

Master Preceptor Resource Guide for Program Directors and Coordinators of Clinical Education: Level 1 (Modules 1 – 4)

Introduction

The guide contains suggestions and additional resources for Administrators and Coordinator of Clinical Education that may be used in conjunction with Mater Preceptor Modules. Provided are recommendations for integrating the Level 1 into your programs preceptor training as you support preceptor's continued use of the concepts found in the modules.

1. Level 1: Module 1: The Clinical Education Experience

Purpose: Module 1 provides essential information about the clinical education experience and is designed for both novice and experienced preceptors. While some of the concepts included within this module may be familiar to veteran preceptors, everyone will benefit from reviewing these essential concepts in order to build a strong foundation for advanced content presented in modules later within this series.

a. Chapter Titles:

- Chapter 1: Preceptors are the Key to Successful Clinical Education Experiences
- Chapter 2: The Clinical Teaching Environment
- Chapter 3: The Importance of Communicating Expectations and Relationship Building

b. Learning Outcomes

- Define and identify characteristics of being an effective preceptor.
- Develop a plan for becoming an effective preceptor.
- Describe how different types of clinical learning environments foster different types of knowledge.
- Define and identify teachable moments.
- Integrate teachable moments into your clinical teaching.
- Explain the role communicating expectations plays in supporting preceptors, students and in creating quality learning environments.

c. Assigned Readings

- Laurent T, Weidner TG. Clinical instructors' and student athletic trainers' perceptions of helpful clinical instructor characteristics. *J Athl Train.* 2001; 36(1): 58-61.

- Rich VJ. Clinical instructors' and athletic training students' perceptions of teachable moments in an athletic training clinical setting. *J Athl Train.* 2009;44(3): 294-303.
- Mulholland C, Green G. Empowerment of athletic training students for clinical practice. *Athl Ther Today.* 2010;15(2)47-49.

d. Assessments

- 3 interactive self-review quizzes throughout module
- 1 final assessment at end of module

e. Continuing Education Units Awarded

- 1.5 CEUs

f. Estimated time to take module

- 1.5 hours on-line
- 30 minutes off-line (readings and other work)

Suggested Ancillary Activities Level 1: Module 1

- Ask preceptors to complete module 1 over the length of a semester or prior to a face-to-face/interactive session
 - Face to face/interactive can be done live or through an online format such as ZOOM, GoToMeeting, or other platforms available online or through your institution.
 - As a reminder, if your program is already a Board of Certification (BOC) approved provider, you may be able to offer additional CEU's (when appropriate) for any adjunct programming.
- Run a session on mentoring and characteristics of an effective preceptor
 - Preceptors could bring with them the responses to the prompts presented in module: (1) who were your mentors and (2) their plan for mentoring students.
 - Begin session with a facilitated discussion on mentoring (you may want to provide prompts in the guide; whatever group decides), defining terms and clarifying questions.
 - Pair/share responses to characteristics of good mentors, create lists on board of common themes.
 - Pair/share responses to plan for mentoring students-ask partners to critically analyze each other's plans, ask questions, challenge etc. and then allow original person to revise/refine plan.
 - At end of session, ask preceptors to create their plan and submit an electronic version to the coordinator of clinical education "expectation worksheet." Homework for the term, as they begin to work through

Module 2, have preceptors reflect and revise the “expectation worksheet” gathering feedback from current athletic training students.

Additional resources

Dodge T, Mazerolle SM, Bowman TG. The professional socialization of the athletic trainer services as a preceptor. *J Athl Train*. 2014;49(1):75-82

Dodge T, Mazerolle SM, Bowman TG. Challenges faced by preceptors serving in dual roles as health care providers and clinical educators. *Athl Train Educ J*. 2014;9(1):29-35.

Bowman TG, Mazerolle SM, Barrett JL. Professional master’s athletic training programs use clinical education to facilitate transition to practice. *Athl Train Educ J*. 2017;12(2):146-151.

Levy LS, Sexton P, Willeford KS, Barnum MG, Guyer MS, Gardner G, Fincher L. Clinical instructor’s characteristics, behaviors and skills in allied health care setting: A literature review. *Athl Train Educ J*. 2009;4(1):8-13.

