

Identification of Core Interprofessional Preceptor Competencies and Development of a Preceptor Self-Assessment Tool

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Abstract

Objective: The purpose of this study was to determine what activities and skills interprofessional health science preceptors (IHSPs) perform and value as a part of their pedagogical practice in order to support the development of a preceptor self-assessment tool and assist in preceptor training.

Methods: We administered an online survey to identify core preceptor activities across health sciences disciplines that interact with nursing. The initial survey items were developed based on the Interprofessional Education Collaborative (IPEC) core competencies as well as a search of literature on expected preceptor competencies and activities across individual health sciences professions. Items were refined and then finalized using a modified Delphi technique and the final survey instrument reflected the four IPEC core competencies: (a) roles and responsibilities, (b) values and ethics, (c) communication, and (d) teams and teamwork. The survey asked professionals to separately rate the frequency and importance of performing each item to support learners in the clinical setting.

Results: Survey respondents ($N=260$) indicated that 41% of activities across all domains were both of high priority and performed frequently. Activities were categorized into a six category IHSP self-assessment and reflection tool: (a) Prepare Learner for Clinical Environment and Rotation; (b) Prepare Learner for Clinical Day and Encounters; (c) Promote Engagement, Critical Thinking and Self-Reflection; (d) Coaching and Feedback; (e) Foster Growth and Independence and (f) Knowledge, Skills and Attitudes to intentionally Role Model.

Conclusion: Core competencies for IHSPs have been identified, resulting in the development of a preceptor self-assessment tool. The tool can assist nursing and other health sciences training programs to develop preceptor orientation materials and training to optimize the learner experience and promote standardization in the development of clinical practice competencies.

Keywords

clinical training, preceptor, competencies < other- zero level, nursing education, interprofessional

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Introduction

Interprofessional health science preceptors (IHSPs) educate learners (preceptees) from different health professions in practice-based environments. These preceptors combine patient care and clinical skills while also specifically teaching the learner how to collaborate with other interprofessional team members to contribute high-quality, patient-centered, team-based care. The multiple roles of IHSPs, include teacher, leader, evaluator, socializer, facilitator, and protector, indicating a wide range of responsibilities within the training environment (Horton et al., 2012; Walter et al., 2018). In order to assist learners with a successful and safe

transition to independent professional practice, IHSPs must have specific clinical knowledge, skills, and professional attitudes that foster preceptee development (Bowen et al., 2019; Chen et al., 2012; Hudak et al., 2017). Previous research has

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demonstrated that the experience during precepted training influences the learning, confidence, engagement competence, critical thinking, and reflective practice of the learner (Myrick et al., 2012; Yonge et al., 2005).

Review of Literature

Irwin and colleagues (2018) reviewed the impact of preceptorship and concluded that inconsistent or inexperienced preceptors can lead to the result of lower confidence and lower competence of newly qualified nurses. As a result, it is essential to support IHSPs to enhance and promote their skill and competency as preceptors. However, the use of learner evaluation is the predominant source of preceptor evaluation, which is limited due to the single lens provided by the preceptee, and the assessment might not be an accurate reflection (Larson et al., 2019). Hence, it is more impactful to use a multi-dimensional assessment strategy when evaluating preceptors, and use both learner evaluation and self-assessment tools (Larson et al., 2019). While preceptor competency frameworks are available (Bartlett et al., 2020; L'Ecuyer et al., 2020; Modic & Harris, 2007; Walter et al., 2018), these have been designed for individual health professions, rather than supporting health science training in a multidisciplinary context and environment. All health sciences professions recognize the importance of interprofessional collaborative practice to optimal clinical care. Within nursing this is evidenced by a series of core competencies focused on interprofessional partnerships and collaborative practice in the American Association of Colleges of Nursing Essentials (American Association of Colleges of Nursing, 2021). At present there is a scarcity of self-assessment instruments designed for assessing IHSP competency in order to identify areas for development. Therefore, the development of a validated and structured self-assessment tool for IHSPs to support ongoing preceptor development is needed. The purpose of this study was to determine what activities and skills IHSPs perform and value as a part of their pedagogical practice to support the development of a self-assessment tool for preceptors.

