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Beyond the Basics: Providing Continuing Education Workshops for Preceptors; A Commentary

Current Commission on Accreditation of Athletic Training Education (CAATE) standards allow education programs to determine the most appropriate format and content of preceptor workshops. Clinicians, including preceptors, have noted challenges trying to keep their knowledge updated with current standards of care and educational competencies. Clinicians and preceptors in our program and the literature have described challenges trying to keep knowledge current with changing standards of care, research evidence, and athletic training educational competencies. Preceptors also value applicable and easily accessible continuing education opportunities. In order to address these challenges and provide accessible continuing education opportunities for preceptors, the faculty in our professional education program have designed and implemented a series of preceptor workshops for the past two years. These workshops are offered approximately three times per year, and each workshop focuses on clinical teaching, clinical skills, or professional practice issues. We developed these workshops based on current literature, interests of our preceptors, and needs of our program in applicable, accessible formats. Much of the content is similar to academic course content, but the delivery is tailored to the experience levels of our practicing clinicians. Anecdotally, we have observed improved interactions between students and preceptors and more frequent implementation of updated standards of care by our preceptors. Preceptors positively rate these workshops and describe how they plan to change several aspects of their role as a preceptor as a result of attending the workshops. Considering clinicians face challenges keeping knowledge current and obtaining applicable continuing education opportunities, athletic training programs may consider providing continuing education opportunities to ensure that preceptors are able to provide a constructive learning environment. This article describes how providing these workshops directly to preceptors may allow athletic training education programs to tailor the content and delivery to clinician and program needs.



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Beyond the Basics: Providing Continuing Education Workshops for Preceptors; A Commentary

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ABSTRACT

Current Commission on Accreditation of Athletic Training Education (CAATE) standards allow education programs to determine the most appropriate format and content of preceptor workshops. Clinicians, including preceptors, have noted challenges trying to keep their knowledge updated with current standards of care and educational competencies. Clinicians and preceptors in our program and the literature have described challenges trying to keep knowledge current with changing standards of care, research evidence, and athletic training educational competencies. Preceptors also value applicable and easily accessible continuing education opportunities. In order to address these challenges and provide accessible continuing education opportunities for preceptors, the faculty in our professional education program have designed and implemented a series of preceptor workshops for the past two years. These workshops are offered approximately three times per year, and each workshop focuses on clinical teaching, clinical skills, or professional practice issues. We developed these workshops based on current literature, interests of our preceptors, and needs of our program in applicable, accessible formats. Much of the content is similar to academic course content, but the delivery is tailored to the experience levels of our practicing clinicians. Anecdotally, we have observed improved interactions between students and preceptors and more frequent implementation of updated standards of care by our preceptors. Preceptors positively rate these workshops and describe how they plan to change several aspects of their role as a preceptor as a result of attending the workshops. Considering clinicians face challenges keeping knowledge current and obtaining applicable continuing education opportunities, athletic training programs may consider providing continuing education opportunities to ensure that preceptors are able to provide a constructive learning environment. This article describes how providing these workshops directly to preceptors may allow athletic training education programs to tailor the content and delivery to clinician and program needs.

INTRODUCTION

The 2012 Commission on Accreditation of Athletic Training Education (CAATE) standards state that preceptors must receive planned and ongoing education from the Athletic Training (AT) program to facilitate promotion of a constructive learning environment.¹ Compared to previous versions, increased autonomy in the current CAATE standards allows for athletic training programs to determine the content, format, and frequency of initial and ongoing preceptor education. Since these changes to the standards, no resources for or descriptions of current athletic training programs' preceptor training practices have been published.

In addition to recent changes in CAATE standards, several changes to the educational competencies and standards of care have been implemented. Release of the 5th Edition NATA Educational Competencies in 2011 included several skills that were required to be taught in AT education for the first time, such as evidence-based practice concepts, airway, and heat illness management skills.² Recent research updates and position statements have also changed the standards of care for some components of athletic training practice, such as preventing sudden death and managing concussion.^{3,4} These changes require practicing clinicians, whether they are preceptors or not, to keep their knowledge current and learn new skills not previously part of the athletic training curricula.