2. Level 1: Module 2: Developing Expertise as a Clinical Preceptor

Purpose: Module 2 explores the important role that supervision has in helping students to advance his or her skills and knowledge. Using the appropriate supervision strategy and level of supervision supports increases confidence and the development of clinical decision making skills.

a. Chapter Titles:

- Chapter 1: Supervised Autonomy: Grounded in Research
- Chapter 2: Supervised Autonomy: Clinical Application SQF Model.
- Chapter 3: Supervised Autonomy: One Minute Preceptor

b. Learning Outcomes

- Recognize and identify the student's readiness and ability to engage in clinical learning experiences.
- Utilize situationally appropriate supervision strategies to assist students in developing as competent and caring clinicians.
- Incorporate questioning and feedback strategies to support the development of clinical reasoning skills during clinical education experiences.
- Develop a process for critically analyzing information needed to formulate clinical decisions regarding patient care.

c. Assigned Readings

- Gardner G, Sexton PJ, Guyer MS, Willeford KS, Levy LS, Barnum MG, Fincher AL. Clinical instruction for professional practice. *Athl Train Ed.* 2009; 4(1): 28-31.

d. Assessments

- 3 interactive self-review quizzes throughout module
- 1 final assessment at end of module

e. Continuing Education Units Awarded

- 1.25 CEUs

f. Estimated time to take module

- 1.25 hours on-line
- 30 minutes off-line

Suggested Ancillary Activities Level 1: Module 2

- Ask preceptors to complete module 2 over the length of a semester or prior to a face-to-face/interactive session.
- Run a session on developing expertise as a clinical preceptor/SQF model and one-minute preceptor.
- One-minute preceptor: create a scenario and have preceptors work in groups through the one-minute preceptors: get a commitment; probe for supporting evidence; teach general rules; reinforce what was done well; correcting any mistakes.
- SQF model: create groups of three: 1 preceptor (supervising student), 1 as student (attempt to respond based on your level), 1 patient. Coordinator of Clinical Education can create several scenarios ahead of time that include:
 - a. Setting (game, practice, sideline, industrial)
 - b. Task: activity the student is attempting to complete
 - c. Student: identify student as D1, D2, and D3 and provide basic background about student's knowledge and experience.
 - In the groups of three, rotate through the scenarios with each person playing a different role each time. The person playing the preceptor should attempt to utilize the appropriate supervision level (S1, S2, S3) and the appropriate questioning strategy (Q1, Q2, Q3) for the scenario.
 - Bring all groups together and allow time for debrief and questioning
 - Use 4 quadrant tool for facilitating debriefing
 - 1. What did you do well and need to continue doing?
 - 2. What did you do well but need to begin doing more of?
 - 3. What did not go well, and need to consider doing differently?
 - 4. What do you need to do less of or stop doing?
 - Think-pair-share times that student/preceptor interactions have included the following types of feedback: confirming feedback; guiding feedback; corrective feedback.

Additional Resources

Groh N, Gill D, Henning J, Stevens SW, Dondanville A. Improving preceptor behavior through formative feedback in preceptor training. *Athl Train Ed.* 2013;8(4):97-108.

Gallagher P, Tweed M, Hanna S, Winter H, Hoare K. Developing the one-minute preceptor. *Clin Teach.* 2012. 9:358-362.

Jaye P, Thomas L, Reedy G. 'The Diamond': a structure for simulation debrief. *Clin Teach.* 2015;12(3):171-175.

Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *J Am Board Fam Pract.* 1992;5(4):419-424.

Teherani A, O'Sullivan P, Aagaard EM, Morrison EH, Irby DM. Students perceptions of the one minute preceptor and traditional preceptor models. *Med Teach.* 2007;29(4): 323-327.

Snyder LG, Snyder MJ. Teaching critical thinking and problem solving skills. *Delta Pi Epsilon J.* 2008;50(2):90-99.

