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EDUCATIONAL TECHNIQUE

DIVERSITY, EQUITY, INCLUSION & ACCESS

Student Selection of Preceptors for Immersive Clinical Education Experiences Through an Advocacy Lens

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Context: Immersive clinical education is an integral component of athletic training curricula. The flexibility in the requirements allows programs to be innovative in their curricular design and to meet the needs of their learners.

Objective: The purpose of this educational technique is to describe the process for empowering students to choose preceptors and clinical sites that meet their needs.

Background: Traditionally, program administrators assign students to preceptors and clinical sites based on proximity and availability of clinicians surrounding the institution. However, this may limit the options for students to find preceptors and mentors who are best suited to prepare them for future clinical practice.

Description: In our program, we empower students to pursue their immersive clinical education experience with a preceptor and/or clinical site that will meet their personal and professional needs as a learner and future clinician.

Advantages: Preceptors and alumni have noted increased engagement when students are invested in the selection process. Students are encouraged to advocate for their needs personally and professionally, to place themselves in the best environment for their future success. More specifically, historically marginalized students have the opportunity to identify a preceptor with similar demographic characteristics, who may be better suited to mentor them as a future professional, when geographic proximity has been a challenge in the past.

Conclusions: Students and program administrators partner to select preceptors who provide opportunities for a successful immersive clinical experience, who align with the student's future career goals, and who provide mentorship. Historically marginalized students in less diverse regions may benefit the most from this model because they can overcome geographic proximity challenges to identifying effective preceptors and mentors.

Key Words: Historically marginalized students, inclusion, self-directed learning, race-concordant mentor, advocate-mentor

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KEY POINTS

- Immersive clinical education experiences allow programs to overcome geographic proximity challenges when selecting and deselecting preceptors.
- Programs should empower students to identify preceptors and clinical sites that best meet their needs.
- Historically marginalized students can identify preceptors who are best suited to provide mentorship for their future in athletic training, whether that be someone who shares their demographic characteristics or an advocate-mentor.

INTRODUCTION

The Commission on Accreditation of Athletic Training Education (CAATE) requires professional athletic training programs to integrate an immersive clinical experience into their curriculum.[1] The CAATE defines the immersive clinical experience as "a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainer."[1(p58)] The immersive clinical experience must be a minimum of 4 weeks in length (Standard 16)[1]; however, programs have the autonomy to decide how to best structure their clinical education experiences to align with their programmatic framework. Some programs are providing students the autonomy to choose preceptors and clinical sites that meet their future career goals, learning outcomes, and personal needs.[2]

An underlying tenet of the immersive clinical experience is to provide the student with an opportunity to progress toward autonomous clinical practice. To achieve autonomous learning, students must engage both cognitive and metacognitive strategies to understand their individual motivation, knowledge, and attitudes about learning.[3] As educators, we have the responsibility to serve as facilitators of these cognitive and metacognitive processes to help students identify their specific learning needs and give them agency to advocate for themselves as learners. Motivation is also an integral component of self-directed learning and includes both intrinsic and extrinsic factors.[4] The student's autonomy to choose a preceptor and clinical site provides an opportunity to engage intrinsic motivation in selecting a learning environment that may meet their specific needs.

Previous research[5–7] in athletic training education identifies the importance of preceptors in providing mentorship, exposing students to a realistic athletic training environment, and facilitating the application of didactic content in clinical practice. However, historically clinical sites and preceptors are selected based on their proximity to the institution housing the academic program.[8] This may be particularly challenging for athletic training programs housed at institutions in rural areas of the country, where potential preceptors are likely found on their own campus or in local high schools. Program administrators may choose to use athletic trainers who meet the CAATE requirements of a preceptor and are regionally close out of convenience, without considering how well the preceptor facilitates learning for students.[8] Previous research[8] suggests that preceptors are deselected when they place students in harmful situations, such as when a preceptor has been disrespectful of the student's time or left the student without supervision for a period of time. Choosing to consider preceptors and clinical sites outside of an institution's own geographic area allows students and program faculty to identify preceptors who are invested in teaching and mentoring students. Additionally, students can consider more than just geographic location and clinical setting when pursing an immersive preceptor. Rather, they can identify a preceptor whose life experiences align with their own.

