

Enhancing Preceptor Engagement in Allied Health Education: A Collaborative Model for Success

Strawser, C.¹, Wotring, A.², Warner, M.¹, Borden, A.³, & Hutchins, M.⁴

¹Eastern Illinois University, ²University of Tennessee, ³Goshen College,
⁴Indiana State University

Preceptors are essential in the education and training of future allied health professionals. Across healthcare disciplines, preceptors are practitioners who serve a multitude of roles such as mentors and educators. Despite documented barriers including time and compensation, preceptors embrace their roles with a sense of pride in giving back to their respective professions by mentoring the next generation of professionals. Strong partnerships with competent preceptors maximize student knowledge, skills, and professional development. Traditionally, preceptorship research emphasizes the perspectives of preceptors, particularly related to attitudes and barriers of serving in this role. Using a collaborative reflective approach, five faculty members across multiple disciplines provided personal narratives of their lived experiences as interns, faculty supervisors of internships, and preceptors. These reflections offer insights related to best practices of successful internship experiences, with emphasis on supporting preceptor engagement.

Keywords: Preceptors, allied health professionals, preceptor engagement

Introduction

Allied health professionals are described as individuals who are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others (Association of Schools Advancing Health Professions [ASAHP], 2020). Estimates suggest that more than 60% of the U.S. healthcare workforce can be classified as allied health (ASAHP, 2020). To better transition students out of the classroom and equip the future workforce, preceptors are often used in the training of allied health students. Preceptors are skilled practitioners within health care professional settings who assist in the supervision of students during their clinical rotation (Rager Huett & Wessel, 2022). They have been widely used since the 1960's in the U.S. to provide time-limited support and guidance that aids in the development of professional competence or proficiency (Webb, 2019).

Literature Review

As has been discussed, the use of preceptors has a long history. The preceptorship is a different educational setting that is clinical in nature, time-limited, and educational focused. It is an environment that typically involves a faculty supervisor, a student or students, and the preceptor who serves as a clinical role model. Goals of this approach include skill development

and professional socialization. It is recommended these experiences be guided by, or linked to, goals or competencies specific to the profession. This approach is also widely used in Allied Health fields. Somewhat surprisingly, perceptions of the effectiveness of the preceptorship approach have been shown to vary. An integrative review by Udalis (2008) found that only 56% of studies found support for the use of preceptors. The other 44% of the studies found that the use of preceptors had no significant benefits. It seems clear that the use of preceptors comes with certain benefits and challenges. These benefits and challenges can be categorized as administrative or interpersonal in nature (Tan et al., 2011).

The benefits of preceptorship are many and can be viewed from a variety of perspectives. Preceptors often report personal satisfaction from the experience and that it is a good way for them to stay motivated, relevant, and up to date with current trends (Quek & Shorey, 2018; Nurse Practitioner Hub [NPHub], 2025). Preceptorship also allows preceptors to teach and share practical information gained from their own hands-on experiences (Hyrkas et al., 2014). This approach has been shown to decrease clinical errors and provide the student with improved educational experiences in a supportive learning environment. In addition to these benefits, preceptorship approaches may also assist in ensuring compliance with program and professional competencies and allow for a fuller evaluation of the student's clinical skills (Mojarad et al., 2022). Although simulation may allow the student to practice skills in a safe and controlled way, the preceptorship gives

students the opportunity to put those skills to use in a real world setting that can often be described as energetic, erratic, and sometimes very chaotic (NPHub, 2025; Mojarad et al., 2022). Preceptors and students also suggest that the approach allows them to share personal perspectives and allows them to maximize networking opportunities (NPHub, 2025).