Methods

Design

This study employed a cross-sectional online survey of a convenience sample of adult healthcare professionals engaged in training student learners.

Sample

Participants were recruited via email to listservs managed by professional organizations affiliated with Nursing, Medicine, Pharmacy, Physical Therapy, Social Work and other allied health professions. A reminder email was sent 2 weeks

following the first invitation to each participant. These invitations asked recipients to participate in a confidential survey based on their clinical practice and experience mentoring/precepting students. Participants were incentivized to return the survey through the use of a raffle for one of ten \$50 gift cards. The study was determined to be exempt by the University of Washington Institutional Review Board.

Survey Development

The research team members who developed the survey included interprofessional health sciences educators (preceptors) who engage in clinical pedagogy. The group included members from Nursing, Medicine, Pharmacy and Social Work. The initial survey items were developed by the first author based on the Interprofessional Education Collaborative (IPEC) core competencies as well as a search of published and gray literature on expected preceptor competencies and activities across each individual health sciences profession. Items were refined with a second research team member and then finalized using a modified Delphi technique (Hasson et al., 2000; Turoff, 1970) involving the interdisciplinary group members (two in-person rounds) to ensure face validity. For an item to be included in the survey >80% of the panel members had to agree. The final survey instrument was constructed to reflect the four IPEC core competencies: (a) roles and responsibilities, (b) values and ethics, (c) communication, and (d) teams and teamwork. We followed recommendations for survey development (Dillman et al., 2014). This instrument also included demographic items, such as the preceptor's number of years in professional practice and various questions regarding their experience precepting. Demographic data obtained included age range, sex, highest degree obtained, number of learners precepted and the number of years in practice and years of experience precepting students.

Survey Instructions

Respondents were asked to consider (a) *the frequency of engagement in the activity* and (b) *the importance of the activity* related to precepting and teaching prospective student learners in the clinical setting. Respondents were instructed that frequency was defined as occurring per learned encounter, and importance was evaluated regardless of the frequency of performance.

Statistical Analysis

Participant responses to distinct items are expressed in total number as well as percentage of categorical answers to each question. Survey responses were recognized as being a "High Priority" if 80% or more of respondents marked the question as "Very" or "Extremely Important," and "Less Important" if greater than 20% of respondents marked questions as "Moderately," "Of Little," or "Not

Important,” or simply “Not Performed.” Questions were recognized as being “Performed Frequently” if 80% or more of respondents performed the action “Most of the Time” or “Always,” and “Performed Less Frequently” if greater than 20% of respondents performed the action “Some of the Time,” “Rarely,” or “Never.”

Period of Study

Study activities including survey development, administration, and analysis occurred 2017–2022.

Results

Demographics

Two-hundred sixty health professionals provided responses to the survey. A majority of participants were between 50 and 69 years of age (51.9%) and female (73.6%). Most respondents were from Social Work (42.7%), followed by respondents from Medicine (23.7%), Nursing (19.9%), Pharmacy (8.8%), and Physical Therapy (0.7%). Over 40% of respondents reported more than 25 years in practice, and nearly three-quarters of all respondents reported being in their current role for more than 5 years. In addition, most respondents reported more than 5 years of experience precepting (78.4%); 40% of respondents reported having precepted more than 25 learners in the past 10 years. Further demographic details can be found in Table 1.

Survey Responses

Respondents noted that 41% of activities across all domains were both of high priority and performed frequently. Activities that were performed less frequently and of high or low priority made up 26% and 29% of responses, respectively. Only 4% of responses were identified as less important and performed frequently. Further details regarding survey responses by the IHSP domain can be seen in Table 2. After reviewing IHSP’s responses, we were able to categorize them into an IHSP self-assessment and reflection tool (see Table 3). Categories include: (a) Prepare Learner for Clinical Environment and Rotation; (b) Prepare Learner for Clinical Day and Encounters; (c) Promote Engagement, Critical Thinking and Self-Reflection; (d) Coaching and Feedback; (e) Foster Growth and Independence; and (f) Knowledge, Skills and Attitudes to intentionally Role Model.

