

The Future of Athletic Training

New Standards, New Skills, New Opportunities

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Learning Outcomes

- After this session, attendees will:
 - Understand the purpose and status of educational reform in athletic training
 - Understand how the 2020 standards will affect the practice of AT in the future
 - Be able to recognize opportunities for growth for their own practice, given the trends in AT education

Conflict of Interest/Disclaimer Statement

- We have no conflict of interest to report.
- The views expressed in these slides and today's discussion are ours.
- Our views may not be the same as the views of our institutions.
- Participants must use discretion when using the information contained in this presentation.
- We do not represent the CAATE or provide official interpretation of the CAATE's Standards.

Where are we and how did
we get here?

Where are we in the degree change process?

- Elevation of the degree required by all programs.
- 2012 Standards:
 - Baccalaureate programs may not admit, enroll, or matriculate students into the athletic training program after the start of the fall term 2022.
- 2020 Standards:
 - Professional programs result in the granting of a master's degree in athletic training. The program must be identified as an academic athletic training degree in institutional publications.

Standard 20

How did we get here?

- 2012 Future Directions document by ECE
- Driving factors
 - 1) the **increasing complexity** of the current and future healthcare system;
 - 2) the growing need for athletic training-specific **patient outcomes research**
 - 3) an **expanding scope** of requisite **knowledge**, skills, and abilities while continuing to strive for depth in athletic training-specific knowledge, and
 - 4) the need to ensure **proper professional alignment** with other peer healthcare professions (Richardson et al., 2013).

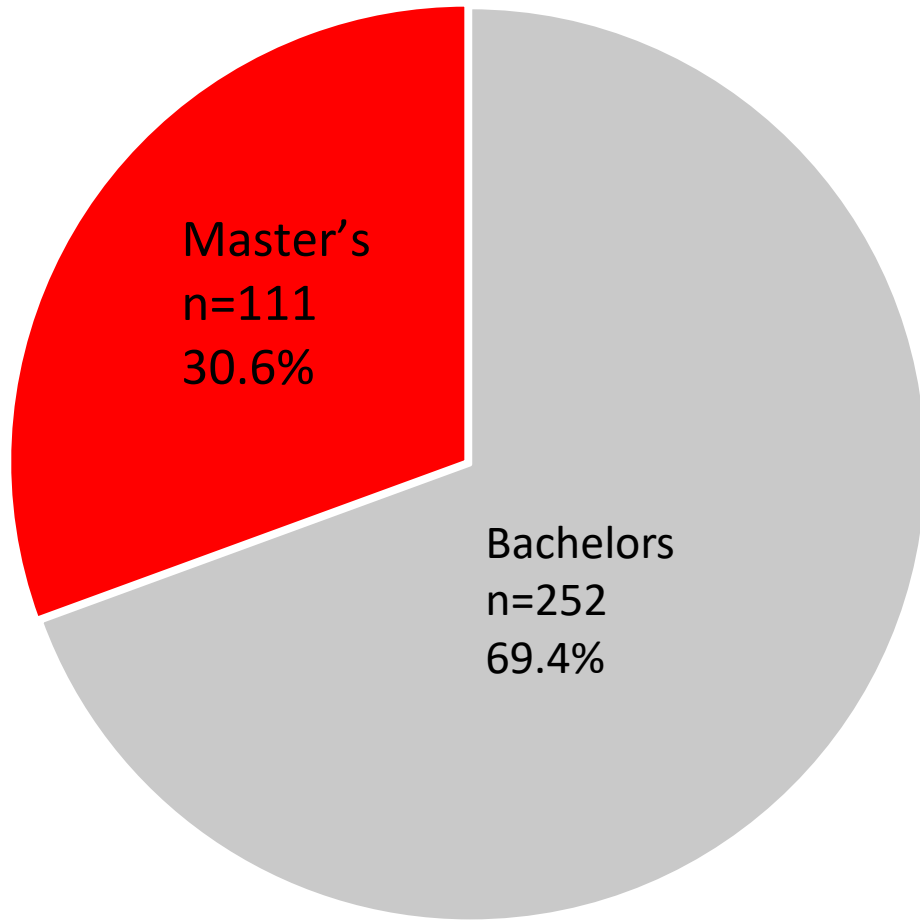
Key Findings of Work Group

- #1: Graduate-level professional education will better align ATs as peers to other healthcare professions and should enhance our status and influence in the larger health care arena.
- #2: Transition to graduate professional education facilitates continued evolution in the professional competency requirements to better reflect the clinical practice requirements of current and future ATs in a changing healthcare environment.
- #3: Factors fundamental to providing quality care are likely improved by professional education at the graduate level.
- #4: Professional education at the graduate level enhances retention of students who are committed to pursuit of an athletic training career. Graduate-level education attracts students who are better prepared to assimilate the increasingly complex concepts that are foundational for athletic training practice.
- #5: Transition to professional education at the graduate level would increase the likelihood that education programs are better aligned with other health care profession programs within their institution.

