

Examining Preceptors' Perceptions of Need Around Facilitating Clinical Immersion Experiences

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Context: Clinical immersion experiences allow students to gain firsthand, authentic experiences to help them successfully matriculate into the profession. Preceptors supervise athletic training students during these experiences and are critical in the student's clinical competence development. It is important to understand their needs to help facilitate a successful experience for the student.

Objective: To explore the needs of preceptors as they facilitate clinical immersion experiences for their athletic training students.

Design: Qualitative case study.

Setting: Athletic training practice settings facilitating clinical immersion.

Patients or Other Participants: Eight preceptors (6 female, 2 male) who met our inclusion criteria participated in our study.

Data Collection and Analysis: An exploratory, multiple-case study design was completed with preceptors.

Results: Four major themes emerged regarding preceptor needs for facilitating a clinical immersion experience: onboarding, communication on individual student needs, professional development as an educator, and relying on social support network.

Conclusions: Preceptors in our study communicated several needs that would better assist them in facilitating an immersive clinical experience for their students. Understanding these needs as a program administrator can better enhance the relationship between the didactic and clinical components of the educational program. Preceptors must also ask for additional information, resources, and support to help serve their needs in facilitating an immersive clinical experience for a student.

Key Words: clinical education, onboarding, clinical immersion

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KEY POINTS

- Preceptors receive very similar preceptor development from different affiliated athletic training programs. Programs should consider the use of a preceptor handbook to provide more time for development of preceptors as educators.
- Athletic training programs should provide and/or direct preceptors to development opportunities that further skills and knowledge as educators.
- Preceptors desire more student-specific information as part of the onboarding process for clinical immersion.
- Athletic training programs should consider connecting preceptors of clinical immersion experiences for their program to facilitate social support.

INTRODUCTION

Preceptors are an integral part of the socialization process for the athletic training student, as they not only provide clinical teaching, but they also reinforce professional behaviors, beliefs, and values needed to succeed as an athletic trainer (AT).¹ The role of the preceptor, in fact, could be viewed as the most critical stakeholder in the shaping of future ATs, as they must not only facilitate but educate the student. This requires the preceptor to have abilities as an educator, something that is not often part of their own educational preparation and thus must be innate or learned through training. Many preceptors, in addition to the required preceptor training, use more informal processes of learning to support their role as preceptors, as often, they are not versed in teaching methodologies.^{2,3}

The Commission on Accreditation of Athletic Training Education (CAATE) requires all athletic training programs to provide planned and ongoing training to all preceptors who intend to supervise students.⁴ The goal of preceptor training and workshops is to help the preceptor understand the basics, including general instructional methods, student evaluation techniques, mentorship skills, and review program policies and expectations.² As the requirements for clinical education have expanded to now include a clinical immersive experience, preceptors must adapt to the type of clinical education experience they are supervising. Although the overall goal of clinical education is to support a student's professional development, the purpose of clinical immersion is to allow the student to appreciate the totality of the profession, through a full-time experience.^{5,6} This suggests that the student has the knowledge and skills necessary to function more independently, with a guided autonomy method. A preceptor must be prepared to deliver instructional techniques, mentorship, and evaluation methods that meet the student's needs, as it pairs with his or her type of clinical education experience.

Clinical immersion is still in its infancy for athletic training program planning, and although a surge in the literature has occurred including preceptors' perspectives, little is known about the preceptors' experiences with preceptor training and support as they deliver supervision to students in clinical immersion.⁷⁻¹⁰

Gathering information from the preceptor can help programs craft workshops and trainings that help the preceptor facilitate clinical immersion that not only meets the student's needs but also the program's goals for the experience. The purpose of this research study, therefore, was to better understand current preceptors' needs regarding supporting clinical immersion experiences for athletic training students. Specifically, the following research questions guided our study: (1) what do athletic training preceptors need from athletic training programs to facilitate immersion experiences, and (2) what resources do athletic training preceptors need to facilitate immersion experiences?