There are also benefits for the faculty member in charge of preceptorship experiences. Once the initial administrative work is complete, the faculty member can remain minimally involved compared to serving in the direct role of a supervisor. This means one faculty member can 'teach' a course with multiple students at different sites and preceptors. The need for faculty travel to the clinical sites themselves is reduced and sometimes even eliminated completely. This allows students to find and choose from a wider variety of clinical sites and experiences than if they were limited to working only with faculty. Lastly, the options provided by expert preceptors not only inform students but can also be of benefit to faculty who may be removed from clinical practice themselves. A major challenge for faculty is finding sites and preceptors. Being a good preceptor requires considerable skill and experience (Tan et al., 2011; Hyrkas et al., 2014). Faculty are also in the position of considering preceptor compensation and ensuring preceptors and sites are providing full, positive education experiences semester after semester. This requires a good deal of organizational and communication skills. Due to high competition for programs to find clinical sites, the warm body approach gets used too often (Quek & Shorey, 2018).

There are also several challenges that preceptorships pose. Preceptors often cite things like higher workload, limited time, additional demands, additional administrative work, and difficulties managing patient needs with student needs as some of the biggest obstacles they face (Tan et al., 2011; Mojarad et al., 2022; NPHub, 2025). A study by Quek and Shorey in 2018 found that 83% of preceptors experience at least moderate levels of stress related to their preceptor role. Many report a lack of support and understanding from their administrative and some from the faculty as well (Quek & Shorey, 2018; Hyrkas et al., 2014; Mojarad et al., 2022). Other challenges include the struggle with knowing how much to push and how much to shelter students, and that intergenerational differences can make this even more difficult. Differences in student motivation and skill level is a common source of stress, along with helping students cope with reality shock that sometimes occurs early in the clinical experience (Tan et al., 2011). These challenges can be better addressed when there are open lines of communication and in situations where everyone knows and understands their role. Clear objectives and an agreed upon description of the preceptorship are good places to begin when starting the preceptorship process. Preceptors also often need some guidance and may benefit from

training in how to provide meaningful feedback as part of their role in the evaluation process (Tan et al., 2011). Recommendations include exploring solutions for common challenges for preceptees such as traveling to sites, lack of confidence, and being hesitant to ask questions of the preceptor (Hyrkas et al., 2014).

When exploring the best practices in preceptor selection, qualities of an educator, professional, and leader often arise (Rager Huett & Wessel, 2022). Students prioritize having a preceptor with qualities such as being committed to teaching and creating purposeful experiences (Rager Huett & Wessel, 2022). Regarding professionalism, attributes as setting a good example, meeting administrative expectations, and experience beyond a professional degree are important to students (AbuSabha et al., 2018; Rager Huett & Wessel, 2022). Further, students view growth mindset, utilizing best practices, and embracing educational advancement as important components of a leader (Rager Huett & Wessel, 2022). Strategies to put preceptors in the best position possible to provide student support can include alternate supervision models such as peer or group supervision for experienced clinicians, dedicated time for supervision, providing opportunities for students to choose their clinical supervisor, and education and training to enhance the effectiveness of supervision (Snowdon, 2023; Gardner et al., 2022).

Method

Five faculty members with varied experiences as interns, preceptors, and faculty supervisors - across multiple health professions to include public health, dietetics, and exercise science - reflected on their experiences and considered best practices to support preceptor roles.

Findings

Faculty #1: Tina

I think some students do not realize how much time they must log within the semester as part of an internship. So, making sure they stay on track with their hours and what is expected of them is huge. I have never been a preceptor for an internship; however, I recently graduated so I vividly remember my internship experience. When I was in my undergraduate internship course, I found that an online internship was not helpful at all. I did not feel like I was a part of their organization and felt I was just doing "busy work." Students should be participating in in-person internship experiences. I feel this is the best way they will learn and fully immerse themselves in the field.

Faculty #2: Jeff

I have worked with public health and school health students. We followed the guidelines from our university and what the Career Center mandated but we also used an approval form that

the faculty member had to first approve. Much of the feedback they (interns) got was from their field supervisors. Faculty members were expected to review time sheets, and certain work products but I am not sure everyone did that in the same way.