Historically marginalized students, also referred to as "minoritized students," in other health care professions have noted the importance of finding mentorship in a person who mirrors their own demographics.[9,10] More specifically, LGBT (lesbian, gay, bisexual, transgender) trainees noted a number of benefits of having an LGBT mentor, such as having safe interpersonal space in which mentees can be themselves, having a mentor who is sensitive to LGBT concerns, developing a peer network of LGBT personnel from whom to seek out advice, and having a shared understanding of life experiences.[9] In addition, in medicine students from historically marginalized racial groups reported[11] the lack of a race-concordant mentor-mentee relationship as a barrier to their success. Students commonly reported feeling that they had to explain their culture to their mentor.[11] In instances in which a historically marginalized student is unable to identify a mentor who aligns with their demographic characteristics, identifying an advocate-mentor may be a feasible alternative solution. An advocate-mentor is an individual who possesses societal privilege (eg, race, gender), and chooses to actively advocate for their mentees in meaningful ways and more broadly for social justice.[12]

Preceptors play an integral role in shaping the clinical education experience and have the opportunity to create an inclusive space in which the students feel welcomed, valued, and supported in their growth and development as athletic trainers and humans. Students must be equipped with the tools to identify the individual characteristics for a potential preceptor that will meet their educational and personal needs as learners. Therefore, the purpose of this educational technique article is to describe a curricular design for empowering students to choose preceptors and clinical sites that meets their needs.

EDUCATIONAL TECHNIQUE DESCRIPTION

Grand View University is a small, private, liberal arts, primarily white institution in an urban setting in the Midwest. The Master of Science in Athletic Training program comprises 4 semesters, and while clinical education runs concurrently

Table 1. Immersive Clinical Experience Site Process Timeline

Time Frame	New Clinical Site	Established Clinical Site
Year 1 Fall		
Mid-October	Introduction of process for identification and/or selection of immersive clinical sites	
October–December	Meet with Clinical Education Coordinator to discuss student needs from a preceptor and site	
Last day of fall semester	Notification to Clinical Education Coordinator with identification of potential sites	
Year 1 spring		
January 31	Preceptor paperwork: • Summary of preceptor interview	Complete interview with preceptor(s) at potential site
March 31	• Preceptor agreement • BOC certification • State credential (where appropriate) • NPI number • Site-specific emergency action plans	Notification of final clinical site decision (typically occurs earlier)
May 31	Fully executed affiliation agreement and/or memorandum of understanding	
July 15	Completed Immersive Preceptor Training: established preceptors complete additional training specific to the immersive clinical experience	
Year 2 fall[a]		
August 1	Immersive clinical experience begins, student and preceptor complete • Rotation Introduction Form (orientation) • Student Clinical Goals Form • Autonomous Clinical Practice Form	
September–October	Schedule virtual or in-person site visit with all clinical sites	
Mid-term	Student and preceptor complete • Updated clinical goals based on progress • Updated autonomous clinical practice form • Mid-semester evaluations (student self-evaluation, preceptor evaluation of student, and student evaluation of preceptor and site)	
End of semester	Student and preceptor complete • End-of-semester evaluations (student self-evaluation, preceptor evaluation of student, and student evaluation of preceptor and site)	
Year 2 spring[a]		
First day of spring classes	Immersive clinical experience resumes, student, and preceptor complete • Updated clinical goals based on progress • Updated autonomous clinical practice form	
February–March	Schedule virtual or in-person site visit with all clinical sites	
Mid-term	Student and preceptor complete • Updated clinical goals based on progress • Updated autonomous clinical practice form •Mid-semester evaluations (student self-evaluation, preceptor evaluation of student, and student evaluation of preceptor and site)	
End of semester	Student and preceptor complete •End-of-semester evaluations (student self-evaluation, preceptor evaluation of student, and student evaluation of preceptor and site)	

