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ORIGINAL RESEARCH

Development and Validation of an Active Educational Resource to Address Quality Gaps Regarding Clinical Documentation

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Context: Athletic trainers (ATs) have self-reported inadequate documentation of patient encounters and a desire for more educational resources to inform their documentation practices. However, continuing education opportunities regarding clinical documentation are limited and not easily accessible by all ATs.

Objective: To develop and validate a comprehensive educational resource on clinical documentation using an established personalized learning pathway (PLP) framework.

Design: Multiphase development process consisting of consensus development, subject matter expert content validation, and pilot implementation.

Setting: Asynchronous, web-based educational resource.

Participants: Three subject matter experts thoroughly reviewed the educational resource for face and content validity. Ten ATs and 23 professional athletic training students participated in pilot implementation.

Main Outcome Measure(s): Through a consensus process, the research team developed a comprehensive educational resource regarding clinical documentation in athletic training. The clinical documentation PLP includes 7 overarching topic areas that are necessary for a comprehensive understanding of clinical documentation. A variety of learning formats were used to help engage learners, and content was curated and delivered by members of the research team, 14 practicing ATs, and 2 content area experts.

Results: Subject matter experts considered the content of the Clinical Documentation PLP and the delivery mechanism of the learning resource to be excellent; minor feedback to enhance the overall face and content validity was implemented as suggested by the subject matter experts. All 10 ATs and 23 professional athletic training students completed the PLP in its entirety. Minor feedback to enhance the overall user experience was implemented as suggested by the pilot participants.

Conclusions: The Clinical Documentation PLP was developed based on central principles of adult learning theory and cognitive load theory to provide comprehensive knowledge and best-practice recommendations regarding clinical documentation to ATs. The PLP is relatable, cost-free, continuously available, and conveniently accessible from any location or device.

Key Words: adult learning theory, personalized learning pathway, continuing education, professional development

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Development and Validation of an Active Educational Resource to Address Quality Gaps Regarding Clinical Documentation

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KEY POINTS

- Athletic trainers across various settings have expressed a strong desire for more educational resources regarding clinical documentation to address the current quality and consistency gaps that exist, yet few exist.
- Continuing education is a required component to maintain certification as an athletic trainer, but several continuing education opportunities are delivered passively and do not address several barriers that athletic trainers encounter, such as cost, convenience, and relevancy.
- The Clinical Documentation Personalized Learning Pathway is a cost-free, relatable, continuously available, and conveniently accessible asynchronous educational resource that has been validated to provide comprehensive knowledge and best-practice recommendations about clinical documentation for athletic trainers.

INTRODUCTION

For nearly a decade, researchers have explored clinical documentation patterns among athletic trainers (ATs) across a variety of settings to better understand what, if any, quality gaps may exist.[1–9] Findings from numerous studies revealed that ATs encounter several external challenges prohibiting the thorough documentation of patient care, including a lack of time, high patient volumes, and technological restrictions.[2,4,6,7,9] Setting-specific differences were also reported: ATs in the secondary school setting reported minimal employer guidance regarding documentation and few resources available such as personnel and technology (eg, available electronic medical record, stable internet connection, and physical space to safely store paper documentation).[2,6,7] These challenges led ATs in the secondary school setting to document less frequently, commit fewer hours per week to documentation, and rely heavily on knowledge gained from professional education regarding what and how to document the athletic training services that they provide.[1,6,7] Conversely, ATs employed in clinic, hospital, or emerging settings reported significant employer or regulatory guidance regarding clinical documentation and more support and resources to conduct documentation.[8] Due to increased expectations for documentation in these settings, ATs reported that they had specific on-the-job training and direct mentorship regarding clinical documentation, which resulted in more frequent documentation and more hours spent per week documenting the services that they provide than reported across other settings.[8]