Discussion

In line with the study purpose, we have identified a set of activities and skills IHSPs perform and value as a part of their pedagogical practice. We then used this information to develop a preceptor self-assessment tool that can be used universally across health professions. This self-assessment

Table 1. Demographic Characteristics of Survey Respondents.

	N	%
Age	260	
18–29	6	2.3
30–49	100	38.5
50–69	135	51.9
70+	12	4.6
Prefer not to answer	7	2.7
Gender	258	
Male	58	22.5
Female	190	73.6
Non-binary	1	<1%
Prefer not to answer	10	3.5
Highest educational level	257	
Bachelor’s Degree	4	1.6
Master’s Degree (MS, MSN, MSW, etc)	154	59.9
Clinical Doctorate (MD, DO, DNP, PharmD, DPT, etc.)	90	35
Research Doctorate (PhD)	7	2.7
Other	2	<1%
Practice discipline	257	
Medicine	62	24.1
Nursing	52	19.9
Pharmacy	23	8.9
Physical Therapy	2	<1%
Social Work	112	43.6
Other	6	2.3
Years in practice	249	
0–5	12	4.8
6–10	32	12.9
11–15	31	12.4
16–20	44	17.7
21–25	28	11.2
More than 25	102	41
Years in current role	251	
0–5	64	25.5
6–10	59	23.5
11–15	41	16.3
16–20	34	13.6
21–25	15	6
More than 25	38	15.1
Years experiencing precepting	255	
0–5	55	21.6
6–10	48	18.8
11–15	43	16.9
16–20	34	13.3
21–25	23	9
More than 25	52	20.4
Approximate number of learners precepted in the past 10 years	257	
0–5	40	15.6
6–10	60	23.4
11–25	53	20.7
More than 25	104	40.5

Table 2. Frequency and Importance of Preceptor Activities to Support Learners in the Clinical Setting Organized by IPEC Domain.*Domain: professional roles*

High priority and perform frequently	<p>Discuss and establish learning objectives for the training period</p> <p>Encourage the learner to think independently about clinical issues.</p> <p>Encourage the learner to articulate the rationale for clinical decision-making.</p> <p>Encourage the learner to think creatively about clinical care and decision-making.</p> <p>Provide teaching and modeling on developing and refining plan of care.</p> <p>Foster development of independence in developing and refining plan of care</p> <p>Encourage open discussion of options when making clinical care decisions.</p> <p>Encourage discussion of risks and benefits of options during clinical decision-making.</p> <p>Encourage critical thinking about clinical issues using evidence-based/best practices.</p> <p>Intervene in the situation when the learner is struggling or deviates from the standard.</p> <p>Encourage interaction with patient/client to understand cultural factors for patient care.</p> <p>Encourage communication to understand personal considerations in patient care.</p> <p>Intervene in the situation when the learner is struggling or deviates from the standard.</p> <p>Encourage interaction with patient/client to understand cultural factors for patient care.</p> <p>Encourage communication to understand personal considerations in patient care.</p>
High priority but perform with less frequency	<p>Provide orientation to the site at the beginning of the training period.</p> <p>Provide orientation to the care system at the beginning of the training period.</p> <p>Observe an entire learner-patient/client encounter.</p> <p>Seek out opportunities for the learner to engage in cases that provide variations in care (ex. acuity, population, disorder, etc.).</p> <p>Encourage the learner to engage in situational awareness and risk assessment.</p> <p>Surveillance of the situation to identify underlying causes when the learner is struggling.</p>
Perform frequently but less important	Encourage observation of your own practice to facilitate learning.
Perform less frequently and less important	<p>Discuss and establish learning objectives for the day.</p> <p>Establish learning objectives for specific encounters/situations.</p> <p>Engage in teaching/care activities designed to push the learner out of the comfort zone.</p> <p>Suggest/Provide additional activities to be done outside the clinical setting (e.g., reading, resources) to enhance learner performance/learning.</p> <p>Monitor learner compliance with protocols and quality metrics.</p> <p>Provide coaching on prioritization of tasks.</p> <p>Model solicitation of input from other health professionals in patient care planning</p> <p>Encourage assessment of social determinants of health in the provision of patient care</p>

