Clinical Education in Athletic Training: Behind the Times and Threatening the Future

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Certified athletic trainers are educated to care for physically active persons. In previous decades, most athletic trainers limited their professional activities to caring for high school, college, and professional athletes. However, today many other physically active people also benefit from the expertise of a certified athletic trainer in sports medicine centers, which is where most athletic trainers currently entering the job market are finding employment.

Practice in settings outside of the traditional athletic training room continues to grow and evolve on many fronts, but challenges remain— some political, some legal, and some educational. As an athletic training educator and certified athletic trainer/licensed physical therapist working in a sports medicine center, I have special concerns regarding the hands-on, practical clinical education of athletic training students.

The clinical education of athletic training students has traditionally been through practicum experiences in the athletic training rooms of the institutions that sponsor curriculum programs or through internship experiences in college settings. Students often gain little experience outside of the traditional athletic training room.

In this era of education reform, it is time to reassess clinical education. The Education Task Force has done a remarkable job of leading reform in athletic training education. I applaud their efforts and look forward to programs to improve clinical instruction. However, more must be done to develop clinical education in settings where athletic trainers entering the job market are practicing most, the sports medicine centers and high schools. Over the past 4 years, 80% of certified athletic trainers from undergraduate programs and 65% from graduate programs who were hired into athletic training positions were hired by sports medicine centers or high schools. I have yet to meet a certified athletic trainer whose pre-NATA certification clinical education was completed primarily in a sports medicine center or high school.

Why is change in order? Are the sports medicine center and junior and senior high school settings really different? While physically active children and older athletes can benefit from the services of a certified athletic trainer, they have different needs and present with different problems than collegiate or professional athletes. The physical, social, and emotional differences between these populations should be addressed as part of the academic preparation of future athletic trainers. It is the practical experience with different populations that is most often lacking. Students should gain experience with a cross section of physically active people as part of their education.

A physically active patient who receives a referral for six visits to the sports medicine center needs a different plan of care than the student-athlete who can come to the athletic training room once or twice daily. The former patients usually cannot devote as much time to their recovery as the latter and must do more on their own. Instruction and patient education are more critical to successful outcomes. In short, the athletic trainer must do more in the limited time available to work with the patient. Thus, students should work in a managed care setting as part of their education.

But change will not be easy. Confined to the athletic training room, student athletic trainers have become the labor force for, and primary providers of, athletic training services in colleges and universities. No other health care or medical profession delegates as much responsibility for patient care to students in training. The long-standing reliance on the inexpensive or free labor of student athletic trainers is detrimental to both the education of the students and the growth of the profession. If the physically active are to be cared for appropriately, if our students are to be educated adequately, and if the profession is to continue to grow, certified athletic trainers must be the primary providers of athletic training services.

New models of clinical education must be developed. Perhaps a residency model similar to that of medical and physical therapy education is needed. The solution will come from the creative efforts of program directors, practicing certified athletic trainers, and the new Education Council. The charge is clear. We, as a profession, must provide well-structured and well-supervised clinical education in settings in which new graduates will work. Failing to do so would be a disservice to both student athletic trainers and the physically active population consuming athletic training services.

Editor's Note: Craig Denegar is an associate editor of the *Journal of Athletic Training*.