3. Level 1: Module 3: Evaluating Learning Outcomes in the Clinical Education Setting

Purpose: Module 3 provides essential information about clinical education experience as it relates to evaluating learning outcomes. This module will better prepare preceptors to understand the importance of understanding how learning outcomes in the clinical setting can be developed and evaluated with students during the clinical experience.

a. Chapter Titles:

- Chapter 1: Developing Clinical Learning Outcomes
- Chapter 2: Formative and Summative Ways to evaluate Learning in the Clinical Setting
- Chapter 3: Techniques for Evaluating Learner Outcomes

b. Learning Outcomes

- Choose appropriate student learning outcomes for the clinical education setting
- Differentiate between effective and ineffective ways to provide feedback
- Identify and compare a variety of methods utilized in the clinical setting to evaluate student learning

c. Assigned Readings

- Shibinski K, Martin M. Using directed instruction to teach initial psychomotor-skill acquisition. *Athl Ther Today*. 2003;8(2):34-36.
- Henning JM, Marty MC. A Practical guide to implementing peer assessment in athletic training education. *Athl Ther Today*. 2008;13(3):30-33.
- Heinerichs S, Vela L, Drouin J. A learner-centered technique and clinical reasoning, reflection, and case presentation attributes in athletic training students. *J Athl Train*. 2013;48(3):362-371.

d. Assessments

- 1 final assessment at end of module

e. Continuing Education Units Awarded

- i. 0 CEUs

f. Estimated time to take module

- 1 hour on line
- 30 minutes off line

Suggested Ancillary Activities Level 1: Module 3

- Ask preceptors to complete module 3 over the length of a semester or prior to a face-to-face/interactive session.
- Prior to face-to-face meeting, preceptor and coordinator of clinical education should both consider students' goals prior to start of their clinical rotation. These goals can be considered against a comprehensive set of criteria such as:
 - i. Time
 - 1. A shorter clinical rotation vs longer rotation
 - ii. Preceptors experience and setting
 - 1. An in-experienced preceptor with limited facility or patients vs experienced preceptor with a well-equipped facility and patients
 - iii. Student ability
 - 1. Those that are identified lower on Bloom's taxonomy vs those identified as higher on Bloom's taxonomy
- Preceptors may wish to confirm with students and coordinator of clinical education on most effective forms of feedback for each student during their time in their clinical education.
- Preceptors may want to complete a self-assessment to understand what type of goal development and feedback they are most comfortable with. Development and growth in area(s) of goal development or feedback they are less comfortable with should be developed with students during clinical education.
 - iv. Utilizing the feedback matrix, provide an example of each either during their own education experience or with previous students as a preceptor.
- Think-pair-share: have preceptors identify specific times, or dates, during a student's clinical education experience where you could evaluate progress along various outcome measurement tools.
 - v. Peer Assessments (daily)
 - 1. What daily challenges have/could you give to student(s) that they can evaluate each other? This can be done to start or finish their time within clinical education each day.
 - vi. SNAPPS (weekly)
 - 1. What ways have/could you present clinical cases as part of formal or simulated assessment?
 - vii. I Do, We Do, You Do (3 or more evaluations)
 - 1. What have/can you implement for these three steps in evaluation/assessment?

Additional Resources

Jaye P, Thomas L, Reedy G. 'The Diamond': a structure for simulation debrief. *Clin Teach*. 2015;12(3):171-175.

Nottingham S, Henning J. Feedback in clinical education, Part II: approved clinical instructor and student perceptions of and Influences on feedback. *J Athl Train*. 2014;49(1):58-67.

King MA, Median McKeon JM, McKeon PO. Clinical case study as a clinical communication tool. *J Athl Training*. 2016;51(7):509-510.

Medina McKeon JM, McKeon PO, King MA, Building a case for case studies. *Int J Athl Ther Train*. 2015;20(5):1-5.

Rich VJ, Clinical instructors and athletic training students' perceptions of teachable moments in an athletic training clinical education setting. *J Athl Train*. 2009;44(3):294-303.

