Since the creation of the National Athletic Trainers Association (NATA) in 1950, the body of knowledge required to educate athletic training students and to practice athletic training has increased substantially. Professional advancements have presented challenges to athletic training educators and practitioners. As the depth and breadth of knowledge has increased, the athletic training profession has become increasingly diverse.

The NATA had only 3100 members in 1974, and now the organization has a membership that exceeds 30,000. Today, athletic trainers are working in a variety of healthcare settings, and the NATA Ethnic Diversity Advisory Council has documented that ethnic diversity is increasing. In 1997, 5.7% of NATA members classified themselves as African-American, Asian, Hispanic, or Native American, whereas 9.4% did so in 2007. Including those who classified themselves as belonging to “other” or “mixed ethnicity” categories, there was an increase from 6.1% to 10.7% over the ten-year period. “Historically, athletic trainers working in collegiate settings have been White males who primarily interacted with White athletes.” In 2003, the National Collegiate Athletic Association (NCAA) reported that 22.7% of all athletes, and 48.9% of athletes in Division I programs, are African-American and that 35% of all athletes in all three NCAA Divisions are Hispanic, Asian, or African-American. This change in demographics presents a need for athletic trainers to be sensitive to diversity issues and requires athletic training educators to integrate multicultural concepts into Athletic Training Education Programs (ATEPs) in order to prepare graduates for the complex socio-cultural issues of a diverse society.

Increasing ethnic diversity presents a need for athletic training educators to incorporate teaching strategies that enhance students’ cultural competence. In concert with accreditation standards for ATEPs that heavily influence curricular content, didactic and clinical instruction should develop clinical competencies and prepare students to become culturally competent athletic trainers who are capable of interacting with a diverse society. Educators should be aware of the potential pedagogic and societal ramifications associated with multicultural education, and diversity training should be reflected in all aspects of ATEP curricular content.

Multiculturalism in Education

Hannam has identified multicultural education challenges facing athletic training educators, which were based on relevant literature from sociology, philosophy, economics, political science, and medical ethics. Social sciences research creates a link between an athletic trainer’s professional practice and his or her obligations to society. Hannam suggested that diverse working conditions and divergent opinions about educational reform have presented challenges for the athletic trainers in the new millennium.

Athletic trainers must actively seek to become global citizens who are capable of communicating with a vast range of voices, opinions, experiences, and world views. The NATA Code of Ethics presents an obligation for ATEPs to prepare students to become
intellectual, critical, moral, and ethical citizens who are productive members of a democratic society.6 The 2006 NATA Athletic Training Educational Competencies7 affirm the need for implementation of cultural competence and sensitivity training in our educational programs, which has also been advocated by individual educators.8,9

A survey conducted by the American Association of Colleges and Universities in 2000 documented that 62% of responding institutions had a diversity educational plan in place or were in the process of developing such a plan.1 Schneider10 stated that diversity education requirements acknowledge a need for students to learn about other cultures. Despite formal efforts to facilitate cultural competence, Black11 and Kreamer12 found that physical therapy students were not well-prepared to integrate culturally competent behaviors and attitudes into professional practice. Conversely, Lundberg, Backstrom, and Widen13 reported that integration of transcultural concepts within a nursing curriculum resulted in better care for culturally diverse patients.

Multicultural pedagogy can provide athletic training students with the knowledge and skills needed to work with a diverse population. Multicultural experiences help them to understand the viewpoints of different groups, which can have a positive impact on students, institutions, and society.9 Such experiences help students to view events and situations from a variety of perspectives, which build decision making and social action skills.14 Ideally, an ATEP should facilitate development of knowledge, skills, and attitudes needed to participate in reflective civic action, which will enable students to function effectively in a pluralistic democratic society.

**Integrating Instructional Strategies**

To prepare athletic training students for a diverse society, athletic training educators should integrate teaching strategies that include self-exploration of one’s own culture and ethnicity, knowledge of other cultural groups, and opportunities to engage with others of diverse backgrounds.15 Black and Purnell16 suggest four teaching strategies to achieve multicultural learning objectives: (a) identify personal cultural biases, (b) understand cultural differences, (c) accept and respect cultural differences, and (d) apply cultural understandings (Table 1). First, educators must engage in self-reflection to recognize their own multicultural attitudes and behaviors to effectively plan the multicultural experiences of their students.17 Educators should provide students with opportunities for self-exploration that will lead to conscious acknowledgment of their own cultural characteristics and internal biases.18

Examination of one’s values, beliefs, and attitudes can begin with written reflections that are based on review of case studies that include cultural components. Recognition of the manner in which a particular combination of race, age, gender, ethnicity, or religion affect the care provided to the patient in the case study challenges students to consider the cultural characteristics and biases of others and their own perspectives. Sentence completion activities, such as “Women are _____” or “Wealthy people are _____” can direct students to consciously consider biases. Students quickly recognize stereotypical perspectives when specific terms are used to complete a statement. After stereotypes are raised to a conscious level, students can discuss the clinical implications of such biases.19

In addition to examination of one’s values, beliefs, and attitudes, students need to become knowledgeable about various cultural groups. Educators can integrate concepts of disease prevalence, cultural behaviors, and cultural beliefs into the content of clinical courses. When presenting content pertaining to disease processes, educators should supplement information about signs and symptoms with information about the disease prevalence in specific cultural groups such as (a) the prevalence of avulsion fractures in young athletes, (b) the frequency of osteoporotic or arthritic conditions in older populations, (c) the high incidence of diabetes among African-Americans, and (d) the greater prevalence of eating disorders among female athletes. Differences in cultural behaviors and attitudes should also be addressed by (a) facilitating discussions that acknowledge cultural differences, (b) encouraging student dialogue with athletes about cultural preferences as they relate to healthcare, and (c) guiding athletic training students to respectfully consider cultural factors in clinical interactions with injured athletes. Discussions with students might address the influence of different religious beliefs on athletic training services or challenges associated with the provision of care for an athlete who prefers naturalistic or holistic medical management over the standard biomedical model of care that is predominate in the United States.

Students can also benefit from “immersion experiences” in diverse settings. As we strive to increase diversity within our ATEP student population, we also should place our students in diverse clinical settings.