Co-Precepting Guiding Principles

Often clinical schedules or team structures provide the opportunity for preceptors to work together, precepting students as a 'team'. This may result in 2 or more preceptors involved with the student. 'Team Precepting' or 'Co-Precepting' is a non traditional model of precepting which has been described in the literature in various professions. Co-Precepting can be a rewarding experience for both preceptors and student. Preceptor benefits include shared responsibility, division of workload, peer to peer support, and respect for diverse approaches to clinical practice and leadership. Students benefit from the opportunity to experience different precepting styles and approaches to practice.

The following are important key guiding principles developed to support co-preceptors in providing a rewarding and successful student learning experience. Please consider these principles when preparing for your student(s) placement. Please reach out to your CPL, manager or the Faculty if you have any questions or need support.

Definitions (From UofA Preceptor Guide):

- A Primary Preceptor is the individual responsible for facilitating and overseeing the placement as well as evaluating the student(s).
- Co-Preceptor is the term applied when 2 or more practitioners share responsibilities of the Primary Preceptor.
- A Supporting Preceptor is the individual who is involved with the student(s) at discrete times during the placement (supervising the student(s) for certain days, supervising or facilitating a specific activity, or providing input into assessments).

Guiding Principle	Description	Tips
Planning	Meeting together as a team prior to the placement (at least 1 month) to plan helps set the placement up for success and establish expectations for each preceptor and the student(s) *Items to plan as a co-precepting team:* • Division/delegation of placement preparation responsibilities • Pre reading or preparation items to be communicated to student(s) prior to placement starting • Placement calendar of student(s) activities • Direct patient care activities • Schedule of preceptors during the placement • Correct primary preceptor is assigned to student(s) in RxPreceptor	Operations Managers: • Whenever possible, student(s) should be scheduled in at least 1-3 week blocks with the same preceptor if possible • Consider rotating timing of blocks amongst preceptors to provide them with an opportunity to precept student(s) at various stages in their placement as the schedule allows Preceptors : • Use one placement calendar and communicate

	• Communication strategy of co-precepting team (eg email, meetings, shared document, phone, RxPreceptor) • Expectations- setting consistent expectations as a team for student(s) and for all preceptors • Consistent approach to supporting learners with teaching strategies, knowledge and skills to focus on	updates/modifications to all preceptors and the student(s) • Each preceptor reviews assigned student (s) Resume, Profile and Self Assessments posted in RxPreceptor • Assign who will complete early, midpoint and final student performance assessments and how input will be provided from each preceptor. • Determine how to share access to RxPreceptor
Communication	Communication is important for collaborative teamwork and should be regular and often. • Establish how and when you will communicate as a team (eg phone, email, shared document, in person touch bases). Important time points are at early, midpoint and final student performance assessments and at the transition between preceptors. • Communicate with student(s) who the team of preceptors are. Make introductions and provide the student(s) with preceptors' schedule. • Transition between preceptors is a key time for strong communication. It is important to communicate about the particulars of the student's progress for continuity. • Provide regular feedback to each other as preceptors regarding how the placement is going and to the student(s) regarding their performance	• Primary preceptor to share all email communications received from the Faculty with the co-precepting team. When transitioning between preceptors, communicate to the next preceptor (If by email, suggest cc'ing the co-precepting team): • What has been done to date • What still needs to be done • What areas each student needs to focus on/practice • What are the performance areas for improvement you are coaching each student in • What are the performance areas each student is strong at • If there is a action plan – review the progress and goals • Independence level • Evaluations- comments, examples, your assessment

Expectations	It is important to collaboratively set and discuss consistent expectations of each other as preceptors and of the student(s) so that there are not 'mixed messages' provided to the student(s) as they focus on skill development, prevents many issues and makes things easier when there are struggling students.
	• Discuss and agree upon expectations early in the placement and in collaboration with the student(s). Re-address expectations at midpoint and later in the placement as student(s) progresses.
	  o Discuss type of supervision (direct or indirect) and preceptor role (direct instruction, role modeling, coaching, facilitating) to be used across the placement, amount of time for providing feedback and when this will occur.
	  o Note-Preceptors don't have to do everything identical but do need to have consistencies in practice and expectations of the student(s).
	• Set the stage for open communication and support
		As a team, establish these expectations at the beginning of placement. When transitioning between preceptors, each preceptor can reinforce to the student(s) the expectations in areas such as:
		• Professionalism
		• Start/stop times each day
		• Additional preparation and homework outside work hours
		• Daily rounds
		• Documentation
		• Daily routine/work flow
		• Deadlines
		• Feedback- regular and timely
		• Review of patients with the student(s)
		• Patient Care presentations
		• Students' personal learning objectives

Feedback and Assessments	• Informal feedback to the student(s) should occur regularly throughout the placement by each preceptor who is with the student(s). E.g. after each task/activity, daily. This is important for reinforcing appropriate behaviours and also making suggestions for improvement. • At midpoint and final, get input from all preceptors. • Complete the early, midpoint and final student performance assessments and discuss with each student individually either jointly as co-precepting team or can assign to one preceptor, ensuring there has been input from each preceptor. • If a student is struggling, collaborate with co-precepting team to determine if similar concerns have been noted. Next steps include collaboratively working with the student to develop an action plan to address areas needing improvement and determine who is responsible for follow up. Share action plan with co-preceptors. Notify the Faculty by contacting your Faculty Liaison. • Due to limitations of RxPreceptor, only 1 primary preceptor can be	Preceptors can document comments on the student's performance in RxPreceptor and 'save' their entries and then the preceptor responsible for completing the assessment can 'submit' at midpoint and final. Co-preceptors should initial and date their comments when documenting in RxPreceptor. Preceptors can provide written feedback to the student(s) and ask the student(s) to share this feedback with the next member of the co-precepting team to aid continuity. Mechanisms to share access in RxPreceptor: 1. Primary Preceptor can share their password or create a temporary password for RxPreceptor

	assigned to the student. Preceptors should decide on a mechanism to share access in RxPreceptor.	to use with their team per student placement so each preceptor has access. This password can then be changed after the placement ends to maintain password integrity and own access privacy. 2. The primary preceptor logs in for the co-preceptor to review RxP (student profile/resume and assessment) and enter in their comments and assessment 3. Student resumes, profiles performance assessment forms can be printed and shared with co-preceptors to write comments and submit back to primary preceptor to transcribe into RxPreceptor.
Debrief	• During and after the placement, debrief with each other and the student(s). o What went well o What can we improve • Collaboratively make decisions for improvements for the next placement coming • Reach out to your CPL, manager or the Faculty if you have questions or need support!	Schedule debrief during and after the placement with co-preceptors regarding the placement experience. Consider on last day of placement having a debrief session with the student(s) regarding: what worked well, what could be improved upon, any other feedback. Ideas generated can be incorporated into your next placement planning.