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ORIGINAL RESEARCH

Challenges Faced by Preceptors Serving in Dual Roles as Health Care Providers and Clinical Educators

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Context: Preceptors play an integral role in training athletic training students (ATSs). Balancing roles as health care providers and educators can often be challenging. Role strain is a documented concern for the preceptor, yet limited information is available regarding other issues faced while supervising ATSs.

Objective: To explore preceptor challenges.

Design: Qualitative study.

Setting: Athletic training programs.

Patients or Other Participants: A total of 41 preceptors from 2 different data collection procedures (cohorts) participated in the study. Preceptors had an average of 6 ± 2 years (cohort 1) and 5 ± 3 (cohort 2) years of experience as clinical educators, respectively. The preceptors were distributed between college (25) and secondary school (16) settings.

Data Collection and Analysis: Data were collected via telephone interviews (cohort 1) and asynchronous online interviews using Question Pro (cohort 2). We used a combination of grounded theory and inductive procedures for data analysis. Credibility of the data was established by investigator and data analyst triangulation in addition to peer review.

Results: Role strain was reported by preceptors as they attempted to balance their responsibilities as health care providers and clinical educators. Working conditions characterized by long hours, high patient volumes, and inadequate compensation hindered preceptors' ability to foster a positive learning environment. Because of contrasting personalities and different expectations, some preceptors experienced challenges interacting with students.

Conclusions: The preceptor position involves meeting the high standards for education and health care simultaneously. Preceptor training does not often address the challenges of balancing multiple roles. It therefore becomes important for ATSs and preceptors to develop strong lines of communication and determine an appropriate schedule for educational activities. Clinical coordinators should consider both the personalities of preceptors and ATSs and the workload of the preceptor when determining clinical assignments.

Key Words: Clinical education, role strain, preceptor responsibilities

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Challenges Faced by Preceptors Serving in Dual Roles as Health Care Providers and Clinical Educators

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INTRODUCTION

Preceptors have been identified as having a key role in the athletic training student's (ATS's) education.[1] Clinical learning has also been reported as highly influential for ATSs as they go through their educational preparation.[2] Positive clinical education experiences have been linked to enhancing ATS retention,[3] socialization, and professional commitment.[4] Therefore, it seems imperative to provide ATSs with appropriate clinical learning experiences under the guidance of a preceptor who is invested in the educational experience and is able to meet the demands associated with serving as a preceptor.

The competing demands of providing top-quality health care and educating ATSs simultaneously are often challenging to preceptors. The Commission on Accreditation of Athletic Training Education (CAATE) standards for supervision of ATSs,[5] paired with the maintenance of high standards associated with athletic training education, increases responsibilities placed on the preceptor. Preceptors must maintain these rigorous educational standards for supervision and student engagement while providing quality health care to their patients. While striving to balance their responsibilities as clinicians and educators, preceptors often experience role strain.[6] Preceptor training serves as an important starting point to socialize clinical athletic trainers into their roles as preceptors.[7] However, preceptor training has traditionally focused on adhering to the CAATE standards, appropriate supervision, and methods for completing clinical proficiencies. Initial preceptor training workshops, though helpful in providing the preceptor with the basic understanding of their roles and responsibilities,[7] may not fully capture the dual-role complexity. Informal learning through professional experience, peer and colleague mentoring, and self-reflection often help socialize the preceptor into the role of a clinical educator[7] and help the preceptor to gain an appreciation for its positive and negative aspects. Opportunities to mentor and teach ATSs, the development of meaningful personal relationships with them, and personal skill advancement through reciprocal learning have been found to be rewarding aspects of the preceptor role.[8] Furthermore, these perceived benefits can foster increased professional commitment and stimulate preceptor excitement.[4]

Preceptors may not be fully aware of the challenges they potentially face in their role as clinical educator before accepting the assignment, partly because they lack experience as educators or educational training regarding clinical instruction. Role strain also affects the preceptor because of the preceptor's multiple job responsibilities[6]; however, there is limited understanding of the depth of the challenges that preceptors face as they balance their health care and education roles. Therefore, the purpose of this study was to explore the challenges that preceptors report when serving in a dual role as health care providers and educators. This information can help athletic training educators fully appreciate the complexity of serving as a preceptor in order to better prepare students to handle all aspects of the role.

