



Introduction

- Professional athletic training programs must now include immersive clinical experiences (ICEs).¹
- Students at ICEs are expected to see more patient-care opportunities and job responsibilities than those at a non-immersive clinical experience (N-ICE).^{1,2}
- Ideally, ICEs should allow students to demonstrate increasing levels of autonomy in their patient encounters (Pes) and overall experiences.
- However, no evidence demonstrates that ICEs impacts students' role during PEs, which can serve as an indicator of clinical autonomy.

Purpose

The purpose of this study was to examine and compare characteristics of athletic training student PEs during immersive and non-immersive experiences.

Methods

STUDY USED A MULTI-SITE, PANEL DESIGN

12 Professional CAATE-Accredited Athletic Training Programs

Five Undergraduate Programs Seven Graduate Programs

2018-2019 Academic Year 336 Students Documented PEs

All PEs Documented in E*Value (MedHub, Minneapolis, MN) and included whether the PE occurred at an ICE or N-ICE.

Figure 1. Study Design and Participant Information

Methods Continued

- Participants documented:

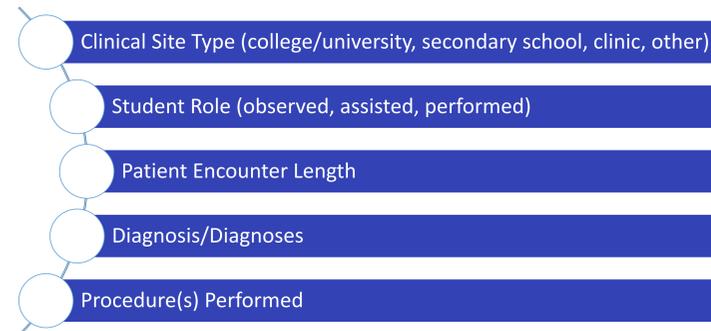


Figure 2. Patient Encounter Characteristics Collected for This Study

- Descriptive statistics summarize the characteristic of each PE.
- Chi-Square tests used to compare the percentages of student role during PEs in ICEs and N-ICEs (p<0.05).

Results Continued

- Student role during PEs, clinical site type, and PE length similarly occurred at both ICEs and N-ICEs.
- The analyses did show that students used significantly more diagnoses when evaluating or treating patients in N-ICEs than they did in ICEs during this study. This indicates that students may not be able to definitively diagnose patients as well in N-ICEs than they do in ICEs, and that students likely conclude a PE with multiple differential diagnoses during N-ICEs.

Results

A total of 10,999 PEs occurred at ICEs and 18,228 PEs occurred at N-ICEs. Participants averaged 0.80 diagnoses and 1.35 procedures per PE that occurred at ICEs, compared to 0.82 diagnoses and 1.33 procedures per PE at N-ICEs. Chi-square analyses revealed that there were no significant differences in the percentages of observed ($\chi^2(1) = .00, p=1.00$), assisted ($\chi^2(1)=.03, p=.862$), or performed ($\chi^2(1)=.007, p=.933$) PEs between ICEs and N-ICEs.

Conclusions

- There were few significant differences in characteristics of ICEs and N-ICEs for student role, patient encounter length, and clinical site type indicating limited comparative need for either type of clinical experience
- Programs administrators should consider that there were no statistically significant differences in student role during ICEs or N-ICEs if intending to use ICEs for increased autonomy. This may allow for more flexible timing for ICEs to occur within the curriculum.
- More research is needed to examine additional characteristics of ICEs that may have impacted the results of this study such as length of the ICE, timing of ICEs and N-ICEs within program structure, and frequency of patient encounters per day at ICEs.

CLINICAL SITE TYPE

College/University Secondary School
Clinic Other

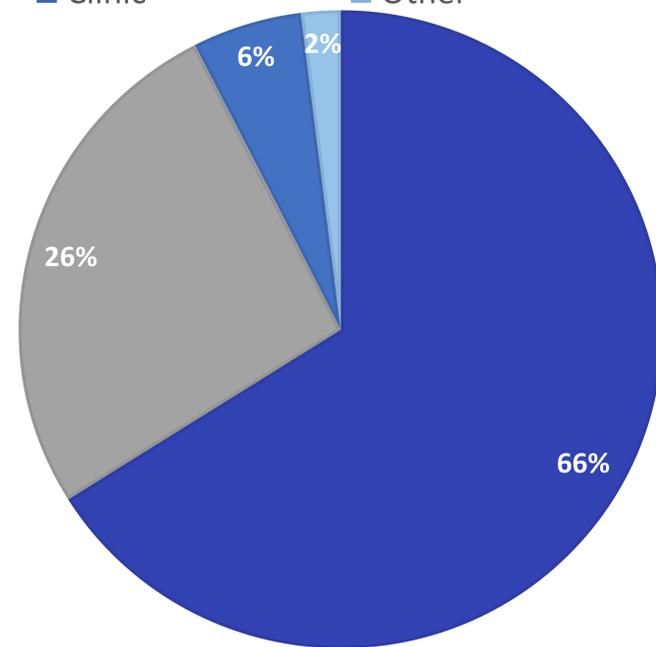


Figure 3. Patient Encounters by Clinical Site Type

STUDENT ROLE

Observed Assisted Performed

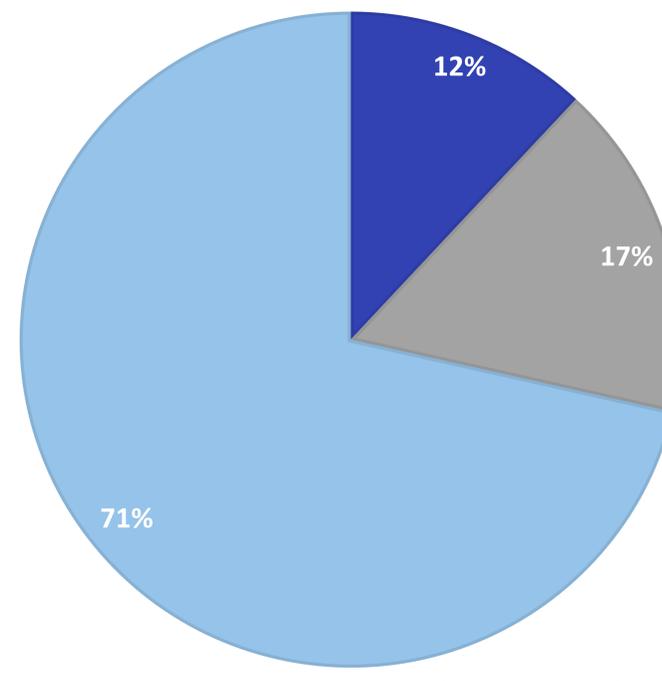


Figure 4. Patient Encounters by Student Role

References

- The Commission on Accreditation of Athletic Training Education. 2020 Standards for Accreditation of Professional Athletic Training Programs. Published 2018. Updated 2019. Accessed.
- Edler JR, Eberman LE, Walker S. Clinical education in athletic training. *Athl Train Educ J.* 2017;12(1):46-50.