Domain: values and ethics

High priority and perform frequently	<p>Model honesty and integrity when developing relationships with patients and families</p> <p>Model honesty and integrity when interacting with other team members</p> <p>Discuss ethical issues and dilemmas encountered during clinical practice.</p> <p>Engage with students using a balance of collegiality and supervision.</p>
High priority but perform with less frequency	Provide feedback on the integration of ethical principles in learner's encounters
Perform frequently but less important	Articulate own values and how they guide your own practice.
Perform less frequently and less important	<p>Role model use of stress management techniques</p> <p>Monitor learner for stress, and discuss stress management techniques</p> <p>Assist learner to clarify own values and how they impact care provision</p> <p>Discuss clinical situations/issues that can result in moral distress with learner</p> <p>Assess for occurrence of moral distress in learner</p>

Domain: communication

High priority and perform frequently	<p>Communicate expectations prior to interaction with learner</p> <p>Communicate expectations prior to learner interaction with patient/client</p> <p>Communicate expectations when issues arise in learner performance</p> <p>Model attentive listening skills</p> <p>Provide feedback on learner's verbal communication</p> <p>Provide teaching and modeling on setting goals of care.</p>
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(continued)

Table 2. Continued.

<i>Domain: communication</i>	
High priority but perform with less frequency	Provide verbal feedback on clinical skill/task performance. Provide verbal feedback on the assessment technique. Provide verbal feedback on documentation of clinical care activities. Communicate expectations after interactions with learner. Communicate expectations after learner interactions with patient/client. Provide feedback on learner's use of attentive listening skills. Provide feedback on learner's non-verbal communication. Invite learner feedback on teaching. Use debriefing techniques with the learner following stressful events. Apply and communicate critical self-appraisal of practice during clinical training. Ensure learner engages in critical self-appraisal following encounters.
Perform frequently but less important	Communicate expectations during interactions with learner.
Perform less frequently and less important	Communicate expectations during learner interactions with patient/client. Assess learner's preferred method of receiving feedback. Provide feedback on learner's emotional regulation. Provide feedback on individualizing interpersonal interactions (ex. content of communication) Provide written feedback on clinical skill/task performance. Provide written feedback on the assessment technique. Provide written feedback on documentation of clinical care activities.
<i>Domain: teams and teamwork</i>	
High priority and perform frequently	Introduce student the learner to other team members. Introduce student the learner to patients and families. Articulate the role of other health-care providers in the provision of care. Model solicitation of input from other health professionals in patient care planning Encourage interaction with other providers to understand medical/treatment-related factors for patient care.
High priority but perform with less frequency	Encourage interaction with other providers to understand social determinants of health in the provision of patient care. Encourage interaction with other providers to understand cultural factors for patient care. Encourage interaction with other providers to understand personal considerations in patient care.
Less important and perform less frequently	Communicate with supervising faculty regarding learner performance. Provides opportunities for team leadership by learner.

tool aims to develop preceptor awareness of the core competencies of preceptorship and provoke the preceptor to identify areas needing additional training or skill building prior to engaging the learner in the clinical setting. During new preceptor training, the information gleaned from this study can allow programs to create specific orientation materials to assist the novice IHSP in addressing areas that experienced IHSPs identify as important to create an optimal learning experience for nursing students and other health professionals. The self-assessment tool can be used to assist the preceptor in prioritizing certain areas to focus on. It can also assist the preceptor and training program to support ongoing development by matching self-identified areas for growth to training resources and opportunities.

Preceptors noted it was a high priority to encourage learners to think independently about clinical issues and think creatively about clinical care and decision-making. In addition, they noted that it was important for learners to articulate their

rationale for clinical decision-making and engage in situational awareness and risk assessment, though this final objective occurred less frequently. Similarly, while respondents frequently provided teaching and modeling on setting goals of care, refining the plan of care, and encouraging observation of preceptor's practice to facilitate learning, only goal setting and plan refinement were noted to be of high priority. Preceptors also frequently intervened in situations when learners were struggling or deviating from the standard, believing it was a high priority. Yet two areas that may have improved adherence to best practice: monitoring learner's compliance with protocols or quality metrics, and providing coaching on prioritization of tasks were each performed less frequently and noted as less important.