[a] Clinical Education Coordinator communicates with preceptors every 2–3 wk providing updates on student progress, tips for effective precepting, specific examples in areas in which they can reinforce content with students, etc.

throughout the 2-year didactic program, the immersive clinical experience spans the entire second year of the curriculum, or 32 weeks. Program faculty begin having conversations with students about this experience during the recruitment and application process. However, a majority of the development for selection of a preceptor and clinical site for the immersive clinical experience begins in the fall semester of the student's first year. The purpose of starting the discussions about this process early is to allow sufficient time for affiliation agreement negotiation to occur. Approximately 7 to 8 weeks into the fall semester, the students receive an immersive clinical experience packet. This packet includes an overview of the programmatic goals, learning goals, and deadlines for the immersive clinical experience (Table 1). The Clinical Education Coordinator discusses the specific sections of the packet and answers any questions the students have at that time. The immersive clinical experience packet provides an overview of the specific expectations the students will be required to meet during their immersive clinical experience (eg, types of patient encounters, volume of patient encounters, average weekly hours), the logistical processes for identifying and selecting a clinical site, and copies of documents (eg, preceptor agreement).

A few weeks after this initial meeting, the Clinical Education Coordinator schedules meetings with each student to discuss

the preceptor/clinical site selection process and to have an individualized conversation about each student's specific needs. Before this meeting the students are prompted to consider the following questions: (1) What things have your preceptors done that have helped you learn?; (2) What things have you disliked about how your preceptor engages you in clinical education?; (3) What type of learning environment do you need to be successful?; and (4) What are your future career goals? In these discussions, the program also identifies any personal or financial preferences the students may have regarding the specific location of their immersive clinical experience (eg, staying in a specific area because of a partner/significant other's job; moving to a specific area to live with family or friends; cost of living for a specific area of the United States). Students, specifically students from historically marginalized populations, often share their desire to find a preceptor who reflects them and who shares similar demographic characteristics. Once the Clinical Education Coordinator has an idea what region(s) of the country the student is considering, what type of clinical site the student is interested in, and the specific preceptor characteristics desired by the student, the program works to help them identify some specific sites. This requires accessing the program's network of connections in various areas and/or connecting with colleagues to describe specifically what the student needs to help generate a list. The Clinical Education Coordinator also encourages the students to look through their desired regions to identify potential sites.

By the end of the fall semester, the students are required to submit a prospective list of potential preceptors and clinical sites. They are not bound to this list, but from a program planning perspective, this list allows the program to understand how many students will be pursuing new affiliation agreements in order to appropriately allocate administrative resources. For students pursuing an immersive clinical experience with a new preceptor and clinical site, the program provides them a specific set of questions that they must ask their prospective preceptor, and students are encouraged to ask any additional questions that will help them identify if the preceptor is a good fit for their learning needs. The key is to take time to explain why the specific questions that have been generated are important and then also to use the information from the fall discussions to provide suggestions for additional things the students should be asking based on what they value. By late January, the students must submit the answers to the questions, as well as all the CAATE-required preceptor and site paperwork (proof of BOC certification, state credential [if necessary], National Provider Identifier number, site emergency action plans, and site policies and procedures). The Clinical Education Coordinator then verifies the paperwork and reviews the responses to the questions to identify any "red flags" from the preceptor. For example, responses that center on students as a work force raise immediate red flags and prompt a meeting with the student for further understanding of the conversation and potential deselection/encouragement to pursue a different clinical site. This area is a red flag for the program because it indicates that the preceptor is looking for additional help to carry the load of the clinic, which may not be centered on the student's learning opportunities. It is expected that the responses will address how the preceptor and/or site will facilitate student learning and progression toward autonomous clinical practice. The Clinical Education Coordinator will then follow up with the student to discuss the materials and share concerns relative to the red flags. Unless a clear CAATE accreditation problem or an unsafe learning environment is identified, the student will be allowed to explore the relationship with the preceptor and clinical site. The Clinical Education Coordinator will work to mentor the student and encourage them to consider what might be seen as a red flag and/or help them to identify whether that red flag will be a barrier to future success. The program also works with students to weigh the pros and cons of a particular site and/or preceptor based on the initial preceptor conversations. The programmatic requirements for clinical education in the second year are reiterated, and the student is asked to reflect upon whether these requirements are achievable based on their conversations with the potential preceptor.