Key Findings of Work Group, cont.

- #6: Professional education at the graduate level should facilitate interprofessional education.
- #7: A strong foundation of health-related basic sciences is increasingly necessary to prepare students for contemporary clinical practice in athletic training.
- #8: Professional education should not compete with general education, liberal arts, and foundational science requirements because it detracts from the effectiveness of the professional educational experience.
- #9: A transition to professional education at the graduate level will result in a more efficient educational system.
- #10: Currently, all state practice acts accommodate graduate-level education in athletic training as meeting the requirements for the state credential. No state practice acts would need to be amended.
- #11 The impact of a transition to graduate-level professional education on compensation levels and employment opportunities is complex and difficult to predict. Multiple factors influence compensation and employment patterns in healthcare. (Richardson et al., 2013)

Status of Educational Reform



Enrollment Data:

Decreasing applications (↓23.5%)

Decreasing # of admitted students (↓22.4%)

Average # of students/program: 10.3 (↓14.9%)

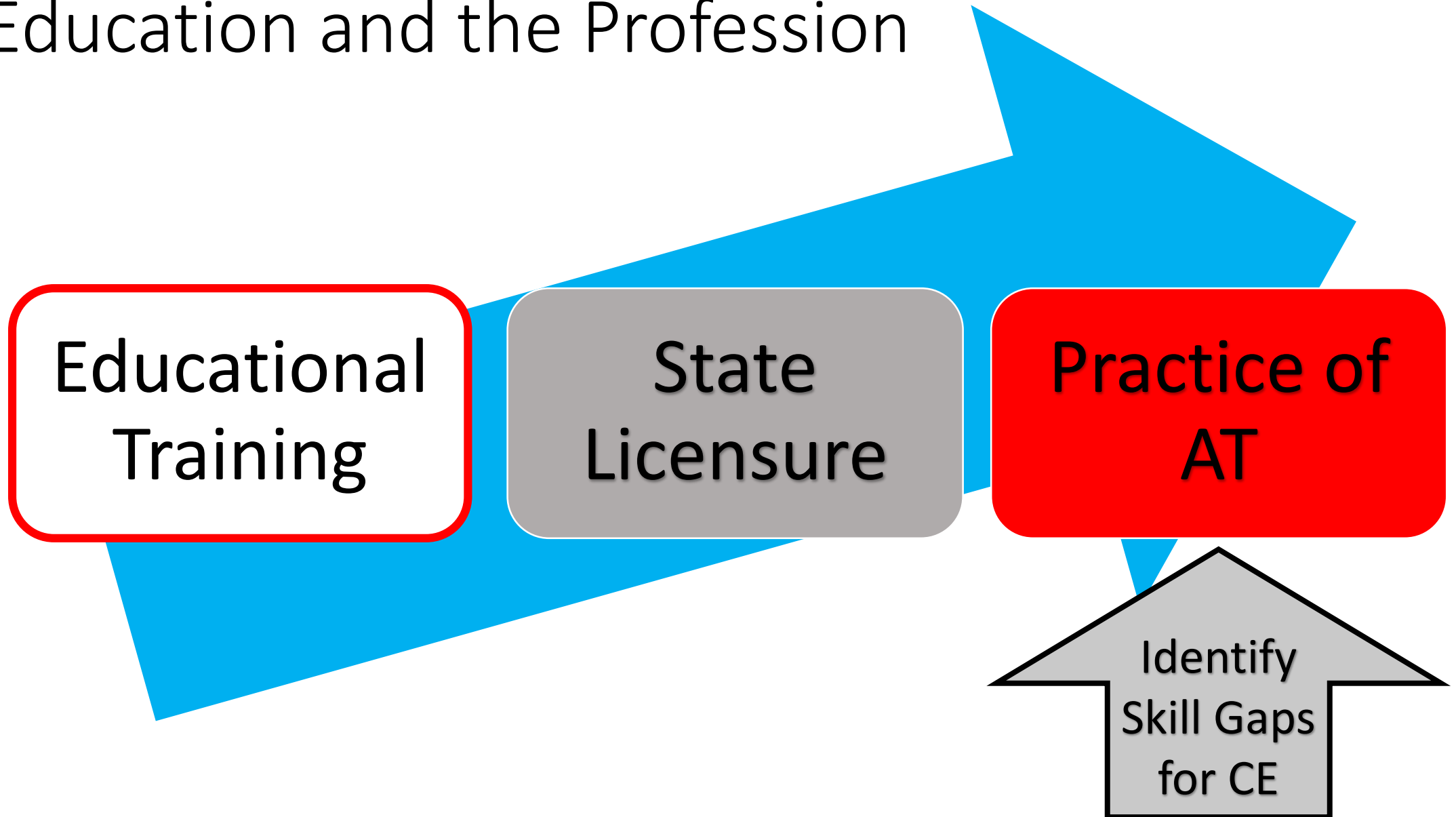
Undergraduate program capacity 63.6% (↓5.4%)