Researchers have noted that clinicians find the need to keep updated with new information through continuing education a challenge.⁵⁻⁷ Other athletic training and medical researchers have noted that continuing education opportunities may not be accessible to clinicians. For example, some formats of continuing education such as multi-day workshops or strictly didactic lectures may not be conducive to learning or reasonable to fit into a busy clinician's team event or travel schedule.^{5,8,9} Preceptors in our athletic training program have also expressed frustration and difficulty trying to keep updated with changing information, which prompted us to consider how we can help our preceptors navigate professional and clinical changes. The purpose of this article is to describe opportunities for providing continuing education for clinicians and facilitating communication between AT faculty, students, and preceptors. In this article, we share our experiences developing and executing these educational opportunities for preceptors.

Role of Athletic Training Programs in Providing Professional Development to Preceptors

While the focus of professional athletic training programs is not the continuing clinical education of clinicians, in order to provide a constructive learning environment for athletic training students, preceptors must be familiar with current standards of care and new skills required of practicing athletic trainers. Athletic training programs also become a natural resource for preceptors on new and/or updated information because more current content must be integrated into the AT curriculum. Researchers in athletic training and nursing have recommended that providing workshops to preceptors is a cost-effective way to provide benefits to preceptors, and preceptors value these opportunities.^{10,11} Nursing preceptors also perceive more support from academic programs when frequent communication and continuing education opportunities are provided by the academic program.¹² Similarly, Welch et al found that clinicians believe that providing focused, accessible workshops can help athletic trainers learn evidence-based practice concepts.¹³ In our athletic training program, we found that our clinicians desired information regarding current standards of care and competencies. Preceptors also shared that there were limited opportunities to learn about this updated information. Since we were already teaching these concepts to students, it was a natural extension to provide professional development opportunities for preceptors. Therefore, we decided to develop regular continuing education workshops for preceptors in order to advance their knowledge related to AT clinical practice and clinical teaching. While these workshops are open to all local clinicians in our area, the primary purpose of these workshops is to facilitate effective clinical instruction with our preceptors.

Content of Preceptor Workshops

Two years ago, we began developing the content of our workshops based on new competencies and standards of care, faculty expertise, and preceptor suggestions.^{3,4} We asked preceptors what they were interested in learning on workshop evaluation forms and during informal interactions. Preceptors described that they were most interested in content related to what the students were learning in class, recommendations for clinical teaching, and new changes in standards of care and clinical practice recommendations. In order to address the needs identified by our preceptors, we developed a sequence of workshops based on overarching themes that provide learning opportunities in the areas of clinical teaching, clinical skills, and standards of professional practice. The first theme, *Clinical Teaching*, includes content on current evidence in clinical teaching and strategies for supervising and evaluating students.¹⁴⁻¹⁶ Content for this theme was also developed from areas of need identified throughout the academic year, such as a need to facilitate improved critical thinking skills in our students. Our *Clinical Skill* workshop topics include a focus on new educational competencies, changing standards of care, and areas of interest of our faculty and preceptors, such as managing heat stroke and concussion.^{3,4} The *Professional Practice and Issues* workshops were also inspired by the 5th edition competencies, in addition to current challenges and issues our preceptors have faced in their practice.² For example, based on observations during clinical site visits, communication with students, and spoken and written comments by preceptors, we recognized that preceptors needed direction on proper documentation and implementation of an electronic medical record (EMR) in clinical practice, so we provided a workshop on guidelines for and practical application of documenting patient care with an EMR. Other content included evidence-based practice concepts, such as how to integrate research evidence into daily practice, and professional issues such as the importance of regulation for healthcare professionals. Table 1 lists the theme and content of the workshops we have presented and Table 2 includes ideas we have for future workshops.

Table 1. Workshop Themes and Topics

Time of Year	General Theme	Specific Topics
Summer	Clinical Teaching, Policies, & Procedures	Providing Effective Feedback and Supervision and Review of General Clinical Teaching Skills Program Changes and Updates
		Benefits and Challenges of Being a Preceptor Developing Critical Thinking Program Changes and Updates
Fall	Clinical Skills	Acute Care Standards: Managing Heat Illness
		Best Practices for Management of Exertional Heat Stroke: Field Techniques
Spring	Professional Practice & Issues	Best Practices in Board of Certification Standards: Documentation
		A Push Towards Licensure: What Does it Mean in Everyday Clinical Practice?