If the student fails to submit the paperwork because of a challenge with preceptor communication (particularly over the winter break) or changes their mind because of the red flags identified through the interview, we allow additional time for them to reach out to a new preceptor and collect all the paperwork to continue to allow the student to pursue a site that meets their needs. The program aims to be transparent throughout the entire process about the status of paperwork and continuously communicates that the student could be placed in an already-established clinical site if timelines are not reasonably met. To date, this program has not had to do this, but there was one instance in which the student was set to move across the country in 2 days and the affiliation agreement had not been signed. This is the reason for the late May deadline—to ensure that students have the time to find and secure housing wherever they are located in a timely fashion. The program does not want to have to require students to move back to the area last minute if an affiliation agreement does not get signed. The student is typically carbon-copied on every email exchange regarding the affiliation agreement, so they know the status of the agreements. This is done for 2 specific reasons: the first is to limit the questions about the status of the agreements, and the second is to access the students as a resource in the communication, as they may be able to better remind both sides to progress.

For the students who are pursuing an immersive clinical experience with an already-established preceptor and clinical site, interviews are set up with the preceptor(s) and student(s) early in the spring. Students are encouraged to ask similar questions of preceptors that target their specific learning needs and goals. This interview for existing sites helps keep the processes equal in the experience for students. The students have the same opportunity as a learner to practice their interviewing skills and to advocate for their needs. After the interviews have been completed the Clinical Education Coordinator communicates with the preceptor(s) at the site to determine the site's capacity for students and to identify which students they would like to select. At the time of this writing, there has not been an instance in which the site did not have capacity for the number of students that were interviewed, and thus far there has been no instance in which a preceptor does not think a particular student is a good fit.

If a student initially indicates they wishes to pursue an immersive clinical experience outside of one of our established clinical sites but fails to meet the established deadlines in January and/or does not communicate their challenges, they

are required to choose from an established clinical site. To date, this has never happened, and the program remains optimistic that it will not have to place someone autocratically because the student failed to meet all expectations. Students have been invested in this process because they see it as an opportunity to pursue a learning environment that aligns with their future goals.

To date, 2 cohorts (13 students) have completed this process of identifying prospective clinical sites and preceptors for immersion. Of those 13 students, 8 have completed the process of establishing a new clinical site, while the remaining 5 completed the interview process for an established site. While there has not yet been formal assessment specific to the process, students' feedback has been overwhelmingly positive. Previously, in the initial 2 years of the program, students were placed at immersive clinical education sites based on their desired career goals, but they were not involved in the decision-making process. The students were dissatisfied with that process and had concerns about travel distance to clinical sites and alignment with preceptors. Since the implementation of the student-centered process, students have not expressed dissatisfaction with the placement process. Students like the flexibility of identifying a site in an area that aligns with their goals and that can potentially help them save on cost because they are able to live with friends and/or family. To date all students have been able to successfully meet the learning goals and objectives of both clinical education courses that span the immersive experience. Programmatic policies are in place, regardless of the route to site selection, to terminate a site in the event that a student is not able to meet their goals as the result of an unsafe learning environment.

CLINICAL ADVANTAGES

The process of student identification and selection of a preceptor and clinical site with program faculty input and guidance has increased student and preceptor investment in the students' learning process as well as buy-in from the students during their immersive clinical experiences. Specific quotes from students and preceptors can be found in Table 2. The comments from students align with the goals of self-directed learning in that they have increased motivation to engage in their immersive clinical experiences because it aligns with where they see themselves as future clinicians. Preceptors also noted increased engagement because of the students' ownership of their patient case load and their desire to approach each experience as a learning opportunity. Students also have the agency to advocate for both their professional and individual needs when considering their clinical education site. Some students start with their professional goals, such as clinical practice setting, patient population, and level of competition, before considering personal factors. Other students begin by looking in regions where they have friends/family, where cost of living is lower, or that align with their demographic characteristics. While both routes have different intrinsic motivations for the student, the importance of allowing the students to identify their own needs and lead the process allows for a student-centric clinical education opportunity.