More specific protocols and expectations would help make sure all the experiences were more equal and well suited for our students. An easier way for interactions between the faculty and field supervisors would also be good. Communication, setting expectations, and the up-front work are essential. I think better/more training for the field supervisors would also be helpful as well as some way to compensate them (if possible). Public health can be exceedingly difficult because there is no one set of objectives/expectations/competencies that must be met. Some students have great experiences, and others do not. There is good and bad with this 'open approach' that is designed to allow for multiple kinds of experiences. It does mean that the faculty and field supervisors need to make sure everyone understands the expectations and I would argue higher expectations would be good.

Faculty #3: Sara

I had the opportunity to be a preceptor one semester for an MPH student's internship. For the internship, the student attended weekly meetings with my evaluation team to discuss projects, assignments, and tasks for the week/semester. Before the student started collaborating with me, I filled out a document with the student discussing what tasks they would be responsible for and how they related to the program's competencies. We met in the middle of the semester to discuss progress and at the end of the semester I provided them with a final grade and feedback. This student primarily focused on program evaluation. The student conducted background information on the population, ran weekly reports for the stakeholders, created statistical tables, and wrote the results section. Additionally, the student and I co-authored an editorial during that semester. It would have been nice to possibly have a "training document" or "best practices document" when working with students. I had a few internships as a student, but being a preceptor is extremely different. Having knowledge on a topic is very different than mentoring/training a student. I think it is important that students do meaningful work that they will use in the future. Projects or skills-based on program competencies are vital.

FACULTY #4: Thomas

As an intern I had two different internships. My first one was in my undergraduate degree and was a requirement to graduate with my degree in Kinesiology and Exercise Science. During the internship, the policies I followed from my institution's side were just to turn in logs and I believe a couple of reflection papers. I did have

to have a mid and end review with my preceptor. Other than that, the guidelines/policies/training were connected to my site which was a hospital. Ultimately, the feedback that I was given was according to the needs that my degree required but additional feedback was given by the overall preceptor, which was positive.

The guidelines for my doctoral internship were extremely vague to say the least. I recall my advisor/preceptor also stating something to the effect that they did not have a lot of guidance either. However, I feel proud about this internship, just as much if not more than my undergraduate internship because it was my own design. I was allowed to propose my own idea, I was supported, and I was successful. In a way, I loved the vagueness and lack of guard rails because I made it my own. I could see where this would be an issue with an undergraduate, but I loved being able to do my own thing at the doctoral level. The best parts (of being an intern) were sometimes when I was left to my own devices. To let me propose my own idea showed someone trusted my vision and allowed me to better myself.

First (in reflecting on my experiences as a preceptor) I wish I had someone who could have mentored me in having an intern. In addition to my duties, I needed to act as a teacher and guide them in the last pieces of being a professional in a hands-on setting. Contact with the faculty coordinator would have been great. As a preceptor, I want guard rails. I want to know perhaps at least at some level what they should be coming to me with, in terms of knowledge. Something as simple as being able to look at courses taken would help there. What do you - as a program - need from me? Who is my contact when there are problems? How should I evaluate them? Things like that provide absolute clarity in my duties and what is expected of me.

I believe that preceptors should encourage their interns to come with their own ideas. As a preceptor I provide loose guidelines for a project I want to see completed. I let the intern take it from there because I want them to feel ownership. Sometimes I will even give them options. It should be a learning experience for them so when things fail, I want them to know it is ok. They learn why it failed, how we can fix it, and how to keep it going so the next intern or GA can pick up from there to get it across the finish line.

FACULTY #5: Jessica

When I was a dietetic intern, I remember feeling very overwhelmed in general. Our internship was full-time for approximately 8-9 months, and we had to navigate working with multiple preceptors in a variety of clinical and community-based settings. What really added to my stress level was knowing that my performance in the internship basically decided my professional fate: if I didn't "pass" the internship, I wouldn't be able to move on take the board exam to become a Registered Dietitian. I just remember working, and then

coming home and working more - whether that was studying for the board exam, or brushing up on information specific to the rotation I was currently in. I remember the internship being structured, in terms of hours/rotations and competencies, but depending on the actual site and preceptor, there were still differences. I remember thinking it was hard to work with multiple preceptors who all had different personalities and expectations.