Master's program capacity: 56.4% (↓10.6)

Source: CAATE Analytics Report 2017-2018

■ Bachelors ■ Master's ■ ■

The Role of Accreditation Standards in AT Education and the Profession



Where are we headed?

2020 Standards



OR



**Program Retention
Rate**

**First time pass rate
on BOC exam**

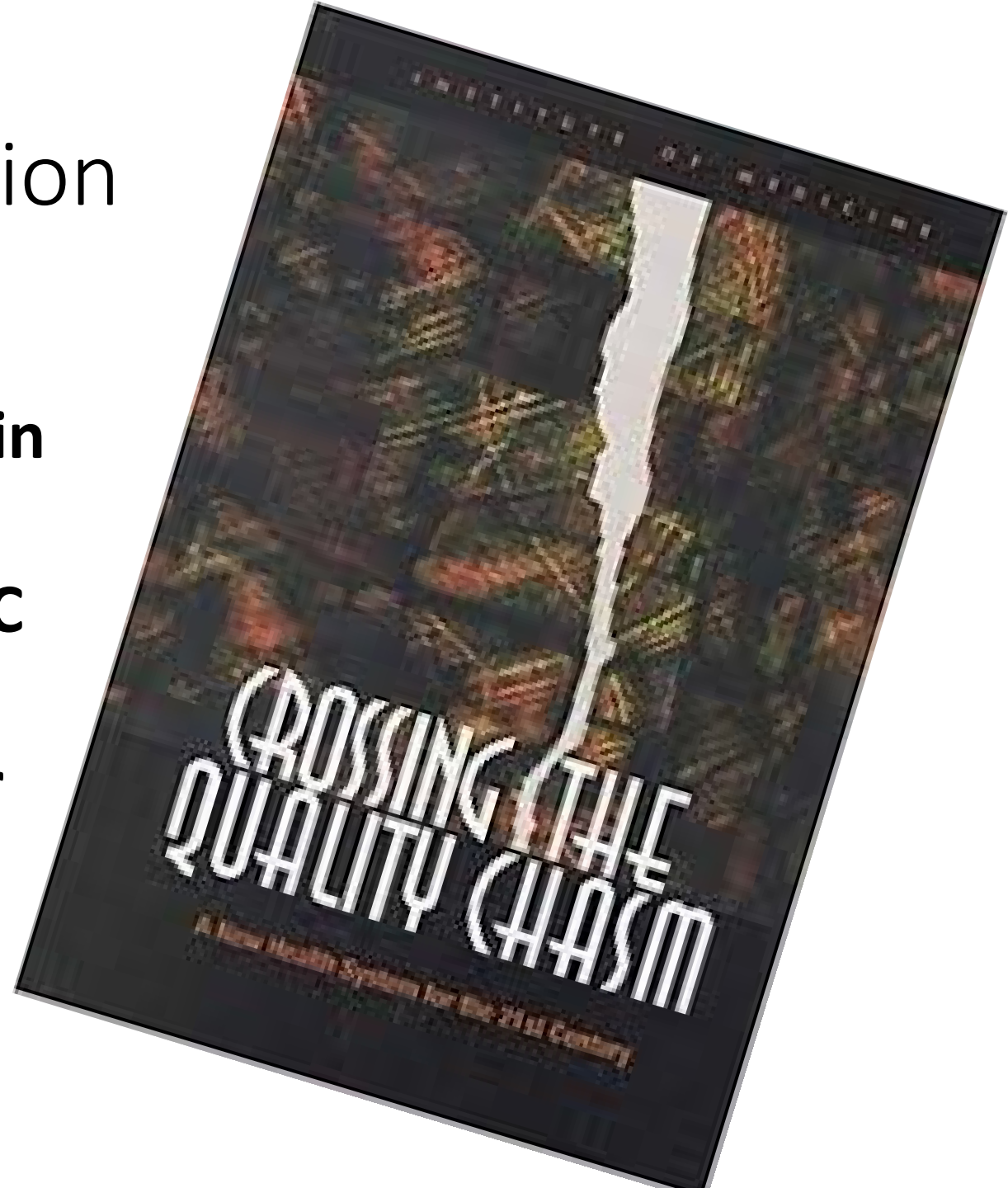
Outcomes

**Graduate Placement
Rate**

**Program Graduation
Rate**

Interprofessional Education

- **Planned interprofessional education is incorporated within the professional program.**
- **Further establishes AT in the HC model**
- **Opportunity for growth in your own practice**



Clinical Education

**Competency
Based**