METHODS

We selected a qualitative research design to explore preceptor experiences, specifically concentrating on the challenges they face while supervising and providing clinical instruction to ATSs. Establishing data credibility is essential for a qualitative study to strengthen the findings and improve transferability; therefore, we opted to use data triangulation as a means to drive data collection.[9] Specifically, we used methodological and investigator triangulation methods. Data were collected using both telephone interviews and online journaling, satisfying methodological triangulation. These 2 methods allowed both dialogue and follow-up during the one-on-one interviews and the ability to reach a diverse group of participants through the online format. Participants involved in the telephone interviews were cohort 1, and those who took part in the online interviewing were cohort 2. Three researchers collected and analyzed the data, which allowed for independent coding and subsequent agreement over associated themes in the data. Triangulation in qualitative methodologies is commonplace, and it is often considered the gold standard in establishing data credibility and trustworthiness.[9]

Participants

There were 17 (3 males, 14 females) certified athletic trainers serving as preceptors in cohort 1. They came from 1 of 2 separate athletic training programs (ATPs) in the northeast region of the United States. This group represented both on-campus and off-campus clinical education sites. The participants had an average of 8 ± 3 years of clinical experience and 6 ± 2 years of experience as a preceptor. Thirteen of the preceptors worked at the college level. The remaining 4 worked at the secondary school level.

Twenty-four participants serving in the role of the preceptor were in cohort 2. These had an average of 9 ± 6 years of clinical experience and 5 ± 3 years of experience as a preceptor. Like the preceptors in cohort 1, they were employed in the collegiate (12) and secondary school (12) settings. Cohort 2 represented 7 CAATE-accredited ATPs from the East Coast.

Data Collection

Data collection began once institutional review board approval was secured, and occurred during the fall semester of 2011. Participants in cohort 1 were engaged in a recorded telephone interview, which followed a semistructured format. The interview guide was developed based on a review of the literature regarding preceptor development and socialization, and used open-ended questions (Table 1). Before piloting, the content was reviewed by 3 certified athletic trainers who were

Table 1. Cohort 1 Structured Phone Interview Questions

1. How many hours are you engaged in clinical instruction?
2. What are the positives (what excites you) about your current job (including preceptor, AT)?
3. What are the negatives about your current job/role?
4. What are positives associated with being a preceptor?
5. What are the challenges associated with serving as preceptor?

Abbreviations: AT, athletic trainer.

currently preceptors. The pilot study served to establish interview flow and question interpretability. Data from the pilot study were not included in the final analysis. All transcripts were transcribed verbatim by the researchers.

Participants in cohort 2 were asked to journal their responses and thoughts to a similar, but independent, set of questions via Question Pro, a secure Web site designed for research and data collection purposes. Data collection with cohort 2 began during the fall semester of 2011. Similar to the interview guide for cohort 1, we developed a set of questions based upon our experiences as instructors, our knowledge of the preceptor role, and the existing literature on professional development and socialization. The questions were purposely slightly different than those used in cohort 1 to triangulate the findings gleaned from the telephone interviews. This interview guide was also reviewed by a peer for content, writing style, and clarity of the questions. All changes were made before piloting and subsequent data collection (Table 2). Feedback from the piloting process also allowed us to make any final changes to the interview guide to enhance the clarity of the questions.

In contrast to the personal telephone interview used with cohort 1, the online data collection process used with cohort 2 allowed participants more time to reflect upon their question responses. It also gave us the ability to access a more diverse group of preceptors. This balance of depth from cohort 1 and breadth from cohort 2 provided data saturation across a diversified sample and allowed methodological triangulation to fully understand the participants' experiences.[9]

Data Analysis

We coded all transcriptions independently, and data were analyzed via a grounded theory[10] and general inductive approach.[11] We borrowed principles from both strategies to help uncover the most dominant themes from the data sets, while allowing analysis to be guided by the purpose of the study. Data analysis took place in 3 distinctive steps. First, we read the transcripts in a general approach to gain a sense of the data. Second, comparable with the steps of open coding in a grounded theory study, we broke the data down into discrete parts and compared them for similarities. The final step combined the concepts of axial and selective coding by identifying major categories and subcategories and linking those major categories to one another with the intent of identifying central categories and themes.[10] The 3 aforementioned steps were conducted independently by the primary researchers before comparing findings generated by the analysis process.

