



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences



UNIVERSITY OF ALBERTA  
FACULTY OF PHARMACY AND  
PHARMACEUTICAL SCIENCES



Co-precepting in

# Pharmacy Experiential Education

A Guidebook for Preceptors

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## INTRODUCTION TO THIS GUIDEBOOK SERIES

As a profession, pharmacy has largely adhered to the traditional 1:1 learner to preceptor model. Recently in pharmacy experiential education in Canada, there has been increasing interest in the use of non-traditional learner-preceptor models. This interest is driven by various factors, including increased placement capacity demands resulting from entry level doctor of pharmacy programs, progression of practice to advance the opportunities for learners, preceptor interest to try “new ways” to augment the learner experience, and an increasing awareness of the benefits associated with using these models. As programs and preceptors across the country begin to adopt these non-traditional models, it is important to provide preceptors and experiential education coordinators with guidance to support best practices.

These guidebooks represent an effort to compile the available knowledge, both theoretical and practical pertaining to the following three models:

- Peer Assisted Learning (PAL)
- Near Peer (NP) model
- Co-Precepting model

## APPROACH TO GUIDEBOOK DEVELOPMENT

Existing literature pertaining to non-traditional learner-preceptor models in health discipline experiential education was systematically reviewed by Loewen et al at the University of British Columbia (1). The main benefits and challenges described in the literature were summarized and included for each of the learner-preceptor models in each respective guidebook. As well, these guidebooks leverage work already done by the Faculty of Pharmaceutical Sciences, University of British Columbia and the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta (2).

In addition, perspectives and advice from current preceptors who routinely employ these models were solicited through a combination of one-on-one interviews and electronic surveys. In the summer of 2015, preceptors from across Canada who had experience with the co-precepting model were contacted to participate in either a survey, or telephone interview. Interview participants included: BC preceptors (N=8), Alberta preceptors (N=3), and Ontario preceptors (N=1). Participants in the electronic survey included: BC preceptors (N=12), Alberta preceptors (N=5), Ontario preceptors (N=4) and Newfoundland preceptors (N=2). The responses provided by these preceptors were then qualitatively analyzed and the key concepts and themes were summarized. Questions were asked in such a way to elicit practical tips and strategies to optimize the experience. The valuable input and perspectives from each of these preceptors, along with expertise from experiential faculty, made this guidebook series possible.

Other guidebooks in this series can be found here: <http://afpc.info/content/novel-models-precepting-preceptor-resources>.

## EXPERIENTIAL EDUCATION TERMINOLOGY

### **Traditional 1:1 Model**

A learner-preceptor model employed during placements where one preceptor at a time is responsible for supervising and assessing one learner.

### **Co-Precepting Model**

Synonym: Team precepting, 1:2 model. A learner-preceptor model where more than one preceptor supervises one or more learners. This can occur either simultaneously or in a sequential fashion across a placement.

### **Entry-to-Practice Program**

The first degree program in pharmacy, either an entry-to-practice Doctor of Pharmacy or a Bachelor degree.

### **Experiential Office**

The Experiential Office is a generic term for the office within the faculty/school that coordinates experiential education. They are generally responsible for the administration of learner experiential placements. This involves development of the curriculum for each course, site/preceptor recruitment and retention, learner orientation and support, scheduling of learner placements and preceptor development.

### **Learners**

Synonym: students. May refer to any level of learner: entry-to-practice student, pharmacy practice resident, post-graduate Doctor of Pharmacy student or other advanced learner including those completing a specialized residency or fellowship program.

### **Near Peer (NP) Model**

Synonyms: near peer learning, near peer teaching, pyramidal learning, tiered learning. A learner-preceptor model where the preceptor(s) supervise two or more learners who are at different levels. The senior learner provides learning support to the junior learner(s), e.g. two second year and one fourth year student, one fourth year student and one pharmacy practice resident, one pharmacy practice resident and one post-graduate Pharm D learner.

### **Peer Assisted Learning (PAL) Model**

Synonyms: paired, 2:1 or 3:1 models. Learner-preceptor model where the preceptor(s) supervises two or more pharmacy learners who are at the same level. It is expected that the learners help each other learn and learn by teaching, e.g. Two entry-to-practice learners or two pharmacy practice residents. In many places this document may refer to “two learners” because this is the most common PAL configuration used in pharmacy. However, the principles of PAL also apply to any configuration of two or more learners either assigned to one preceptor or to a co-precepting team.

### **Pharmacy Practice Residents (or Pharmacy Residents)**

Graduate pharmacists who are enrolled in a pharmacy practice residency program. Usually these programs are administered by a hospital, health authority or health region.