New Curricular Content Requirements

Pre-Requisite Courses

- Biology
- Chemistry
- Physics
- Psychology
- Anatomy
- Physiology

Foundational Knowledge

- Statistics
- Research design
- Epidemiology
- Pathophysiology
- Biomechanics and pathomechanics
- Exercise physiology
- Nutrition
- Human anatomy
- Pharmacology
- Public health
- Health care delivery and payor systems.

Preceptors are health care providers whose experience and qualifications include the following:

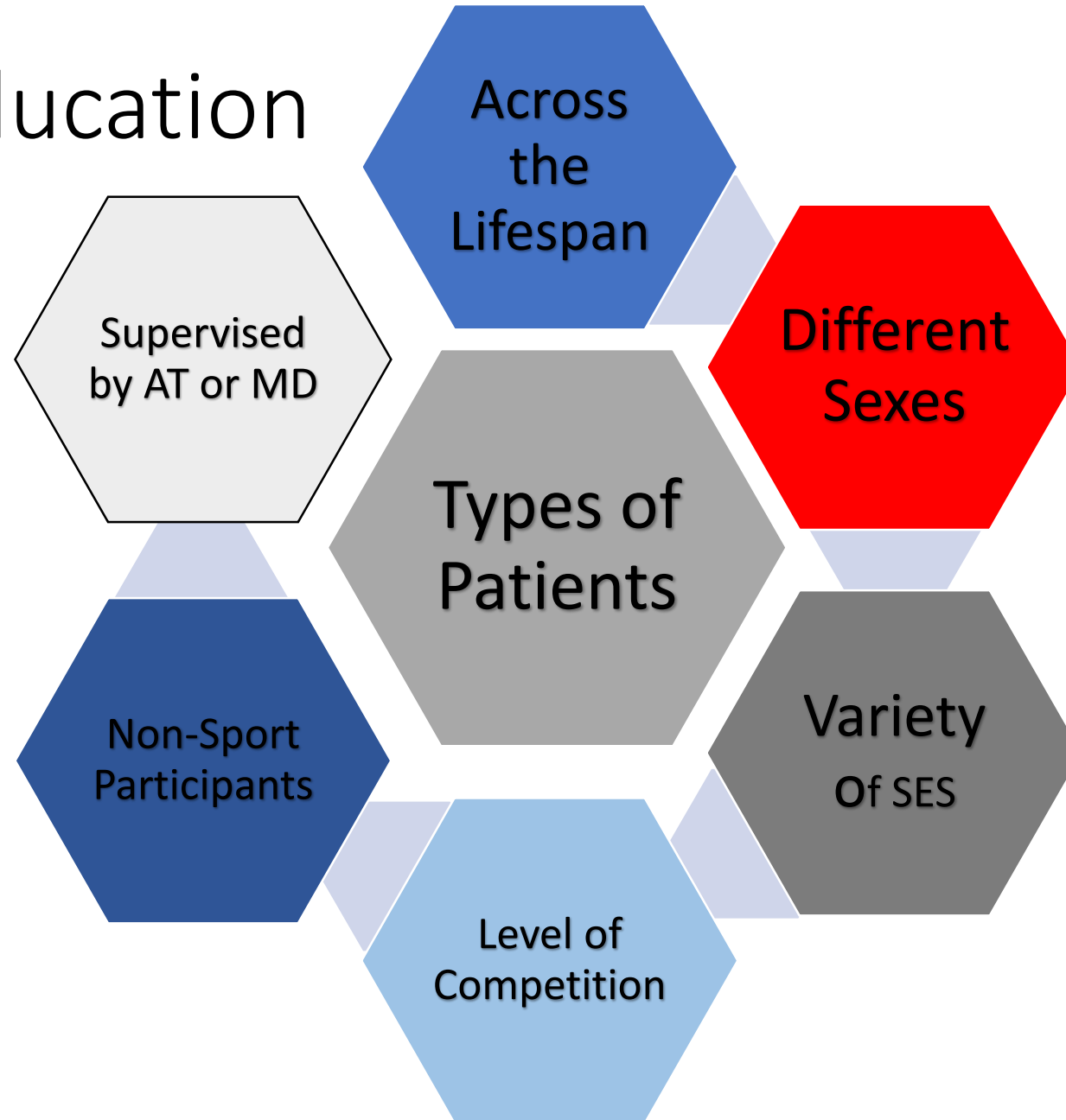
- Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- Planned and ongoing education for their role as a preceptor
- **Contemporary expertise**