METHODS

Research Design

We used an exploratory, multiple-case study design to examine preceptors' needs regarding facilitating clinical immersion for professional athletic training students. As clinical immersion is a relatively new standard required for CAATE-accredited programs, more research is needed to understand how to facilitate these clinical education opportunities. A preceptor is an extension of the CAATE-accredited program and the individual who is firsthand delivering the supervision of the student; thus, better understanding his or her needs is important. Exploratory case study designs offer the chance to explore a phenomenon more in depth, by examining a group of individuals who are currently living a shared or similar experience (ie, preceptors supervising clinical immersion).¹¹ We used the Standards for Reporting Qualitative Research: A Synthesis of Recommendations to report our findings.¹² Figure 1 outlines our steps.

Participant Sampling

Case study designs, like other qualitative methods, require sampling to be purposive. To align with this sampling methodology, we established binding criteria based on experiences so that opinions shared by our participants could reach a consensus.¹³ Our binding criteria were (1) preceptors must have a minimum of 3 years' experience as a preceptor, (2) have experience supervising professional athletic training students in integrated clinical education, (3) are currently supervising a professional student in a clinical immersion experience, and (4) have had more than 1 professional athletic training student completing a clinical immersion experience under their supervision.⁵ We selected our inclusion criteria based upon the goal of better understanding the needs of preceptors who are supervising students engaged in clinical immersive experiences. The models of education, clinical integration, and clinical immersion offer different demands on the preceptor, and thus, having a preceptor who has experience facilitating both types of clinical education models are important.¹³

Program Directors and Clinical Education Coordinators of CAATE-accredited Master of Athletic Training programs were used to gain access to preceptors. Program administrators of athletic training programs were contacted via e-mail with the request to forward the e-mail to preceptors who had supervised

Figure 1. Methodology.



immersive experiences for their program. Preceptors interested in participating contacted the lead investigator to schedule a time for the interview. Interviews were conducted until data saturation was reached using a constant comparative approach.

Participants

Eight preceptors (6 female, 2 male) who met our inclusion criteria participated in our study. Data saturation was determined to be satisfied after the eighth interview, as a constant comparative approach was used. Our sample size of 8 aligns with the case study design approach and other research published using similar methodologies.^{13,14} Our preceptors on average were 38 ± 6 years, had 14 ± 7 years of experience as certified ATs, and 10 ± 3 years of experience serving as preceptors for CAATE-accredited programs. Preceptors were affiliated with various CAATE-accredited athletic training programs across the United States. All our participants were currently working in the collegiate setting. Table 1 provides individual demographic data for each preceptor.

Data Collection Procedures

Our participants all completed a 1-on-1 interview with the lead author which lasted approximately 65 minutes. The interview was semistructured in nature to allow the interviewer and participant to engage in a more natural dialog around their experiences as preceptors supervising clinical immersion. The interview protocol was developed as part of a previous study and followed a script that was developed by the first 2 authors using the research questions as well as the literature around clinical immersion and clinical education literature.^{7,8,15–19} The third author served as a peer reviewer during the data analysis process explained subsequently. Before data collection, the interview script was sent to experts in the field (n = 3) to review for intent, relevance, and clarity. The experts were not involved in data collection or the study’s development but did provide critical appraisal to the interview script. The experts were seasoned researchers with backgrounds in clinical education research, transition to practice, and qualitative research methodologies. Changes to the interview script included rewording of questions for clarity, reordering to ensure organization and flow,

and adding a few questions around demographics. We piloted the interview script with 2 preceptors meeting our study’s inclusion criteria. These were retained in our final sample, as no edits were made to the script. Table 2 provides a sample of the interview questions pertaining to this study.

Consent was established before each interview, and all interviews were recorded with permission of the participant. The first author completed all 8 interviews to ensure consistency with each interview as well as to complete a constant comparative analysis of the data to ensure saturation was met. The interviews were conducted on the Zoom platform and transcribed verbatim. All participants were given their transcribed transcript to review for accuracy (basic member check).