The foundation for this process is 2-fold: (1) to facilitate student advocacy for their personal and professional needs and (2) to support historically marginalized students in finding demographically concordant or ally advocate-mentors in their immersive preceptors. Much of this is part of the hidden curriculum of the program, by facilitating opportunities for students to practice advocacy skills at varying levels throughout their learning. From the beginning of this process, it was emphasized that the student plays an active role in describing their needs, asking targeted questions to ensure the preceptor and clinical site align with those needs, and in developing the network and mentor-mentee relationship young professionals need to effectively transition to clinical practice. This process aligns well with students approaching graduation who are considering what jobs they will apply for, what questions they will ask their interviewers, and what types of environments they want to work in. The students get the opportunity to practice self-advocacy throughout the process of identifying potential sites and selecting a preceptor, which is believed to be essential to their future success as athletic trainers.

In a previous study,[13] students indicated a desire for clinical education experiences that include diversity, equity, inclusion, and social justice concepts. Empowering students to pursue immersive clinical experiences with preceptors who possess the skill sets to effectively integrate these topics into learning is essential. Black female athletic training students noted[14] that identifying a Black role model on the faculty or staff at their institution was important to supporting their success in athletic training. A student-centric clinical education opportunity may allow historically marginalized students to pursue mentor-mentee preceptor relationships that are concordant with their own personal demographics. Alternatively, these students can identify an advocate-mentor in a preceptor. This could decrease the cognitive load that historically marginalized students carry as they spend time thinking about their safety and explaining their culture or lived experiences, allowing them instead to refocus that attention to their learning in the clinical environment. Giving students the autonomy and agency to have choice in their preceptors and the locations of their clinical sites also provides historically marginalized students in regional areas that lack diversity the opportunity to gain experience and grow in an environment that may better align with their needs. Research[15] suggests that historically marginalized students see the value of identifying mentors with similar demographic characteristics because they are able to develop an ally, lean on their mentor (who may have had similar life experiences to what they are now facing), and allow the student to create a network outside of their own institution. Programs that are facilitating this type of process may also use this technique as one of the ways in which they are compliant with DEI Standard 1.[1]

This educational technique allows students to advocate for their needs as a learner and identify a preceptor who can meet those specific needs. Programs have the responsibility to provide feedback, input, and oversight. Students are encouraged to consider the enthusiasm of the preceptor and/or other officials at the site and to think about the language those at the site are using relative to the students' development. Previous research[8] suggests that Clinical Education Coordinators often identify preceptors based on accreditation compliance and geographic location. However, we must help students identify a quality preceptor regardless of a program's proximity to the geographic location. As a profession, we need to deselect preceptors who place students in harmful

