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Interprofessional education in the clinical setting: A qualitative look at the preceptor's perspective in training advanced practice nursing students

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ABSTRACT

With the shift towards interprofessional education to promote collaborative practice, clinical preceptors are increasingly working with trainees from various professions to provide patient care. It is unclear whether and how preceptors modify their existing precepting approach when working with trainees from other professions. There is little information on strategies for this type of precepting, and how preceptors may foster or impede interprofessional collaboration. The purpose of this qualitative description pilot study was to identify current methods preceptors use to teach trainees from other professions in the clinical setting, particularly advanced practice nursing and medical trainees, and to identify factors that support or impede this type of precepting. Data collected through observations and interviews were analyzed by the research team using thematic analysis procedures. Three major themes were identified: 1) a variety of teaching approaches and levels of engagement with trainees of different professions, 2) preceptor knowledge gaps related to curricula, goals, and scope of practice of trainees from other professions, and 3) administrative, structural and logistical elements that impact the success of precepting trainees from different professions in the clinical setting. This study has implications for faculty development and evaluation of current precepting practices in clinical settings.

1. Introduction

Training of health care professionals relies heavily on actual clinical experience in health care settings, and specifically on the mentoring and guidance from individual clinical preceptors (Neher and Stevens, 2003; Kertis, 2007; Bott et al., 2011; Ferrara, 2012; Wiseman, 2013). The role of the clinical preceptor is that of a teacher and role model, with the added task of socializing the trainee to their role (Bott et al., 2011). Clinical preceptors have traditionally focused on teaching trainees from their own profession; however, there is a new shift in the clinical environment, with the support for interprofessional collaborative practice (ICP), where health care providers from multiple professions synchronize their care together to deliver patient-centered, high quality care (World Health Organization, 2010). ICP has been shown to improve patient's access to care and health outcomes, as well as decrease patient complications and clinical errors (WHO, 2010). As a result, there is an increased need for trainees from different professions to be trained together in the clinical setting in order to better understand how to best work together, and meet the core competencies for interprofessional collaborative practice (Interprofessional Education Collaborative, 2011). The IPEC competency domains include ethics for ICP, understanding of roles and responsibilities, interprofessional communications, and interprofessional teamwork (IPEC, 2011). Hence the scope of clinical education now expands to include interprofessional education (IPE), defined by the World Health Organization (WHO) as "when two or

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more professions learn with, from and about each other to improve collaboration and the quality of care" (WHO, 2010).

With this focus on interprofessional education and interprofessional collaborative practice, clinical preceptors are increasingly working with and precepting trainees from various professions, either formally or informally, to provide patient care. However, much of what is known about IPE focuses on classroom or simulation activities and facilitation rather than clinical precepting (Egan-Lee et al., 2011; Lindqvist and Reeves, 2007; Thomas et al., 2007; Sinclair et al., 2007). It is unclear whether and how clinical preceptors modify their existing approach when working with trainees from other professions. Furthermore, there is little information on strategies for precepting trainees of various professions, and how preceptors may foster or impede interprofessional collaboration.

The purpose of this qualitative description study was to identify current methods preceptors use to teach trainees from other professions in the clinical setting, particularly advanced practice nursing (APN) and medical trainees, and to identify factors that support or impede this type of precepting. We sought to understand the differences in how preceptors precept trainees from different professions and whether they utilize any other skills or teaching methods. The findings will guide towards best practices and guidelines to be used in preceptor training and development.