Data Analyses

Before coding, the first 2 authors discussed the steps to code the data, which included an iterative process that was grounded in phenomenological analyses. Independently, the authors gained immersion of the data. The first author did so by completing the interviews and using field notes to capture key elements of each interview. This also helped establish data saturation through a constant comparative analysis. The second author completed holistic reads of the transcripts to best understand the experiences of the preceptors; this allowed for immersion to be gained as well. Each author then extracted specific pieces of information and labeled them to represent their meaning in the transcripts. Upon subsequent reads, common labels were grouped into categories and then organized to represent the key findings that relate to the study’s aims and research questions. The first 2 authors exchanged code sheets, final codes, and data extracted to support each of them. Agreement was met.

Trustworthiness

To ensure overall rigor and quality of the data, we selected several mechanisms as encouraged by Merriam and Creswell.^{13,20} We used a purposeful sampling strategy that was guided by criterion sampling and case study parameters. The data were coded by using multiple-analyst triangulation to help ensure rigor and

Table 1. Individual Demographic Information

Pseudonym	Gender	Years Certified as an AT	Total Years as a Preceptor	Years as a Preceptor for Graduate Program	No. Students Supervised in a Clinical Immersion
Brittany	Female	10	6	2	2
Lisa	Female	9	7	1	1
Tom	Male	24	8	8	4
Fran	Female	10	8	4	3
Kerry	Female	25	19	3	6
Christy	Female	14	10	3	2
Josh	Male	6	5	3	6
Mary	Female	16	16	2	2

Abbreviation: AT, athletic trainer.

Table 2. Interview Questions

1. How do you view your role as a preceptor during the immersive experience?
2. Please describe what education and/or training, if any, you were provided to prepare you to meet the requirements of the clinical immersion experience
 - a. Describe the education/training, if any, you received to prepare you for mentoring students during the clinical immersion
 - b. Do you feel the education/training prepared you to host a clinical immersion experience?
 - c. What do you feel best prepared you to host the clinical immersion?
3. What, if anything, did you feel unprepared for in hosting a clinical immersion?
4. What, if anything, should education programs include in their preceptor education to prepare preceptors for the clinical immersion?
5. What, if any, ongoing support have you received during the clinical immersion?
 - a. Was the support you received during the clinical immersion helpful or beneficial?
 - b. What, if any, support or resources do you wish you had during the clinical immersion?
 - c. In what ways, if any, has your employer supported your role as a preceptor for a clinical immersion?
 - d. What, if any, support or resources do you wish you had received from your employer?

reduce any biases. We also used basic member checks to ensure accuracy with the transcription process as well as the peer review to establish rigor of the interview protocol. Our final step included a peer debrief completed by the third author. The third author brings experience in qualitative methods and coding as well as a background in clinical education, socialization framework, and student development. The third author was only involved with confirmation of the final codes by first reviewing uncoded transcripts and then the final codes as presented next. The author agreed.

RESULTS

Four major themes emerged from the data regarding preceptor needs around facilitating a clinical immersion experience (Figure 2). Each theme is discussed below with supporting quotes to corroborate the theme. Pseudonyms are used to protect the identity of each participant.

Onboarding

Two major aspects emerged about onboarding specific to clinical immersion for the preceptor. The first was a standardized onboarding that communicated specifics around CAATE requirements when it comes to clinical immersion. The second was program-specific information on the expectations and policies associated with the clinical immersion from the program's lens.

All our participants reported that onboarding practices of Master of Athletic Training programs were rather uniform and consisted primarily of logistics of the athletic training program. Fran spoke of her experience with onboarding:

It was like a PowerPoint presentation. They laid out the curriculum and went over some of the [CAATE] standards. Really, it was a presentation of the program. It showed me what expectations I could have.

