

James R. Scifers, DScPT, PT, LAT, ATC

The Case for More Immersive Clinical Education in Athletic Training

From the Department of Rehabilitation Sciences, Athletic Training Program, Moravian University, Bethlehem, Pennsylvania.

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Correspondence: James R. Scifers, DScPT, PT, LAT, ATC, Department of Rehabilitation Sciences, Athletic Training Program, Moravian University, Benigna Hall 211, 1200 Main Street, Bethlehem, PA 18018-6650. Email: scifersj@moravian.edu

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As part of the 2020 Professional Standards, the Commission on Accreditation of Athletic Training Education (CAATE) mandated, for the first time in the profession's history, that all students must complete a minimum of one immersive clinical education experience.¹ This immersive clinical education experience must be "practice-intensive" and designed to provide the student with an opportunity to experience "the totality of care provided by athletic trainers."¹ The length of this immersive clinical education experience is determined by the individual program, but must be at least 4 weeks.¹ Immersive clinical education has been defined as a "brief, structured, intense practicum where the entire focus is in a particular clinical setting without the distraction of other academic classes."²

The CAATE's decision to add a requirement for immersive clinical education was a major shift for a profession that had, primarily, provided students with concurrent didactic and clinical education for more than six decades. Although only requiring one 4-week immersive clinical education experience across the entirety of the professional program appeared to be a small first step by the accrediting body, the decision created a great deal of concern for program administrators. Among these con-

cerns were the potential for student isolation from peers and increased financial burden for students during immersive clinical education, especially if this clinical education experience occurred at a distance from the host institution.³ Another concern expressed by administrators was that time spent at an immersive clinical education experience meant less time in the classroom completing didactic education.³ Administratively, educators expressed concern regarding the scheduling of the immersive clinical education experience within an already compressed curriculum, as well as concerns regarding a clear definition of immersive clinical education for the profession.³

The use of concurrent didactic and clinical education is somewhat unique to the professions of athletic training and nursing. However, immersive clinical education is a common practice in education in other health care professions. Typically, these health care profession education programs combine some level of short-term clinical education experiences that are concurrent with didactic education during the early stages of the educational program, often known as integrated clinical education, with longer immersive clinical education experiences that occur at the conclusion of the educational program. In comparing the athletic training requirement of a

4-week immersive clinical education experience to some of our peer professions, it is clear that athletic training students are having less exposure to patients than students from other health care professions. Immersive clinical education requirements are 40 weeks for a physician assistant, 30 weeks for a physical therapist, 24 weeks for an occupational therapist, and 36 weeks for a speech-language pathologist. As athletic training education programs increasingly become administratively housed with these other health care professions (which is another CAATE requirement), it makes good sense to implement more robust immersive clinical education into these programs.

Although implementing immersive clinical education into the curriculum may prove to be challenging initially, the potential benefits are numerous. During immersive clinical education, students are able to be singularly focused on clinical education, as opposed to juggling clinical education with didactic education responsibilities. Removing the stress of studying for examinations and completing class projects during immersive clinical education allows students to become fully engaged in improving their clinical skills. Additionally, during immersive clinical education, students are exposed to all aspects of the athletic training profession. In the more traditional concurrent clinical education model, students attend class for part of the day and complete clinical education during another part of the day. In this model, students completing clinical education in an athletic setting are often only exposed to pre-practice preparation, practice, and post-practice treatments. These students have little to no exposure to the numerous other responsibili-

ties of the athletic trainer, including rehabilitation, pharmacology, psychosocial intervention, nutrition, patient education, insurance reimbursement, administrative duties, and professional development activities.

In addition to greater diversity of clinical exposure, students completing immersive clinical education programs experience a greater volume of patient encounters. A study comparing traditional clinical education to immersive clinical education found that students experienced more than three times as many patient encounters during immersive clinical education, had a higher frequency of exposure to all domains of athletic training, and enjoyed greater professional socialization than students completing traditional clinical education.⁴ This increased professional socialization resulted in greater networking opportunities for students during immersive clinical education, resulting in a broader base of professional references when seeking out employment opportunities after graduation. This study also found that students preferred a curriculum that separated didactic education from clinical education. Students identified that the ability to focus on classroom education without the time conflict of completing clinical education resulted in better academic performance, less overall stress, and better “school–life balance.” Similarly, students stated that immersive clinical education allowed them to be more focused on improving their clinical skills, experience greater diversity of clinical encounters, and feel more like a part of the clinical staff.⁴

This increased clinical exposure to all aspects of the athletic trainer’s job responsibilities should assist

with transition to practice for new graduates. Research supports that more diverse and increased clinical education exposure results in greater professional mentoring, increased student confidence, and improved transition to practice.⁵ Students completing immersive clinical education enjoy greater supervised autonomy during their clinical education experiences and, as a result, are more prepared to take on the responsibilities of full-time clinical practice on graduation.

Immersive clinical education can occur at either the host institution or at a wide variety of locations away from the host institution. Having students complete immersive clinical education at the host institution eliminates the concerns regarding student isolation from peers and additional student expenses related to travel and housing at distant clinical education sites. Additionally, using the host institution for immersive clinical education decreases the administrative burden on program faculty when developing clinical education sites, educating preceptors, and completing site visits. Using “distant immersive clinical education sites” allows students to have exposure to more diverse practice settings that may not be available in the local community, have exposure to more diverse patient populations, and expand their professional network. As the profession of athletic training continues to expand into different settings, such as the performing arts, industrial medicine, and physician practice, the ability of programs to add distant immersive clinical education sites provides students with increased exposure to these clinical settings and patient populations.

Although immersive clinical education is a new concept for many

educational programs in athletic training, some programs have been successfully using semester-long, immersive clinical education as a capstone experience for decades. Similarly, many programs have chosen to exceed the CAATE requirement of one immersive clinical education experience and have chosen to extend these experiences beyond the 4-week minimum requirement. In fact, a few educational programs have implemented immersive clinical education programs across the entire curriculum, totaling as many as 50 weeks of clinical education time in one case. These unique approaches to clinical education can be used to differentiate programs from one another and can provide students with the ability to personalize their clinical education experience to meet their personal needs and career goals.

The recent CAATE requirement to provide immersive clinical education as part of the athletic training

curriculum has been a great first step in enhancing student's exposure to the profession of athletic training. The benefits of immersive clinical education far outweigh the challenges of implementing such practices. As more programs implement immersive clinical education within their curricula, the programmatic, student, and professional benefits of this educational model will become more evident. Hopefully, this will result in programs implementing broader immersive clinical education experiences across numerous semesters to provide future clinicians with the best clinical education experiences possible. Perhaps immersive clinical education will become the norm for the athletic training profession, as it is in other health care professions, and future CAATE standards will expand on the requirements for immersive clinical education in athletic training education.

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