accuracy of the transcripts, we emailed each participant a copy of the transcript and asked them to verify the accuracy of the transcript.

Data Analysis and Trustworthiness

Each interview was audio-recorded, transcribed verbatim, and coded using the interpretative phenomenological analysis (IPA) approach.^{22–24} Following the IPA procedures described

Table 3. Selected Interview Questions for Preceptors

Describe the characteristics/qualities that make an ideal preceptor.
Why do you feel these are important qualifications?
Based on your previous responses, what influences your beliefs of preceptor qualifications?
Is there anything else related to preceptor criteria that I haven't touched on that you would like to discuss?
Is there anything additional that you would like to discuss that we have not?

by Smith et al,²³ we familiarized ourselves with the data by reading and rereading the transcripts several times. Then, 1 transcript was randomly selected to begin data analysis. While reading this transcript, we made annotations in the left-hand margin related to our understanding of the participant's account. In addition, we used this margin to note preliminary associations and interpretations. A directory of quotes to support each emergent category within this initial transcript was then compiled. We repeated this process for each remaining transcript, which resulted in a table of categories for each participant. We then created a master list of categories, and the primary investigator looked for connections between these categories to search for common themes and created a codebook containing the categories and themes.^{18,20} The themes were then collated and combined with supporting quotes from the transcripts.

Peer debriefing and narrative-accuracy member checks established trustworthiness of the findings.^{18,25} Three individuals with experience in athletic training clinical education and qualitative inquiry provided peer debriefing of the research process. The process of peer review or debriefing served as an external check to ensure the data were properly supported within the findings. Furthermore, narrative-accuracy member checks verified the precision of the transcription process.²⁶ Of the 19 member checks, 3 participants provided additional information to the transcript. This information was included during data analysis, but it did not alter the meaning of the original responses.

RESULTS

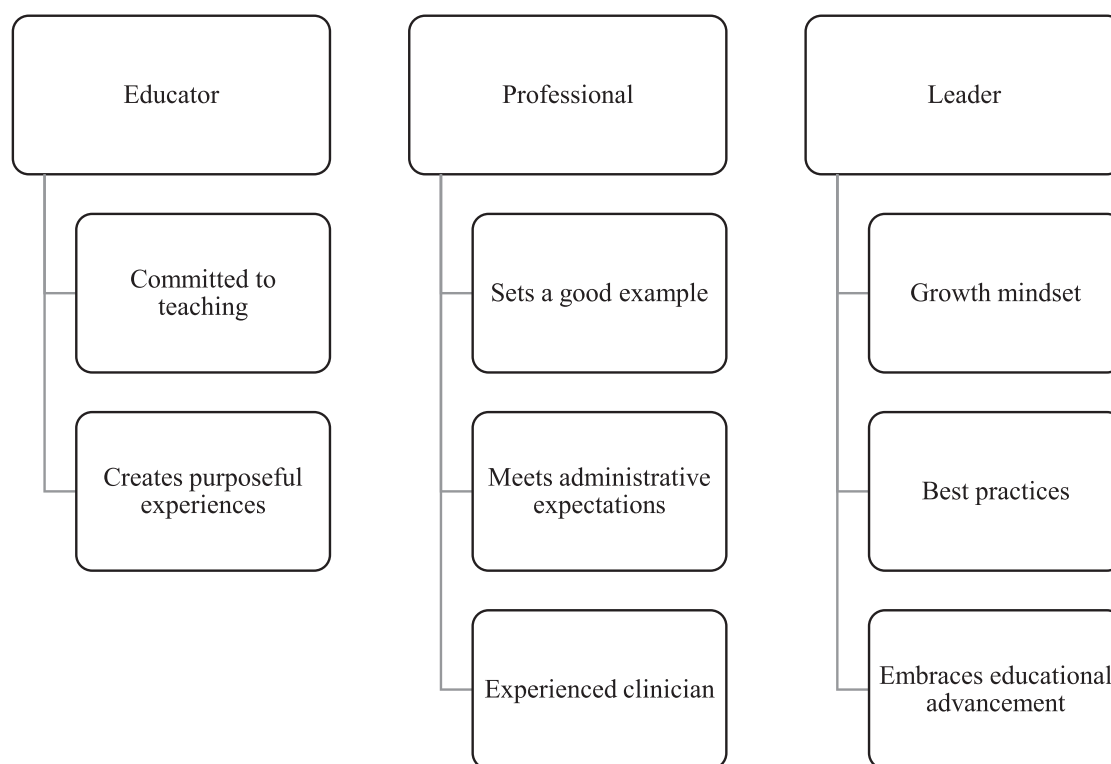
During their interviews, participants described 3 common qualities that were important for preceptors to have, the qualities of an educator, a professional, and a leader. These themes were further divided into 8 subthemes as displayed in Figure 1.