Lisa had a similar sentiment:

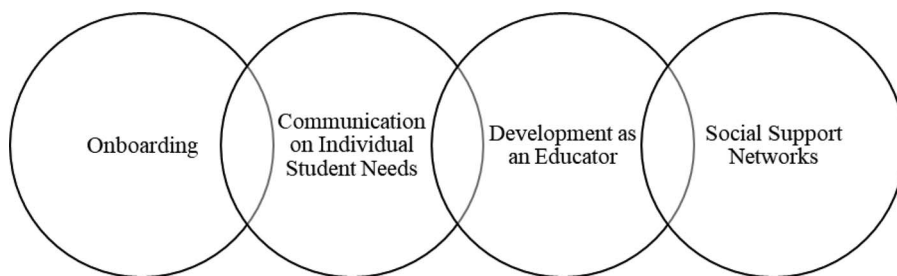
The preceptor training that they do is more of like these are all the things that CAATE requires for us to tick the boxes to make this an adequate or sufficient clinical site for students. These are your responsibilities as far as evaluations and signing off hours.

Kerry and Tom are both employed by clinical sites who have immersive students from all over the country. They each summarized the sentiments of preceptors in this study. Tom stated:

The [preceptor] trainings are all similar. They explain the curriculum, expectations in your facility, hours expectation and restrictions, whatever clinical tracking program is used. The bulk is pretty much identical; there's a lot of the same basic information. I guess I can understand that it can be a checkbox for CAATE. I also know you must ensure preceptors are qualified. I just think that it could be streamlined, standardized.

Kerry elaborated on this and the challenges that exist when students from different schools are completing a clinical immersion at the same site:

A lot of it is just logistics and the complexities of their tracking systems. Some systems have all these checks and boxes, some you have to sign-off individually, some you batch sign-off, some of them you have to approve, then how the system informs you

Figure 2. Preceptors' needs for facilitating clinical immersion experiences.

when something is missing or how much goes into the system in terms of contracts and everything. I feel like most of the preceptor training isn't how to be a good preceptor. It's how to get through the system. The trainings are similar in that all of them have to address how to do the paperwork.

Two preceptors discussed some misunderstandings they may have regarding CAATE standards pertaining to the clinical immersion; both were regarding time spent in the clinical setting. While this is a minority, it is worth noting that some misunderstanding may exist regarding the new CAATE standards compared with the old. One preceptor described how her student was immersed in the clinical site, while her peers seemed to only be at their clinical site for a couple of hours a day, which created an issue in keeping the student engaged. Another preceptor mentioned:

[S]tudents get points taken off through the CAATE requirements if they do too many hours which, to me, is just silly. If they can tolerate the hours, it gives them a more realistic expectation of what life's going to be like. Why is it that students are required to have days off in between if they're not having any classes?

Both quotes may indicate that preceptors or programs do not understand the idea behind the clinical immersion and could be regulating time spent in the immersion based on hour requirements rather than experiencing the totality of the athletic training profession.

Communication on Individual Student Needs

Preceptors in our study desired more student-specific information before beginning the clinical immersion experience, such as knowledge level, learning styles, unique personality characteristics, and goals. Josh, who is a preceptor for a school that he is not employed by stated, "I felt unprepared for what exactly to teach them, maybe because it was so vague. I have no connections with the master's program, so I was unsure of what the curriculum [covered]." Brittany, similarly, accepts students from another school and reiterated Josh's point, "I have 2 students right now who told me that they have never done an evaluation on their own outside of classwork." Mary is a preceptor for students from her institution and from others. She stated:

When students come from outside of the institution, I don't have as much knowledge about the student. I just know what courses they've taken. They are moving to come here, and I'm hoping it works out. . . I feel like I needed to get to know them a bit longer than the students from my institution.

Christy and Kerry were employed by an institution that had a Master of Athletic Training program but also supervised immersive experiences for students from other institutions. They both expressed similar sentiments as Mary. Christy stated:

[T]ell us what the program expects students to know at this stage. Give us a little baseline to work from if we're getting a stranger. Otherwise, we spend the first couple of weeks just kind of testing and figuring out where the student is and where we need to go.