### **Placement**

Synonyms: practicum, rotation or experiential placement. Experiential education in a variety of pharmacy practice settings where learners are supervised by practicing pharmacists to gain practical experience and bridge knowledge between the classroom and the pharmacy practice environment.

## **Preceptors**

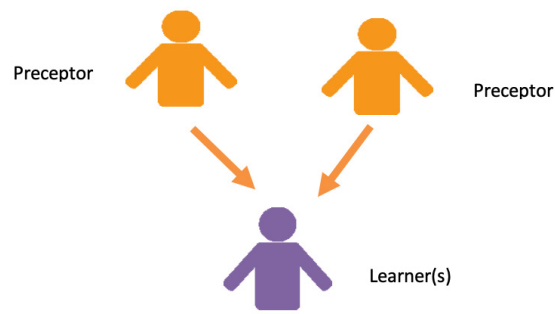
Synonym: practice educators. Practicing pharmacists who dedicate their time to mentor, supervise and assess learners during their placements.

- i. **Primary Preceptors** – those who supervise and are responsible for completing the assessments of learners.
- ii. **Co-Preceptors** – those who share responsibility with the primary preceptor to supervise and contribute to the assessment of learners.
- iii. **Secondary Preceptors** – those who supervise learners for 1-2 days and usually have no direct role in completing written assessments. Feedback on learner performance is given to the primary preceptor and to the learner.
- iv. **Champion Preceptors** – those experienced with non-traditional precepting models who were interviewed and surveyed in the process of developing these guidebooks.

## A. THE CO-PRECEPTING MODEL

### I. WHAT IS IT?

Co-precepting is defined as more than one preceptor supervising one or more learner(s). Most often it involves two preceptors and one learner; however, more preceptors may be involved with longer placements. In these cases, a primary preceptor is usually identified for organizational purposes. From both the national survey and survey conducted in Alberta in the summer of 2015, the majority of preceptors felt that the optimal number of preceptors is two for a 4-week placement and up to three for a 6 to 8 week placement.



The principles of co-preceptorship can also be applied to multi-learner models such as peer-assisted learning (PAL) and near-peer (NP) models. One adaptation of the co-precepting model is utilizing co-precepting in combination with PAL or NP models, which may be referred to as a “collaborative group”. The benefit to having multiple learners is that this combines the advantages of co-precepting with the advantages of peer-assisted learning (PAL) or near-peer models. For example, when taking on multiple learners (PAL or NP models), it is beneficial to have another preceptor involved for division of workload and to offer different perspectives. Refer to PAL or Near Peer Guidebooks for more details.

*“I found a collaborative model to be the best way. Whether that is multiple learners, multiple preceptors or both - I think that 1:1 precepting is too resource-intensive and takes valuable time away from patient care and I am not convinced it provides a better learning environment for the learner.”*

*- Preceptor*

### II. SEQUENTIAL VS SIMULTANEOUS APPROACH

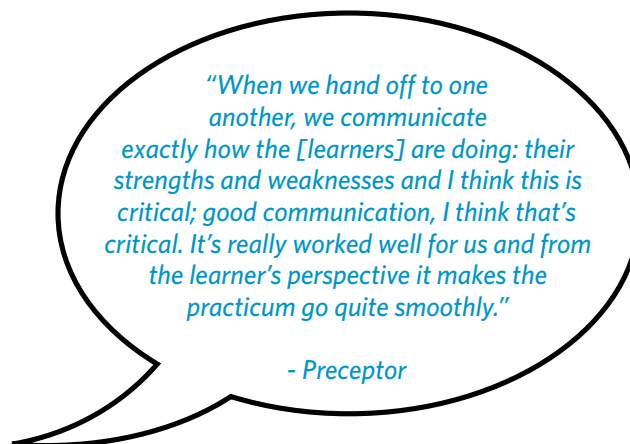
#### Sequential

Sequential co-precepting involves one preceptor supervising learner(s) for a specified period of time with no overlap with the other co-preceptor, preferably in the same clinical area. This type of co-precepting may be a result of the operational schedule for the clinical area, with the scheduled preceptors sharing precepting responsibilities so that the student is consistently assigned to one clinical area, thereby maximizing their contribution to patient care activities. For example, one preceptor for the first half of the placement and another for the second half, or alternating weeks, and so on. When preceptors use the sequential co-precepting model, the preceptor who is actively precepting the learner

is also responsible for assessing the learner during that timeframe, and for sharing his/her assessment with the co-preceptor during hand-over.