Greater than 97% of participants reported that modeling honesty and integrity with patients, their families, and team members was a high priority that was performed frequently. The number of respondents who prioritized this area was far

Table 3. Recommended Preceptor Self-Assessment Tool Prior to and During Teaching Encounters.*Preparing for clinical environment and rotation*

Provide orientation to the care system and clinical site at the beginning of the training period.
 Introduce the learner to other members of the team and articulate their role in care provision.
 Articulate own values and how they guide practice.
 Discuss and establish learning objectives for the training period and communicate expectations.
 Encourage observation of your own practice to facilitate learning.
 Assess learner's preferred method of feedback.

Preparing for clinical days and patient encounters

Discuss and establish learning objectives for the day.
 Communicate expectations prior to learner interaction with patient/client.
 Introduce the learner to patients and families.
 Observe learner-patient/client encounters.
 Communicate expectations during and after interaction with patient and client.
 Communicate expectation during and after interactions with learner.

Promoting engagement, critical thinking and self-reflection

Encourage critical thinking about clinical issues using evidence-based/best practices.
 Encourage learner to engage in situational awareness and risk assessment.
 Encourage interaction with patient/client to understand cultural factors for patient care.
 Encourage interaction with other providers to understand cultural factors for patient care.
 Encourage assessment for social determinants of health in the provision of patient care.
 Encourage interaction with other providers to understand social determinants of health in the provision of patient care.
 Encourage communication to understand personal considerations in patient care.
 Encourage interaction with other providers to understand personal considerations in patient care.
 Encourage open discussion of options when making clinical care decisions; include discussion of risk and benefit of options during clinical decision-making.
 Encourage interaction with other providers to understand medical/treatment-related factors for patient care.
 Encourage the learner to articulate the rationale for clinical decision-making.
 Ensure the learner engages in critical self-appraisal following encounters.
 Discuss ethical issues and dilemmas encountered during clinical practice.
 Discuss clinical situations/issues that can result in moral distress with the learner.

Coaching and feedback

Assist learner to clarify own values and how they impact care provision.
 Engage with students using a balance of collegiality and supervision.
 Provide coaching on prioritization of tasks.
 Provide feedback on learner verbal/nonverbal communication and interpersonal interactions.
 Provide verbal and written feedback on assessment/clinical skill performance.
 Provide verbal and written feedback on documentation of clinical care activities.
 Provide feedback on learner emotional regulation.
 Suggest/provide additional activities to be done outside the clinical setting (e.g., reading, resources) to enhance learner performance/learning.
 Monitor learner compliance with protocols and quality metrics.
 Survey the situation to identify underlying causes when the learner struggling.
 Intervene in the situation when the learner struggling or deviates from standard.
 Communicate expectations when issues arise in the learner performance.
 Monitor the learner for stress, and discuss stress management techniques.
 Assess for signs of moral distress in learner.
 Used debriefing techniques with the learner following stressful events.
 Provide feedback on the integration of ethical principles in learner's encounters.
 Communicate with supervising faculty regarding the learner performance.
 Invite learner feedback on teaching.

Fostering leadership, growth and independence

Encourage the learner to think independently and creatively about clinical issues.
 Foster development of independence in developing and refining plan of care

(continued)

Table 3. Continued.*Fostering leadership, growth and independence*

Seek out opportunities for the learner to engage in cases that provide variations in care (ex: acuity, population, disorder, etc.).
 Engage in teaching/care activities designed to push the learner out of the comfort zone.
 Provide opportunities for team leadership by the learner.

