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ORIGINAL RESEARCH

Athletic Training Preceptors' Perceptions of the Characteristics for Contemporary Expertise

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Context: As a part of the Commission on Accreditation of Athletic Training Education (CAATE) 2020 Standards for Accreditation of Professional Athletic Training Programs, all preceptors affiliated with accredited programs must identify an area of contemporary expertise in a routine area of athletic training practice. However, little is known regarding preceptors' perceptions of contemporary expertise.

Objective: To explore preceptors' perceptions of the characteristics of contemporary expertise.

Design: Cross-sectional.

Setting: Online survey with open-ended questions.

Patients or Other Participants: A total of 277 preceptors affiliated with 80 CAATE-accredited professional programs accessed the survey; 259 respondents completed at least 1 open-ended question, and 201 completed the survey in its entirety (77.6% completion rate).

Main Outcome Measure(s): We used a 16-item survey including demographic (10 items), Likert-scale (1 item), and open-ended (5 items) questions. Descriptive statistics were conducted to characterize respondent demographics and familiarity with contemporary expertise. Guided by consensual qualitative research, a 3-person data analysis team coded responses from the open-ended questions following a structured, 4-phase progression. An external auditor confirmed accuracy and representation of the findings.

Results: Approximately 36% of preceptors reported they were not at all familiar with contemporary expertise. Preceptors identified several defining characteristics (eg, knowledge or skills possessed, clinical practice experience, intentional continuing education, evidence-based practice [EBP]) and parameters (eg, CAATE curricular content standards, Board of Certification domains of practice, areas of specific interest) of contemporary expertise. Additionally, 85% of preceptors discussed how identifying areas of contemporary expertise would improve their practice, while the remaining 15% discussed how it would not.

Conclusions: Preceptors affiliated with CAATE-accredited professional programs appear to be largely in favor of developing an area of contemporary expertise and believe it will improve their own clinical practice. More education is needed to acquaint preceptors who are not yet familiar with the notion of contemporary expertise.

Key Words: Professional education, clinical practice, growth mindset, continuing education, professional development

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KEY POINTS

- Preceptors mostly agree that developing an area of contemporary expertise through advanced knowledge, training, and practice would benefit their clinical practice and has the potential to improve patient outcomes. Most preceptors identified that contemporary expertise is based on current evidence and best practice in the field.
- Some preceptors believe that their current clinical practice setting requires them to have a generalist skillset to best serve their patients, and therefore, they did not see the benefit of developing a singular area of contemporary expertise.
- Mixed messaging regarding goals for professional development, to both maintain competence in all areas of athletic training practice and now to develop a focused area of expertise, has resulted in confusion among some preceptors as to how to achieve this seemingly dichotomous outcome of continuing education.
- Given that most participants in this study were minimally or not at all familiar with contemporary expertise, despite serving as preceptors with an accredited program, a strategic and targeted initiative is necessary to ensure preceptors are complying with accreditation requirements and providing guidance within their areas of expertise to students under their mentorship.

In May of 2015, the Athletic Training Strategic Alliance made the formal announcement that the professional athletic training degree would be elevated to the master's degree level.[1] In June of 2018, the Commission on Accreditation of Athletic Training Education (CAATE) approved the 2020 Standards for Accreditation of Professional Athletic Training Programs to meet the elevated degree level.[2] These standards introduced significant revisions to accreditation requirements. The revisions made by the CAATE in the 2020 Professional Standards serve to strengthen the student's didactic learning experience as well as their clinical learning experience. One revision that directly affects students in both the classroom and clinical setting is the requirement of faculty and preceptors to report contemporary expertise in a routine area of athletic training practice.[2]

To practice as an athletic trainer (AT), clinicians must be competent in the wide scope of knowledge, skills, and abilities that are covered in the athletic training profession.[3] The aim of professional education is to develop competent clinicians in all domains of athletic training practice.[4] After professional education and credentialing, ATs are required to minimally maintain that competence through continuing education requirements. For most clinicians, the development of areas of expertise and the mechanisms used to develop such expertise may largely be self-selected and self-guided. Unlike other peer health professions, contemporary expertise is a term that is new to the athletic training profession; it has been included in the Accreditation Handbook for the physical therapy profession since 2015.[5] While the CAATE does not mandate specific areas of athletic training that clinicians must claim for contemporary expertise, they have given examples of some routine areas. These areas are prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement.[2] When reporting contemporary expertise in one of these areas, the clinician is stating that they have worked to develop that expertise, and the content they are practicing aligns with the most up-to-date knowledge base.