### Simultaneous

This type of co-precepting involves having two or more preceptors available to the learner(s) within the clinical area/practice setting at the same time. This can occur if there is a team of pharmacists servicing a clinical area due to the volume of workload. With this type of co-precepting, it is important for learners to know who is responsible for supervising them for various placement activities. A schedule that outlines the expectations/process is recommended. Also, it is discouraged to schedule learner(s) in more than one clinical area simultaneously with co-preceptors as it can be confusing for the learner, disrupt opportunities for continuity of care, and negatively impact on their ability to become engaged in patient care.



## III. WHAT DOES THE LITERATURE SAY?

A systematic review conducted by Loewen et al. outlined the advantages and disadvantages of different experiential models employed by health disciplines from the perspective of learners, preceptors and the placing or receiving institution (1). Three articles assessing the 1:2 learner:preceptor (co-precepting model) and 20 articles assessing the other multi-preceptor models (2+:2) were found in the literature. A summary of the findings are reported below:

### Co-precepting

Most commonly cited **advantages** compared to the traditional 1:1 model:

- Learners are exposed to different styles of practice and describe a more diverse learning experience.
- Preceptors experience less stress and workload and improved schedule flexibility.
- Preceptors are more willing to take on learners when they have the option to share the preceptor role with a colleague.

Most commonly cited **challenges**:

- Learner anxiety in trying to meet the expectations of different preceptors.
- Staff at the practice site may be unclear of expectations and have role confusion in regards to the different learners and preceptors.
- When there are multiple learners with two or more preceptors, it may be difficult for preceptors to get to know and assess individual learners.

Loewen et al. Medical Education 2017. (1)

## IV. WHAT DO CANADIAN PRECEPTORS AND LEARNERS SAY?

The following tables outline key benefits of co-precepting as described by the preceptors and learners who participated in the interviews and the national survey.

### a) Benefits for the Preceptors

Advantage	Specifics
Shared Workload	<ul style="list-style-type: none"> <li>✓ Precepting workload and responsibility can be divided up, thus reducing preceptor burnout.</li> <li>✓ Co-precepting makes it easier for preceptors to take learner(s).</li> <li>✓ When you have a struggling learner, the necessary attention, workload, support and assessment is shared and strengthened between preceptors.</li> </ul>
Support for junior preceptors	<ul style="list-style-type: none"> <li>✓ To build confidence as a new preceptor; co-precepting with an experienced preceptor provides an opportunity for mentorship, guidance, and support.</li> </ul>
Flexible scheduling	<ul style="list-style-type: none"> <li>✓ Taking a learner does not need to disrupt the schedule, as more people are involved in the precepting.</li> <li>✓ Pharmacists who work part-time can work together to provide full time precepting.</li> <li>✓ This reinforces the idea that precepting is the cultural norm and that all pharmacists are expected to precept.</li> </ul>

*"There are many benefits to it. I know there are some downsides to it as well, but in terms of scheduling and getting a better experience for the learner, those upsides outweigh potential challenges like communication, or confusion around expectations. I think these become minor things when compared to the benefits, you just need people who have done it to sell it for you!"*

*- Preceptor*



## b) Benefits for the Learners

Advantage	Specifics
Exposure to different teaching styles, personalities, and perspectives	<ul style="list-style-type: none"> <li>✓ Pharmacists have differing passions, perspectives, styles of teaching, areas of expertise, and approach cases differently. Learners should be open minded about the differences and learn from various styles.</li> <li>✓ There will be multiple perspectives on learner progress/ competency and performance especially for struggling learners.</li> </ul>
Increased patient care opportunities	<ul style="list-style-type: none"> <li>✓ Some co-precepting arrangements expose learners to a larger pool of patients, diverse cases/medical conditions, and different care providers.</li> </ul>
Foster student independence and enable continuity of care	<ul style="list-style-type: none"> <li>✓ Allow learner(s) to be responsible for communicating patient progress for their assigned patients to incoming preceptor.</li> </ul>

*"Each preceptor brings along with them their specialty and a different style of their systematic process. Some preceptors will emphasize different parts of their process than others. This will also depend on their specialties as well so I think that's interesting."*

*- Preceptor*

*"Even though we are all renal pharmacists, we do approach things differently, we have different ways we solve drug therapy problems and what we emphasize. I think [learners] tend to get a broader experience when they spend a little time with different renal pharmacists during their one placement. Otherwise it's just like, this is how [I do] this and that is just one perspective"*

*- Preceptor*

## B. STRATEGIES FOR SUCCESS

### I. COMMUNICATION

The key to making the co-precepting model successful is effective communication between preceptors and with the learner(s). Of the interview and survey feedback collected from preceptors, this was by far the most common theme.