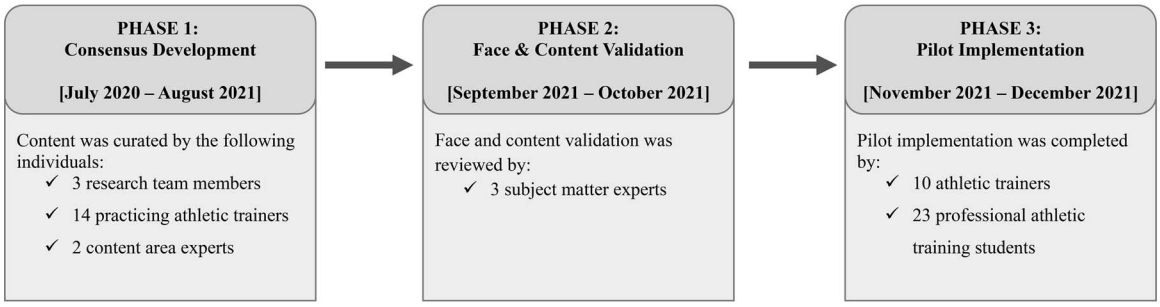
Regardless of the setting, many ATs have reported a lack of guidance and resources available for effective documentation and highlighted that the lack of specific guidelines for documentation practices in athletic training and the inability to be reimbursed for services rendered have led to a lack of incentives to document patient care.[2,6,7,9] Athletic trainers have also described a lack of consistency and standardization regarding documentation practices, which impacts the quality of the documentation completed.[2,3,6,7,9] Collectively, ATs across numerous employment settings have reported a desire for a more standardized and consistent approach to documentation in athletic training.[3,7–9] Furthermore, ATs have emphasized the need for strategies across the athletic training continuum to specifically address the knowledge-to-practice gap that exists regarding clinical documentation and to diminish some of the uncertainty regarding what should be included in high-quality clinical documentation.[3,6,7,9]

Historically, continuing education opportunities in athletic training are delivered via passive mechanisms.[10] That is, new content is delivered in a manner whereby the instructor passes information to the learner, who must listen and reflect internally. This approach is typically used in conference-style learning opportunities; the presenter discusses new knowledge or available evidence on a given topic and requires the audience members to then decide how they will translate that new knowledge into their practice.[11] One of the largest drawbacks of passive learning is that the learner typically receives no feedback from the instructor, which could impact how the learner chooses to translate the knowledge into their practice.[10,11]

Opportunities to attend continuing education sessions offered via conferences can also present other challenges for ATs; conference registration and travel are often costly, and individuals may have to pay for attendance out of pocket.[10,12–14] Additionally, ATs may be unable to attend conferences due to personal or professional conflicts or may struggle to choose which conference sessions to attend if more than 1 session of interest is offered at the same time. In short, the historical model of passive continuing education opportunities may not be meeting the professional development needs of ATs, highlighting the need to revise the continuing education approaches made available and seek out opportunities that promote active learning and are easily accessible to all ATs regardless of location and circumstances.[14,15]

To address the challenges often seen with passive learning, Welch Bacon and Gaither[16] developed an active learning format known as a personalized learning pathway (PLP). The PLP format includes interactive web-based learning resources that engage learners in an active, personalized learning process.[16,17] Throughout a PLP, a learner completes assessments and learning modules that are individualized to both their current level of knowledge and previous experience.[16] These active learning platforms engage learners with assessments and real-time feedback, unlike passive learning mechanisms where learners access resources such as documents and videos without assessment, feedback, or personalization. Preliminary evidence revealed that PLPs increase learners' confidence in the content and promote the efficiency of the learning process.[16] Furthermore, PLPs are grounded in the concepts of competency-based education, which is an overarching framework that has been used extensively in health care education.[14,18–20] In competency-based education, a learner's progress through a learning experience is determined by meeting specific outcomes, often clinically based, rather than a certain amount of time in a course or learning experience.[21] Thus, to meet the professional development needs of ATs who have expressed a strong desire for more opportunities to learn about clinical documentation, we aimed to adopt the PLP framework

Figure 1. Multiphase timeline of the development of the Clinical Documentation PLP.



to develop and validate a comprehensive continuing education opportunity focused on clinical documentation.