Educator

In their descriptions of ideal preceptors, participants discussed their desire for a preceptor to be someone who prioritizes not only the care they provide to their patients, but also their commitment to educating students; that they see one of their primary responsibilities as teaching students. Participants described (1) a commitment to teaching and (2) creating purposeful experiences, as important characteristics of athletic training preceptors.

Committed to Teaching. A consistent descriptor of the qualities a preceptor should possess given by participants

Figure. Emergent themes and subthemes.



included being committed to teaching students. Preceptor and administrator participants both frequently described an ideal preceptor as being one who is committed to educating students. They expressed this commitment in several ways, one of which was the preceptor's passion for teaching. Furthermore, they asserted that a preceptor's effectiveness as a clinical teacher is negatively affected if the preceptor is not enthusiastic about educating students. When discussing his beliefs of ideal preceptors, Steve, a program administrator, prioritized a preceptor's commitment to teaching. He expressed that because of the numerous responsibilities a preceptor has related to patient care, if they are not dedicated to teaching students, they often lose sight of the students' learning needs. Steve said that first, they needed to be passionate about education and teaching: "I do not want preceptors to view students as, 'Oh, I just gained an extra set of hands, eyes,' instead, 'I gained a student I can teach, mentor, develop.'" This difference in a preceptor's motivation to working with students was a primary concern for participants. When discussing his desire for preceptors to be committed to teaching, Jack, a preceptor, agreed, stating that there must be some passion involved, "if you just go through the motions, you are doing a disservice to yourself and to the students."

In addition, when describing the importance of preceptors' commitment to teaching, participants noted the value of a preceptor taking time out of each day to educate students. An often busy and hectic workday can test a preceptor's dedication to teaching, but participants highlighted that ideally preceptors can devote time each day to teach and mentor students. When discussing preceptor qualities, Anthony, a preceptor, mentioned how it is easy to forget students' learning needs when trying to balance a patient load:

Many times, athletic trainers get locked into helping patients. They can sometimes lose sight of teaching students, so they can focus solely on being a clinician, but this does not give students the opportunities to learn what they need.

Anthony explained that preceptors should make time in their day to help students learn and grow. Charlotte, also a preceptor, spoke from personal experience when describing the necessity of dedicating time for working with students. She mentioned that preceptors need to be generous using their time: "Sometimes the only quiet I get all day is during a baseball game or a soccer game I am covering . . . preceptors need to use that time to break down a situation with a student and discuss things with them."

Participants also discussed how preceptors show they are committed to teaching by being warm and open with students. Charlotte, a preceptor, said that students can be nervous and unsure of themselves. She said, preceptors "need to have the patience to let students engage in patient care and talk them through procedures because they cannot learn if they do not practice their skills."

Natasha and Samantha described the importance of preceptors being open with students. For Natasha, an administrator, this openness meant that preceptors were willing to give students frequent feedback. She further explained that open and frequent feedback helps students learn how to improve as a clinician and added that, without feedback, students often do not understand how they could improve as a health care provider. She said:

I want a preceptor who is willing to be open and honest with positive and constructive feedback. . . . Not only do they need to have positive reinforcement when they do something correct, but they also need to be corrected with constructive feedback.

They need to understand where they can improve. When you have a preceptor that does not give this feedback early, I then get evaluations about the students where the problems were never addressed. That is an issue because it is too late at that point.