Standard 45

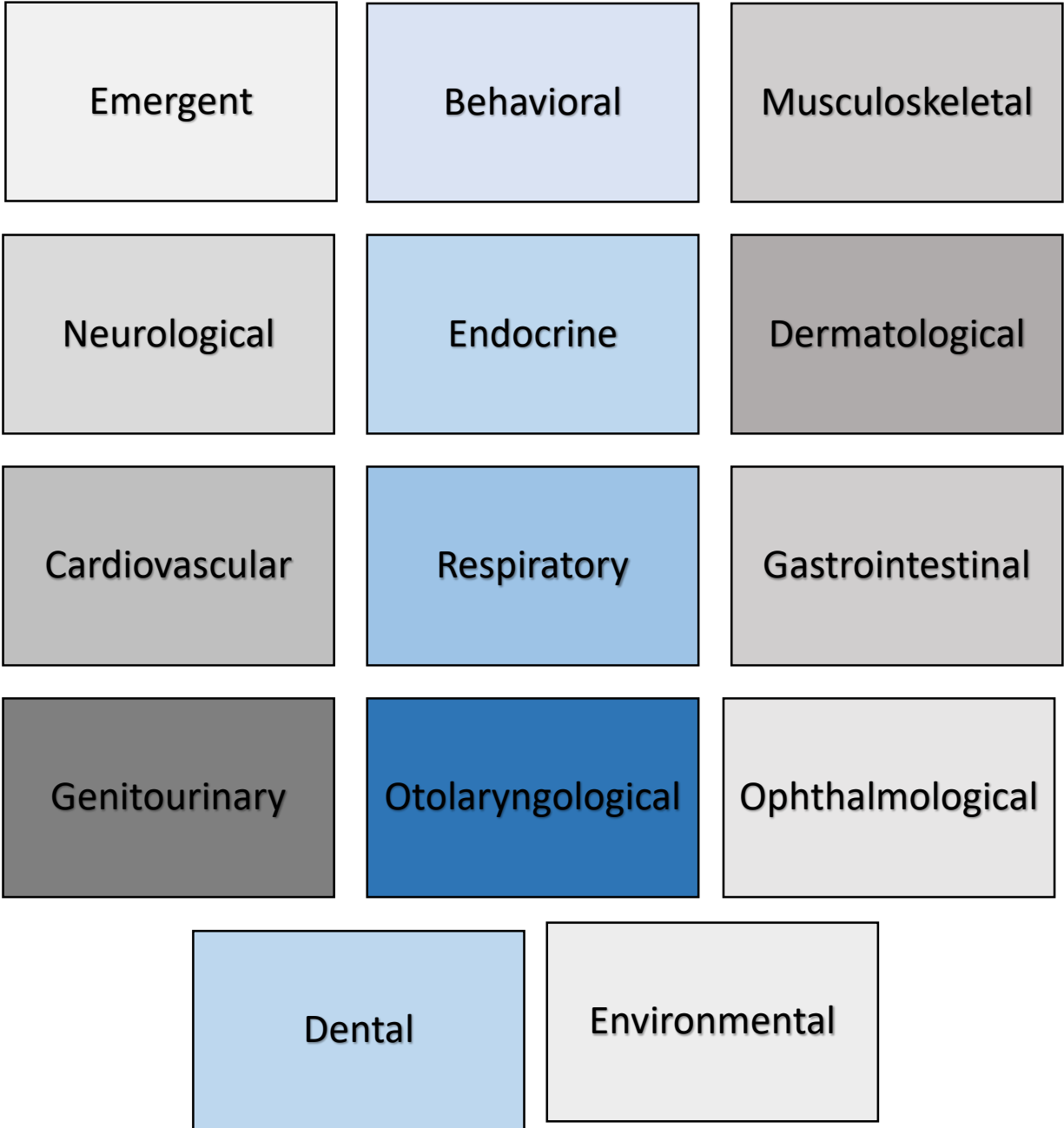
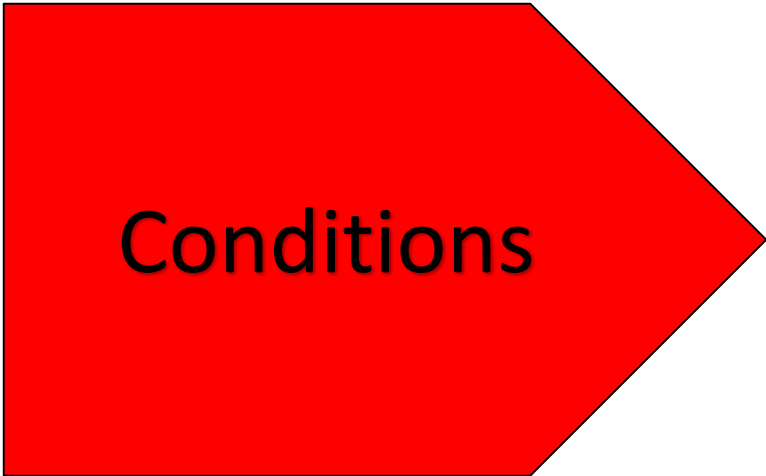
Contemporary expertise:

Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Clinical Education



Clinical Education



Immersive CE Component

*An athletic training **immersive clinical experience** is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period).*

Programs may include online education during the immersive experiences that does not detract from the nature of an immersive clinical experience.

What is new in the
curriculum?

Curricular Content Organization

Core competencies

Patient/Client Care

Prevention, Health Promotion, and Wellness

Health Care Administration

Core competencies

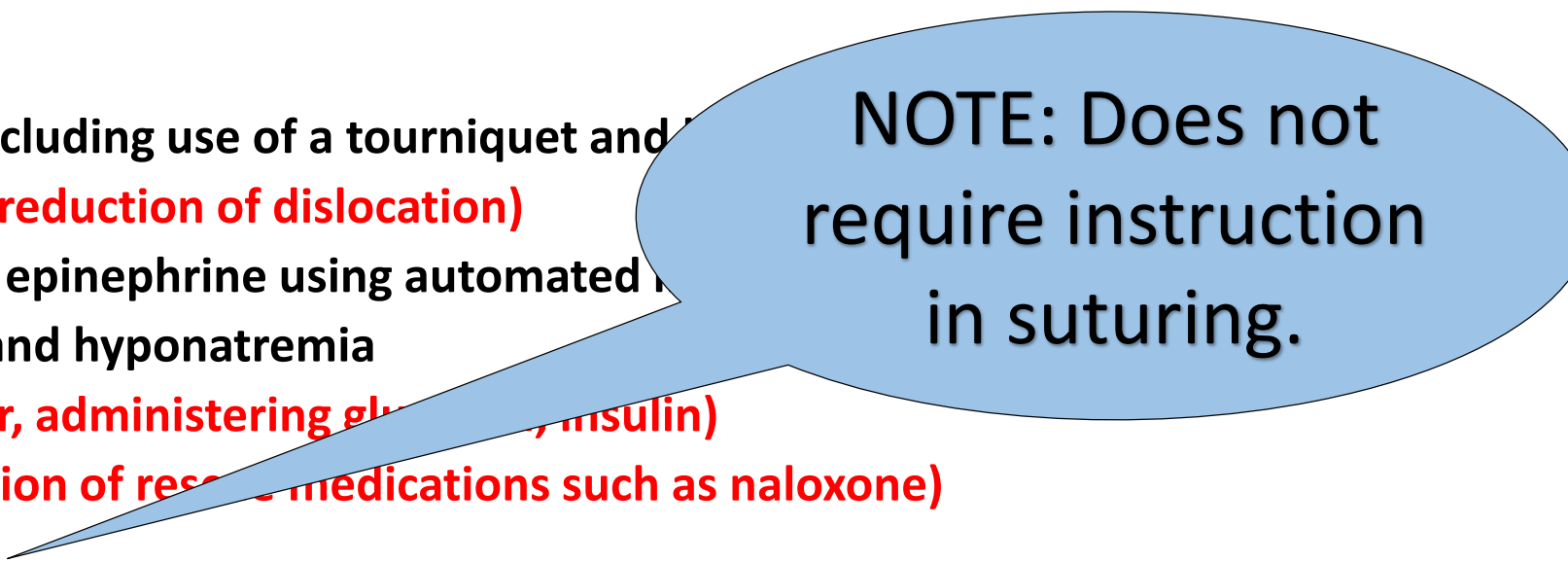
Patient-Centered Care
Interprofessional Practice and Interprofessional
Education
Evidence-Based Practice
Quality Improvement
Health Care Informatics
Professionalism