METHODS

To ensure the comprehensive development of the educational resource to address the needs expressed by ATs, we completed a 3-phase process: (1) consensus development, (2) subject matter expert face and content validation, and (3) pilot implementation. Figure 1 displays a timeline of the multiphase process as well as the individuals involved in each phase. The development and validation of this educational resource were deemed exempt by the University of New Mexico Institutional Review Board. While there is no single tool available to ensure the transparency of the reporting of the development and validation of an educational resource, we consulted the recommendations for reporting instrument development and testing reported previously by Streiner and Kottner.[22]

Phase 1: Consensus Development of the Clinical Documentation PLP

The development of the Clinical Documentation PLP began in July 2020 and was initiated by a team of 3 athletic training researchers (C.W.B., S.L.N., T.M.K.) who have collaborated for more than 10 years to explore the clinical documentation patterns of ATs. To initiate the development process, we identified and agreed upon our primary objective—to develop a single, comprehensive educational experience for athletic training students and practicing ATs that not only integrates components of active learning and personalization but also is relatable, cost-free, continuously available, and accessible from any location or device.

Next, we reviewed the findings from our previous work on clinical documentation in athletic training, scoured the available literature for a thorough understanding of contemporary resources already developed on the topic area (eg, the National Athletic Trainers' Association [NATA] *Best Practice Guidelines for Athletic Training Documentation*,[23] the Center for Medicare and Medicaid Services medical documentation requirements,[24] and textbooks[25]), investigated a plethora of educational technology resources and formats that foster active learning principles, and familiarized ourselves with the PLP infrastructure. Through an iterative and consensus-building process, we identified several overarching topic areas that would be important to include and discussed the essential content that was necessary to thoroughly address each topic area. Once the content outline was developed, we intentionally focused on which learning format would be best to deliver each content piece, which learning management platform would be best to host our educational resource, and which assessment, if any, would most appropriately assess knowledge uptake and reflection by the learner and provide formative feedback and immediate remediation when necessary.

Since our goal was to ensure that the content delivered was relatable to the learner, we wanted to make sure that we included a variety of ATs' viewpoints and experiences throughout the PLP. We also thoroughly discussed who would be most relatable and effective at delivering the content. We identified which content would be best delivered by the research team, practicing ATs from a variety of clinical practice settings, or recognized experts in the field and recruited individuals accordingly.

The final version of the PLP that was developed included 8 overarching topic areas that are necessary for a comprehensive understanding of clinical documentation in athletic training (Figure 2). We included a variety of learning formats to deliver the content, including text, voiceover PowerPoint presentations, videos and case studies from practicing clinicians, whiteboard animation videos via Doodly software (doodly.com), podcasts, and links to articles and outside resources to help engage learners in a variety of ways (Figure 3). To deliver the content, we included 14 practicing ATs and 2 content area experts. Practicing ATs provided realistic case videos and vignettes regarding their experiences with clinical documentation. They also shared several templates and resources that they use in their clinical practice to

Figure 2. Clinical Documentation PLP topic overview.