Samantha, a preceptor, discussed how openness with students means preceptors are willing to engage in conversations with students about challenging situations. She stated that preceptors “should be open about sharing mistakes with students so they can understand we are not perfect, and we make mistakes and how you can turn those missteps into positives.” She also mentioned that sometimes those conversations need to be about difficult professional issues; for example, “the relationship between athletic trainers and other health care professions.” Having an open conversation may help them see that “something is going on and talk about how it may affect their practice in the future.”

Creates Purposeful Experiences. Participants also discussed the need for students to be involved in patient care in meaningful ways and not overutilizing them as a labor force. This quality was especially important for those participants who were serving as program administrators. Trey, an administrator, mentioned that he valued a preceptor who can guide students through patient care using verbal prompts:

My favorite preceptors are those who are willing to be confident in their skills and to bury their hands in their pockets and let students apply their skills. To let the students be challenged, but at the same time, be there so you can intervene on behalf of the patient if need be. Preceptors should not be the ones doing the evaluation, the treatment on patients. But rather they guide the student through the evaluation and treatment using verbal cues.

Ray, a preceptor, added that preceptors “need to allow students to . . . get their hands dirty.”

Several participants, namely, those who are administrators, noted how adding immersive clinical experiences into the program has shed light on preceptors who were not creating purposeful experiences for students. Aiden commented that immersion had made them more aware of stronger preceptors because as one student told him,

I had a great experience with my preceptor. If we were not working with a patient, I was working on lesson prep, or reviewing the emergency action plans, or doing a documentation analysis. We were always doing something.

Professional

In addition to having the qualities of an educator, participants described an ideal preceptor as someone who practices with professionalism. They further described a professional as someone who (1) sets a good example, (2) meets administrative expectations, and (3) has experience beyond their professional degree.

Sets a Good Example. Participants, especially those who were administrators, believed that to qualify as a preceptor, a clinician should set a good example for students. For example, Harry, an administrator, described the importance of preceptors modeling strong communication skills with stakeholders. He said that he wanted preceptors to “talk appropriately with

athletes’ parents and coaches . . . to be a good role model on how to answer questions from others without violating HIPPA [patient privacy laws].” Setting a good example for students was also important for Steve, an administrator, who believed preceptors should have a positive attitude about athletic training. He remarked:

I do not want preceptors who are ‘Debbie downers’ with a negative attitude toward athletic training. . . . If there is a consistent theme of negativity, I will not send a student to work with that preceptor again.

Natasha, also an administrator, offered that preceptors should set a good example by following professional standards for documentation and record-keeping. She stated:

I would not use a preceptor who was not practicing to the standard of care. For example, if a preceptor was caring for an entire team of athletes and never documenting anything they did with their patients.

Another way participants highlighted the value of preceptors setting a good example for students was by staying tuned into professional matters. Richard wants preceptors to know what is going on in their state:

. . . regarding licensure and state legislative acts. It is hard for preceptors to mentor or have discussions with our students on these things if they are not informed, and we want students to be a part of those discussions.

Setting a good example was important for participants like Miranda, an administrator, because she desired coherence between what students learn in the classroom and what they see modeled by their preceptors. She said, “If they are modeling inappropriate or unprofessional behaviors, that becomes a major issue because the students see a disconnect” between what course instructors are teaching them and what is being modeled by their preceptors.

Meets Administrative Expectations. Many administrators also discussed desiring preceptors who meet administrative expectations. Maria, Aiden, and John, all administrators, said an ideal preceptor promptly responds to messages, submits necessary records, and promptly and proactively communicates student difficulties to the administrator. Maria stressed the importance of preceptors who quickly reply to students, saying that “preceptors should not take 3, 4 days to respond . . . I think that is important because it shows they care; that they want to help the student.” Aiden desired preceptors who complied with administrative policies such as submitting forms. He stated, “If I have to ask a preceptor 6 times to send their bloodborne pathogen policy, then I am pretty sure there are other aspects of their practice that are not optimal.” John believed preceptors should be proactive in communicating difficult situations with students to the administrator. He said, “Can they call me and say ‘hey, this is what is going on. Wanted to let you know; I’ll keep you updated,’ before it is too late to do something about the issue.”

Experienced Clinician. Participants stated that an ideal preceptor should have spent some time practicing as an autonomous health care provider. Ray, a preceptor, stated, “I do not think a new graduate should be a preceptor. A new graduate in their first job does not have enough professional experience to give the student a quality [clinical] experience.”