Across all health professions, literature about contemporary expertise is lacking, which limits athletic training program (ATP) administrators in relying on how other health care professions have managed this requirement. Presumably, the requirement for contemporary expertise of preceptors will influence student learning outcomes, and program administrators can consider the contemporary expertise of its preceptors when developing student clinical experience rotations. However, without the supporting data to guide this transition, there is a need to better understand how preceptors view contemporary expertise and how it benefits their practice. Therefore, the purpose of our study was to explore preceptor perceptions of developing an area of contemporary expertise.

METHODS

Design

We used a cross-sectional survey design that included open-ended questions to explore athletic training preceptors' perceptions of contemporary expertise. This study was deemed as exempt research by the A.T. Still University Institutional Review Board.

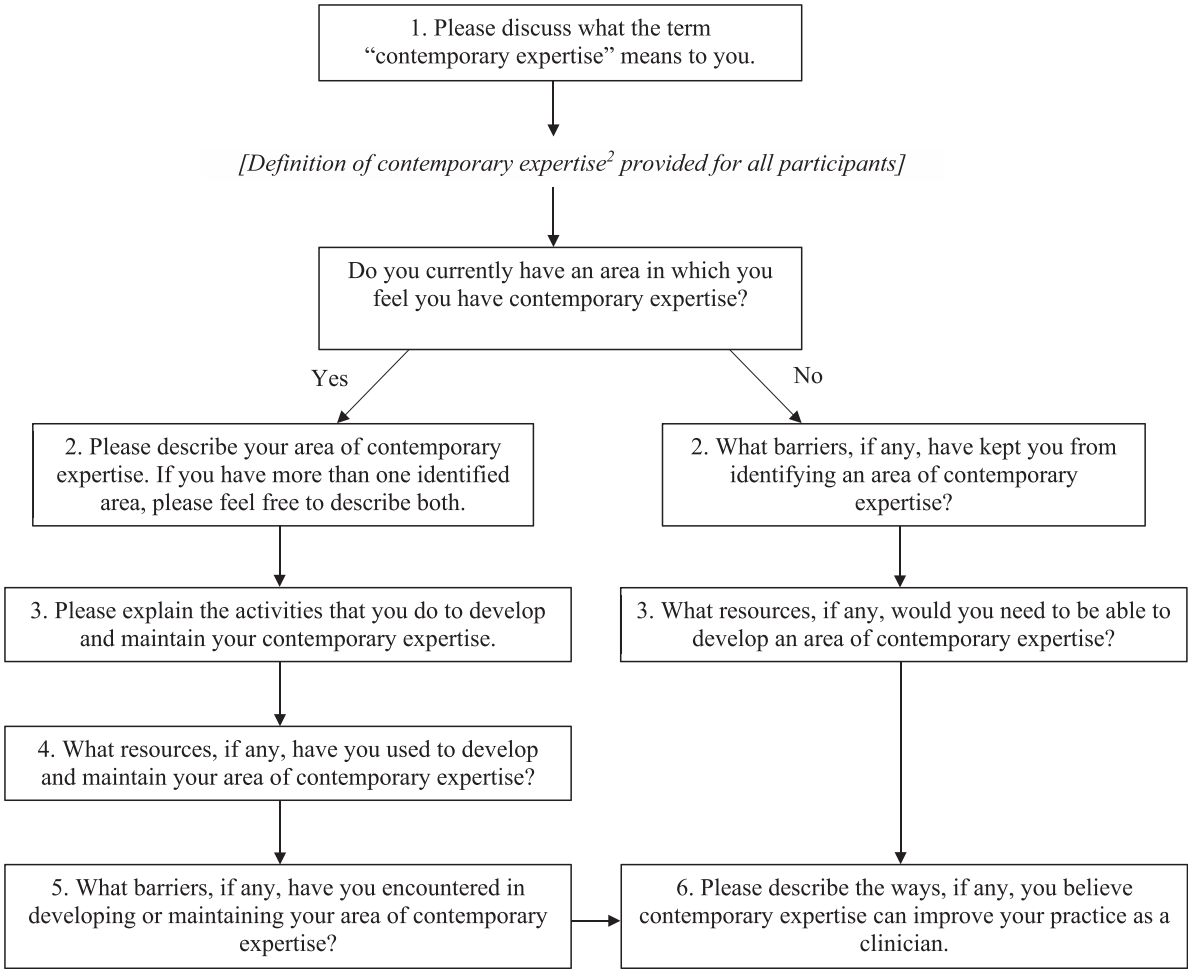
Participants

Athletic trainers were included in this study if they were currently affiliated with a CAATE-accredited professional ATP at the time of data collection. Since contact information of ATs currently serving as preceptors for a CAATE-accredited professional program is not publicly accessible for all programs, we relied on coordinators of clinical education (CCE) to distribute the survey recruitment email on our behalf. We obtained a list of email addresses for 412 CCEs from the CAATE office in February 2021 and sent each an email which asked them to forward the provided information to the preceptors currently affiliated with their program.

Instrumentation

After an exhaustive literature search, the research team was unable to identify a previously established survey instrument