Table 2. Ideas for Future Workshops

Theme	Specific Topic
Clinical Teaching	Transitioning Students to Professional Practice: The Preceptor's Role
	Preceptors' Creative Ways to Challenge Students in the Clinical Environment
	Planning Educational Opportunities for Students Through Alternative Scheduling
	Planning Simulated Experiences for Students with Assistance from Coaches and Athletes
Clinical Practice	Incorporating EBP into Everyday Clinical Practice
	Current Evidence in Shoulder Assessment
	Local Resources for Concussion Management and Rehabilitation
	Current Evidence in Therapeutic Modality Application
	Incorporating Functional Movement Screening into a Pre-Participation Physical Examination
Professional Practice & Issues	Current Evidence in Manual Therapy Application
	Ethics and Cultural Competence in Clinical Practice
	Practical Strategies for Measuring Patient Outcomes
	Exploring the Health Care Model of Athletic Training Practice
	Using an EMR to Document Your Value: What Administrators Need to Know

We have found that some of the information we teach to students is new to preceptors, so we have re-packaged information provided in lectures and labs and directed it toward preceptors. Examples of these new concepts include focusing content on recently updated information such as position statements, and integrating practical application and clinicians' background knowledge into the workshops.^{3,4,17} This content delivery has also helped preceptors engage in educational discussions with students on these topics, especially when relating these ideas to their practice setting and own experiences. Our preceptors have reported that teaching new concepts is one of the most desired content areas for workshops – simply learning what and how students are learning. In addition, we plan to integrate student research projects into these workshops in the future to involve students and expose preceptors to our students' scholarly activity. For example, our students complete capstone research projects and smaller class projects such as critically appraised papers (CAPs) and topics (CATs).¹⁸ Students will present these projects in thematic poster and oral free communications formats to help improve students' presentation skills and preceptors' knowledge on current evidence. In addition, a repository of these brief summaries of the evidence are available online for preceptors to access, review, and discuss with students.

In order to teach some of the required competencies in the classroom and laboratory settings, we have purchased equipment such as airway models, enema models for instruction of rectal thermometry, clinical refractometers, a nebulizer, and other equipment that several of our preceptors have not yet used or purchased. Mazerolle et al found that athletic trainers believe that a lack of training and equipment were barriers to implementing standards of care related to recognizing and treating exertional heat stroke.¹⁹ We have created workshops that include the use of this equipment, which provides opportunities for preceptors to practice these skills and familiarize themselves with the equipment in a safe learning environment. When combining the knowledge and skill familiarization, in addition to resources and recommendations for using this information clinically, our preceptors have described they are more likely to implement these new concepts in their practice. Similarly, researchers in

medical education have found that workshop participants integrate skills more effectively after attending interactive, rather than didactic, workshops.^{9,20} For example, after our first hands-on workshop on acute care standards, several preceptors purchased rectal thermometers and cold-water immersion tubs and went to their school administrators with the Heat Stroke Treatment Authorization Form (www.nata.org). Similarly, several preceptors began using a free patient outcome-focused EMR system for documenting their clinical practice (www.core-at.com) after our workshop on documentation.

Workshop Delivery

Each workshop we offer is evidence-based with a focus on practical application. We integrate discussion, case studies, and laboratory components as much as possible to promote hands-on learning and translation to practice.⁹ Current research evidence relevant to each topic is included in each workshop to promote evidence-based decision-making.²¹ These workshops include applicable concepts, problem-based learning, and involvement of preceptors' background knowledge and experience, teaching methods that are consistent with adult learning theory.¹⁷ Up to this point, we have used only in-person meetings for these workshops, and preceptors have noted that it is valuable to have colleagues in the same room together and learn about what other preceptors are doing with students. Considering the increased interest in online continuing education opportunities,⁸ we have begun recording workshops for later viewing and plan to integrate a flipped classroom model where participants review information before the workshop and the in-person workshop is all hands-on as well as live-streaming on the internet for clinicians who are unable to come to campus. Athletic training and other allied health programs should consider their own needs and available resources when determining the format of workshops.