#### Communication Strategy for Co-Precepting Team

##### a) HOW?

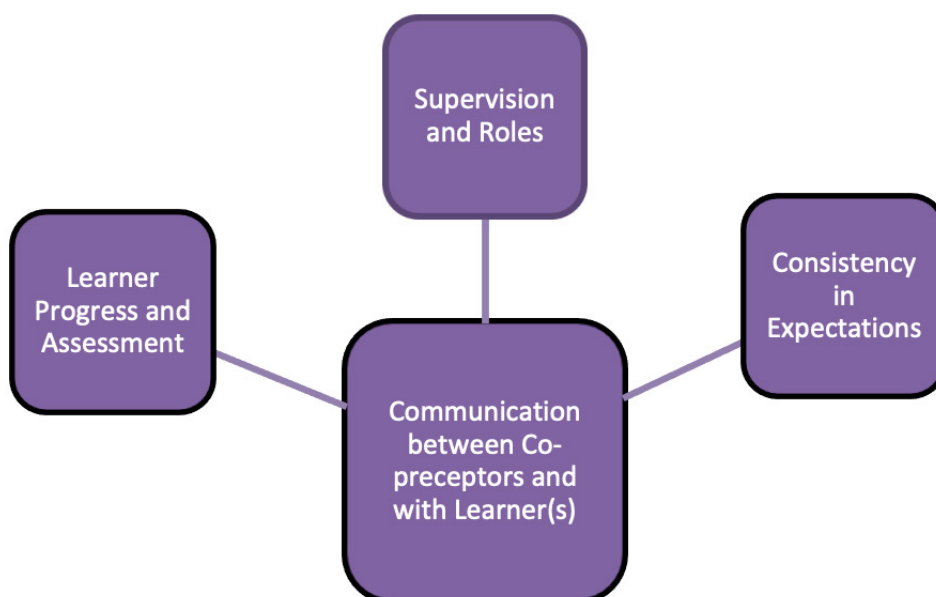
- **Determine the best methods for communicating between co-preceptors:**
  - Email? Ensure all co-preceptors are copied to maintain awareness.
  - Face-to-face meetings? This may require more planning to arrange, but also allows for diverse input and relationship building.
  - Telephone? An option if preceptors are off-site or in a different area when needing to communicate.
  - Shared online document? Communicate updates on placement calendar or other shared document(s).
- **Determine the best methods for co-precepting team to communicate with learner(s):**
  - Providing feedback to the learner(s) as a co-precepting team in person is a good strategy, if feasible. One strategy is to have weekly co-precepting team and learner meetings. If not feasible, identify one preceptor to deliver the team's combined consensus feedback.

## b) WHEN?

- **Prior to starting placement:** Approximately one month before the learner(s) arrive, the co-precepting team should meet to discuss various aspects of the placement and plan the schedule. (see WHAT section below)
- **During the placement:** Determine the frequency of communication depending on the precepting schedule and the number of handovers. This should coincide with each transition point, and may occur more frequently to provide consistent messaging to the learner(s) or if there is a struggling learner, and to also collaborate on learner's performance expectations and formal assessments.

## c) WHAT?

Three major areas of communication are represented in the figure and are summarized in the table below including suggested key strategies from preceptors.



