



LGBTQIA+ Education in Athletic Training Programs: Special Series

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Athletic trainers (ATs) often encounter and work with lesbian, gay, bisexual, transgender, queer, intersexual, asexual, and other (LGBTQIA+) patients in a variety of patient care settings. There is a general need in health care to prioritize making a safe and welcoming environment for LGBTQIA+ patients. Athletic trainers must be equipped to provide inclusive patient-centered care to all members of the LGBTQIA+ community. Lopez et al¹ identified patient-centered care as a philosophy of care that encourages shared decision making, focuses on the whole patient, and treats patients as partners in care. To provide culturally competent care and meet the needs of our LGBTQIA+ patients, we must educate future professionals accordingly. Athletic training students need increased exposure to these topics and patients within their programs across all levels of athletic training education—professional, post-professional, and residency programs.

Several core documents across the athletic training profession have been updated in recent years to include more diverse patient identities that ATs may encounter in practice, including patients of all sexual orientations and gender identities. To best serve our patients, the Board of Certification Standards of Professional Practice, National Athletic Trainers' Association (NATA) Code of Ethics, and NATA's Six Commitments to Diversity, Equity, Inclusion, and Access have established the guidance for treating all patients regardless of background or identities. Although these guidelines exist, authors of several studies found that ATs had more positive attitudes of LGBTQ+ patients if the AT was a woman, had a close friend or relative in the LGBTQ+ community, or both.^{2,3} Positive attitudes and respect for LGBTQIA+ patients must be widespread throughout the profession of athletic training and should start within athletic training programs to foster support and advocacy in our future professionals.

The recent revision of the professional standards for Commission on Accreditation of Athletic Training Education-accredited programs now includes diversity, equity, and inclusion (DEI) as standards, warranting focused efforts from athletic training educators to provide students with meaningful educational experiences to develop and grow cultural humility and cultural competency. This is important because Shaughnessy et al⁴ found that only 43.1% of athletic training students reported learning about transgender patient care. The authors reported that athletic training program directors perceived a lack of guidance on how to teach content related to transgender health care, which in turn led to students reporting a lack of guidance on how to provide patient-centered care to this population.⁴ Thus, this special series is important to provide athletic training educators, both didactic and clinical educators, specific information to assist in teaching students how to provide patient-centered care to all patients in this population.

Similar requirements of DEI topics were embedded in graduate medical education within the last few years that enhance core requirements and expose medical students to a wider range of diverse patient populations.⁵ These changes were sparked by Obedin-Maliver et al,⁶ who reported a median of 5 hours on LGBTQ-related health education in medical programs in the US and Canada. Recommendations since this preliminary article have targeted the specific delivery of LGBTQIA+ health-related education in medical programs, which suggest “combining didactic education with patient exposure.”⁵ Didactic time alone is a beneficial aspect of a graduate medical program, but coupling that with exposure to LGBTQIA+ patients in clinical experiences is of paramount importance to teach future clinicians how to best care for these patients.^{7,8}

Athletic training education needs more comprehensive strategies for implementing content and clinical experiences related

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to sexual and gender minorities. Educators and athletic training program faculty can start by examining the current framework, curricular content, and clinical experiences within programs to identify gaps in the education of all groups within the LGBTQIA+ population. Aronson et al⁹ provided recommendations for incorporating safe space ally training into athletic training curricula and suggest “educators focus their attention to ensure quality of care and equality for those who are underserved or oppressed, that is, minorities of sexual orientation and gender identity.”⁹

Medical education has gone through a similar journey to expand LGBTQIA+ topics throughout patient care and didactic experiences. Now is the time for athletic training education to follow medical education and other health care disciplines. This series in the *Athletic Training Education Journal* is a pivotal first step to highlight the importance of inclusive patient care, LGBTQIA+-specific educational techniques, and an expansion of patient encounters of a variety of identities. Content in this series will cover a variety of LGBTQIA+ topics to inform educators within and beyond the classroom of what content should be taught and how to implement it to best equip our students with the tools to create welcoming environments. This series will highlight topics such as educational techniques for incorporating LGBTQ+ content throughout the athletic training curriculum, research regarding transgender health care, and research regarding ATs’ perceptions of providing care for LGBTQ+ patients.

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