In addition to a variety of content, we typically offer three workshops each year: one each semester and one each summer. This model is similar to Weidner's suggestion to offer regular sessions every 2-3 months if long blocks of time are difficult to schedule.²² We require all preceptors to attend the summer workshop because it covers clinical teaching and program policies/procedures, and we encourage preceptors to attend the other workshops, which are open to local clinicians as well. From preceptor feedback and trial and error, we have found that 2 to 3-hour blocks of time on a weeknight during the semester or weekend during the summer have allowed for the most participation by preceptors. We identified these time frames by asking preceptors about their availability on evaluations and through emails. We have found that weekends during the semester, especially the fall, are not good times for our preceptors, usually due to scheduling conflicts. Considering the CAATE standards provide no specific guidelines for frequency or length of preceptor education, working with preceptor availability is one of the most important considerations in hosting an effective workshop and making it worthwhile for faculty and participants.¹

When planning workshops, we try to distribute the workload equally between faculty members and adjust this according to our other responsibilities. For example, we often have one faculty member responsible for each of the following activities: event form and department approval, contacting preceptors and coordinating time and location, developing content, and recruiting other clinicians to participate. For some topics we have had multiple faculty members collaborate on the content and presentation. In addition, inviting guest speakers to lead workshops also helps reduce the load on faculty and exposes preceptors to other clinicians' perspectives. Additional suggestions for implementing workshops are listed in Table 3.

Table 3. Tips for Developing and Executing Preceptor Workshops

Engage preceptors in the process of identifying topic areas
Schedule workshops and determine content based on your individual program needs
Evaluate each workshop to ensure quality and solicit interest for future workshops
Document the workshops you offer on your CV and faculty tenure, promotion, and evaluation files
Rotate or delegate responsibility for developing and executing workshops equally between faculty to reduce workload
Consider offering workshops to local clinicians who are not preceptors for a fee to help fund meals and approved provider fees
Consider collaborating with nearby athletic training programs and rotate semesters
Some content areas may allow for clinical staff, preceptors, and/or students to organize and present workshops
Incorporate presentation of student research into workshops or make available online to facilitate translation of evidence to practice

Providing Incentives for Participation

While most preceptors and clinicians participate due to their interest in the content and advancing their clinical practice, we have added benefits to participation that reward preceptors for their attendance and role as a preceptor.^{10,11} We typically offer a light meal prior to each workshop providing time to socialize and network, since preceptors often arrive directly from work around 7 pm. Creative fund-raising or cost sharing may help to defray the cost for some programs. We also provide on-campus parking for those who need it, which is another way to reduce the costs and inconvenience often associated with attending events on

campus. Our athletic training program is a Board of Certification continuing education Approved Provider, so we provide Continuing Education Units (CEUs) for participation. With the new Board of Certification Evidence-Based Practice CEU requirement, there is an increased need for accessible workshops that meet this requirement. While we have not undergone this new approval process for any of our workshops, we are considering this for the future.

Preceptors' Responsiveness to Workshops

At the end of each workshop we offer, preceptors evaluate the content and speakers and provide open-ended feedback. Preceptors' comments have been consistently positive, rating the content and speakers at an average of 3.68/4.00 for the past two workshops. Comparative data from before our changes to the content are unavailable due to a change in the evaluation form. Preceptors describe that they plan to raise their expectations of students, provide more feedback, give students more responsibility, and provide more learning opportunities as a result of the workshops. When asked about what they hope to see in future workshops, preceptors desire EBP CEUs, advanced clinical teaching techniques, updates in standards of care, and advanced clinical techniques.

CONCLUSIONS

Athletic training programs must provide initial and ongoing education to preceptors that help promote a constructive learning environment. In addition, preceptors and other clinicians desire accessible, applicable continuing education opportunities that help improve their clinical practice. We have developed a sequence of workshops that educate preceptors about effective clinical teaching and clinical practice. By developing topics related to our teaching and research activities and distributing workload we are able to help our preceptors and our program without placing excessive demands on any individual faculty member. Allied health academic programs may consider integrating some of our suggestions with their professional standards for preceptor and clinician continuing education. Faculty should consider the individual needs and resources in their programs to determine whether offering workshops is feasible and of interest to their preceptors.

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