Figure 1. Flow of open-ended survey items.



to accomplish the research aims of this study. Therefore, the research team created a brief online survey, hosted on the Qualtrics platform (Qualtrics LLC), to explore athletic training preceptors' perceptions of contemporary expertise. The survey consisted of 10 demographic questions, 1 Likert-scale item, and 5 open-ended questions (Figure 1). However, due to survey logic, it is possible that not all participants received every survey question. Once developed, the survey was sent to 3 ATs with qualitative and survey research expertise for face and content validation; all 3 individuals agreed the survey was clear and comprehensible, and thus, no changes were made to the final instrument. Survey question understanding and determining the estimated time to complete (10–15 minutes) was confirmed during pilot testing of 20 ATs that did not serve as preceptors at the time of the study; no changes were warranted after pilot testing, and pilot data were not used in the study's analysis.

Procedures

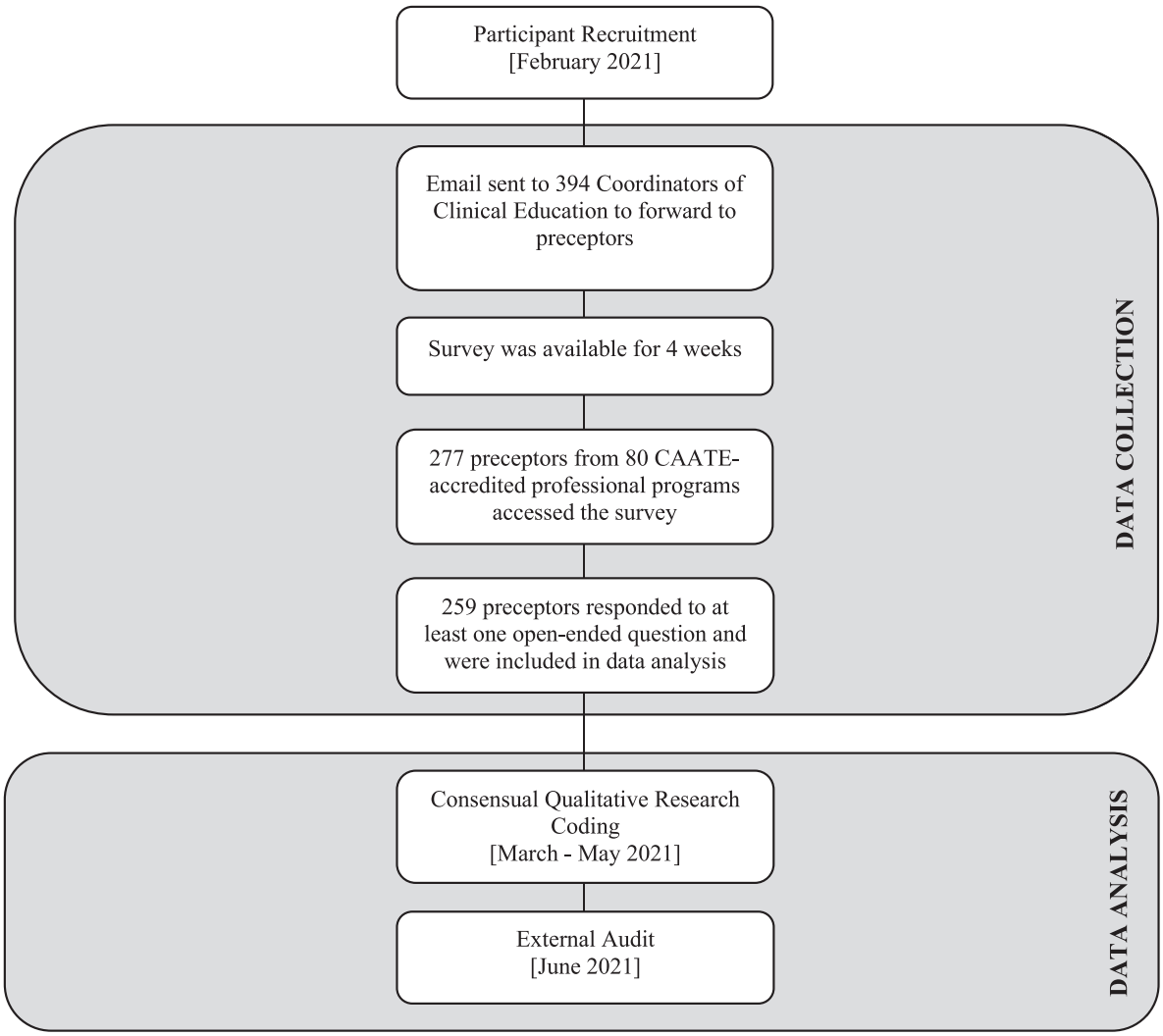
A recruitment letter, with an introduction, purpose of the study, estimated time of completion, and a survey link was sent via email to all 412 CCEs, who were asked to forward the email to all preceptors currently affiliated with the professional ATP (Figure 2). The initial recruitment email was sent in February 2021, and the participants were given 4 weeks to voluntarily complete the survey. One reminder email was sent to CCEs during the data collection periods. Participant consent was implied upon voluntary completion of any portion of the survey. Due to the exempt nature of the study, participants were not required to complete each survey item and therefore could opt out of responding to any question if they chose.

