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Athletic Training Preceptors' Experience with Interprofessional Education and Collaborative Practice in the Clinical Learning Environment

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Introduction: Professional athletic training (AT) programs are now required to align their educational curricula with the Institute of Medicine's (IOM) core competencies, preparing students to work in dynamic, interprofessional healthcare teams to strategically address patient outcomes. Although interprofessional education and collaborative practice (IPECP) is commonly implemented in didactic settings, our understanding of how IPECP is implemented by AT preceptors in various clinical settings is limited. The purpose of this study was to gain a greater understanding of AT preceptors' experience with IPECP and how they implement this with students in their clinical settings. **Methods:** A convergent mixed-methods design was used with data collected through an online survey. AT preceptors working in the NATA District 3 (Mid-Atlantic) region (n=45) were recruited to participate using a snowball sampling approach, which began with an email to AT program directors requesting participation from their affiliated preceptors. AT preceptors' responses gathered demographic information, ratings on IPECP knowledge and use in their clinical practice, as well as responses to open-ended questions about their experience implementing IPECP with students in their clinical practice. Closed-ended responses were analyzed using descriptive statistics. Open-ended responses were first analyzed using an open coding process and then an inductive process of reflexive thematic analysis. Two faculty members with extensive experience in qualitative research reviewed the data analysis procedures to improve trustworthiness. **Results:** Roughly 70% of preceptors had IPECP training (n=32) and agreed (n=31) that it is very or extremely important to teach their students how to engage in IPECP in their workplace. Most participants reported having some type of formal education/training in IPE, either pre-certification (n=15), post-certification (n=7), or both (n=10). Some participants (n=13) indicated they did not have any education or training in IPE. AT preceptors reported engaging in IPECP most often with physicians, strength coaches, and PTs in their workplace setting, performing patient exams, and developing treatment plans more often than engaging in interprofessional research or professional development. Most report that collaborative practice with staff and students occurs sporadically in their workplace, suggesting that IPECP may not be intentionally planned or embedded in their organizational culture. Formal IPECP training, positive and impactful experiences, exposure to various professionals, and high teaching importance were identified as promoting factors for IPECP implementation. Inhibiting factors such as scheduling/availability, lack of resources/"buy-in," and disruption stemming from the COVID-19 pandemic posed challenges for IPECP implementation. **Translation to Practice:** Despite almost 30% of the participants not having any formal training in IPECP, AT programs may require preceptors to facilitate this as part of the clinical education experience. More IPECP education and training for AT preceptors may help close this gap and yield better teaching of collaborative practice behaviors with students transitioning to practice in various clinical settings. Additional research should be conducted every couple of years to see trends in change over time as programs implement these competencies into their clinical learning experiences.

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