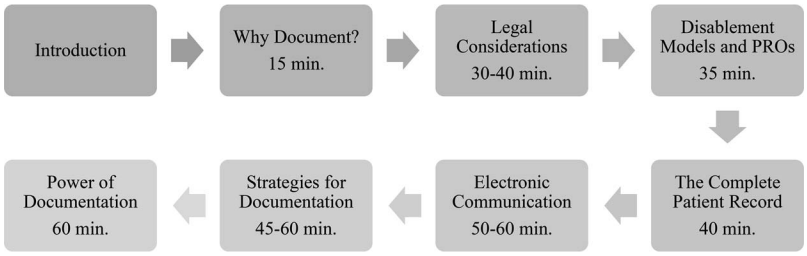
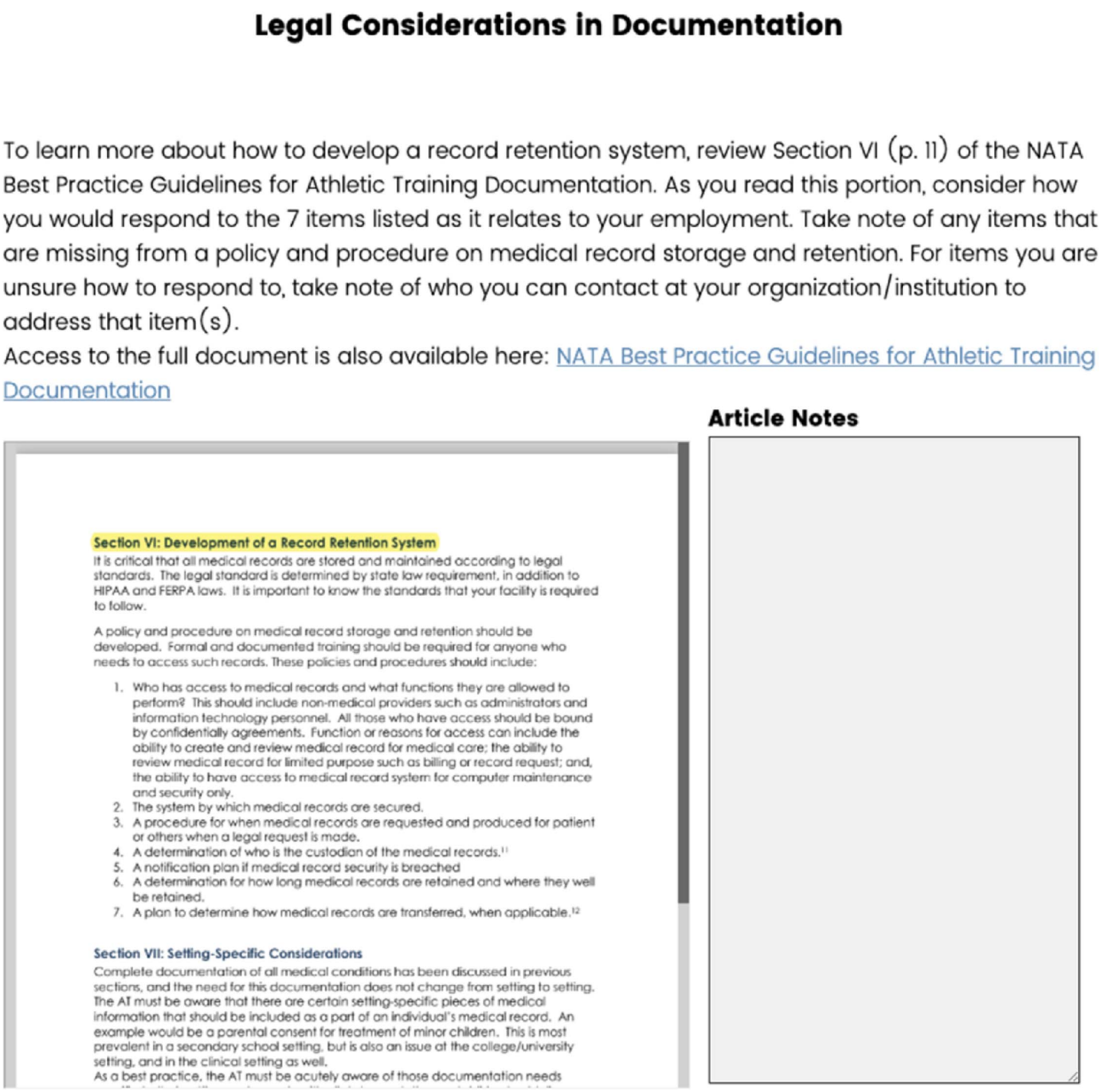


Figure 3. Screenshot example of the Clinical Documentation PLP.



help facilitate clinical documentation. The content experts, who are well known for their expertise in the respective area, provided videos and voiceover presentations on topics where appropriate. These individuals have previously presented on topics related to clinical documentation, contributed to the NATA *Best Practice Guidelines for Athletic Training Documentation*,[23] or served as an expert witness on a legal case. In addition to the content, the final PLP also included numerous assessment and reflection checkpoints for learners to assess their understanding of the content and reflect on the applicability of the content to their clinical practice. Immediate feedback was built following each knowledge assessment checkpoint throughout the PLP to ensure that learners are able to assess their knowledge and remediate any inaccuracies in real time. These feedback opportunities identify which knowledge assessment questions learners answered incorrectly and provide in-depth responses to clarify why each response option available was either correct or incorrect.