Data Analysis

Descriptive statistics were conducted in SPSS (version 27; SPSS Inc) to characterize the participant demographics and the Likert-scale item. Open-ended questions were analyzed using a consensual qualitative research (CQR) data analysis process. Qualitative analysis involved 3 main phases of determining domains, identifying the core concepts of participant responses, and connecting those ideas across the participants.[6,7] The research team, which is a fundamental element of CQR, was comprised of 4 ATs with varying levels of experience in qualitative research. Three members have extensive experience with qualitative methods and CQR, while 1 member was a novice researcher and was trained on the CQR process, as outlined by Hill et al,[6,7] by the primary investigator.

Using a 3-person team (N.J.P., C.W.B., and J.M.C.) to analyze the data ensured that the data were viewed from multiple perspectives, and a consensus was met. First, each team member individually coded the first 30 responses into themes and categories to create their codebook. The team then

Figure 2. Study procedures flowchart.



met to discuss the various codes and to develop a consensus codebook. After this, each member coded the next 50 responses using the consensus codebook. The team then met again to discuss their coding and to confirm the consensus codebook. One member (N.J.P.) then coded the rest of the responses and sent the coded responses to the other 2 members (C.W.B., J.C.M.) who met to confirm the codes. Once all codes were finalized, the fourth member (S.E.W.) of the research team, who served as the external auditor, ensured the data collected were being represented properly throughout the categorization process and the groupings accurately represented the perspective and experiences of the participants separate from the discussions of the reviewers.[6,7] Finally, the Consolidated Criteria for Reporting Qualitative Research[8] was consulted to ensure comprehensive reporting of the qualitative findings of this study.

RESULTS

Eight of the emails sent to the 412 CCEs were returned undeliverable during survey dissemination. Furthermore, 3 recipients had an out-of-office message that indicated they were unavailable during the study duration, and 7 recipients responded to the research team indicating that, due to program degree transition, they did not have active preceptors at the time of data collection. Therefore, the initial recruitment email was successfully sent to 394 CCEs. A total of 277 preceptors from 80 CAATE-accredited professional ATPs across 38 states accessed the survey. Of the 277 preceptors that accessed the survey, 259 responded to at least 1 open-ended question about contemporary expertise and were therefore included in data analyses. Additional participant demographics of the 259 preceptors are displayed in Table 1.