Data Credibility

We secured data credibility by including: (1) data triangulation; (2) multiple investigator triangulation; and (3) peer review. Data triangulation was accomplished by evaluating data from 2 separate cohorts of preceptors collected with 2 separate methodologies (telephone interviews and online asynchronous interviewing). The data collected by different means allowed for corroboration between independent sources. Data coding was independently completed by the first 2 authors following the grounded theory and general inductive processes as previously presented. The emergent themes and supporting data were exchanged between the authors for confirmation. The authors were in complete agreement before conducting the peer review. Our peer, an AT educator who was trained in qualitative methods and analysis through his doctoral studies, reviewed the final presentation of the findings as negotiated upon by the first 2 authors. The peer was provided with the emergent themes and supporting quotes for review as identified by the authors. Following the same analysis procedures, the peer confirmed the findings as presented. After the peer review, the themes were agreed upon and finalized by both authors and the peer.

RESULTS

Challenges our participants identified as associated with the preceptor role were rooted in 3 major areas: (1) *role strain* from multiple roles assumed by the athletic trainer within the workplace; (2) *working conditions* as they relate to the nuances of workplace dynamics, patient care, and clinical instruction; and (3) *student interactions* that occur between the preceptor and the ATS. Our findings help illustrate that the roles preceptors assume can be challenging and demanding, and support the findings of Henning and Weidner[6] regarding preceptor role strain experiences. Our results also demonstrate that preceptors believe that long work hours associated with the profession, a lack of compensation for serving in the role of preceptor, and difficulties with relationship development can be demanding.

Role Strain

Preceptors discussed the role strain that they often felt when trying to function appropriately as both educators and health care providers. For example, when asked about challenges that are associated with serving as a preceptor, Lauren stated the following:

Table 2. Cohort 2 Asynchronous Interview Questions

1. What has been your greatest challenge as a preceptor, and how did you learn to deal with it?
2. What do you like best, or what are the good things about being a preceptor? Please explain your answer.
3. What aspects of your role as a preceptor do you feel least satisfied by? Please explain your answer.
4. What advice might you give to an athletic trainer just about to start as a preceptor for the first time? Why?

I would say probably just having the time to just sit down and go over stuff that they [the students] specifically want to go over. We try to do that but sometimes it's really hard, especially during the fall term when we've got kids in here the whole time and then we have to get out to practice with folks. I really try to make sure that if they want to go over something we can go over that. But sometimes it's just hard to have that time to just sit down and do it.

Participants were also cognizant of the increased demands associated with serving as a preceptor. Sally shared, "Our jobs get harder and harder every year with the paperwork requirement. You know, the expectations of being a [preceptor] along with all the other things." It appears that documentation of necessary paperwork, such as student evaluations, can be an additional source of stress for the preceptor, contributing to role strain.

The busy nature of providing health care to numerous patients made mentoring during real-time experiences difficult as well. Preceptors often spoke about a lack of ability to provide feedback to ATSs when they were completing evaluations. Janet summed up this theme by stating the following:

The biggest challenge is having time to do competencies and overseeing all the eval[uation]s that they do especially when I'm busy seeing athletes as well. It's always a challenge to observe eval[uation]s and make real-time corrections in hand placement, and so forth which I feel is really important.

Another preceptor agreed that primary role time constraints were an issue, as they often reduced the time available for clinical instruction and student-centered learning. He said, "On occasion, with my very busy schedule, I find it difficult to spend the optimal one-on-one time that I would like to spend with each student." Despite their best efforts, preceptors did not always feel that they could meet all of the ATSs' educational demands and provide appropriate health care for their patients. This inability to devote themselves fully to both roles was often a source of frustration for preceptors.

Working Conditions

Preceptors indicated that their general working conditions made their roles as educators more challenging at times. Preceptors felt frustrated with their workload and lack of compensation, which made it difficult to approach their job with excitement and provide ATSs a valuable learning experience. One source of frustration was the volume of patients that preceptors were faced with as health care providers. For example, when asked about challenges associated with her career, Bridget stated:

The challenging part is the patient volume and the students can see that. It's not that hard to treat everybody, but obviously that treatment equals documentation. With treatment plus documentation, the volume is really the thing.