Learner Progress and Assessments	Supervision and Roles	Consistency in Expectations
<ul style="list-style-type: none"> <li>When co-precepting, tracking and communicating learner progress for a smooth transition between preceptors is important. This ensures that learners know their strengths and areas for improvement and avoids disruptions in progress. This is especially important if the learner is struggling.</li> </ul>	<ul style="list-style-type: none"> <li>It is important that preceptors understand their responsibilities and roles throughout the placement and that learner(s) clearly understand which preceptor they are expected to report to at all times.</li> </ul>	<ul style="list-style-type: none"> <li>Consistency in expectations between the co-precepting team is critical.</li> <li>It can be challenging and frustrating for the learner (s) when there are differing expectations and a lack of consistency between preceptors.</li> <li>This issue may become more pronounced as the number of preceptors increases.</li> </ul>
Suggested Strategies		
<ul style="list-style-type: none"> <li>Preceptors should meet on a regular basis (e.g. once a week) and discuss the learner's progress. Talk about specific examples of where the learner struggles and where he/she excels.</li> <li>Be organized, document, and provide regular feedback to the learner(s).</li> <li>Maintain a record or sign-off for required activities to keep track of what has been done.</li> <li>When handing over between preceptors provide information about the following: which patients are assigned to the learner, learner strengths and areas for improvement and degree of supervision required, progress towards specific placement objectives &amp; assignments, and goals for the next part of the placement.</li> <li>Have each preceptor contribute to the midpoint and final assessments. If there are learning deficiencies, develop and implement an action plan in conjunction with the faculty and the learner. Document progress towards these goals.</li> <li>If there are differences in the assessment of the student's performance by co-preceptors, discuss together to seek consensus. Reach out to the Faculty for support.</li> </ul>	<ul style="list-style-type: none"> <li>Assign one preceptor as the primary preceptor who can coordinate with the other co-preceptors.</li> <li>Prior to the placement, divide up precepting responsibilities and develop a placement schedule or calendar. Highlight which preceptor is responsible for each part of the placement, specific activity and/or assessments. For example: the learner(s) will discuss patient X, Y, Z with preceptor A at 12pm every day.</li> <li>Establish methods of communication between learner(s) and preceptors, e.g. text, pager, cell phone.</li> <li>Communicate to the next preceptor what precepting role has been effective and utilized with the learner(s) (e.g. direct instruction, modeling, coaching or facilitating).</li> </ul>	<ul style="list-style-type: none"> <li>Meet fellow co-preceptors prior to the placement to discuss assignments and align expectations of the learner(s).</li> <li>Use the course objectives and performance expectations (as outlined in the student assessment) as a guideline.</li> <li>Determine what needs to be achieved by the learner(s) and when.</li> <li>Meet as a group with the learner(s) on the first day of the placement to discuss expectations especially around professionalism, communication, and assignments.</li> <li>At transitions, preceptors should discuss with learner(s) any differing or changed expectations.</li> <li>Avoid conveying contradictory information to learner(s).</li> </ul>

## Preceptor Tips for a Successful Placement

### General Advice

- ▶ Even if the learner(s) are not directly under your supervision it can be beneficial to sit in on patient discussions and assessments to be aware of how the learner(s) are progressing.
- ▶ Foster good relationships with co-preceptors to make transitions in supervision as seamless as possible.

### Sequential Co-precepting

- ▶ When the learner is transitioned to the next preceptor, he or she takes over supervision for that time period. The learner should approach the new preceptor for issues and guidance on course activities.
- ▶ Handing over a learner at the end of your precepting timeframe is the same concept as handing over clinical information regarding patient care to other pharmacists in practice. Include important information about the precepting role, areas of strength and improvement, and areas to focus on moving forward.
- ▶ Scheduling tips:
  - When developing the co-precepting schedule, it is best to meet as a team and discuss what will work best considering the schedule and the clinical area. Two configurations that can work well for sequential co-precepting is splitting time between two part time preceptors or dividing the number of weeks between each full-time preceptor
  - Whenever possible learner(s) should be scheduled for a least 1 week blocks with the same preceptor. Avoid changing preceptors on a day-to-day basis.
  - In subsequent years, consider rotating the timing of blocks amongst preceptors to provide them with an opportunity to precept learner(s) at various stages in their placement.

### Simultaneous Co-precepting

- ▶ Scheduling Tips:
  - In simultaneous co-precepting, preceptor assignments can be made on a daily basis or in set time blocks. This can allow for flexibility in preceptor scheduling.
  - When unexpected circumstances arise, flexibility in the schedule may be required and co-precepting can allow for seamless supervision to be maintained.

For more tips see:

- ▶ Co-Precepting Guiding Principles developed collaboratively by University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences and Alberta Health Services Pharmacy Services. <https://www.ualberta.ca/pharmacy/preceptors/preceptors/resources/models-of-precepting/co-precepting-model>

## II. OPTIMIZING THE CO-PRECEPTING EXPERIENCE

The champion preceptors were asked specifically about which strategies they employed to overcome the challenges commonly described in the literature or anecdotally associated with co-precepting.

Preceptors identified the following as the top three most frequently encountered challenges and offered solutions to address them.

### **Learners may experience confusion or anxiety because of differences in preceptors' expectations**

- Before the placement, preceptors should meet to review the course syllabus and assessment criteria, and work together to align expectations and plan the required and optional activities/assignments for the learner. Developing a schedule that includes the activities and milestones for the placement is an excellent way to ensure that co-preceptors are on the same page.
- It may be beneficial to designate one person as the lead 'primary' preceptor to coordinate the planning of the placement and ensure a consistent approach.
- On the first day of the placement, review the objectives and plan with the learner. This way the learner knows exactly what they need to do to be successful or excel in the placement.
- Frequent communication of clear and consistent expectations on the learner's progress is essential for smooth hand-off/co-precepting.
- Meet with learner(s) at the mid-point of the placement and review expectations for the second half.
- Ask the learner for feedback on whether they feel the expectations are clear and consistent between co-preceptors and adjust your approach if necessary.
- Some preceptors pointed out that differing expectations is not necessarily a bad thing. This is a reflection of reality in the working world.