Familiarity, Characteristics, and Parameters of Contemporary Expertise

Approximately 36% of preceptors (n = 94/259) reported they were not at all familiar with contemporary expertise (Figure 3). The 165 preceptors that reported they were minimally, moderately, or extremely familiar with contemporary expertise were asked to describe what contemporary expertise meant to them. Two themes emerged from the responses to this survey question: *defining characteristics* and *parameters of contemporary expertise*. Counts for the emergent categories within each theme are available in Table 2.

Defining Characteristics. From our received responses, 62.9% (n = 163/259) of participants defined contemporary expertise by its characteristics. In this theme, the most

Table 1. Participant Demographics (N = 259)

Demographic Variable	Mean ± SD (range)
Age	36.5 ± 9.8 (22–70)
Years as a health care professional	13.1 ± 9.8 (0.5–40)
Years as an athletic training preceptor	8.2 ± 7.4 (0.5–34)
	No. (%)
Gender expression	
Male	116 (44.8)
Male-to-female	2 (0.8)
Female	141 (54.4)
Highest degree attained	
Bachelor's degree	46 (17.7)
Master's degree	189 (73.0)
Clinical doctoral degree	13 (5.0)
Academic doctoral degree	9 (3.5)
Professional degree	2 (0.8)
Current health care credentials	
ATC credential only	236 (91.1)
PT credential only	1 (0.4)
MD/DO credential only	2 (0.8)
ATC/PT dual credential	8 (3.1)
ATC/EMT dual credential	12 (4.6)
Current patient panel	
Pediatric: general population	10 (3.9)
Pediatric: secondary school	88 (34.0)
Adult: collegiate athletics	127 (49.1)
Adult: collegiate general population	4 (1.5)
Adult: collegiate intramural sports	6 (2.3)
Adult: professional athletics	5 (1.9)
Adult: public safety population	1 (0.4)
Pediatric and adult: general population	13 (5.0)
Missing	5 (1.9)
Didactic teaching responsibility for a CAATE-accredited ATP	
Yes	53 (20.5)
No	206 (79.5)

Abbreviations: ATC, athletic trainer certified; ATP, athletic training program; CAATE, Commission on Accreditation of Athletic Training Education; DO, doctor of osteopathic medicine; EMT, emergency medical technician; MD, medical doctor; PT, physical therapist.

Figure 3. Percentage of familiarity with contemporary expertise.

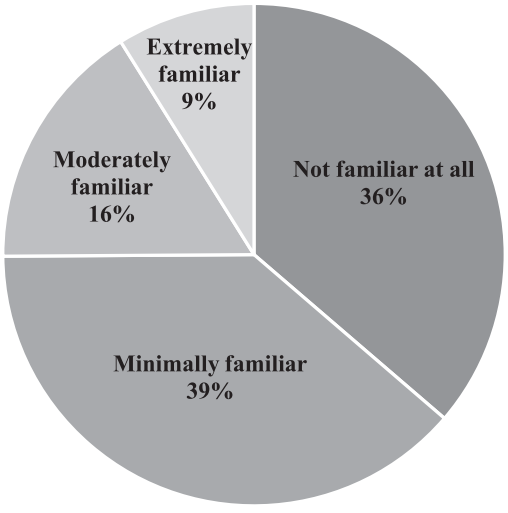


Table 2. Count of Participant Cases per Category

Theme or Category	No. Cases per Domain
Defining characteristics of contemporary expertise	163
Skills or knowledge possessed	68
Clinical practice experience	31
Evidence-based practice or research	28
Intentional continuing education	27
Patient centered or outcomes based	9
Parameters of contemporary expertise	53
CAATE curricular content standards	5
BOC domains of practice	6
Area of specific interest	37
Specialty focus or credentialing	5
Improvements on clinical practice	171
Stay current on available evidence	59
Growth mindset	48
Organizational breadth and depth	17
Enhance patient care	47
No improvements on clinical practice	17
Fixed mindset	9
Serve as a generalist	8

Abbreviations: BOC, Board of Certification; CAATE, Commission on Accreditation of Athletic Training Education.

common participant responses conveyed the meaning of contemporary expertise as the level of knowledge or skills they possessed. One participant stated that obtaining contemporary expertise meant "current, advanced knowledge in a particular area." Another preceptor noted:

> *Contemporary expertise includes advanced or specialty learning or experience in a specific area within the athletic training scope of practice.*

Participants also commented that a clinician's clinical experience was an important characteristic of one's area of contemporary expertise. One participant commented:

> *Contemporary expertise would be areas of clinical practice that a clinician has developed more experience and education in above and beyond what education programs may have delivered. This could be gained through clinical practice or other forms of continuing education.*

Furthermore, many participants also perceive EBP or research as a defining characteristic of contemporary expertise. One comment stated that the meaning of contemporary expertise was "A well-established skillset or library of knowledge that is continually refined with the best available evidence." Similarly, another participant noted:

> *Contemporary expertise to me means that one is knowledgeable in the most up-to-date evidence-based information presented in our profession. As science evolves and research is performed, clinicians need to keep up with the ever-changing techniques and science behind what they do. Contemporary expertise is a term that is used to define knowledge in the most recent information provided.*

Other participants commented that developing an area of contemporary expertise means intentionally seeking out educational opportunities such as continuing education

courses or formal education. One participant stated, "[C]ontemporary expertise means the knowledge and skill you possess as a clinical [AT] regarding a specific topic." Finally, in rare instances, participants stated that, to them, the meaning of contemporary expertise is outcomes based and relates to patient-centered care. One participant responded:

> *A practitioner who has established practice standards based on foundational, supported, established science principles while questioning the standards with updated research, new concepts, and clinical techniques. A clinical expert who is up to date with clinical research while attempting to (daily) improve patient outcomes by applying contemporary clinical application techniques.*

Parameters of Contemporary Expertise. Although it was not as widely discussed in the participant responses, 20.5% (n = 53/259) participants discussed the parameters of contemporary expertise. The responses in this theme focused more heavily on the specific avenues preceptors could explore to help determine their area of contemporary expertise or the how the area of contemporary expertise was chosen. One participant, who viewed the CAATE educational standards as their avenue, stated that they believed contemporary expertise meant "being able to demonstrate competence in a specific area that are [sic] set out by CAATE to be the point person for athletic training students to learn under." Similarly, 1 participant looked to the Board of Certification (BOC) Domains of Practice when they stated "professional knowledge and demonstration of the 6 domains of athletic training to the highest standard that are supported by evidenced based medicine."

Other participants focused more on how they chose their area of contemporary expertise as well as how to further their knowledge base. When looking at how one may choose their area of contemporary expertise, 1 participant stated:

> *Contemporary expertise means the knowledge and skill you possess as a clinical [AT] regarding a specific topic. The expertise would be a topic the preceptor has interest, completed continuing education in, research, or occupation experience.*

Furthermore, to expand his or her knowledge base in their chosen area, 1 participant commented that contemporary expertise meant "advanced or specialty learning or experience in a specific area within the athletic training scope of practice. This can be in new/emerging practices, or in specialty areas," while another participant commented that contemporary expertise meant "keeping current on athletic training practices through higher education and attaining further certifications."

Effects on Practice

All participants were also asked to describe the ways, if any, they believed contemporary expertise could improve their practice as a clinician. Responses to this survey item organically separated into 2 themes: *improvements* or *no improvements*. Of the 201 participants that answered this question, 171 believed that developing an area of contemporary expertise will help them improve as clinicians, while 17 believed it would not; 13 responses were unclear and therefore were not included.

Improvements. The most common reason given as to why contemporary expertise would improve clinical practice surrounded the idea of staying current on the evidence. One participant commented, "[C]onstant research and application is vital in athletic training and continuing to move forward with the standard of care can lead to the best outcome." Additionally, many participant responses spoke abstractly about personal growth. One participant commented:

> *Contemporary expertise can improve my practice as a clinician by providing multiple hours applying the techniques I have learned with the patient panel that I work with. Also, it can improve my practice as a clinician by highlighting areas I can continue to improve upon to sharpen my skills in all areas of lumbo-pelvic stabilization and motor control.*

Another category that emerged in the theme of improvement was the idea that preceptors developing a contemporary expertise would help their institution provide more well-rounded care. One participant noted:

> *I think it can help build experts within an organizational structure to help promote totality of patient care and appropriate medical treatment by experiences [sic] professionals for the given condition. It also helps build a more medically minded practice setting over traditional athletics structure.*

Lastly, several participants stated that contemporary expertise would improve their clinical practice because it would enhance patient care. One participant stated that "having contemporary expertise would allow me to provide my athletes/patients with the best care that I can give," while another stated:

> *I believe contemporary expertise can improve my practice as a clinician by expanding my skills and tools I can use to evaluate and treat patients, providing me with more options to get the desired outcomes.*

