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

The Role of the DAT in the Future of Athletic Training Education

From the Department of Rehabilitation Sciences, Moravian College, Bethlehem, Pennsylvania.

The author has no financial or proprietary interest in the materials presented herein.

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

doi:10.3928/19425864-20191209-01

As the profession of athletic training has evolved over the past 25 years, the work settings where clinicians practice have greatly expanded. Historically, the profession of athletic training had always been linked to the provision of the care of injuries suffered by athletes in the secondary school, collegiate, and professional sports settings. As such, as recently as the early 1990s, practitioners were limited in their employment options to practicing in one of these "traditional athletic settings."

During this time in the profession's evolution, educational programs rightfully focused their attention on athletic injury prevention and care. Courses pertaining to pathophysiology, pharmacology, clinical imaging, psychosocial aspects of care, manual therapy, and other staples of health care were absent from the athletic training educational landscape. Faculty teaching in these athletic training curricula generally possessed master's degrees and either served in dual roles as faculty-clinicians or were full-time faculty members who had navigated their way through the collegiate setting into academia by initially serving as clinical athletic trainers. As a result, athletic training educators brought a tremendous amount of practical knowledge to the classroom from their experiences in the (collegiate) athletic setting and served their students well in preparing them to practice athletic medicine in a "traditional athletic training setting."

By the late 1990s, athletic trainers began finding employment in practice settings that included rehabilitation clinics, industry, and physician offices. In 1997, the first athletic training educational reform brought an end to the internship model of education, ushering in athletic training curricula that began to focus more heavily on the provision of health care services beyond just the care of athletes in the traditional settings.[1] The landmark reform required that pathophysiology and pharmacology be added to athletic training educational programs and that students have increased exposure to various practice settings outside athletics. For the first time, students were required to complete at least minimal exposure to "general medicine." By now, many athletic training educators possessed terminal degrees and had moved into full-time positions in academia. However, because most educators had been educated and practiced in the traditional athletic setting, transitioning curricula to include these courses and clinical experiences often proved challenging.

As we moved into the 21st century, the profession of athletic training experienced a metamorphosis

with regard to the variety of settings where clinicians practiced. Athletic trainers found increasing employment opportunities in diverse settings that included hospitals, physician practices, performing arts, occupational health, public safety, rehabilitation clinics, and the military. Athletic trainers were health care providers, caring for a diverse population of patients across the lifespan. As such, the educational needs of future athletic trainers required them to possess knowledge and skills beyond what traditional athletic training education provided.

In 2015, another round of athletic training educational reform resulted in the profession's move to the master's degree as the entry-level degree, and suggested alignment of athletic training educational programs in academic divisions that included other health care professions and a greatly increased emphasis on athletic training programs preparing their graduates to practice health care, not athletic medicine.[2] The introduction of the 2020 Standards for Professional Masters Programs from the Commission on Accreditation of Athletic Training Education (CAATE) further outlined the need for athletic training education to include educational components that prepare graduates to practice in health care settings, alongside and in collaboration with our peer health care professions.[3]

During the more than 20 years that the practice of athletic training has expanded to include these new practice settings, the faculty teaching in athletic training educational programs also has changed. Faculty now consist of two diverse groups of individuals. One segment of the athletic training professoriate is the aging faculty of the 1990s who moved from a collegiate practice-based model into full-time academia. The second segment of athletic training educators is those who have graduated from professional programs in the 2000s and have found their way to academia with little to no professional practice experience as an athletic trainer.

This younger generation of athletic training educators often completed graduate education in athletic training or a related field via a graduate assistantship model before furthering their education with a Doctor of Philosophy (PhD) or Doctor of Education (EdD) degree in a field unrelated to health care practice. Although these younger educators are well prepared in terms of research knowledge and andragogy, they lack clinical experience in the field. This second category of faculty is unique to the profession of athletic training. In most health care education programs, educators have extensive professional practice experience prior to entering academia and, as such, students benefit from their knowledge and experience in the health care setting.

One can see the disconnect that is occurring within the profession when faculty who are charged with teaching clinical knowledge and skills related to the practice of athletic training as a health care profession have either never practiced outside the "traditional athletic setting" or, worse yet, never practiced at all. To further exacerbate this concern, what happens over the next decade when the aging faculty with clinical experience retire from academia and the profession is left with only educators who have little or no professional practice experience? How can the profession continue to produce qualified health care providers if those providing the education do not possess first-hand experience delivering care to patients? I believe the answer to both of these questions lies in the Doctor of Athletic Training (DAT) degree.

