The Increased Push for Implementing CAATE Diversity, Equity, and Inclusion Standards in the Southwest Athletic Trainers' Association (SWATA)

Luzita Vela, PhD, LAT, ATC[*]; Meredith Decker, PhD, LAT, ATC[†]; Ramonica Scott, PhD, LAT, ATC[‡]; Brandon Warner, M.Ed., LAT, ATC[**]; & Shaketha Pierce, MS, LAT, ATC[§]
[*]University of Arkansas, Fayetteville AR, TX; [†]University of Texas at Arlington, Arlington, TX; [‡]Abilene Christian University, Abilene, TX; [**]Grand Canyon University, Phoenix, AZ; [§]Newman Smith High School, Carrollton, TX
Moderator: S. Andrew Cage, MEd, LAT, ATC

Key Phrases
Patient-centered care; DEI, inclusive excellence

Full Citation
Vela L, Decker M, Scott R, Warner B, Pierce S. The increased push for implementing caate diversity, equity, and inclusion standards in the southwest athletic trainers' association (SWATA). *Clin Pract Athl Train*. 2022;*5*(3s): 1-*7*.

EDITORIAL

The Southwest Athletic Trainers Association (SWATA) is filled with gratitude and excitement as it continues its partnership with *Clinical Practice in Athletic Training*. This collaboration has allowed athletic trainers to have an opportunity to share their work in new ways, and the SWATA Free Communications and Research Committee (FCRC) anticipates continued growth of their program as a result.

For the 2022 SWATA Symposium, one of the goals of the committee is to bring more awareness to the Diversity, Equity, and Inclusions (DEI) Standards adopted in the 2020 version of the Commission on Accreditation of Athletic Training Education (CAATE) Standards. The inclusion of these standards aligns with the SWATA Mission Statement, which states that the purpose of the organization is to enhance the quality of healthcare for the physically active; to promote and advance the athletic training profession; to promote a better working relationship among those who work toward care and prevention of athletic injuries; enhance the healthcare of persons served by the membership; safeguard and advance the membership; and to promote the free exchange of information with SWATA. In keeping with this mission, the FCRC has continued collaborative efforts with the SWATA LGBTQ+ Advisory Committee and the SWATA Ethnic Diversity Advisory Committee (EDAC). These initial efforts have allowed for presentations at the regional, district, and local level, as well as publications on attitudes toward LGBTQIA+ individuals. Presently, there are manuscripts at varying stages of review and preparation on topics including the role of sexual harassment in burnout among athletic trainers, the use of teaching exercises to increase cultural competency, and perceived levels of cultural competency among athletic training students. Through these efforts, the hope is to continue promoting a community of clinicians, academicians, and researchers working toward a common goal of creating an inclusive environment that allows patients and athletic trainers to pursue their physical activity and career goals.

At the 2022 SWATA Symposium, the FCRC will continue their collaboration with the LGBTQ+ Advisory Committee and EDAC to host a panel on Implementing and Assessing the CAATE DEI Standards. To this end, the FCRC wanted to put forth an editorial in collaboration with the LGBTQ+ Advisory Committee and EDAC, including an interview with University of Texas at Arlington Clinical Education Coordinator and SWATA

 ISSN Online 2577-8188

LGBTQ+ Advisory Committee Chair, Meredith Decker, Newman Smith High School Athletic Trainer and SWATA Ethnic Diversity Advisory Committee Chair, Shaketha Pierce, University of Arkansas Athletic Training Program Director and CAATE Member, Luzita Vela, Abilene Christian Clinical Immersive Experience Coordinator, Ramonica Scott, and Grand Canyon University Athletic Training Program Director, Brandon Warner. We asked this esteemed panel of clinicians and educators to provide information about their experiences with and feelings toward the CAATE DEI Standards and the importance of diversity, equity, and inclusion in athletic training through a few questions from SWATA Free Communications and Research Committee Chair, Andrew Cage.

Cage: As a compliment to their DEI standards, CAATE has defined an inclusive environment as "one that recognizes the contributions and supports of all, regardless of nationality, ethnicity, race, religion, age, sex, marital status, socioeconomic status, gender identity and expression, sexual orientation or ability". Why do you feel it is important to provide this type of environment from a patient care standpoint?

Vela: It is important that organizations like the CAATE make statements like this because it helps to foster a vision of the type of patient care that an AT should provide. An inclusive environment signals to a patient that their AT values patient-centered care. This statement demonstrates the aspirations of the profession and a desired culture within any space ranging from an educational institution to a treatment environment.

