Improving Preceptor Behaviors Through Structured Observation and Pre/Post Clinical Conferencing
Groh N, Gill D*, Henning JM, Stevens S†, Jamieson K*: High Point University, High Point, NC. *University of North Carolina at Greensboro, Greensboro, NC, †The University of Findlay, Findlay, OH.

Context: Clinical Instructor Educators (CIEs) are granted institutional autonomy to determine how to best prepare athletic trainers (ATs) to serve as preceptors. Structured observation of performance followed by post-encounter conferencing is a well-established method of improving pre-service teachers’ instructional practices that may prove effective for training preceptors. Objective: The purpose of our study was to explore the impact of a systematic preceptor training program that included pre-observation conferencing and goal setting, structured videotaped observation of preceptors’ clinical teaching encounters, and post-observation conferencing on the frequency of effective clinical instructor behaviors. Design: Quasi-experimental pre-post design using a systematic observational tool for measuring effective preceptor behaviors. Setting: Two collegiate athletic training facilities affiliated with an undergraduate athletic training education program (ATEP). Participants: Three full-time faculty members with dual positions of teaching and serving as ATs and preceptors (2 males, 1 female) with 1-12 (5.7±5.5) years of experience supervising students. Intervention: We adapted the Acheson and Gall Clinical Supervision Model used in teacher education for ongoing preceptor training that included a CIE-preceptor pre-observation conference, a video-recorded observation session that was coded using an Observational Record of Clinical Educator Behavior (ORCEB) Coding Form, and a CIE-preceptor post-observation conference conducted over a 4 week period of time for each participant. Each pre/post-conference included goal setting and focused on improving a different category of behavior measured by the ORCEB. Main Outcome Measures: The previously validated ORCEB was used to count the frequency of four categories of preceptor behaviors (giving information; evaluating students; promoting problem solving and critical thinking; and behaviors that do not promote student engagement) demonstrated every 5 seconds during a 30 minute video-recorded clinical education session that occurred during pre-practice patient preparation. Frequency counts of each category of behaviors and percentage of change pre-post intervention were calculated. Results: Aggregate mean frequency counts for the giving information category increased by 272.8% pre (41.7±27.5) to post (155.3±62) intervention, behaviors focused on evaluating students increased 185.7% pre (4.7±8.1) to post (13.3±11.1) and behaviors that promote problem solving/critical thinking increased 257.9% pre (6.3±2.3) to post (22.7±13.4). Behaviors that do not promote student engagement decreased 45.1% pre (307.3±33.3) to post (168.7±55.8). Conclusions: This pilot study suggests that a systematic training program that utilizes goal setting, observation of behaviors, and structured conferencing between a CIE and preceptor can lead to favorable outcomes for increasing effective clinical instructor behaviors while decreasing the frequency of those behaviors that do not actively engage students. These findings emphasize the benefits of continuous preceptor development rather than a one-time training session. However, limitations of this study include a small sample size, and
inclusion of only one ATEP, and the snapshot approach of only videotaping 30 minutes during pre-practice treatments. **Word Count:** 444.