Kerry elaborated on not just the knowledge of the student but also their unique personality characteristics:

When you're the home school, you have access to the athletic training program easily. If it's an immersion experience with students from other schools, you have no background on these students. Sometimes it's kind of like, is it just me, or is this how they always are?

Preceptors felt that having more information on the specific student would help them to facilitate a student-centered learning experience more effectively.

Professional Development as an Educator

Many of the participants spoke about the desire to have more training that was specific to the teaching role as a preceptor. Preceptors felt that they were being asked to serve as educators within the clinical setting, despite formal training around andragogy. Josh put it best when he said, "I am an educator, but I'm not trained as an educator." Brittany elaborated on this in discussing challenges she faced during the clinical immersion that equate to longer class periods:

How do I keep them engaged? How do I keep them going when they have to be in at 6:00 AM and they're still here at 6:00 PM? How do I keep them interested in learning and integrated into whatever is happening in the training room or on the field?

Preceptors desired more training regarding teaching and learning theories. Josh stated:

Having support and training in finding different approaches of how students learn. For example, the student we have now likes being put on the spot. She wants to be asked questions on the spot and be put in pressure situations because they feel like that's how they get the best learning opportunities. I had another student who preferred feedback on the back end; let them go through the experience and figure it out and then talk it through afterward. Those kinds of things are what I've learned over my time as a preceptor, but I think that kind of education would be beneficial, especially at the beginning to help a student learn.

The preceptors in this study had multiple years of experience as preceptors and reflected on things they had learned during their tenure. Fran acknowledged the uniqueness of each learner, "No one student is going to learn the same. So maybe some portion about knowing how the student learns so that they can get everything they need the way that they need it." Lisa elaborated on how education regarding learning theories and communication may be beneficial in reaching a diverse pool of learners:

I took a continuing education course 1 year that was all about different types of communication and feedback, and I felt like I learned a lot from that about the different kinds of feedback and learning styles.

This development of preceptors must be applicable to the learning environment and equip preceptors with transferable skills. Mary elaborated on this in describing preceptor development she has participated in:

It'll never prepare you for every situation that you encounter. Just like with student-athletes, you could have all the knowledge in the world, but you have a student-athlete who's struggling with 1 component over another; they're all different. No 2 ankle sprains are the same. No two mental health crises are the same.

So how do you kind of adapt on the spot? I think that's also the same with being a preceptor. You can have all the training and education experience in the world, but do you get along with that student that you have, and how do you overcome whatever roadblocks may be there because there's no way to prepare for all of them?

Relying on Social Support Networks

Many of the preceptors in this study discussed the importance of their social network in preparing for and facilitating clinical immersion. This network included the athletic training program, coworkers, and professional colleagues. Being able to easily contact the athletic training program when questions or issues arose was especially important. Brittany discussed a challenge she had with a student and how the program helped her navigate it:

I really had to push my student this last spring semester. I know I saw growth toward the end of it, but it really took me working through areas I saw her struggling with the clinical coordinator and where I thought someone besides me needed to help her. So that was great. Then they've [the clinical coordinator] also kind of helped me [with suggestions like], "Why don't you try rotating a little bit, or why doesn't she work under one of your other site preceptors for a week just to see if a different perspective would register with the student better?"

Other preceptors discussed the importance of being able to easily contact the athletic training program for support. Fran stated, "I can reach out to the professors to see how they taught a concept because I learned it 1 way, but I may teach it another way." Josh stated, "I have their cell phone numbers and e-mails if anything comes up. I've reached out to their clinical coordinator if I have a question on something."