No Improvements. When asked about the influence of contemporary expertise, 17 participants responded in a manner that suggested identifying an area of contemporary expertise would have no improvement on their practice. There were 2 categories that emerged from this theme: *minimal growth mindset* and the importance of *being a generalist*. Regarding the minimal growth mindset, 1 participant stated:

> *Under our state practice act, I have to be "trained" in a skill before my supervising physician will allow me to use it. Given that I have been out of school for close to 40 years. . . almost everything could be considered new and contemporary for me.*

Finally, regarding being a generalist, 1 participant stated:

> *I believe it is important to know a little bit of everything in my field. Specifically at the secondary school level, I have to be competent in many areas. Specializing in 1 thing is helpful, but because my job requires me to work with a large range of athletes, I simply focus on sports medicine and pediatric sports medicine because that is the population I see.*

DISCUSSION

The purpose of this study was to assess athletic training preceptors' perceptions of developing an area of contemporary expertise. Given that this is now a requirement of all preceptors affiliated with CAATE-accredited professional

ATPs,[2] the meaning of contemporary expertise and the areas in which one can possess contemporary expertise are still relatively undefined. If program administrators do not have a clear definition of what contemporary expertise is, then it is difficult to expect the preceptors to know this information. The results of our study highlight many inconsistencies in what athletic training preceptors perceive contemporary expertise is and its effect on clinical practice.

Defining Characteristics of Contemporary Expertise

One of the prominent categories that emerged from our participants was the defining characteristics of contemporary expertise. One characteristic that was commonly presented was that EBP and contemporary expertise are directly related. When looking at the 3 tenets of EBP, it is easy to see why these were thought to be related. They include the best available evidence, individual clinical expertise, and the patient's values and expectations.[9–12] If we compare that with the contemporary expertise definition, which is "knowledge and training of current concepts and best practices in routine areas of athletic training,"[2] individual clinical expertise and best available evidence seem to naturally align. However, it is important to note that, while a clinician can consult the evidence for individual patients when needed and practice in an evidence-based manner, to claim an area of contemporary expertise, they must stay up to date on the body of evidence specific to their reported area and implement that knowledge regularly.

One area in which we consistently saw a breakdown of understanding was when participants would use the terms *contemporary expertise* and *content expertise* interchangeably. While there is little difference between the 2 definitions, some important distinctions need to be made. Content expertise is defined as "advanced knowledge and training of current concepts and best practices in a specific area of athletic training."[13] The key distinction that needs to be made between the 2 definitions comes down to the wording of routine areas of athletic training and specific areas of athletic training. Contemporary expertise can be in a routine area of athletic training, which means the focus of your reported area of contemporary expertise can be somewhat broad and far reaching such as the core competencies.[14] To develop an area of contemporary expertise, the preceptor must focus on goal-driven deliberate practice that includes both intentional focus and time with the subject matter.[15]

Content expertise, on the other hand, must be in a specific area of athletic training.[13] This is achieved through a deep dive into a particular area of athletic training that includes advanced knowledge in the area as well as advanced exposure to patients in that area.[14] The most common way this is obtained in athletic training is through accredited residency or fellowship training since those types of programs are required to identify with specialty and subspecialty areas.[13] To help simplify the difference between the 2, based on their definitions and how each is developed, if one has content expertise in an area, one also has contemporary expertise. However, one can have contemporary expertise without also being a content expert.

Another misconception that was seen throughout the participants responses was the areas in which a preceptor can claim contemporary expertise. In 2019, the CAATE Standards Committee released a document outlining what led to requiring the reporting of contemporary expertise as well as the definition of contemporary expertise.[16] In this document, they listed 8 potential areas in which a preceptor could claim contemporary expertise and indicated that the list provided examples but was not all inclusive.[16] Because this document lists these 8 areas, many educators and preceptors are under the perception that these are the only areas in which they can claim contemporary expertise. It should be made clear that that contemporary expertise can be in any area of athletic training if the preceptor can show how it was developed and the administrators of the program they are affiliated with can show how it is of benefit to their programmatic framework.