To ensure that the PLP would properly function in a manner that enhanced learner personalization and could be accessed from any device, with the option to start and stop the learning experience as needed, we opted to host the final PLP on the Qualtrics (Provo, UT) platform. One member of the research team (C.W.B.) has established training and expertise in the Qualtrics platform and was responsible for building the final PLP. Once built on the host platform, all members of the research

team repeatedly completed the PLP to ensure that the resultant product functioned as it was intended to during development; multiple rounds of completing the PLP and then revising as necessary were completed until all 3 members of the team agreed that the PLP was finalized.

Phase 2: Validation of the Clinical Documentation PLP

In September 2021, the Clinical Documentation PLP was ready for face and content validation by subject matter experts. To conduct a thorough review of the PLP, we recruited 3 subject matter experts who could review the included content from unique perspectives. The first subject matter expert primarily serves as a practicing AT, has in-depth experience with the legal aspects of clinical documentation, and served on the NATA Documentation Workgroup. The second subject matter expert primarily serves as an athletic training educator who still engages in clinical practice on a regular and consistent basis and has experience with developing PLPs. The third subject matter expert primarily serves as an athletic training educator with years of clinical practice experience and preceptorship and has served on numerous nationwide committees for athletic training professional development and diversity, equity, inclusion, and accessibility. None of the subject matter experts contributed to the development of the PLP during phase 1.

To initiate the face and content validation process, each subject matter expert was provided a link to the PLP in Qualtrics, a text-only file of the PLP that was exported from Qualtrics, a standardized PLP reviewer feedback form, and detailed instructions. Subject matter experts were asked to review the PLP primarily via the Qualtrics link to accurately conceptualize what the learning experience would be like for the participant. They were encouraged to use the text-only file alongside the PLP in Qualtrics and to include suggested edits to wording, comments on the resources provided, issues with any of the embedded hyperlinks, or other concerns in the respective location of the PLP in the text-only file using the Microsoft Word track changes and comments functions in the document. Following their review of the document, each subject matter expert was asked to complete the PLP reviewer feedback form, which included questions regarding completion time per PLP section; whether the objectives per section were appropriate and met via the content and assessments provided; and whether any information was deemed inappropriate, inaccurate, or missing and a space for additional comments and suggestions. We modeled this validation approach by following the established content validation process described previously by Williams et al,[26] which has been used frequently in athletic training research. Subject matter experts were given 4 weeks to review the PLP and return the feedback forms. Once feedback was received from all subject matter experts, the research team thoroughly reviewed all edits and suggestions and revised the PLP accordingly. At the end of the validation phase, subject matter experts were compensated for their time and contributions to the face and content validation process.

Phase 3: Pilot Testing of the Clinical Documentation PLP

Once the face and content validity of the PLP was established, we conducted pilot testing to ensure that the Clinical Documentation PLP functioned properly and that all learning content was delivered in a clear and engaging manner for the participants. In November 2021, we recruited 10 ATs (age = 35.8 ± 8.5 years, AT experience = 13.2 ± 8.4 years) (Table) from 7 states and 23 athletic training students (14 senior-level students and 9 junior-level students; 11 women, 11 men, and 1 prefer not to respond; age = 23.1 ± 3.6 years) from 1 undergraduate professional athletic training program to complete the Clinical Documentation PLP. Participants were given 4 weeks to complete the PLP and were informed that it may take them upward of 4 to 5 hours to complete but that they could stop and start the PLP at any time. Following the completion of the PLP, participants were asked to provide feedback and suggestions regarding their experience engaging with the PLP. Once feedback was received from all pilot testing participants, the research team thoroughly reviewed all feedback and revised the PLP accordingly. At the end of the pilot testing phase, the 10 AT participants were compensated for their time and contributions to the pilot testing process.