Knowledge, skills and attitudes to intentionally role model

Model attentive listening skills.
 Model honesty and integrity and when developing relationships with patients and families
 Provide guidance on and role model setting goals of care.
 Provide guidance on and role model development and refinement of plan of care.
 Model solicitation of input from other health professionals in patient care planning.
 Model honesty and integrity when interacting with other team members.
 Apply and communicate critical self-appraisal of practice during clinical training.
 Role model use of stress management techniques.

more than any other response. Preceptors assisted learners to clarify their own values and how these values impacted care less frequently, but they themselves frequently articulated their own values and how their values guided practice. Role modeling the use of stress management techniques, monitoring learners for stress, discussing stress management techniques, discussing potential situations resulting in moral distress, and ultimately assessing for learner's moral distress were all rated as less important and performed less frequently. While ethics (professional values) are often prioritized in clinical care (Moyo et al., 2016; Senyuva, 2018), personal values may vary (Senyuva), and greater emphasis may be placed on maintaining professional boundaries that enable high-level patient care (Matheson et al., 2016; Petosa, 2018). Additionally, while compassion fatigue and work-related stress have become growing areas of inquiry in recent years, more work is needed to properly define these constructs and reduce their impact on nursing and other health professions (Sinclair et al., 2017a, 2017b).

Respondents noted the importance of when expectations were communicated with learners. Doing so prior to interactions with learners as well as prior to learner's interaction with patients was a high priority that was performed frequently. It was equally important to communicate regarding expectations after interacting with learners and following learner's interactions with patients. Providing specific feedback on learner's verbal communication, use of attentive listening skills, and non-verbal communication were all considered of high priority to preceptors, yet only feedback on verbal communication occurred frequently. Feedback on learner's emotional regulation and interpersonal interactions was not seen as important and provided less often. While providing verbal feedback on clinical skill performance, assessment technique and documentation were of high priority and performed frequently by respondents, providing written feedback on these same areas was considered less important and

performed less frequently. Though several studies have found virtually no difference between verbal and written feedback methods (Elnicki et al., 1998; Tantiphlachiva et al., 2023; Tayebi et al., 2017); learner preference, the learning context, and purpose of the feedback may assist in determining whether written or verbal feedback should be employed (Fuentes-Cimma et al., 2024). Preceptor training should include exemplars and case-studies to assist in optimizing feedback strategies.

Providing learners with opportunities to integrate into the overall structure of the healthcare team and gain experience working as a team member is another important IPEC domain. Respondents noted the high priority of introducing learners to team members, patients, and families, as well as articulating with other health-care providers and modeling how to solicit input from other health professionals in the healthcare setting. In contrast, preceptors provided learners with opportunities for team leadership less frequently and viewed this activity as less important. Similar to other tasks that were performed less frequently, available time and a busy clinical environment could impact a preceptor's ability to perform these activities.

Strengths and Limitations

Strengths of the study include the inclusion of broad disciplinary perspectives from individuals engaged currently in clinical pedagogy and practice. Additionally, the inclusion of multiple disciplines in the sample increases confidence that these identified skills and activities are core, and can become the basis for both self-assessment and training in the future. Future work should seek to assess if the self-assessment tool is found to be acceptable and useful for repeated assessment. As a convenience US-based sample, the study participants may not reflect the global experience of IHSPs, so replication in other contexts is warranted.

Conclusions

Core competencies for IHSPs have been identified through a modified Delphi process based on the literature and IPEC core competencies. The competencies were then validated through survey input from experienced IHSPs, resulting in the development of an assessment tool for both novice and experienced preceptors to use for self-assessment and reflection. The tool can also assist nursing and other health sciences training programs to develop preceptor orientation materials and training to optimize the learner experience and standardize and promote clinical practice competencies within interprofessional health-care settings.

Authors' Contribution

HT contributed to conceptualization, methodology, formal analysis, writing original draft, supervision, and funding acquisition. MM contributed to methodology and writing review and editing. ML contributed to project administration and writing review and editing. THL contributed to formal analysis and writing review and editing. LAM contributed to methodology and writing review and editing. JF contributed to methodology and writing review and editing. PC contributed to methodology and writing review and editing. ND contributed to formal analysis, visualization, and writing the original draft.

Ethics Approval

This work received human subjects approval from the University of Washington Institutional Review Board. Return of the anonymous survey was deemed consent to participate.

Declaration of Conflicting Interests

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Supplemental Material

Supplemental material for this article is available online.

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