Table 2. Alumni and Preceptor Feedback About Immersive Clinical Experiences

Category	Quote
Alumnus	Being able to choose my clinical immersion site in my second year of the program was beneficial because I was able to know I would be placed somewhere that encouraged my growth as a student and future clinician. I was more motivated to engage in clinical and build autonomy in practice because I was bought into the site and felt responsible for my success or failure. I chose to go back to a rotation that I had previously because of the connections I had made and the skills that I had improved on during that time.
Alumnus	I really enjoyed being able to choose where to go for my clinical immersion. It gave me an opportunity to live somewhere new without the risk of accepting a job and full on moving. Because I had the choice in clinical site, I feel like I was more invested in my immersion experience because I had initiated the contact and wanted to put my best foot forward. I knew in going to a brand-new clinical site that I was representing not only myself, but also the master's program at Grand View and I wanted to leave a lasting impression. I know that because of my ability to make the decision about where to complete my clinical immersion, I was able to take full advantage of my time there.
Immersive preceptor: new site	As a preceptor, my experience with a Grand View University MSAT [Master of Science in Athletic Training] student going through an immersive experience was very positive. My student really owned their experience and was very proactive about their level of engagement in the athletic training facility with various professionals in the sports medicine field. In my opinion, the immersive experience allowed them to invest the appropriate time necessary to value the commitment needed to work in Division I athletics. My student wanted to work in the high level, small college type of setting and I believe their level of engagement really helped them see if it was the right setting for them. They made a point to discuss what they recently learned in their classes and find a way to connect it in the clinical setting. I believe my student's decisions on their level of engagement and the time they invested to learning in and out of the classroom shaped their overall clinical experience.
Immersive preceptor: new site	Giving clinical students an opportunity to seek out an immersion site is beneficial for multiple reasons. First, it is a great introduction into being on the job market. The student needs to find available opportunities, make contact, and determine if that site is right for them. Also, this increases the likelihood that the student will gain experience in a setting that they prefer to work in after graduation. Our immersive students tend to be more personally invested in their clinical assignment. We have students from other schools who are assigned on shorter (8 week) rotations, and by the time they really get comfortable, they are on to their next clinical assignment. Giving the immersive students time to improve and show their skills after that initial period is over is very beneficial. Also, the students know they need to get the most out of their immersive rotations because they aren't getting reassigned somewhere else, so it encourages them to continue to seek out every learning opportunity they can.
Immersive preceptor: new site	This is the first time I have been a preceptor, but it hasn't been that long since I have been in the student position. The student is doing everything that I would be doing as an athletic trainer to get the full experience. He has his own athletes that he cares for on a daily basis, he is at every practice and game, and is able to travel on the road with us. I think giving the students the freedom to see what athletic training is really like helps them find their way in the field. When they can take ownership of athletes and rehabs they have something to look forward to.
Immersive preceptor: existing site	Serving as a preceptor for immersive students is something unique because of the high involvement you create in the lives of your students through the remainder of their Master's program. You see what skills they demonstrate strongly in, allowing them to take full initiative in those tasks, and then continue to build them up in skills they may be weaker in. Continuing to ask them what they have been learning in their classes, and then allowing them to implement those things into their clinical experience helps them learn how to think on their own. For example, my immersive student was researching a topic of athlete mental health & return to play, so I allowed her to utilize the bulletin board outside my office to discuss these topics, and then let her complete a task of handing out candy to patients with facts & ways they can address their mental health, especially if they are dealing with an injury. It was cool because I was also able to take some of what she was implementing and practice it in my own practice.

experiences within their learning environment.[8] We must continue to pursue and help develop preceptors who are devoted to patient care and the development of the students they are precepting.

Program administrators have a responsibility to provide preceptor development that improves the preceptor's abilities as a clinical teacher. Preceptors report[7] much of their training is centered on programmatic policies and accreditation

requirements, along with learning from what others do as preceptors. Preceptor training, particularly that for immersive preceptors, should go beyond surface-level policies and instead focus on how the preceptor can expand on being an effective clinical teacher and mentor in order to support student persistence and retention in athletic training.[16,17] Preceptors have noted[5–7] their role as mentors and their importance in helping students to see the full picture of athletic training clinical practice. However, we must adjust our training to ensure that preceptors have the tools necessary to be effective clinical educators to ensure the optimal learning environment for students, especially for the immersive clinical experience.

CONCLUSIONS

The CAATE requirement for immersive clinical education experiences allows programs to be innovative in their curricular design and to minimize some of the prior barriers to selection and deselection of preceptors and clinical sites. This educational technique encourages programs to facilitate student advocacy through a process of identifying preceptors who meet the students' learning needs, including mentorship; facilitating progression toward autonomous clinical practice; and aligning with future career goals. These components are essential to a successful immersive clinical experience. Historically marginalized students may be most advantaged in this type of clinical education model because they can identify preceptors who mirror their own demographics, promoting their persistence and retention in higher education. Programs that are using a process whereby students select their own immersive clinical sites and preceptors should consider the lens through which they are establishing their approach. Supporting historically marginalized students in their identification of a demographically concordant preceptor may be one strategy for programs to demonstrate compliance with DEI Standard 1.[1]