### **Learners must adjust to different teaching styles, personalities and perspectives**

- Exposure to different teaching styles and personalities can in fact be a positive experience for the learner(s) and it reflects the reality of interprofessional team work.
- Encourage the learners to be open to new approaches and embrace new experiences.
- Ask learners for feedback on your precepting style, and how this could be optimized.
- If feasible, co-precept with someone who has a similar precepting style and with whom you have a collaborative relationship.

### **Communication and continuity between preceptors can be challenging**

- This model requires a commitment to planned communication between preceptors. See Section I Strategies for Success: Communication Strategy for Co-Precepting Team
- Communication should occur in advance and throughout the placement between preceptors in regards to the division of responsibilities to avoid overlap or duplication. Learners are responsible for tracking their course assignments and activities, and preceptors need to know who is responsible for helping the learner to organize various course components.
- At the start of the placement, have an open conversation with the learner about the opportunities and challenges associated with co-precepting and establish expectations to have open communication regarding any issues experienced.
- Be sure to keep lines of communication open with the learner. They can tell you where they need guidance, what they need more help with, what's going well, and what is not going well. It is their placement and they are responsible for demonstrating initiative and maximizing learning opportunities.

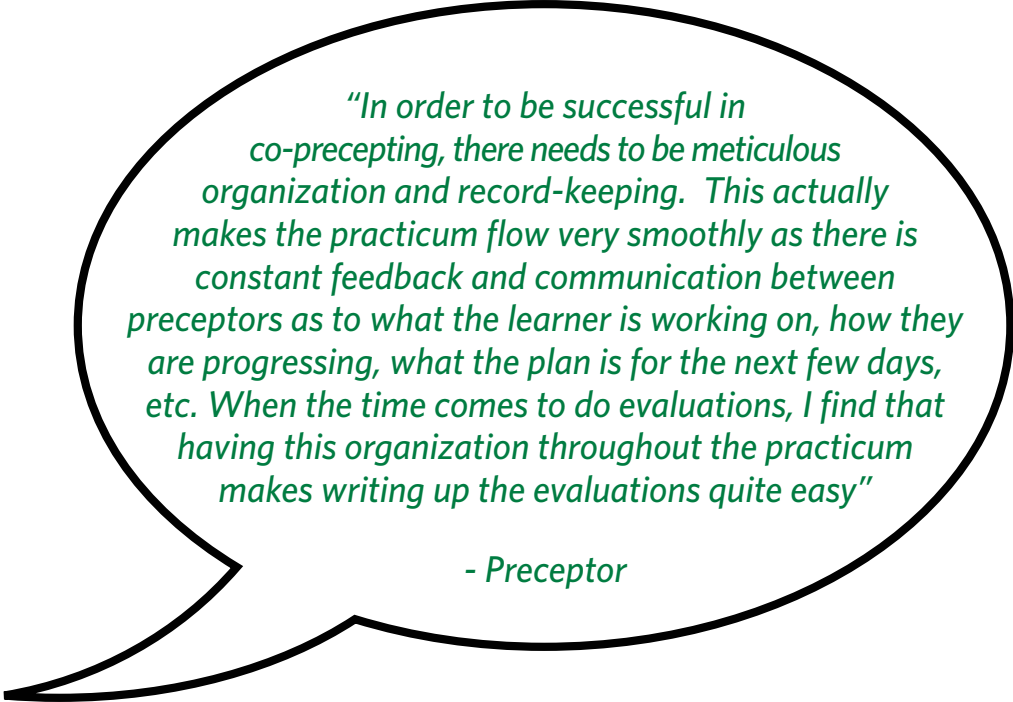
The following were also identified as potential challenges by the champion preceptors.

**It may be challenging to complete learner assessments and provide feedback due to the fact two or more preceptors are involved**

- Ensure that all preceptors who are involved have access to the assessments on an ongoing basis and that they maintain frequent communication with each other. This will ensure that all parties are aware of the learner's progress.
- Preceptors could divide up different areas of feedback based on the preceptor's experience with the learner (e.g. one does day-to-day skills, one does content of work).
- Have a final conversation between preceptors before providing feedback and review assessments to compare perspectives.
- If feasible, deliver the assessment to the learner as a team. Divide accordingly if there are more than two preceptors (e.g. first two do the midpoint, last two do the final).
- The lead or 'primary' preceptor should ensure the midpoint and final assessments have been completed.