Terry, a preceptor serving in a traditional dual role as a clinician and classroom educator, added:

Being both a clinical AT and a professor, I believe the biggest challenge for me is to make sure I balance my time between doing class work and actually helping the students during their clinical experience. Instead of bringing work home with me, I sometimes get it done during practices, so that takes away from my time spent with the athletic training students. I think they understand, but it's still a frustration to me.

Long and unconventional hours associated with the job were another source of frustration for preceptors, which made it difficult, at times, to focus on educational tasks. Amy summed up the challenges associated with working as both an athletic trainer and preceptor with the following statement:

There are a lot of negatives. The hours are too long. We don't have enough staff. We're expected to pick up when other staff can't get their stuff covered. We don't get paid enough. Did I mention that already? There is no room to grow in the university setting. And, our jobs get harder and harder every year with the paperwork requirement. We have to deal with all of that in addition to the expectations of being a [preceptor].

Lack of compensation or incentive was discussed as another source of frustration. The time and effort necessary to be a good preceptor, although frequently rewarding, was often viewed as upsetting because of the lack of appreciation. One preceptor shared,

Lots of time and effort with no compensation. It adds to our workload significantly if you do it correctly and involve the students versus just letting them be wallflowers. Tuition assistance would be great, more variety of CEU [continuing education unit] options etc. Even better, being a [preceptor] should be worth CEUs!

This viewpoint of compensation was shared by several participants. Alison agreed that it would be nice to have CEU opportunities stating the following,

Honestly, [I wish I were] compensated for my time. I wish there were more opportunities for CEUs through the university. Taking classes would help with NATA recertification and teacher recertification.

Preceptors expressed frustrations with numerous aspects of their jobs. These frustrations were amplified, at times, by the demands associated with serving as a preceptor.

ATS Interactions

Athletic training student interactions, supervision, and motivation were other challenges discussed by the participants. For example, some preceptors struggled with allocating tasks or patients to ATSs as part of their learning experience. Mary, a younger preceptor, stated the following:

It was challenging to balance my role as a [preceptor] and my role as a newly certified athletic trainer. The tendency is to want to finally be able to have autonomy with your team but you quickly realize that you have to allow students to learn and engage in the athletic training process as well.

Charles agreed, indicating that his most significant challenge was "letting go of control and letting someone else handle the

athletes." Providing adequate supervision while still fostering an appropriate learning environment was another student-centered issue discussed by the preceptors. One preceptor said,

> *I struggle with the strictness of the direct supervision expectation. I feel like the AT students are not getting the full experience if we are constantly looking over their shoulders and acting like their "security blanket." I've been dealing with that struggle for a few years and I understand to a point why the rule is in place. The AT is responsible for the well-being of the athletes, I understand that. I find other ways of letting the AT students make decisions. That way, their confidence grows and their ability to problem solve hopefully improves.*

Whereas difficulty providing adequate supervision and timely feedback was discussed by a number of preceptors, others struggled when trying to determine how much autonomy to give their ATSs. One preceptor discussed his difficulties with allowing more hands-on skill integration during clinical instruction, saying,

> *I had to learn not to intervene during a student's evaluation, and to offer my opinions, insights, or critiques only after he/she had come to a conclusion about their assessment. I learned to deal with this when I realized that it is the best way for the students to learn.*

A second challenge associated with student interaction was related to the individual personalities of preceptors and ATSs. For example, 1 preceptor, when asked about challenges in clinical instruction, shared, "[I struggle with] students that are not willing/able to get involved and do not learn from their mistakes." Another preceptor also struggled with low ATS motivation levels. She stated, "[My challenge centers on] students [who are] not willing to give it 100 percent on their rotations." Another preceptor discussed the development of relationships with their ATSs and navigating personalities. She said,

> *Some students are easier to work with than others. The most difficult challenge of being a [preceptor] is to figure out ways to get the very best out of every student. I want them to reach their fullest potential which can be difficult at times.*

Another preceptor shared a similar challenge: "You have to learn that you aren't going to get along with every kid and get through to every kid. It doesn't mean you can't teach them, though."