Decker: The biggest and most important reason is to serve all equitably and to not discriminate against anyone or deny care for any reason. The wording "recognizes the contributions and supports of all," also lends to the notion that we should see and appreciate everyone for exactly who they are. We can only really call our practice inclusive when patient care is provided that recognizes and aligns with all aspects of a person's identities.

Scott: It is important to provide this type of environment because it can allow for a comfortable experience for the patient. Creating an inclusive environment shows patients that their different, individual needs are seen and are important to their overall care. This can lead to a better quality of care.

Warner: From a patient's viewpoint, they are seeking a healthcare provider to address a problem or concern with their current health status. If the provider does not promote an open/non-judgmental environment or have the adequate interpersonal communication skills, the interaction will be less than satisfactory and may not facilitate a positive patient interaction or outcome. This type of environment may cause the patient to not properly disclose information relevant to the current situation. When the clinic or practitioner is not promoting an inclusive environment, the most venerable party is usually the most impacted. In this case, it is the patient and may result in sub-optimal outcomes.

Pierce: We encounter different patient populations and it is imperative that we understand the importance of the DEI standards CAATE has provided so we do not allow our biases and personal beliefs to jeopardize the standard of care we provide to our patients.

Cage: Why do you feel it is important to provide an inclusive environment for education of future athletic training professionals?

Vela: It is critical to create an inclusive environment in which a student can feel welcome, respected, and supported for numerous reasons. For one it helps the diverse set of learners within our space to feel welcomed and therefore more likely to see a home in the profession of athletic training. Ideally, this will continue to

ISSN Online 2577-8188
Clinical Practice in Athletic Training
Volume 3 – Issue 3S – November 2022

grow our own profession's diversity so that our profession is reflective of the patients we serve. A second reason is that it helps to shape the values of our students so that they can, in turn, be able to provide the same inclusive environment to their patients when they are practicing clinicians. An inclusive environment also leads to a civil discourse which elevates the quality of the educational experience especially about topics that are complex and require innovative approaches and solutions.

Decker: In any situation, people want to feel safe and want to be given the opportunity to be authentic and true to themselves. I personally want to make sure every one of our students feels welcome in our program and at their clinical sites so that they can "pay it forward" to create that kind of environment for everyone they encounter as an AT.

Scott: People from different backgrounds are entering the athletic training profession. Having athletic training programs that support inclusive practices is key to retaining diverse individuals in the education programs and the profession.

Warner: These environments help promote soft skills in athletic training. To be inclusive, you need to know the vernacular of these populations to communicate effectively and compassionately. Many of the athletic training competencies can be taught in the context of the athletic training programs, however, it is becoming clearer that employers seek athletic trainers that demonstrate effective soft skills. Though programs have curricula on communication, critical thinking, leadership and teamwork, in-class and lab activities do not even come close to the authenticity of working with diverse populations.

Pierce: It is important to provide an inclusive environment as the classroom setting is where athletic training students learn how to provide patient-centered care. Often times, we find that some athletic training programs do not provide inclusive environments which leads to problems with student retention.

Cage: What do you feel is the role of athletic training education is in ensuring these environments are created for patients, staff, faculty, and students?

Vela: This is an interesting question and one that I have thought about quite a bit. Some of my own experience as an athletic training student have influenced my perspective. I recognize that people like preceptors, peers, faculty, advisors, etc., were critical to my development as a professional because they were student-centered and fostered inclusive environments. Constructing an inclusive environment is a heavy lift and one that can't be done alone. It is a group endeavor and requires that every person in an environment is on the same page for the culture to flourish. Therefore, each athletic training program has the challenge of co-constructing an environment where an inclusive culture is verbalized, taught, lived, and measured. This won't be a "one size fits all" and must be specific to the context and needs of the institution.

Decker: We have to make a shift in the profession to truly being more inclusive of all and there's no better way to do that than educating the future generations of our profession on what it takes to legitimately practice in an inclusive manner. We need to be leading by example in all aspects of our program so that our students can be empowered and excited to facilitate these environments throughout their own practice.

Scott: The role of athletic training education in ensuring an inclusive environment for all those involved is to teach and evaluate. Athletic training education should incorporate inclusion concepts into every domain and

ISSN Online 2577-8188
Clinical Practice in Athletic Training
Volume 3 – Issue 3S – November 2022

into didactic and clinical education. Athletic training educators should be responsible for providing inclusion, DEI training for their preceptors and faculty who are involved in the students' education.