**It may be challenging to manage a struggling learner if more than one preceptor is involved**

- Preceptors should meet/communicate regularly to discuss the learner's progress, talk about specific examples of where the learner struggles, strategies that have helped the learner, help set goals with the learner and note any progress.
- Early in the placement, or as soon as it becomes evident, discuss with the learner(s) and identify areas of struggle. Spend more time, show them examples, ask them to meet with you to go over a plan for success in the placement.
- If it appears a learner is struggling, involve the faculty or program coordinator early and develop an action plan with goals and specific dates. Review this and share with the other co-preceptor(s).



*"In order to be successful in co-precepting, there needs to be meticulous organization and record-keeping. This actually makes the practicum flow very smoothly as there is constant feedback and communication between preceptors as to what the learner is working on, how they are progressing, what the plan is for the next few days, etc. When the time comes to do evaluations, I find that having this organization throughout the practicum makes writing up the evaluations quite easy"*

*- Preceptor*

## C. MYTH VS. TRUTH

### Myth #1: There is no optimal number of co-preceptors.

#### Truth:

- ▶ For the purposes of consistency and ease of communication, the preceptors surveyed felt that two preceptors in a 4-week advanced pharmacy practice or residency placement is ideal and, if feasible, limiting to a maximum of three preceptors in a six to eight week placement. With good communication and planning, it is feasible to have more than 2 preceptors but consistency and communication can become more difficult. It has been noted that when there are more than 4 preceptors it becomes challenging for the student and preceptors. Communicate ahead of time with whoever does the scheduling in order to ensure some consistency for the preceptors and learner(s) involved.

### Myth #2: Learners get confused/frustrated with more than one preceptor.

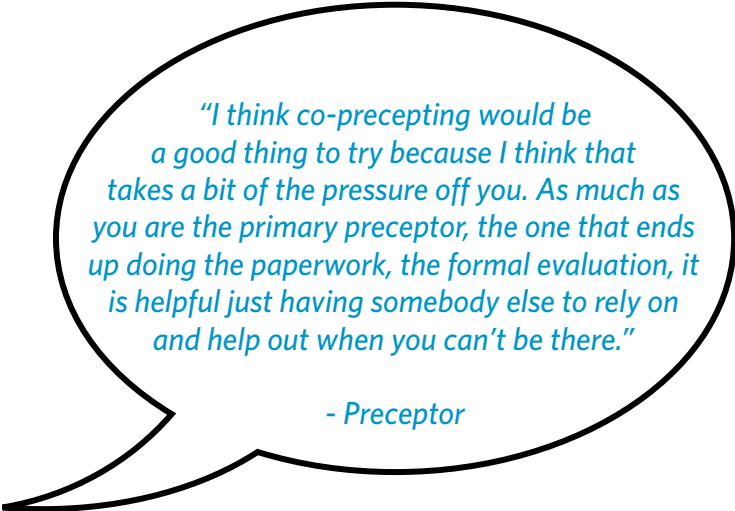
#### Truth:

- ▶ It is beneficial to review the advantages of the model with the learners at the beginning of the placement. This model will allow the learners to learn from a variety of pharmacists all with different perspectives and clinical expertise. As with any placement, learners should come with a good attitude, be flexible, and open to feedback.
- ▶ Varying expectations and communication gaps can occur with co-precepting. Remind learners to be open minded and understanding of the fact that all pharmacists have different styles. They can take what they find helpful from each preceptor and apply this later in their career when they are precepting.

### Myth #3: Co-precepting requires extra preceptor training.

#### Truth:

- ▶ Preceptors often make this model work without extra training since co-precepting often happens due to clinical assignment scheduling. Many preceptors merely learn as they go and try to improve with each placement. Networking or co-precepting with a more seasoned preceptor can provide insights and learnings. Preceptors who were interviewed noted that they applied what worked for them when they were learners and tried to improve upon what didn't. By applying some of the key principles discussed in this guidebook and having motivation to make it work, extra training may not be required at all.



*"I think co-precepting would be a good thing to try because I think that takes a bit of the pressure off you. As much as you are the primary preceptor, the one that ends up doing the paperwork, the formal evaluation, it is helpful just having somebody else to rely on and help out when you can't be there."*

- Preceptor



## NON-INSTITUTIONAL PRACTICE SETTINGS

The experience and perspectives presented in this guidebook were shared by preceptors mostly from the institutional settings; however, the principles of co-precepting could be used broadly in community, primary care or ambulatory practice settings. Preceptors in non-institutional practice settings are encouraged to adapt the strategies provided in this guidebook to their own practice setting.