Trey, an administrator, also discussed the importance of allowing the new clinician time to develop as an autonomous health care provider without the demands of working with students:

Part of the reason is that it gives them [the new clinician] an opportunity to become more confident professionally without having a student who is always looking for answers, looking for feedback.

John, an administrator, reflected on his experiences being a preceptor while adjusting to being a new clinician: “I wanted to do it all because I was also learning . . . I had to remember ‘oh, wait, I have students, they also need experience.’” He thought that preceptors should have a few years of experience, so they have had the opportunity to work autonomously with patients.

Leader

Another theme to emerge referred to participants describing ideal preceptors possessing the qualities of a leader. This theme consisted of 3 subthemes: (1) growth mindset, (2) utilizing best practices, and (3) embraces educational advancement.

Growth Mindset. Preceptors should exhibit a growth mindset to be effective in their role. Ideally preceptors should have the attitude of not only continuing to develop as clinical teachers but also adapting their skills in patient care alongside the evolution of health care. Aiden stated:

Preceptors should understand that being a preceptor is not just a “one-and-done deal,” instead, constantly learning “as students” change over time, as learning styles evolve. They . . . are not complacent with how things have gone in the past. They are always looking for newer, better ways to connect with students.

Furthermore, in his accounts of ideal preceptors, Robert, a preceptor himself, reported the importance of preceptors to want to improve not only their skills as clinical teachers but also to advance their skills related to patient care. He pointed out this attitude of continual advancement helps preceptors connect with students by mutually identifying as a learner. Stanford, an administrator, reflected on difficulties with preceptors not wanting to continue to grow professionally, displaying the attitude of not feeling comfortable evaluating a student on a clinical skill because their training had not included the technique. He said, “We try to identify preceptors who have that attitude and ask them to be more open minded and want them to continue to enhance their practice.”

Use of Best Practices. Participants also discussed how preceptors should incorporate the best available evidence into their practice and keep abreast of evolving skills being taught within professional curriculum. Mary, a preceptor, divulged that preceptors “should be up-to-date on what is going on in health care. I work in a clinic setting, so I am not as up-to-date on some of the things that are going on as I should be.” Other participants like Anne, an administrator, agreed that preceptors should keep up with best practices and new clinical skills. She described, for example, if a preceptor was not incorporating rectal thermometry in managing heat illness, “that is a big problem because they are then showing students it is okay

to not use rectal thermometry for recognizing heat illness.” Other administrators, such as Maria, Richard, and Steve, discussed how important it was for preceptors to utilize best practices by staying up-to-date with the current clinical skills being taught in the curriculum and incorporating evidence into their practice. Maria, for example, wanted preceptors to be able to “help teach students the new skills which are being taught in the curriculum.” Richard added what he wanted a preceptor to be:

[A preceptor should be] someone who takes the time to understand the position statements and is concerned about quality outcomes with their patients. I think these outcomes come by providing care that is based on current evidence and best practices.

Steve shared what his students had reported:

[They] tell me their preceptor was telling them different information from what they were learning in class, or the preceptor had no idea what they were referring to and they did not know what to do. For example, they [students] just went through the chapter on [Therapeutic] Ultrasound, and the preceptor is still locked into the outdated information they learned in the ‘80s and has not embraced or utilized current evidence. So, students were very confused on the content because they were getting mixed information.

Embraces Educational Advancement. In addition, the educational transition to the graduate level has left participants, especially those who are administrators, desiring preceptors who have embraced this change and who buy into the programmatic transformations as a result. Maria discussed her experiences with preceptors during programmatic transition at her institution:

They [preceptors] need to be willing to adjust as the program changes. They need to be able to think a little more outside the box, as we are all trying to do, during the transition As things change in the program, like policies and procedures, clinical experiences, expectations of preceptors, the best preceptors we have had have been those who have taken those changes and ran with them. I think for the most part, the ones [preceptors] who we have retained throughout our transition have been those who were very willing to change alongside us.