In addition to recommending that professional education in athletic training should occur at the master's degree level, the 2013 educational reform document *Professional Education in Athletic Training* recommended "that the clinical doctorate degree be reserved for post-professional education, and that this degree should signify advanced (clinical) practice."[2] Today, six institutions of higher education sponsor DAT programs. Although these programs are diverse in their vision, mission, and curricular design, all strive to produce advanced practitioners in the field of athletic training. Unlike individuals with PhD and EdD degrees, graduates of DAT programs possess advanced knowledge and skills specific to the field of athletic training. As the profession continues to develop, professional education (MSAT) programs in athletic training will be required to prepare students who not only understand evidence-based practice and are consumers of the literature, but also possess the clinical knowledge and skills needed to practice in a health care environment.

Athletic training is not unlike other health care professions when examining the educational needs of students enrolled in professional education programs aimed at preparing future practitioners. In programs across the spectrum of health care, students need to be educated in the basic sciences that form the building blocks for advanced learning. Students also need to understand research and evidence-based prac-

tice theories, and to become savvy consumers of health care literature. These courses are often most effectively taught by faculty with nonclinical doctorates (ie, PhD and EdD).

However, students also must develop knowledge and skill in content directly related to clinical practice. Students must become proficient in clinical decision-making and differential diagnosis. Hands-on skills related to patient assessment and patient care are best delivered by faculty who have extensive education and practice experience specific to the health care discipline. In our peer professions, these faculty often possess clinical doctoral degrees (ie, DPT or OTD). In athletic training, it would seem logical that such clinical courses would be taught by individuals possessing the DAT degree.

I envision a movement in athletic training education similar to what is occurring in the professions of physical and occupational therapy. In both physical and occupational therapy, faculty in professional programs have a mix of research doctorates (PhD and EdD) and clinical doctorates (DPT and OTD). In the future, shouldn't athletic training faculty also be composed of individuals possessing both research and clinical doctorates to best serve our students?

Accrediting bodies for both physical and occupational therapy education have placed specific requirements on faculty make-up that limit the use of faculty possessing clinical doctorates to ensure that programs continue to employ faculty with research doctorates. In both instances, the Commission on Accreditation of Physical Therapy Education (CAPTE) and the Accreditation Council for Occupational Therapy Education (ACOTE) require that at least 50% of core faculty in professional doctoral programs possess a research doctorate. This requirement serves to ensure that programs continue to flourish in an academic environment that tends to favor the more traditional research doctorate and that most faculty in these programs will be eligible for tenure within the academy. CAPTE further requires that faculty with a clinical doctorate possess advanced clinical practice specialization.

As the profession of athletic training continues its evolution both clinically and academically, faculty with diverse expertise will be needed more than ever. Faculty who have practice experience and expertise across the breadth of the athletic training profession will be necessary to adequately prepare future practitioners to seamlessly transition to practice in a variety of work settings. The knowledge and skills once held dear to the profession of athletic training are rapidly changing and faculty must be prepared to meet the educational needs of tomorrow's students. The move to the professional master's degree has created a situation where today's students are choosing athletic training as the educational vehicle to enter the health care field, not just to engage in athletic medicine. The current generation of learners is far less likely to be drawn to the profession by the appeal of the "traditional" athletic environment, but, rather, is far more likely to choose athletic training as a mechanism to enter desired practice settings in performing arts, physician practice, and the military. We will need faculty members with clinical expertise in these areas of practice to deliver content and assist our students in becoming effective practitioners.

It is my sincere hope that, over the next decade, the DAT degree will become synonymous with advanced clinical practice expertise within the profession of athletic training and that these practitioners will become the next generation of clinical faculty members to lead the profession into the future.

REFERENCES

1. National Athletic Trainers' Association Education Task Force. Recommendations to reform athletic training education. *NATA News*. 1997;(February):16-24.
2. Richardson R, Herzog V, Merrick M, et al. Professional education in athletic training: an examination of the professional level degree. https://www.nata.org/sites/default/files/The_Professional_Degree_in_Athletic_Training.pdf. Published 2013.
3. Commission on Accreditation of Athletic Training Education. 2020 Standards for the Accreditation of Professional Athletic Training Programs Master's Degree Programs. www.caate.net. Published 2018. Accessed December 5, 2019.