In addition to the athletic training program, other ATs in the clinical setting and within the preceptor's network help them facilitate the clinical immersion. Fran felt that her support network was crucial in preparing her as a preceptor for a clinical immersion. She stated:

Talking to the program director, who is 1 of my mentors, to ask if there is anything that I should be changing about how to teach. Talking to other [ATs] that are preceptors for immersive students, my coworkers as well. I learn best from talking to others so that best helped me prepare.

Lisa and Brittany discussed the benefits of others in their setting playing a role in the student's education. Lisa said:

If I don't have a patient at the moment, but there's something going on, [the other staff AT] is happy to say, "Hey, come on over. Why don't you look at this patient with me?" or, "Look, I can teach you something really cool with this new machine that we just got."

Brittany elaborated on the usefulness of her coworkers in educating the student while allowing Brittany to fulfill other requirements of her job:

[T]here's times when you feel like you're being pulled in every direction. That's usually when I lean on my coworkers, either

to pick up the slack whether it be working on 1 of my small duties or helping with whatever the student needs.

Lisa and Brittany also discussed how their coworkers have helped them to navigate some conflicts and challenges of being preceptors. Lisa stated: "I've talked to some of my coworkers here if I have found a situation that I'm not sure how I broach this conversation because I don't want to be a jerk." Brittany stated:

I've talked to the clinical instructors when I'm stuck or I don't have a rehab or something. They suggested I have the student bring their athletic training stuff and go over questions or have them self-study and then bring questions to me later.

Ultimately, support from the program and peers was important to help preceptors navigate the challenges faced during the clinical immersion and to provide them an outlet for brainstorming when needed.

DISCUSSION

In our study, we sought to understand current preceptors' needs regarding supporting clinical immersion experiences. Specifically, we sought to understand what support athletic training preceptors need to facilitate the immersive experience and what resources they require to effectively facilitate the learning experience. Our findings indicate that preceptors currently receive very similar preceptor development from different affiliated athletic training programs. The preceptor development received across programs is reportedly helpful in understanding the logistics of the athletic training program and requirements of them as preceptors. However, preceptors in our study would like to have more information that is specific to the student that they will be supervising during the onboarding process. Additionally, preceptors feel they need more development opportunities to further their skills and knowledge as educators. Support networks were also very important to preceptors of immersive athletic training experiences.

Onboarding

Onboarding is an important tool used to acclimate an individual to the responsibilities and expectations of his or her role.²¹ When done, the onboarding process can be an effective tool to ensure all parties involved are on the same page and that the intended outcome of the onboarding process can be successful. For our participants, onboarding served as a tool to communicate the overall needs of the program as well as the specifics of CAATE standards around the role of the preceptor. Many programs currently offer handbooks for their students around policies and procedures, so a recommendation based upon our findings would suggest that programs also offer one specifically designed for their preceptors. If programs offer a standardized platform around their expectations and policies around preceptorship, the focus on the preceptor training sessions can be more focused on learning, feedback, and other timely topics related to the preceptor's supervision of the student. Moreover, the standardization of preceptor training, via online platforms, can allow for more directed focus on the needs of the preceptor to ensure student learning happens as well as competence as a future AT.²² For programs that offer integrated and immersive clinical experiences, clear expectations, rules, and policies for each experience are needed.

Communication and Student Needs

Our preceptors discussed the importance of having more baseline data as well as directed goals on their students before the students begin the clinical immersion experience. Preceptors play an important role in facilitating student learning, and having awareness of the student's needs can help the preceptor provide directed instruction, support, and mentorship.²² The clinical immersion experience is often the final step in the student's journey toward entering the profession as a credentialed AT; thus, providing a preceptor with background (ie, strengths, weaknesses) can assist him or her in effectively mentoring the student with targeted success around areas needed for improvement.