Often, when they were discussing how crucial this quality of embracing educational advancement is, participants shared challenging experiences they have had with preceptors who have not embraced the transition of the professional degree. Carrie, a program administrator, said that even with limited resources, some preceptors with negative attitudes toward the graduate-level program were no longer being used. She explained, “[They were not] open-minded enough to teach our students As a result, the students had very poor [clinical] experiences with those preceptors because the preceptors had such a wall up.”

Natasha, an administrator, shared how vital it was for preceptors to embrace the advancement of the professional degree:

[It is] the number one characteristic a preceptor should have. I have worked with preceptors before who do not agree with or have negative feelings toward the changes, and they do not appreciate the learning process with our students.

DISCUSSION

Per accreditation standards, program administrators (ie, program directors or clinical education coordinators) are tasked with preparing and developing preceptors for the roles they will assume as clinical educators.² It is unfortunate that, unlike other health care professions (eg, pharmacy),²⁷ athletic training professional organizations have yet to identify best practices for selecting preceptors, so administrators must make these crucial decisions without this information. Having a better appreciation for the ideal qualities of preceptors will help program administrators make more informed decisions when selecting individuals who will facilitate student learning during their clinical experiences. Furthermore, by using this information from their colleagues in education, preceptors as well as those clinicians considering the role will better understand the qualities which are crucial in helping fulfill the expectations of a preceptor and may help these individuals be more prepared to accept the responsibilities of a clinical educator.

Educator

Preceptors and administrators believe preceptors should have the qualities of an educator, professional, and leader to execute their role adequately. Preceptors are undoubtedly vital educators who must be committed to their role as clinical teachers if they are to succeed in helping students grow. Several authors from various health care professions agreed that preceptors must take their position of educator seriously. Authors from dietetics,²⁸ medicine,^{29,30} pharmacy,³¹ and athletic training¹⁴ discussed how important it is for preceptors to be enthusiastic about teaching students during their clinical experiences. It has also been previously suggested that preceptors should take time to engage with students in learning opportunities such as discussing a complicated patient case or their career options.^{14,31–34}

Preceptors and administrators within this study noted the importance for preceptors to deliberately engage students in patient care to help facilitate their learning. Similarly, other authors have emphasized that a preceptor's effectiveness is influenced by their ability to engage students in patient care and give students independence during their clinical experiences.^{4,14,29,32–36} Preceptors should also have a warm and inviting disposition with students and should not be afraid to discuss their missteps and challenges. Lie et al³³ and, more recently, Knisely et al³⁵ used different approaches, but both found that those preceptors who are welcoming and open with students are thought to be more effective in their role as clinical educators in both medicine and nursing. Approachability and openness toward students are also suggested as characteristics of effective athletic training preceptors.³⁶ In addition, the literature review conducted by Walker and Grosjean²⁸ found honesty and kindness to be an attribute of preceptors, which dietetics students prefer. Furthermore, sharing mistakes and learning experiences was a common thread among students' comments about pharmacy preceptors who have gone on to win professional accolades for their role as clinical teachers.³⁴ These crucial conversations with students may help students to become better equipped when they face adversity.

It is especially crucial for athletic training administrators to critically examine a preceptor's motivations for working with

students. While rare within the literature, Weidner and Henning¹⁴ have previously suggested that athletic training program administrators should carefully investigate the driving force behind a preceptor wanting to work with students to ensure that they are not using students as a means for supplementing athletic training services. The findings of this study suggested both athletic training administrators and preceptors continue to prefer a preceptor who does not overutilize students as a labor force in the athletic training clinic as this may stifle students' opportunities to engage in patient care during their clinical experiences.

Professional

Preceptors should also possess the qualities of a professional. There is strong socialization into the profession of athletic training through students' work with preceptors.^{6,9,10} Therefore, preceptors should be strong role models for students. Overwhelmingly found in the literature, authors from a multitude of health care professions discuss the necessity for preceptors to set a positive example for students.^{4,14,28,29,31,33,35,37} A positive role model has been previously discussed as someone who demonstrates honesty and ethical behavior³⁸ and who displays professionalism, organization, self-confidence, and caring.³⁹ Participants within our study further described strong role models as those preceptors who have strong communication behaviors and a positive attitude toward the profession of athletic training, and who follow established standards of care, stay up-to-date on professional issues, and avoid inappropriate behaviors.