2. Methods

2.1. Design

The research team's approach in this analysis was to stay open to the themes that emerge, and utilized the initial review of the literature as a general guide. Qualitative description method was used to describe the major dimensions of interprofessional precepting in everyday terms to illuminate strategies involved in the process as well as factors that either facilitate or inhibit its effective practice (Sandelowski, 2000; Sandelowski, 2010). Unlike other qualitative methods, the findings from qualitative description stay very near the data and are minimally interpreted or theorized, allowing researchers to summarize the who, what and where of a phenomenon in a manner that more concretely reflects participant perceptions of experience (Neergaard et al., 2009). It is a pragmatic approach that is useful in smaller scale, preliminary research. Our design included both interviews and observations in clinical settings of faculty preceptors working with APN and medical trainees. These were conducted to capture preceptor perceptions of their practices and factors that impact interprofessional precepting. The research team included two APNs who have experience as preceptors for APN and medical trainees, one physician who is an IPE expert, and a research assistant who is a nurse with qualitative research expertise. Team members from both professions observed precepting at the same time to gain both sets of perspectives, minimize potential bias, and offer investigator triangulation in ethnographic methods (Reeves et al., 2008). Study approval was obtained from the institutional review board, and oral informed consent for observation and interviews by the research team was obtained from all study participants.

2.2. Setting and sample

Advanced practice nursing (APN) and medical trainee professions were chosen given their overlapping roles and training in providing direct patient care, which often takes place in the same clinical settings. In the US, APN trainees may be matched with physician preceptors and work alongside medical trainees in clinical settings. Similarly, medical trainees may also work and consult with an APN preceptor depending on patient or clinic assignment, especially in academic health centers (Fitzgerald et al., 2012). The research team identified clinical sites in a large city on the West Coast of the United States where APNs and physicians worked as faculty preceptors for interprofessional trainees. Three outpatient clinics within two academic medical centers were identified and invited to participate. One site did not have an APN faculty preceptor, but had diverse trainees from advanced practice nursing, undergraduate and graduate medical education programs precepted by physician faculty. Institutional contacts introduced the research team to potential participants who were then invited to participate. Interested preceptors available on the observation days consented to researchers' direct observations of their precepting and subsequent follow up interviews. Participation was voluntary and observational notes were not taken regarding the actions of those who declined. A total of fifteen preceptors (12 physicians and 3 APNs) were observed, and 13 (10 physicians and 3 APNs) participated in follow up interviews; 2 preceptors were unable to schedule follow up interviews due to scheduling constraints. One physician preceptor declined participation in the study.

2.3. Data collection

Two observers, a physician and an APN, performed structured observations of preceptors using an observation guide created by the research team (see Table 1). The observation guide was generated using a commonly utilized precepting model to teach clinical reasoning by both nursing and medicine, the One-Minute Preceptor (OMP), which involves five steps: 1) get a commitment from the trainee, 2) probe for supportive evidence, 3) teach general rules, 4) reinforce what was done right, and 5) correct mistakes (Neher and Stevens, 2003; Kertis, 2007). Observers assessed whether preceptor behavior was consistent with the OMP model. The observation guide also contained free text sections further arranged by categories that included: space and place of clinical precepting; people involved; context of the site, and preceptor attributes (Oandasan and Reeves, 2005; Anderson et al., 2009; Reeves et al., 2008, 2012; Nordquist et al., 2011; Sargeant et al., 2010). Two to three structured observations, each lasting up to 3 h, were completed at each site. Each observation included preceptor and trainee interactions before and after patient encounters that took place outside of patient examination rooms. Observers took additional field notes and debriefed after each observation session to expand upon any variations noted in the observations. The observation guides were later anonymized and coded for analysis.

Within the same month as the observation, preceptors participated in 30–60 min interviews either in person or via phone. A semi-structured interview protocol was developed which aimed to explore participant perceptions and experiences as preceptors for trainees of different professions, allowing them to provide their reflections on the observed interactions (See Table 2). Interviews were digitally recorded and stored on password protected computers. They were later transcribed and anonymized. Data collection occurred from December 2012–May 2013.

2.4. Data analysis

Data sources included the verbatim interview transcripts and field notes generated from the observation guides. The observers integrated the transcripts with the field notes to further describe situations and behaviors. The team coded the data using initial sensitizing concepts from the literature, as well as in vivo concepts inductively developed from data (Braun and Clarke, 2006; Tuckett, 2005). The team also developed ongoing conceptual memos, and discussed them in team meetings to further define codes and their