Cultivating Symbiosis of Preceptor-Student Interactions in Clinical Education

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Clinical education is the foundation for the professional development of athletic trainers, as it provides a platform for authentic learning through engagement in the clinical environment that affords controlled responsibility. While engaged in clinical education, students are allowed to transfer their knowledge gained in a classroom setting into a real-world clinical setting. Clinical education experiences should be purposeful and designed to help (1) authenticate student knowledge, (2) improve interpretation and application of knowledge, (3) develop and refine skills, (4) facilitate workplace familiarization, (5) facilitate critical thinking, (6) develop clinical reasoning, and (7) advance administrative and management skills.

For clinical education to be successful, that is, to promote the aforementioned purposes, a preceptor must be present and a meaningful student-preceptor relationship must be cultivated. Without mentorship and role modeling, athletic training students will be unaware of their performance, appropriate or not, as preceptors are the assessor of their performance. Without question, due to the importance of clinical education, as noted by the amount of time spent engaged in the clinical setting as well as the noted preference for active, hands-on learning, preceptors play a vital role in the professional development of athletic training students. Preceptors, in the end, must demonstrate strong knowledge as athletic trainers as well as proficiency in teaching and feedback while engaging students in active participation to allow student learning to occur. As scholars, we have recognized the importance of preceptors and time engaged in clinical education and, therefore, have begun to investigate many aspects of clinical education, pedagogy, and transfer of knowledge into practice. This is critically important, as highlighted by recent literature which suggests clinical education experiences can become mundane and unengaging when there is limited dialogue between students and preceptors, as well as limited chances for practical application. Today’s students are craving the chance to feel part of a team; they value feedback and want the chance to “own” their experiences. Preceptors must recognize athletic training students’ needs as learners, as it can allow for an improved relationship and more effective learning environment.

As previously mentioned, preceptors are key constituents to facilitating learning in the clinical education setting; however, they can face many challenges when working with students, ranging from gaining awareness to their new role to role strain from balancing multiple responsibilities during the day. The athletic trainer, upon taking their first position or moving to a new one, must learn the “ropes” and gain an appreciation for the breadth of their role and expectations associated with their workplace environment, a process that can often take a few years. This process, in the literature, is often referred to as role inductance. Thus for newly credentialed athletic trainers, this process of role inductance can be overwhelming, as they must gain confidence practicing clinically for the first time while trying to navigate such demands as patient care (i.e., clinical reasoning), administrative duties, and supervision of athletic training students. The challenges arise as preceptors try to develop competence in multiple professional roles, which can deplete resources and
enthusiasm for the role, referred to as role strain and overload. Providing preceptors with the necessary knowledge and tools to develop healthy practices to deal with these demands is critical, not only for their success as practitioners, but also as they model and educate athletic training students.

Preceptors also have to meet expectations to directly supervise students engaged in clinical education with them while trying to allow for independent practice, as well as provide feedback to the student for role improvement.9 Feedback is critical in advancing clinical practice, yet often very little training is provided to preceptors on how to properly and appropriately provide feedback to students.10 We need to investigate particular types of feedback and determine which model(s) provides our students with the best information to alter their thinking and modify their behaviors to allow them to learn more effectively. Although we have some information on types of feedback and their implementation,10 we need to continue to understand how to provide the most appropriate feedback to students. Formative feedback may be the best medium to do so, as it is given following student actions, which is necessary when engaged in clinical practice.11

Coupling the role as a preceptor with expectations that, as healthcare providers, preceptors must also (1) stay current in their practice, (2) continue to cultivate their clinical skills and competence, and (3) comply with additional responsibilities, can place a great deal of strain on preceptors to balance the various responsibilities.8 This strain can be exacerbated because often the athletic trainer, who does not typically possess a background in pedagogy, is asked to provide instruction and feedback to the student. Developing an understanding for the role expectations as a preceptor is often completed through two means: formal and informal activities. Formal activities can include activities such as educational training (e.g., graduate courses that offer insights to education and preceptor workshops offered by the preceptor’s CAATE accredited athletic training program).12 We also know that athletic trainers who serve in the preceptor role will seek role learning through less formal means such as trial and error through engagement in the role as well as by seeking advice from peers or drawing on previous experiences.12 Peer support and advice often includes topics such as motivating today’s students, best ways to teach students while engaged in the clinical setting, and how to provide effective feedback (e.g., formally by grading students and informally through improvement suggestions). It seems that informal learning is more appealing, as it naturally occurs and can also include the solicitation of scholarly work from the various outlets in athletic training and continuing education activities such as attendance of the NATA Annual Meeting and AT Expo or the biannual Educators’ conference.

Continued data is needed on how preceptors learn to become effective in their role as a preceptor, as well as how they learn to efficiently balance their time demands when working. We know that preceptors currently model their clinical instruction practices after their own previous experiences and those gained from peers and mentors and also integrate information gained at their preceptor training workshops,12 but we still need to gain more information on the impact mentoring can have on the development of preceptors and, in turn, its impact on student development. Providing scholars with another means to share those findings that can help athletic trainers who are engaged in supervision of athletic training students to better student learning is important, especially when understanding the needs of the audience. The need for a medium whereby a preceptor can access information on effective teaching techniques and read about struggles and successes of other preceptors can benefit them greatly, as athletic trainers gravitate to more informal means of learning. The information shared should include ways to effectively communicate expectations with students and provide feedback on performance within the clinical education setting, as well as strategies to promote a positive learning environment that supports student learning.

Although the research has begun to grow within the clinical education setting, there are many directions and questions to be answered. The recent debate in regard to the best educational model to provide instruction to the athletic trainer showcases the need for continued research. The development of autonomous practitioners who can demonstrate sound decision-making and competence as clinicians as they transition into an athletic training career is at the forefront of the professional discourse regarding the best educational model. Mentorship and supervised autonomy have emerged as key ingredients needed to foster this educational environment that will produce athletic trainers who are prepared for professional practice.13-14 Mentorship is not only fundamental in athletic training but in other disciplines as well, as