Warner: Personally, I do not feel that the role of the education has changed since the implementation of the DEI standards. It has always, and continues to be, the programs' role to provide diverse clinical exposures to the next generation. Failure to provide a variety of clinical experiences will fail future professionals and give an unrealistic expectation and view of the profession prior to certification. The new DEI standards serve to hold programs more accountable for providing these inclusive environments and provide the CAATE a sense of maintaining quality education of future athletic trainers. As a program administrator, it is our responsibility to ensure the assessment of preceptors, clinical sites, and all associated stakeholders to meet the expectation of the profession and medical field regarding these standards.

Pierce: The role of athletic training education is to have trainings for faculty/staff and create opportunities for training in the graduate program curriculum.

Cage: When writing the current CAATE DEI Standards, what were some of the considerations you had when determining how best to write these standards?

Vela: There are a few things that we thought were really critical in the proper development and implementation of these new DEI standards. First, we identified a timeline and process for creating the standards. We wanted to make sure to have a very thorough, thoughtful, and iterative process and we wanted to allow ourselves enough time to write standards that were going to be quality standards. To do this, we partnered with the CAATE Diversity, Equity and Inclusion and Leadership Development Committee. We also integrated some DEI experts into the discussion by using a workgroup to identify critical content. Like many new standards we also integrated multiple feedback sessions not only from our subject matter experts after working on the language of the standards but also from the larger public and other stakeholders.

Within our discussions we acknowledged that it was important that we not only created a new curricular content standard on DEI, but we also recognized the importance of evolving existing standards that were related to DEI. We also identified that we needed to create new standards to help programs to integrate DEI into the process and how they run a program. Therefore, we added a program delivery DEI standard as well.

Cage: Based off what you have seen since these standards were released, has there been a lot of buy in from accredited programs? What do you think accounts for this presence or absence of buy in?

Vela: I do believe that there is genuine "buy in" for the new DEI standards. When we did have an open comment period for a draft version of the standards there were comments that voiced vocal opposition to the standards, and I felt were antithetical to who we are as healthcare providers. I also recognize that those comments were made by a minority of persons who commented. However, it didn't make it any easier to read the comments and may have even reinforced the necessity of these standards.

I think where we are right now is that most programs are still trying to figure out how to integrate these standards in a meaningful way. I appreciate this because I believe that a reasoned, thoughtful process of trying to think through DEI in a way that is context and situational specific to an environment helps to sustain

ISSN Online 2577-8188
Clinical Practice in Athletic Training
Volume 3 – Issue 3S – November 2022

the desired culture that a program wants to build and helps to lead to a more truly inclusive environment for students, faculty, preceptors, staff, and patients.

Cage: Having served as both a Clinical Education Coordinator and a Program Director have you personally seen a noticeable shift in the inclusion of DEI related materials in athletic training curriculums before the implementation of CAATE's standards?

Vela: The answer is both yes and no. I did know of a good number of programs trying to integrate DEI curricular content into their educational processes. Some programs were teaching important concepts like cultural competency and humility, but this material wasn't likely being consistently taught across all accredited programs. It may have also been done as a single lecture and done as an afterthought. As a side note, DEI concepts were integrated into the 5th Edition of the Education Competencies, which were previously used as the template for required educational content for professional programs. However, they were included in the section titled "Foundational Behaviors of Professional Practice". Because this content fell into this area, programs weren't assessed on whether they taught that content during the accreditation process. We also noted that when DEI content was embedded into the "Patient-Centered Care" section of the 2020 Professional Standards that we could run into the same consistency problem. Our intent was that DEI is central to patient-centered care and therefore should be taught as a consistent thread across multiple courses. A concern was that the standards needed to be more directive on specific DEI content. This is why the new content was created.

I also did see programs that were cognizant of the importance of DEI practices in the delivery of an educational program. Having said that, we identified that without a specific Program Delivery DEI standard, a program could view DEI work as an afterthought for program development. By creating these standards, we wanted to shift the focus so that DEI is an important element to the development of a program.

Cage: In your role interacting with clinical sites for your athletic training students, what are some of the common reasons you hear for clinical sites not assessing and implementing DEI standards?

Decker: We are still rolling out some aspects of the DEI standards within our clinical experiences, but I think a general barrier is how these standards are objectively assessed. Preceptors who are excellent examples of being inclusive and incorporating DEI into their practice may have never really assessed how well they are doing beyond an informal, personal assessment. Objective assessments are necessary to determine progress and gaps that need to be filled, but there is often a learning curve when using them.

Scott: Some common reasons include that they don't understand what exactly needs to be assessed and implemented. Specific tools and resources are unavailable at this point. Also, some clinicians do not believe that DEI is necessary and they don't want to engage in it. Sometimes this is true because they do not want things to change (even though the world is changing), or they have biases that they think are okay.

