

Developing Preceptors to Teach in an Interprofessional Practice

Philip T. Rodgers

So often, practicing health care providers gravitate to precepting—mentoring health profession learners through personal instruction and training—in silos. Though there may be colleagues from other professions around us in the patient care space, we can frequently take the path of least resistance in clinical teaching: to just focus on our own learners. There is no fault in that—that is who we as clinical preceptors are most beholden to in teaching. We are most familiar with the needs of our own profession's learners, knowing their trajectory through an educational model that we've been through ourselves. But when we teach in a silo, we create silo mentalities in those learners. To truly instill a collaborative team mindset, teaching should have a spirit of interprofessional education—to learn *from, with, and about* other professions' learners. The preceptor must create and foster that collaborative learning environment, intentionally bringing together learners from other professions. Because including other professions can be a foreign concept or create discomfort for the preceptor, educational coordinators need to educate preceptors in effective interprofessional precepting activities and models.

In my own early experience as a clinical preceptor of pharmacy learners, there was no training or instruction about how to precept other professions. There were certainly instances where I had the opportunity to interact

and collaborate with learners from other professions, but there were no clear expectations of performance, nor opportunities to provide feedback to or about those learners. I was left to my own devices and imagination about what a learner from another profession knew or expected, and that ultimately didn't help that learner grow, leaving me uncertain about the value of the interaction. Many preceptors, even those with years of experience, may lack understanding of exactly what other professions do (or have misinformed or limited assumptions), or they may feel like interprofessional precepting adds too much time to teaching in sacrifice of clinical care. Experiences and perspectives like these perpetuate the habit of just sticking with educating learners from our own professions.

But there is much to gain by all parties from taking an interprofessional approach to precepting. The core ideals of the Interprofessional Education Collaborative (IPEC) [1] can be realized: We learn the *values* that another profession can bring to the patient encounter and their unique perspectives. There is a visible demonstration of the *roles* each profession fills, and the critical *responsibilities* they take on that others may not. Everyone has an opportunity to practice high-quality *interprofessional communication*, interpreting our different professional dialects into a common language. And our learners get the opportu-

nity to engage in collaborative, patient-care *teamwork* to optimize the outcome for the patient. Additionally, many health professions schools now have expectations in their curricula or even their accreditation standards to include interprofessional education opportunities; this can and should extend to the practice spaces where learners are.

From field discussions with preceptors and clinical leaders, I have gained some insights into the importance of, and challenges with, interprofessional precepting. For example, learning role definitions and asking for expectations of the other learners is important, particularly regarding giving feedback directly to the learner or their original preceptor. Learning to talk with interprofessional learners directly about what high-quality teamwork means and what it looks like; talking about stereotypes and how to “bust” them. Teaching preceptors the importance of establishing “psychological safety” among interprofessional learners, and how to do it effectively, will create an environment where each profession feels comfortable and empowered to speak up and contribute their perspective. The TeamSTEPPS program has numerous concepts, modules, and examples that serve as valuable resources for preceptors [2]. An overriding concept to impart to preceptors is to invest time in getting to know your interprofessional learners—their training, their scope of practice, even the culture of their education model—and to be open to the likelihood of bidirectional learning. The preceptor may learn as much from other professions’ learners as those learners learn about the preceptor.

Precepting learners from other professions is a valuable

investment of time to ingrain future members of the health care team with appreciation for the value that other professions bring to the table. If a school aspires to optimize interprofessional education, a preceptor can work with that school to assist in training other preceptors in interprofessional teaching techniques. The preceptor, learners, and patients will all ultimately benefit from this approach to education. **NCMJ**

Philip T. Rodgers, PharmD, FCCP Vice Chair, Education, Division of Practice Advancement and Clinical Education (PACE); Director, Interprofessional Education and Practice; Associate Professor, Eshelman School of Pharmacy, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina.

Acknowledgments

The author has no conflicts of interest to declare.

References

1. *IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3*. Interprofessional Education Collaborative; 2023. Published November 20, 2023. Accessed February 15, 2024. https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf
2. TeamSTEPPS 3.0. Agency for Healthcare Research and Quality. Accessed February 2, 2024. <https://www.ahrq.gov/teamstepps-program/index.html>

Electronically published May 6, 2024.

Address correspondence to Philip T. Rodgers, UNC Eshelman School of Pharmacy, Campus Box 7574, 115M Beard Hall, 301 Pharmacy Ln, Chapel Hill, NC 27599 (prodgers@unc.edu).

N C Med J. 2024;85(3):197-198. ©2024 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2024/85315