REFERENCES

1. Commission on Accreditation of Athletic Training Education (CAATE). Pursuing and maintaining accreditation of professional programs in athletic training: implementation guide to the CAATE 2020 Professional Standards. Accessed December 2, 2022. https://caate.net/Portals/0/Documents/Standards_and_Procedures_Professional_Programs.pdf
2. National Athletic Trainer's Association. NATA welcomes immersion experiences. Accessed January 6, 2021. https://www.nata.org/sites/default/files/immersion-experience-nata-news-april_0.pdf
3. Thanasoulas D. Autonomy and learning: an epistemological approach. *Appl Semiotics*. 2000;4(10):115–131.
4. Garrison DR. Self-directed learning: towards a comprehensive model. *Adult Educ Q*. 1997;48(1):18–33.
5. Cavallario JM, Cohen GW, Wathen HBM, Nelson EL, Welch Bacon CE. Faculty and preceptor perceptions of their respective roles in athletic training student development. *Athl Train Educ J*. 2021;16(3):208–218. doi:0.4085/1947-380X-21-12
6. Dodge TM, Mazerolle SM. Preceptors' influence on athletic training students' development of excitement and commitment to the field of athletic training. *Athl Train Educ J*. 2015;10(1):18–24. doi:10.4085/100118
7. Hyland D, Cavallario J, Neil ER, Laursen M, Eberman LEE. Socialization experiences of athletic training preceptors. *Athl Train Educ J*. 2020;15(2):102–112. doi:10.4085/1947-380X-19-060
8. Benedict JE, Neil ER, Dougal ZJ, Walker SE. Clinical education coordinators' selection and deselection criteria for clinical education experiences. Paper presented at: 2021 NATA Virtual Clinical Symposia & AT Expo; June 22–September 30, 2021.
9. Sánchez NF, Callahan E, Brewster C, Poll-Hunter N, Sánchez JP. The future LGBT health professional: perspective on career and personal mentorship. *LGBT Health*. 2018;5(3):212.
10. Oliver KB, Nadamuni MV, Ahn C, Nivet M, Cryer B, Okorodudu DO. Mentoring black men in medicine. *Acad Med*. 2020;95:S77–S81.
11. Yehia BR, Cronholm PF, Wilson N, et al. Mentorship and pursuit of academic medicine careers: a mixed methods study of residents from diverse backgrounds. *BMC Med Educ*. 2014;14:26.
12. Harris TM, Lee CN. Advocate-mentoring: a communicative response to diversity in higher education. *Commun Educ*. 2019;68(1):103–131.
13. Vaniman AL, Dresher MJ, Young JP, Edler Nye JR, Mansell JL, Eberman LE. Examining how social justice education is currently incorporated into CAATE-accredited athletic training programs. Paper Presented at: 2022 NATA Clinical Symposia & Expo; June 28–July 1, 2022; Philadelphia, PA.
14. Siple BJ, Hopson RK, Sobehart HC, Turocy PS. Factors that impede and promote the persistence of black women in athletic training programs. *Athl Train Educ J*. 2018;13(2):131–147.
15. Enders FT, Golembiewski EH, Orellana M, Silvano CJ, Sloan J, Balls-Berry J. The hidden curriculum in health care academia: an exploratory study for the development of an action plan for the inclusion of diverse trainees. *J Clin Transl Sci*. 2021;5(e203):1–7.
16. Eldred CM, Neil ER, Dougal ZJ, Walker SE, Grimes AM, Eberman LE. Preceptor perceptions of the immersive clinical experience in athletic training education. *Athl Train Educ J*. 2021;16(1):42–52. doi:10.4085/1947-380X-20-36
17. Dougal ZD, Edler JR, Walker SE, Eberman LE. Preceptor perceptions of student integration in an immersive clinical education model. Paper presented at: 2018 NATA Clinical Symposia & AT Expo; June 27, 2018; New Orleans, LA.