Cage: How do you assess how well these standards are being implemented?

Decker: For all standards assessed clinically, we use a Likert scale to determine the level of proficiency that a student achieved. We have clearly defined each level of proficiency and we also provide Preceptors and students with resources on how to implement each standard and what constitutes the score of proficient. This gives us the opportunity to review the data from each cohort on how they scored, but there is also the ability

ISSN Online 2577-8188
Clinical Practice in Athletic Training
Volume 3 – Issue 3S – November 2022

to use the patient encounter data students submit along with each standard so I can recognize if there are any improvements that are needed with implementation.

Scott: At this time, we require the preceptor to assess the students' knowledge of social locations (age, gender, race, ethnicity, socioeconomic status, etc) of their patients. The students have to identify how addressing them can affect their quality of care for the patient. As far as assessing the standards being implemented within the clinical site, we do not assess it at this time.

Cage: What is some of the advice you have offered to clinical sites regarding better implementation of these standards?

Decker: It is incredibly important to me that these standards aren't assessed one time using a checklist, like would be the case if we were assessing a student on how they set up a patient on supplemental oxygen. These are aspects of practice that should be incorporated into every interaction we have with our patients, so my advice is to strategically sit down with students and discuss how these standards can be done regularly and assessed over time.

Scott: Honestly, we have not fully addressed implementation of these standards with our clinical sites. Future plans include incorporating resources and training into our preceptor training meetings at the beginning of the year.

Cage: As Program Director of an athletic training program with over 50 clinical sites, what are some of the challenges you encounter when ensuring that DEI Standards are upheld at clinical sites?

Warner: The only problems encountered for the DEI standards is attestation of inclusivity and really seeing if the site is promoting this type of environment. We are up-front with preceptors and clinical sites on the affiliation agreement that all locations must follow the CAATE standards, including language on equal opportunity and non-discrimination. Everyone is usually on-board with the affiliation agreement and seem to want to provide such environment. However, it is easier said than done. Therefore, we are implementing questions on the clinical site, student, and preceptor evaluations. This may help identify sites that are struggling with these standards and more guided preceptor trainings may be used.

Cage: Why do you feel the inclusion of DEI skills is important for an athletic training curriculum?

Warner: As a medical provider, we must listen non-judgmentally and create an open environment. These standards help create transparency between the profession and education what is necessary for entry-level practice. The inclusion of these skills will help develop soft skills in future professionals. As we all know, athletics is very diverse in "nationality, ethnicity, race, religion, age, sex, marital status, socioeconomic status, gender identity and expression, sexual orientation or ability". Therefore, it is important in the professional education to give authentic experiences for all these populations, if possible, to enhance clinical capabilities.

Cage: What would you say to a Program Director or athletic training faculty member who says they are having difficulty implementing and assessing these standards?

Warner: My advice would be to not be afraid of making hard decisions. I have had to make many hard choices on the retention of clinical sites. As educators and program administrators, it is our responsibility to train the next generation to progress and enhance the profession. Also, we need to lead by example to

ISSN Online 2577-8188
Clinical Practice in Athletic Training
Volume 3 – Issue 3S – November 2022

begin to hold ourselves and others accountable for basic human rights. If a clinical site or preceptor is unwilling to adhere to these standards, reflect on the BOC standards of professional practice or the NATA code of ethics. Inclusivity has been around for quite some time and we may need to start being more selective of clinical sites due to failure to maintain contemporary expertise and ethics in the profession.

Cage: As a preceptor, what do you feel is the most important aspect of upholding the CAATE DEI Standards when serving as a preceptor/mentor for an accredited program?

Pierce: As a preceptor, I strive to educate on the diverse patient populations I serve in my athletic training facility. Every Summer, the accredited program I serve as a preceptor for offers a preceptor training. The preceptor training covers DEI Standards and how we can apply them as clinicians.

Cage: What soft skills do you think the current generation of athletic training students excel at? What skills do you feel they are lacking in?

Pierce: The current generation of athletic training students I have worked with excel at being outspoken, competitive, and having self-awareness. The current generation of athletic training students I have worked with are lacking in communication, teamwork, confidence, and cultural competence.

Cage: What advice would you have for other preceptors if they are concerned they are not implementing these standards in the best way possible?

Pierce: I would advise other preceptors to work closely with the Clinical Education Coordinators and ask questions for clarity on how they can implement the standards. I would also advise preceptors to get feedback from graduate students.

ISSN Online 2577-8188