Table. Demographics of Athletic Trainer Pilot Test Participants

Demographic Variable	No. (%)
Gender identity	
Man	5 (50)
Woman	5 (50)
Athletic training role	
Clinician	6 (60)
Educator	4 (40)
Athletic training setting	
College/university	2 (20)
Secondary school	1 (10)
Industrial	1 (10)
Rehabilitation clinic	1 (10)
Military	1 (10)
Higher education	4 (40)

RESULTS

Subject Matter Expert Feedback

Overall, the subject matter experts viewed the PLP favorably and provided minor feedback for consideration. Feedback from each subject matter expert was reviewed and implemented before pilot testing. Several grammatical edits were made throughout the PLP to enhance the clarity, conciseness, and flow of the narratives for the participants. One video was removed because of poor video quality, content, and delivery from the speaker. In 3 sections of the PLP, note boxes were added to allow the participant to take notes if desired. The appearance of the PLP was adjusted in 8 sections to ensure that each feature was appropriately displayed on the participant's screen. Finally, 4 technology errors were corrected based on the feedback provided. In summary, the subject matter experts considered the content and delivery of the PLP to be excellent; appreciation for the breakout of content into smaller segments, the variety of delivery mechanisms to disseminate the content, the frequency of knowledge and perception checks, and the ability to start and stop the PLP at any time was documented.

Pilot Test Participant Feedback

Feedback from all pilot participants was carefully reviewed and implemented, when appropriate, at the end of the pilot testing period. The primary edit suggested by several pilot participants and included in the final version of the PLP was the addition of a back button so that participants could go

backward or forward in the PLP. Pilot participants also expressed a desire for more visuals to help them identify what the learning experience would look like moving forward. To address this suggestion, we included a visual map for each section of the PLP. Each map included a layout of the type of learning resource, knowledge check, or perception check that would be encountered in order. The map also identified the estimated time that it would take to engage with each learning resource and the overall estimated time that it would take to complete the PLP section.

DISCUSSION

To address the desire for more educational opportunities regarding clinical documentation,[3,6,7,9] we aimed to develop and validate a single, comprehensive educational experience for athletic training students and practicing ATs that integrates components of active learning, personalization, and convenience. Through a comprehensive, multiphase process, we achieved our aim by developing and validating the Clinical Documentation PLP. As confirmed by subject matter experts and pilot participants, this PLP is relatable, cost-free, continuously available, and conveniently accessible from any location or device.

Relatability of Learning Resources

A central underpinning of effective educational experiences is the direct connection between an identified learning theory and the instructional strategies employed. Mapping a learning theory to the instructional design of a learning resource will aid in the effectiveness of the selected instructional strategies. The 3 primary learning theories are behaviorism, cognitivism, and constructivism.[27] Each primary learning theory uses a unique lens to define learning as the process of acquiring a new behavior (ie, behaviorism), as the search for meaning (ie, constructivism), or as the acquisition and reorganization of cognitive structure (cognitivism).[28] For the development of the Clinical Documentation PLP, we focused on the cognitivism learning theory because this theory emphasizes the learner as an active participant in the learning process and facilitates the learning process through reflective thinking.[27]

In addition to cognitivism as the primary learning theory to guide the development of our product, it was essential that we also considered the characteristics and experiences of the learners (ie, athletic training students and practicing ATs) for whom the PLP would be developed. Specifically, we adopted the central principles of adult learning theory and cognitive load theory to shape the development of our educational resource. For decades, adult learning theory, also referred to as andragogy, has been recognized as a cornerstone of educational best practices for adult learners. As originally described by Knowles,[29] adult learners require different approaches to educational content than child learners because they have a breadth of experience to aid their learning experience, appreciate self-directed learning opportunities, are better equipped to learn through problem-solving, and possess the internal motivation and desire to learn about topics that are relevant to their lives. Furthermore, adult learners often look for ways to connect with resources and experiences in real time by pursuing and attaining skills that can help them achieve a goal or overcome a barrier.[30]

