

Service Learning in Athletic Training Education: It's About Time

Ben Towne, MA, ATC

University of Southern Maine, Gorham, ME

Recent attempts at bringing our profession to a global population have been nothing short of encouraging. But how do we gauge our effectiveness and impact? I often read with pleasure the efforts of my colleagues as they foray into countries previously untouched by athletic trainers. At first glance, it seems to be a slam dunk academically. Combining professionals with students, taking them to exotic locations and touring world famous landmarks is indeed a profound thing, and previously, something unheard of in our field. I recall as an undergraduate student desperately wanting to study abroad for a semester, maybe even a year, only to be told it was possible but it would set me back a year clinically. While pedagogically it was the right thing to do, not studying abroad was a difficult pill to swallow. Now, I proudly see that programs and institutions around the country are providing athletic training students with opportunities to study abroad and receive course credit for their endeavors, which I think is a beautiful thing. The kicker, however, is that this is only the first step.

There is a difference between study abroad programs and international service learning (ISL) courses. Study abroad opportunities do not necessarily incorporate direct patient care, which is where ISL comes into the picture. International service learning courses combine didactic and clinical components with meaningful, interactive community service and all with the added element of cultural immersion. For the purposes of educational advancement, enhancement, and global citizenry, numerous other health care professions, and majors for that matter, have made ISL courses a common practice in their respective disciplines. Service learning in our discipline, by contrast, is in its infancy. In order for us to make a profound impact on the world, we need to explore, and dare I say embrace, service learning in our curriculums. If we truly wish to affect our students, professionals, and fellow citizens of the Earth, we need to take the next big step. Why stop at travelling and passively observing other cultures when we can

actively impart our knowledge and skills on the physically active and injured? If you want to learn about culture or ethnic diversity, simply placing someone in another country does not ensure that learning will happen. Instead, we need to interact and do what we do best!

So what can an athletic trainer do to help others in a third world country? Evaluate and treat the musculoskeletal injuries we know and understand! I like to travel as much as the next person, but what really fires me up is when I help someone who does not speak my language. Stay with me here. I often tell students, "It doesn't matter if an athlete falls on a basketball court attempting a rebound and subluxes their glenohumeral joint, or a sugar cane worker falls off his burrow and subluxes his shoulder. Your evaluation and treatment methodology will be exactly the same!" What better classroom than the real world, right? We should allow students to use their evaluative and treatment skills, which we have taught and assessed in the classroom and on the field, on those people who so desperately need them. As a profession, we have finally embraced the fact that our students need to perform their skills under the auspices of a clinical instructor. Should it matter if we are on a football field or in a remote mountain village in the Dominican Republic? I respectfully submit that it should not. The student will always remember that first positive Lachman's test; however, they will arguably be fonder of the memory if it occurred in a foreign country and with someone who does not have access to health care. This is someone who can desperately utilize our services, and perhaps more poignantly, someone who immediately appreciates it.

Service learning can provide a bridge from the academic program to the profession, which perhaps students might have missed during "normal" clinical rotations. I say, let us go and change the world. Sounds hokey, doesn't it? But it is an absolute truth. We

Mr. Towne is the clinical coordinator for the University of Southern Maine's Athletic Training Education Program. Please address all correspondence to Ben Towne, MA, ATC, Fieldhouse 220, 37 College Ave, Gorham, ME 04038.

btowne@usm.maine.edu

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need to bring students to the poorest regions of the Earth and give them an education they will never forget. And what is the greatest by-product along the way? They will be helping and providing compassion for someone in pain and in need. They will also learn a trait that has taken me almost 30 years to acquire: perspective. Probably because it is seen as a weakness or a barrier to playing, but I have never seen an athlete smile from being fitted with a protective brace so they might compete. However, when I fit a brace on a farmer who is unable to walk up and down steep inclines because his knee “gives way,” I experience appreciation. I see it in the tears that stream down his face, in the hugs and kisses I receive from his wife, and in the invitation from his family to share in the coffee, beans and rice they cannot afford to give me. That, my esteemed colleagues, is perspective. That is a lesson no one, student or teacher, will ever forget.

Let us teach our students differently. Let us teach them better. I say get your hands dirty! I guarantee your students will love you for it, and at times, hate you for it. However, they will see drive and passion, and in turn, they will be driven and passionate. They will be, perhaps most importantly, compassionate. One of the complaints I hear most from clinical instructors is, “Today’s student just doesn’t understand. They don’t put in the work. They don’t get it.” I love that. I think they do get it, or at least they can get it, if we show them how. We cannot complain though if we do not show them how, or if we fail to let them physically utilize their skills. Is it really the student, or is it us? Maybe we do not understand. Our profession is evolving all the time. Our

environment, economy and athletes are evolving. If we do not recognize that, then is it really our students with the problem? It is so much easier to make it about them, but at some point, we have to look at us.

I know what you are thinking, and I have heard all of the terms out there as well: grassroots, evolve, education, etc. But here’s the funny thing, they work. So why not pick a project that literally encompasses every level of athletic training promotion there is? Let’s get out there. Are your students’ complaining their clinical instructors do not let them complete enough “hands on” activities at their clinical site? If so, create an opportunity that provides them with hands-on experiences. Talk to your local homeless shelter and set up a free musculoskeletal evaluation clinic. You would be surprised how far a smile, ACE bandage, and a few words of rehabilitative or treatment advice can go. Talk to your local free clinics. Do you feel ambitious? Do you want to travel abroad and bring students with you to provide supervised care? If so, look up your local non-profit organizations because athletic training might be the perfect fit. Service learning does not have to be international though. It can be just as satisfying spending a few hours working with those patients without health care in your local town as it is to flying off to some exotic (or not so exotic) location for a week or two.

Either way, we need to get this thing going. There is good work to be done.