Furthermore, to best portray the qualities of a professional, administrators and preceptors from this study believed preceptors should have experience as a health care provider beyond their professional education. Huggett et al³² found students valued most a preceptor who demonstrated professional expertise. This professional expertise was anchored in prior encounters with patients. Student participants remarked that preceptors who lacked experience were viewed and described as less credible and less capable of teaching. In addition, the literature review conducted by Walker and Grosjean²⁸ noted dietetics students desire a preceptor who had previous experience working in their profession. Authors here noted that while less-experienced clinicians may possess the knowledge and skills of a competent health care provider, they may lack the confidence to portray themselves as authorities in their area of practice effectively. Moreover, the characteristics of an effective athletic training preceptor have been tied to the core traits of an effective leader, including self-confidence.¹³ Although not directly linked to their previous experience as a health care provider, students and preceptors within nursing programs have ranked a preceptor's self-assurance as a characteristic which promotes their effectiveness.³⁵

While there may be some evidence to suggest that students desire a preceptor with prior experience as a health care provider, the accrediting agencies for a multitude of health care educational programs including medicine, pharmacy, nursing, physician assistant, occupational therapy, respiratory therapy, and athletic training do not standardize a minimum amount of experience a clinician must have to serve as a preceptor. These professions only require that preceptors are

credentialed in their respective professions and that they can effectively teach and evaluate students, though teaching effectiveness has not been well defined. However, the accrediting bodies for counseling psychology⁴⁰ and physical therapy education⁴¹ require clinicians to have 2 years and 1 year of experience, respectively, to be qualified as a preceptor. The evidence in this study establishes the need for athletic training programs to consider going beyond the minimum requirements set by their accrediting agency and carefully examine the professional experiences of their preceptors and whether a newly credentialed athletic trainer is best suited to teach students during their clinical experiences.

In addition, to fulfill the expectations of professionalism, preceptors should be able to meet the administrative demands of working with students. The ability to complete these tasks in a timely fashion without continual reminders and oversight is an essential quality reported by program administrators. Weidner and Henning¹⁴ previously used a Delphi technique to build a consensus among athletic training education experts systematically and found completing administrative tasks promptly to be a desirable trait of preceptors. Also, Platt-Meyer¹³ identified good organizational skills as essential for athletic training preceptors to possess.

Leader

Participants within our study described the importance for preceptors to possess the qualities of a leader by having a growth mindset, utilizing best practices, and embracing educational advancement. To best prepare students during their professional education, preceptors need to value their continual professional growth. Walker and Grosjean,²⁸ as well as Weidner and Henning,¹⁴ discussed the importance of preceptors engaging in regular self-appraisal of their skills and having the enthusiasm to continue to grow professionally as both clinicians and clinical teachers. While the body of literature that explains the importance of continual growth is limited, much of the studies examining preceptor characteristics have focused on student perceptions. Therefore, the findings of this study may help to broaden the understanding of ideal preceptor characteristics by gaining the perspective of program administrators and preceptors alike.

To be prepared to teach the next generation of athletic trainers, preceptors themselves must be willing to adhere to best practices and expand their knowledge and clinical skills based on the content being taught within professional athletic training programs. Authors from athletic training,^{13,37} pharmacy,³⁴ nursing,³⁵ and medicine³⁰ all discussed the importance of preceptors being knowledgeable and competent in their profession as well as demonstrating sound clinical reasoning while making patient care decisions. This previous literature helps to affirm the beliefs of participants within our study who emphasized the importance of preceptors utilizing best practices and staying up-to-date with evolving clinical skills taught within professional curriculums.

While participants within our study describe a leader as someone who has embraced the transition of the professional degree in athletic training to the graduate level, these experiences have not appeared elsewhere within the literature. This quality may be unique to this study given the nature of current educational reform in athletic training. In 2015, the

Athletic Training Strategic Alliance⁴² announced the decision for the athletic training professional degree to transition from an undergraduate to a graduate level. This educational reform has left program administrators acutely aware of how athletic training professional education is transforming. Some administrators described challenging moments they have experienced when preceptors have not embraced the transition to a graduate degree, which has not only affected their relationships with those preceptors but also had a negative impact on the students' experience with clinical education. Furthermore, when preceptors buy into educational transition, it may promote a more cohesive philosophy between the didactic and clinical educators within an athletic training professional program. While the decision for the professional degree in athletic training was announced in 2015, programs have until 2022 to complete this transition. While not explicitly examined, participants of this study may have been amid a recent change of their professional program to the graduate level, which may have impacted the viewpoints they expressed, especially considering the desire to have preceptors who embrace education advancement was primarily reported by program administrators.