To effectively integrate adult learning theory into practice, it is essential to engage the adult learner with situational learning experiences that include context regarding why the learning content is valuable and how it can be applied.[31] Moreover, adult learners' ability to learn is also impacted by the cognitive load required; an individual's capacity to learn is dependent not only on how difficult the material is but also on how it is presented and the amount of effort required to learn it.[32] To address the cognitive load, learning content should be divided into smaller components that are easier to digest[31]; this approach is referred to as chunking.[33]

During development, we strategically designed the content in the PLP to be delivered by practicing ATs in small consumable pieces in alignment with the concept of chunking. By breaking the content down into digestible components, we ensured that learners would be able to progress through the PLP at a realistic pace that considered not only the cognitive load needed to digest the material but also the physical time available to progress through the content. It was also important that the content included in the PLP was delivered by practicing ATs themselves. For several years, there has been anecdotal evidence regarding the discord between education and practice; some ATs have discussed a disconnect with the content being delivered because it is presented by individuals who are not currently providing patient care. To minimize this concern, it was important that we curated the content from practicing ATs from a variety of patient care settings and a range of years of experience. Doing so provided realness and relatability to the content included; learners are able to listen to lived experiences from practicing ATs of what works and what has not worked from their shared perspective.

Cost and Relevancy of Learning Resources

In addition to the relatability of the learning resources provided within the Clinical Documentation PLP, cost was another component that was necessary to consider. Continuing education is a critical aspect of professional development for ATs and is a requirement for all ATs to maintain board certification.[34] However, the cost of these learning opportunities can be a significant challenge, and researchers have identified that available funds to pursue continuing education are a reported barrier among ATs.[12–14,35,36] As of 2021, it has been reported that 71% of ATs receive some type of funding from employers for continuing education, but it is unclear how much funding is received or how those funds may be used.[37] Furthermore, the cost of continuing education opportunities may be prohibitive for some ATs, particularly those who work in smaller clinics or settings with limited budgets. In addition to the cost of attendance, travel expenses such as airfare, hotel accommodations, and transportation can further increase the financial burden of continuing education. This is of even greater concern as inflation rates continue to increase and employer contributions to employee professional development decrease.

Relevancy has also been identified as a deterrent for continuing education choices made by ATs.[12,14,15] As the athletic training profession continues to evolve, the content of continuing education events may not always be relevant for all ATs. This notion is further impacted by the decisions that ATs must make between focusing available professional development funds on developing and maintaining an area of contemporary expertise and maintaining competence across the domains of athletic training practice.[35,38] Furthermore, time may also be a relevant factor when comparing the perceived value of the continuing education opportunity to the time lost attending the

event.[12,13,36] Therefore, it may be difficult for ATs to find continuing education opportunities that provide the specific knowledge and skills that they need, which also meet their time, availability, and budget constraints, to improve their practice.

To minimize the barriers preventing ATs from participating in desired continuing education opportunities, we decided that the Clinical Documentation PLP would remain a cost-free learning resource available to all ATs and athletic training students interested in gaining knowledge and skills in clinical documentation. Since clinical documentation is relevant to all ATs, regardless of practice setting or years of experience, our goal is to provide a foundational educational resource that could be available profession-wide and is not influenced by ATs' available professional development funds.

Accessibility of Learning Resources

The accessibility of learning resources for ATs has significantly improved over the years. Various formats for continuing education now exist, whether in-person workshops, online webinars or modules, or printed resources. Adult learners often prefer educational formats that allow for personalization, interaction, and relation to their real-life experiences.[14,20] With recent advances in technology and increased challenges with travel, professionals have begun engaging more in online learning formats to advance their knowledge.[10,14] These online resources can range from resources that individuals access on a website, watching an online presentation, or completing an online learning module at their own pace. These resources provide advantages such as allowing the learner to access the information at their convenience and are often less expensive than in-person workshops.[39,40]