My current faculty position involves working alongside dietetic interns and preceptors to coordinate rotations as well as to manage accreditation requirements. While accreditation standards provide a roadmap for exactly what students need to learn (knowledge requirements) and what interns need to demonstrate (competencies), ultimately faculty and preceptors are responsible for developing curriculum and experiential learning opportunities to fulfill these standards. I've learned that all stakeholders - students, faculty, and preceptors - play key roles in this process. This is my job as a faculty member, and students are fully aware of the expectations surrounding accreditation as they progress through our program. However, preceptors are unique in that they are volunteering their time to be a part of this process (i.e., they are not financially compensated) and many have not been formally trained as either educators or mentors. And yet, their participation in this process is critical, as it is not possible to take the national board exam without documented supervision from practitioners. I keep this in mind, as well as my own experiences as an intern, when working with both groups because communication is key.

It's so important to establish clear expectations. I see my role as a mentor, for interns working hard to cross the finish line, and for preceptors who are passionate about working with interns and who are providing their uncompensated time and expertise. That too comes with unique challenges, mainly adequate time to serve as a mentor and the ability to navigate different communication styles, personalities, attitudes, and skill sets.

Discussion

A positive internship experience necessitates a collaborative approach among stakeholders, with emphasis on preceptor engagement. Our discussion of faculty narratives revealed major themes indicative of mentoring as mutually beneficial to promote wellbeing within the context of internship experiences.

Themes

Three key themes emerged from our reflections: effective communication is critical, collaborate to provide meaningful, real-world experiences, and preceptor mentorship - a worthwhile endeavor.

Effective Communication is Critical

All stakeholders - students, faculty supervisors,

preceptors - need to know exactly what is expected of them. Clear guidelines for professional roles, competency/skills-based assessment and evaluation, and accompanying training/guidelines to meet expectations are essential. Ultimately, the time that is invested up-front with communication and expectations prevents issues from arising later. Remember, preceptors largely serve in voluntary roles - the internship experience needs to be mutually beneficial. Even preceptors with the best intentions and desires to mentor the next generation of professionals will not commit to working with students and faculty if there is not an intentional effort to provide clear communication, expectations, and adequate training and support for their role.

Collaborate to Provide Meaningful, Real-World Experiences

Lean on preceptor's professional experiences and ability to tailor assignments and projects to reflect workforce trends, combined with faculty experiences expertise in teaching and student assessment, to provide high-quality internship experiences. Soliciting feedback from students, faculty, and preceptors and intentionally integrating this feedback into assignments, projects, and rotations is recommended. Ideally, well-organized internships incorporate opportunities to foster student autonomy - which enhances student's confidence, decision-making abilities and leadership skills.

Preceptor Mentorship - A Worthwhile Endeavor

Aside from clear expectations and orientation to the internship, including student assessment, preceptor mentorship is beneficial. The literature review as well as faculty narratives highlighted frustration with lack of support in terms of what it means to be a preceptor. Faculty supervisors are positioned to mentor preceptors to fill that gap, particularly related to preceptor support of students' needs; self-assessment/reflection to foster growth in the role of a preceptor; and assistance with navigating the demands of preceptorship while fulfilling their respective professional responsibilities.

Conclusion

Faculty are uniquely positioned to provide mentorship for preceptors and students. This collaborative learning relationship bridges the gap between academia and the workplace and with adequate attention and continuous support, increases the likelihood of successful internships.

While all stakeholders involved in internships fulfill important roles, we argue that the focus on preceptor engagement is often neglected due to competing priorities in the areas of student mentorship and the demands of faculty supervision to meet the needs of the sponsoring university and accreditation requirements, as applicable. As

practitioners, preceptor involvement in internships is critical, considering professional programs often require their involvement. Therefore, it is important to consider best practices for collaboration with preceptors to maximize the internship experience and lead the next generation of allied health professionals.

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