LIMITATIONS AND FUTURE RESEARCH

There are several inherent limitations to this study, which should be recognized. First, the CAATE website was used to identify and recruit participants. However, the study relied on program administrators for each athletic training program to pass along the recruitment email to the preceptors of these programs. As a result, the full population of participants may not have received the recruitment materials and been given an opportunity to participate. Second, the participants of this study were limited to preceptors and program administrators for graduate, professional athletic training programs. Having not included stakeholders for undergraduate programs, comparisons cannot be drawn between the beliefs of stakeholders for graduate and undergraduate, professional programs. In addition, the nature of qualitative research design limits the ability to analyze findings across demographic characteristics of participants. Therefore, while demographic information from participants helped ensure a diverse sample, comparisons were not made between these various participant characteristics.

The body of literature that discusses current practices in athletic training preceptor selection is limited. Therefore, future studies should be conducted to examine these practices to help determine how they align with the beliefs discussed here. Future research should also explore the challenges associated with selecting and developing athletic training preceptors, and which aspects of preceptor development are effective at facilitating student learning and readiness for clinical practice. Furthermore, studies should be conducted that examine how preceptors are evaluated to assess their clinical teaching abilities. In addition, to better understand the resources available to programs based on their geographic location, researchers should examine the various aspects of clinical education for programs in both rural and urban communities. The amount of experience an individual has may also have an impact on their beliefs of preceptor selection and development. Research should investigate whether the amount of experience an individual has influences their views of preceptorships. In addition, research should also be drawn that compares

preceptor selection, development, and evaluation practices across various types of health care programs (eg, athletic training, pharmacy, medicine, nursing, counseling psychology). Finally, future work should be conducted to disseminate principles of teaching to athletic training preceptors.

CONCLUSIONS

The goal of preceptorships is to offer health care students high-quality clinical experiences, which help them prepare for and integrate into a demanding professional atmosphere. Overall, to promote the best learning environment for students, it is vital for preceptors to possess the qualities of an educator, professional, and leader. More specifically, preceptors should view themselves, and administrators should equally view them, as vital contributors to student growth who are committed to their role as clinical teachers and to providing abundant and purposeful clinical experiences for students. Furthermore, to develop students who embody professionalism upon graduation, it is crucial for preceptors themselves to have the characteristics of professionalism by being good role models, meeting the administrative expectations of their role, and having autonomous experiences as health care providers before working with students. Finally, strong leadership characteristics are essential for preceptors to hold. To best exemplify leadership qualities, preceptors should have a growth mindset, utilize best practices as they relate to recent literature and evolving clinical skills, and embrace the evolution of athletic training professional education.

The findings of this study help inform better decisions regarding the professionals who may be best suited to serve as a preceptor. Preceptors, as well as those considering the role, will better understand the qualities that are crucial in helping fulfill the expectations of a preceptor for a graduate athletic training professional program. This, in turn, may help these individuals be more prepared to accept the responsibilities of a clinical educator.

Furthermore, this information will help better inform program administrators' critical decisions regarding selecting athletic training preceptors for the role of clinical teachers. In utilizing the evidence that emerged here, program administrators will have more empirical support for the autonomous decisions they must make regarding the selection of preceptors within their graduate program. This knowledge may alleviate some of the challenges they face when fulfilling their responsibilities to oversee a professional program.

Ultimately, the ability to make more informed decisions regarding preceptorships may lead to clinical experiences that are more effective in improving students' abilities as health care providers and developing their readiness for clinical practice. By utilizing more qualified preceptors, students may gain a deeper appreciation for the positive aspects of a career in athletic training, which may result in decreased attrition. This viewpoint may be especially important during a program's transition to a professional master's degree as enrollment may temporarily decrease.

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