4. Level 1: Module 4: The Informed Preceptor

Purpose: Module 4, the informed preceptor, provides the preceptor with a clinically oriented foundation for evidence-based practice. Through the development of focused clinical questions, search and synthesis of filtered evidence, and purposeful measurement of clinical practice effectiveness, the preceptor will develop strategies to engage athletic training students in evidence-based patient care.

a. Chapter Titles:

- Chapter 1: Asking the right question
- Chapter 2: Evidence based practice
- Chapter 3: Outcome assessment
- Chapter 4: Athletic training student integration

b. Learning Outcomes

- Develop clinical questions in PICO format.
- Identify a conceptual framework for accessing and utilizing filtered evidence.
- Measure the effectiveness of clinical practice through patient reported outcome measures.
- Integrate athletic training students in the elements of evidence-based practice.

c. Assigned Readings

- Snyder AR, Parsons JT, Valovich McLeod TC, et al. Using disablement models and clinical outcomes assessment to enable evidence-based athletic training practice, part I: disablement models. *J Athl Train.* 2008;43(4):428-436.
- Valovich McLeod TC, Snyder AR, Parsons JT, et al. Using disablement models and clinical outcomes assessment to enable evidence-based athletic training practice, part II: clinical outcomes assessment. *J Athl Train.* 2008;43(4):437-445.

d. Assessments

- 3 interactive self-review quizzes throughout module
- 1 final assessment at end of module

e. Continuing Education Units Awarded

- 1.25 EBP CEU's

f. Estimated time to take module

- 1.25 hours on-line
- 1.5 hours off-line

Suggested Ancillary Activities Level 1: Module 4

- Ask preceptors to complete module 4 over the length of a semester or prior to a face-to-face/interactive session.
- Run a session discussing outcome assessment and evidence based practice: Ask preceptors to bring an outcome assessment tool to objectively measure a patient from a particular PICO. During face-to-face time programs could have preceptors think-pair-share appropriate outcome measure to track a patient that fits the established clinical question. These assessment tools could be uploaded or scanned for all preceptors.
- As homework for your preceptors after face-to-face time: Ask your preceptors to create a relevant clinical question for a particular case that they will be investigating through the next term. Through this case the preceptor should also be gathering outcome assessment. Request that the preceptors submit this homework to the Coordinator of Clinical Education.

Additional Resources:

- The NATA has created an online Evidence-Based Practice in Athletic Training, Level 1, Part 1, module 1 and 2 which can be an additional resource for programs and preceptors that may wish to learn more on Evidence-Based Practice.
<https://pdc.nata.org/courses/evidence-based-practice-level1part1> . The purpose of these online modules is to provide athletic trainers with a structured resource that discusses various essential concepts and components associated with the evidence-based practice process.

Objectives:

1. Participants will be able to understand the evidence-based practice process.
2. Participants will be able to comprehend various concepts involved in the evidence-based practice process.
3. Participants will be able to identify external resources that will aid them in seeking literature, critically appraising literature, and applying the evidence within daily clinical practice and didactic education.

Total CEU's 2.0

Price \$30.00

Kaplan S. *Outcome Measurement & Management: First Steps for the Practicing Clinician*. Philadelphia, PA: FA Davis; 2007.

Manspecker S, Van Lunen V. Overcoming barriers to implementation of evidence-based practice concepts in athletic training education: Perceptions of select educators. *J Athl Train*. 2011;46(5):514-522.

Porter M, Larsson S, Lee T. Standardizing patient outcome measurement. *N Engl J Med*. 2016;374(6):504-506.

Snyder AR, Valovich McLeod TC. Selecting patient-based outcome measures. *Athl Ther Today*. 2007;12(6):12–15.

Snyder AR, Valovich McLeod TC, Sauers EL. Defining, valuing, and teaching clinical outcomes assessment in professional and post-professional athletic training education programs. *Athl Train Educ J*. 2007;2(Apr–Jun):31–41.

Valier AR, Lam KC. Beyond the basics of clinical outcomes assessment: selecting appropriate patient-rated outcomes instruments for patient care. *Athl Train Educ J*. 2015;10(1):91–100.

Valier AR, Jennings AL, Parsons JT, Vela LI. Benefits of and barriers to using patient-rated outcome measures in athletic training. *J Athl Train*. 2014;49(5):674-683.

Welch CE, Hankemeier DA, Wyant AL, Hays DG, Pitney WA, Van Lunen BL. Future directions of evidence-based practice in athletic training: Perceived strategies to enhance the used of evidence-based practice. *J Athl Train*. 2014;49(2):234-244.