DISCUSSION

Role Strain

Despite caring for their ATSs and acknowledging the benefits associated with the reciprocal learning that often occurred,[8] preceptors indicated that their role was not without its challenges. Role strain, consistent with the work of Henning and Weidner,[6] occurred because of multiple roles within the workplace, and was the primary challenge for our participants. The clinical athletic trainer's role has been reported as stressful because of work hours, the patient-to-health care professional ratio,[12,13] and the challenge of balancing the conflicting responsibilities of clinician and educator.[14] The time commitment for each individual role can be taxing; when combined, these time commitments can become overwhelming and lead to role overload or conflict.[15]

Our results indicate that because of the role strain that often occurred, providing appropriate feedback to students was a common challenge associated with serving as a preceptor. Feedback has been highlighted as important to the overall learning experience;[16] therefore, student learning has the potential to suffer in instances where preceptors are unable to provide adequate feedback because of conflicting roles. Limited interactions with preceptors has also been shown to decrease clinical integration, which has implications for socialization and persistence of ATSs.[3] Therefore, there is a need to identify strategies for making time to regularly interact with ATSs in meaningful ways. A portion of these interactions should focus on providing students with feedback that is both timely and constrictive in order to allow ATSs to engage more fully in the clinical education experience.

The role of educator also appears to complicate the job of the practicing athletic trainer at times, which has implications for burnout and job attrition.[12] Preceptors who are not satisfied in their jobs are less likely to make efforts to foster appropriate learning environments for ATSs. Preceptor dissatisfaction can lead to negativity, which could negatively influence ATSs' perceptions of the field and overall educational experience. Poor interactions between students and preceptors hinder education.[17] Therefore, we speculate that preceptors who are not invested in their students' education are not well suited to serve as preceptors. It then falls to the clinical education coordinator to carefully select clinical sites and match students and preceptors thoughtfully. Among the preceptors who remain in that role, however, it seems important for them to continue to seek out ways to balance their roles as clinician-educators.

It is interesting to note that 9 of the 41 preceptors interviewed in the current study were masters-level graduate students, and therefore relatively inexperienced as preceptors. These preceptors had particular difficulty trying to navigate their way through having new job responsibilities, serving as clinical educators, and trying to find their professional identity. Difficulty balancing new responsibilities to patients and students often predisposes new preceptors to role strain.[6] Furthermore, such challenges can lead to role incompetence,[6] potentially decreasing the quality of the learning experience or damaging the preceptor-ATS relationship. Because the use of relatively inexperienced athletic trainers as preceptors does not seem likely to change, it is important for ATPs to pay special attention to their socialization and provide additional support when needed.[18] Preceptors who feel supported as both clinicians and educators would be most likely to approach their roles with enthusiasm and positively affect their ATSs.

Working Conditions

Participants cited working conditions as another barrier to serving as effective educators for their ATSs. Despite advances in our profession and improvements in our salaries and working conditions,[19] it appears that preceptors do not feel that they are paid the respect that they deserve, and that their salaries do not match their value as a health care provider and educator. Compensation and work overload

have been linked to job dissatisfaction, a factor also contributing to burnout in athletic training.[20,21] Athletic trainers from numerous settings have reported moderate to high levels of stress and burnout.[20,21] The added responsibility of supervising ATSs can potentially increase an AT's stress level, which in turn can decrease job satisfaction.[12] Athletic trainers who struggle with their own working conditions might not be well suited to take on the additional responsibility of serving as a preceptor. Although preceptors are necessary to help ATSs develop a full understanding of professional demands,[4] preceptors who do not cultivate a strong clinical learning environment risk ATSs' not becoming clinically integrated, which increases the chance of ATS attrition.[3] Research has also indicated that graduates of ATPs are often frustrated by the perceived working conditions associated with professional practice.[22] Athletic training students supervised by preceptors who struggle with their own working conditions are less likely to appreciate the positive aspects of a career in athletic training. In these cases, student learning and socialization may suffer, necessitating student removal from the clinical site. In cases where students remain in clinical placements with preceptors who do struggle with their working conditions, students could potentially benefit from infusing their own energy into the learning experience. Preceptors have indicated that working with students often motivates them and keeps the experience fresh and exciting.[8] Therefore, preceptors and students working together to learn in a collaborative and exciting environment could overcome the negative aspects associated with some working conditions.