Programs must have "regular and ongoing communication" regarding "individual student needs" and "student progress" to be compliant with the 2020 CAATE standards.⁴ One way to address this requirement would be for programs to establish an initial meeting between the program, the student, and the preceptor.⁴ This could role model effective communication as well as help the student and preceptor to start with a strong foundation. Several of our preceptors were not associated directly with the institution in which the student was enrolled; thus, having a better understanding of the curriculum, the student's overall performance, and current skill or knowledge level can be helpful. Preceptors believe that clinical immersion experiences are important to the student's development, and our preceptors demonstrated an innate appreciation for the need to understand the goals for the student to assist in their development.¹⁰ This is comparable with the findings of Eldred et al that preceptors would like programs to communicate more specifically around the learning and development needs of students they will be supervising.¹⁰

Professional Development as an Educator

Effective preceptorship must include instructional and supervisory skills.²³ Most preceptors develop their skills as preceptors informally, and while preceptor training may provide some overview around instruction and supervision, preceptors still desire more training.^{2,10,24} Our participants expressed an interest in receiving more training around teaching, particularly as they perceive that clinical immersion experiences afford more time and engagement between the student and the preceptor.¹⁰ Our participants perceived that programs had some expectations to have them provide some level of education, beyond just supervision to their students; thus, they wanted to be prepared to handle those responsibilities, as they are untrained in clinical instruction techniques. Programs need to consider how to offer their preceptors more opportunities to become more versed in teaching and learning to facilitate effective experiences for their students. Offering preceptor education on the use of clinical teaching models such as One-Minute Preceptor, the Supervision, Questioning, Feedback model, and the SNAPPS model may be one way of supporting preceptors' development as educators.²³ Considerations around streamlining overall preceptor training around the programmatic expectations may allow for more time to be spent on informing preceptors on instructional and supervisory techniques that can support the intended goals of clinical immersion.

Social Support

Athletic training is collaborative in nature, so finding that our preceptors identify the importance of support as critical in facilitating immersive experiences aligns with the literature.

Preceptors use informal processes such as peer support and role models to help develop in their roles.² These informal processes are founded on the idea of mentorship, which provides a blend of support, guidance, and advice. Many of our participants shared that they use colleagues or other peer professionals to gain advice on mentoring, supervising, and guiding their students. This practice of mentorship was previously used by preceptors supervising integrated clinical experiences and, according to our findings, continues to be an important factor in supporting preceptors facilitating immersive clinical education.²⁵ When developing preceptor training sessions, programs should encourage mentorship to help preceptors develop confidence in their skills as well as troubleshoot challenges associated with preceptorship in clinical immersion.

Our preceptors identified programmatic support as helpful and necessary when it comes to supporting their supervision of the student. The CAATE standards require regular, ongoing communication with preceptors, and our findings suggest that preceptors can contact the program with questions and clarifications around student challenges, supporting students' development and progress, or any other topics that may help facilitate the experience.⁴ Communication is a key component to being an effective preceptor, and our results also suggest that communication must be reciprocal between the program and preceptor and initiated by both parties.

Limitations and Future Directions

Our preceptors were providing medical coverage and facilitating clinical immersion experiences at the collegiate level. Clinical immersion experiences can be facilitated in any athletic training practice setting; thus, we believe preceptors from other employment settings would be beneficial. Questions regarding preceptors' training needs were specifically asking about preparation for supervising an immersion experience; we cannot state that these needs would be similar for integrated clinical education experiences. We only present the experiences of the preceptor around facilitating clinical immersion experiences. We believe that future researchers should include the perceptions of program administrators and preceptors simultaneously as means to fully triangulate the essentials around facilitating clinical immersion. Our study was a case design with only 8 participants. The results of our study are important; however, further research is needed in which a larger sample size is used which is reflective of a variety of clinical settings where immersive education occurs.

CONCLUSIONS

In conclusion, the participants in our study highlighted several areas of need for their facilitation of a successful clinical immersion. Athletic training program administrators can use this information to enhance preceptor training and communications to hopefully improve student and preceptor experiences. Preceptors or those considering becoming preceptors for immersive experiences can use these data to ensure they ask appropriate questions or request information and develop a support system that will allow them to be effective preceptors.

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