Development of Contemporary Expertise

Since the requirement for reporting contemporary expertise was announced, a shift has occurred in how continuing education courses could and should be used. The original intent of continuing education was to create professionals who have a dedication to lifelong learning and to maintain and improve their competence.[17] Historically, clinicians have relied on continuing education to maintain minimal competence in all areas of athletic training practice as they comply with reporting requirements of the BOC.[4] With the inclusion of contemporary expertise in professional accreditation standards from the CAATE,[2] continuing education has now been referenced as a way for educators and preceptors to develop and maintain their area of contemporary expertise. This is a significant shift away from maintaining and improving general competence. It is possible that, if preceptors and educators wholly shift their use of continuing education away from maintaining general competence to specified areas of contemporary expertise, this could potentially lead to ATs who are too specialized in a given area and who lack competence in other areas of practice. Thus, the BOC and the CAATE should aim to develop associated recommendations for how continuing education should be used to both strengthen areas of generalized weakness in athletic training practice and to promote the development of areas of contemporary expertise.

Throughout the participants' responses, a common theme arose that, to develop an area of contemporary expertise, a preceptor either needs the knowledge or the skill but not both. While this may be true in theory for developing their area of contemporary expertise, it is in stark contrast to what they need to be effective preceptors. At its core, the preceptor is asked to instruct and evaluate the athletic training student on athletic training practice.[2] As it pertains to preceptors, the word *instruct* extends beyond didactic teaching to also include demonstration of various skills. If they have only developed their contemporary expertise based on knowledge or skills, then they will be severely lacking in their ability to adequately instruct the students assigned to them. Thus, ATP administrators should aim to develop mechanisms to assess preceptors on their ability to model practice in their given area of contemporary expertise and use the results of such an assessment to aid preceptors in further development.

Effect of Contemporary Expertise on Practice

Regarding the question of how contemporary expertise would affect their practice, most responses stated that they believed it

would improve their clinical practice. What ultimately emerged from those responses was that those with growth mindsets were more willing to buy into the idea than those who did not have growth mindsets. Having a growth mindset means one has a belief in his or her ability to enhance his or herself personally as well as the desire to do so.[18] Many of the responses of those that believed it would improve their practice not only discussed how it would improve patient care but seemed to welcome the opportunity to better themselves as clinicians. However, some respondents indicated that the nature of their employment setting would pose a challenge to identifying an area of contemporary expertise. These ATs described that they often work alone and are tasked with providing medical care to hundreds of student-athletes across multiple sports. Due to the wide variety of patients they serve, these respondents indicated a need to remain generalists in their chosen practice setting. This notion relates to the concern that contemporary expertise could come at a cost of maintaining general competence in all areas of athletic training practice. It is vitally important that continuing education be developed and used with both outcomes in mind: maintaining general competence and promotion of areas of contemporary expertise, and more education is needed from the Athletic Training Strategic Alliance as well as individual ATP administrators to ensure that preceptors understand that general competence and area contemporary expertise are not mutually exclusive to each other.

Limitations and Future Research

The results of this study should be interpreted within the context of its limitations. Self-selection for participation and completion of the survey instrument are always inherent limitations of all survey research. Also, because of the exploratory nature of the study, we did not delineate responses based on level of education or practice setting of our participants. It is possible that preceptors who have completed a postprofessional ATP (degree or residency) would be better equipped to develop an area of contemporary expertise and would therefore be more in favor of the requirement, which could have influenced their responses on these questions. Future researchers should explore the perceptions of educators on having to report an area of contemporary expertise and how this requirement affects program outcomes.

CONCLUSIONS

Based on the results of our study, most athletic training preceptors are minimally or not at all familiar with the concept of contemporary expertise. To ensure preceptors can comply with accreditation requirements for contemporary expertise, strategic and targeted initiatives are necessary. While the CAATE has provided some resources to educators and preceptors related to contemporary expertise,[14–16] the responsibility of ensuring that preceptors develop and implement contemporary expertise falls to ATP administrators. Intentional efforts toward promoting contemporary expertise and supporting preceptors in maintaining an area of contemporary expertise should become a component of preceptor development and should be a consistent point of discussion during communications between the program and its preceptors.

Regardless, our findings also revealed that athletic training preceptors are largely in favor of developing an area of contemporary expertise and believe it will ultimately improve their clinical practice. However, the results also showed that there is confusion regarding how an area of contemporary expertise is developed as well as what routine areas of athletic training are. Moving forward, the BOC and the CAATE should release additional education regarding the role of continuing education as a mechanism to both maintain competency and promote contemporary expertise. The CAATE should also make additional tools available to the education program administrators to help support their preceptors on meeting this requirement.

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