The coronavirus disease 2019 (COVID-19) pandemic has drastically changed the landscape of online learning. As a result of the pandemic, there have been significant changes in how online learning is delivered and perceived by content developers and end users alike.[41,42] One change includes web-based learning platforms that provide a centralized location for health care professionals to access learning resources, track their progress, and collaborate with peers.[42] These platforms make it convenient for health care professionals to engage in ongoing professional development and have been shown to result in high knowledge gains in ATs regarding evidence-based practice compared to control groups.[39]

Another major change has been the increased use of videoconferencing technology such as Zoom and Microsoft Teams for virtual learning opportunities.[41] The rapid evolution and acceptance of these resources have allowed for remote learning to continue through synchronous instruction. Additionally, videoconferencing tools have allowed content developers to focus on subject matter and how to reach a larger audience without being restricted by venue size and its associated costs. In turn, participants have more options to select from that are relevant and streamlined to meet their learning goals.

Since the COVID-19 pandemic, another significant change in online learning has also been the increased emphasis on asynchronous learning.[43] Asynchronous learning opportunities give learners the option to engage with the learning content on their schedule. According to Naciri et al,[42] the COVID-19 pandemic has led to an increased use of online learning for health care professionals, with many training and continuing education opportunities now being offered virtually. It is likely that this trend will continue to provide more self-paced and flexible learning experiences for students and practicing ATs. Furthermore, the accelerated adoption of online learning technologies and tools across several industries, including health care, has provided more opportunities for educators to incorporate a variety of multimedia resources to deliver the material.

During the development process, we leveraged the increasing adoption and acceptance of asynchronous learning opportunities to confirm our decision to offer the Clinical Documentation PLP as an asynchronous learning experience that can be accessed by ATs at any time and from anywhere. Our goal was to ensure that ATs could access this learning resource as both a learning tool to develop their clinical documentation skills and a continuing education resource to refresh their knowledge and enhance practice behaviors regarding clinical documentation. Additionally, we intentionally embedded features into the Clinical Documentation PLP to ensure that learners could progress through the resource (ie, stop and start as needed) at a pace that fits their schedule and needs. The Clinical Documentation PLP will be available for Board of Certification–approved continuing education units for all ATs beginning in January 2024. This educational resource can be accessed cost-free by selecting the online course through the Athletic Training Practice-Based Research Network (AT-PBRN) website (http://ceus.atpbrn.org). Educators interested in requesting classroom access to the Clinical Documentation PLP for didactic use can do so by reaching out to AT-PBRN staff.

Limitations

The Clinical Documentation PLP was designed, validated, and piloted but is not without limitations. Although the PLP was designed for asynchronous guided learning, the developers will still need to periodically check for technological errors (eg, broken links and access to resources) and provide technical support for students and practicing ATs. The PLP content was developed based on the best available literature at the time. Periodic review and updates to the content are necessary to promote ongoing best practices in documentation. Whereas best practices in documentation were compiled for the athletic training profession in general, the information provided may not account for differing protocols or expectations across employers and settings. Therefore, users of the PLP are encouraged to communicate with employers to ensure that they are aware of and are following employer guidelines. Nevertheless, this interactive and comprehensive resource can still be used for students and practicing ATs to learn about and reflect on their clinical documentation behaviors. Thus, future researchers should examine the effectiveness of the Clinical Documentation PLP to improve ATs' knowledge of documentation and experience with the interactive, online format for continuing education.

CONCLUSIONS

To create a relevant and feasible continuing education resource, we collaborated with practicing clinicians to develop, validate, and pilot the PLP. The Clinical Documentation PLP aims to provide relevant knowledge regarding documentation and provide strategies to enhance documentation practices among ATs. This directly aligns with the Athletic Training Research Agenda,[44] which identified documentation compliance, competence,

and quality as prioritized research areas. Improving ATs' completion of routine, high-quality documentation using realistic and efficient strategies would result in capturing clinically meaningful data. The Clinical Documentation PLP could be used to address this practice gap related to documentation, which is paramount to successfully investigate other research priorities such as cost-effective care, outcome measures, and epidemiological trends.

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