ATS Interactions

According to the CAATE standards, the requirements for direct supervision are as follows:

> *Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.*[5(p12)]

Similar standards for direct supervision have been in place since 1987; however, elimination of the internship route to certification in 2004 caused the most dramatic change in supervision practices.[23] Despite the fact that these standards have been in place for many years, some preceptors still struggle with appropriate direct supervision practices. Numerous authors[23,24] advocate supervised autonomy, in which the ATS is allowed to provide patient care and make decisions, but the preceptor is still able to intervene as needed. Some of the confusion over direct supervision could be addressed during preceptor training and also during initial meetings between preceptor and ATS at the beginning of the clinical learning experience. Preceptors who have an understanding of the ATS's skill level, strengths, weaknesses, and goals will have an advantage when determining how best to supervise them. Being knowledgeable about the student's expectations and objectives will also help both parties form a stronger relationship, which is important to the overall educational experience.

Clinical education coordinators do their best to match up preceptor and ATS personalities in order to facilitate the development of an appropriate learning environment; however, our participants did report some difficulty forming working relationships with ATSs. Some preceptors perceived a lack of motivation among their ATSs, straining the learning relationship. This perception could partially be due to generational gaps between preceptors and ATSs, with more experienced preceptors expressing this perception more often than younger counterparts. Before educational reform, ATSs were required to complete a minimum of 1500 clinical hours to stimulate learning[25]; now, clinical education emphasizes learning quality over quantity.[24] This shift in focus from counting hours to tracking educational outcomes may lead older preceptors to perceive their ATSs as unmotivated when they aren't physically logging as many hours as students did in the past. Current students are also burdened by higher academic demands on their time due to expanding competencies.[26] Although they may want to spend additional time at their clinical site, they may feel pressured to complete their academic coursework first and have difficulty balancing these competing needs. Preceptors who recognize that students may be preoccupied with academic requirements while completing clinical experiences may be able to help them budget their time and approach the experience with vigor, and ultimately improve the ATS-preceptor relationship.

LIMITATIONS

The primary limitation associated with the present study is the use of 2 different preceptor cohorts. Although both cohorts were similar in composition, they were asked different questions regarding their challenges as preceptors. More importantly, the 3 primary themes that emerged from the data were present in both cohorts. Using 2 cohorts also allowed us to increase our total number of participants.

The use of the Question Pro software in only the second cohort can also be viewed as a potential limitation. The use of online asynchronous interviews is a relatively new method of data collection in the athletic training field, with one-on-one interviews having been the traditional method of choice for qualitative research in the past. The use of online asynchronous interviewing did yield a rich data set in this case, and has been used previously in the athletic training literature.[7]

CONCLUSIONS

Athletic training educators constantly seek ways to improve their educational outcomes. Because clinical education is vital to ATS development and socialization, efforts to improve this area are important. Preceptor-ATS interactions are often related to the overall quality of the clinical learning experience; therefore, preceptors who are faced with numerous challenges might not be in the best position to facilitate student learning. Preceptors in the current study reported difficulty with role strain, their own working conditions, and interactions with ATSs. The results of the study provide further evidence of ATPs' responsibilities to support their preceptors as much as possible through continued efforts to provide CEU opportunities and access to online journal databases. In order to decrease the preceptor's role strain associated with both providing health care and serving as an educator, it is the ATS's responsibility to be proactive and establish specific times to work with the preceptor on skill development. Athletic training programs can also reduce some of the load on preceptors by providing students with

additional time for discrete skill development (taping, palpation, etc) during laboratory classes. This type of scheduled practice session would allow students to concentrate on real-time interaction with patients during their clinical time. As preceptors are able to better gauge their ATSs' skills, they can develop better plans to increase student involvement with patient health care, potentially providing additional time for specific learning activities. Though athletic training educators may have little influence on the specific working conditions of preceptors, it is important for clinical education coordinators to not overload preceptors with an excessive number of students. Preceptors must also understand the educational reform that has occurred over the past decade and how this affects ATS supervision and clinical education goals. To this end, both the educational program and the ATS have the responsibility to educate preceptors about changing practices and expectations. Lastly, the motivation and energy that ATSs bring to the clinical education experience also have the potential to improve the overall morale of the clinical site. Challenges with personal interaction can potentially be solved by appropriate matching of ATS and preceptor personalities.

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