## REFERENCES

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## APPENDIX I. TIMELINE

The following timeline outlines some of the must dos specifically for co-precepting. Most of what one would expect with the traditional 1:1 model still applies; however, there are some additional tips that will help to ensure a successful co-precepted placement.

### Philosophies to embrace throughout the placement:

1. It is important to plan ahead but adjustments will always have to be made as patients are admitted or referred to you.
2. Make the learners feel like part of the team.
3. Ensure open communication among the group.
5. Communication is the key to success. Ensure consistent communication about the progress of the learner and to maintain alignment of expectations. Be sure to make it obvious who the learner should be reporting to.
6. Be open minded - Part of the solution is tackling the situation with the right mentality. Don't restrict yourself in doing things one particular way.
7. Reach out to colleagues for their opinion if you encounter a challenge with the learners.

Before the placement	<ul style="list-style-type: none"> <li><input type="checkbox"/> Preceptors meet prior to plan the co-precepting schedule, structure and content of the placement familiarizing themselves with the learners' goals, activities and objectives.               <ul style="list-style-type: none"> <li>- Decide on the time blocks learner(s) will spend with each preceptor. If there is one primary preceptor and others are taking learner(s) for a short period (e.g. one to five days) have these days scheduled</li> <li>- Consider that precepting responsibilities will be heavier in the first week</li> </ul> </li> <li><input type="checkbox"/> Prepare a calendar outlining your action plan, including:               <ul style="list-style-type: none"> <li>What's happening on each day                   <ul style="list-style-type: none"> <li>- When assignments should be completed,</li> <li>- What therapeutic discussions are going to happen, when and with whom</li> <li>- How many patients the learner(s) will need to follow</li> <li>- Meeting times and times scheduled for assessments (including who is providing the assessment)</li> <li>- Indicate which preceptor will supervise what weeks or specific activities</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Let other site stakeholders know that there will be a learner on site working with the co-precepting team</li> <li><input type="checkbox"/> Make contact with the learner(s) and align expectations as member(s) of the co-precepting team               <ul style="list-style-type: none"> <li>- Consider the learner's goals, activities, objectives</li> <li>- Provide pre-readings and resources based on the clinical areas they will be assigned</li> <li>- Provide information regarding the plan for co-precepting (including advantages of the model) and let them know about other learner(s) they may be working with (if applicable)</li> <li>- Have learner(s) bring in a checklist for what should be done by the first week</li> </ul> </li> <li><input type="checkbox"/> Be familiar with what fellow co-preceptor(s) do in their practice and collaborate together</li> <li><input type="checkbox"/> If one preceptor is new, have a seasoned preceptor provide some training/mentorship</li> <li><input type="checkbox"/> Secure a workspace, computer access, logins and resources ahead of time</li> </ul>
First Day	<ul style="list-style-type: none"> <li><input type="checkbox"/> Co-preceptors meet with learner(s) (all together if feasible) to review expectations regarding a collaborative work environment, open communication and expectations of the co-precepting model</li> <li><input type="checkbox"/> Do a general site orientation with learner(s) and introduce learners to the members of the team</li> <li><input type="checkbox"/> Go over a patient workup together so learners know how to access information and work up a patient systematically</li> <li><input type="checkbox"/> Review what a typical day will look like               <ul style="list-style-type: none"> <li>- Set a defined time to meet each day and ensure each preceptor communicates their schedule when transitioning.</li> </ul> </li> <li><input type="checkbox"/> Have a brief individual discussion with learner(s) to identify any areas of concern they may have</li> </ul>
First Week	<ul style="list-style-type: none"> <li><input type="checkbox"/> Model your practice, then observe the learner(s) and provide regular feedback daily</li> <li><input type="checkbox"/> Be cognizant of learner(s) progress in order to identify a struggling learner early</li> <li><input type="checkbox"/> Check in frequently with the learner(s) and co-preceptors in the beginning</li> </ul>
At hand off (if applicable) & in transition weeks	<ul style="list-style-type: none"> <li><input type="checkbox"/> Communicate progress of the learner: what has been done, what still needs to be done, how the learner has improved since day one, areas for improvement, areas of strength, learning goals,</li> <li><input type="checkbox"/> Co-preceptors complete assessments with learners together (if possible)</li> </ul>

## APPENDIX II. ACKNOWLEDGEMENTS

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