Patient/Client Care

- Care Plan
 - Assessment
 - Outcomes collection/interpretation
 - Decision making
 - Discharge
 - Referral
- Examination, Diagnosis, Intervention
 - Many areas: acute care, evaluation at the systems level, diagnostic testing, selection of interventions, behavioral health, equipment
 - Contains the areas where significant discussion occurred.
 - Misconceptions exist

Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, **and low-dose aspirin**)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and **and**)
- Fractures and dislocations (**including reduction of dislocation**)
- Anaphylaxis (including administering epinephrine using automated **and**)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (**including use of glucometer, administering glucose, insulin**)
- Drug overdose (**including administration of rescue medications such as naloxone**)
- Wounds (**including care and closure**)
- **Testicular injury**
- Other musculoskeletal injuries

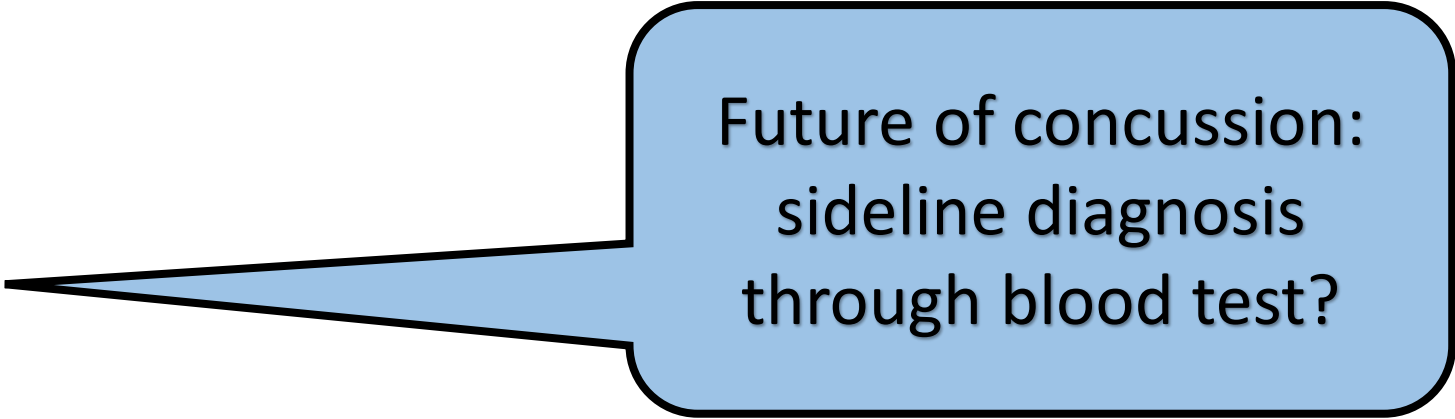


NOTE: Does not require instruction in suturing.

Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to)

- **Imaging**
- **Blood work**
- **Urinalysis**
- **and Electrocardiogram**

—to facilitate diagnosis, referral, and treatment planning.



Future of concussion:
sideline diagnosis
through blood test?

Standard 72

Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and **manipulation**
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

Standard 75

Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- **Durable medical equipment**
- **Orthotic devices**
- **Taping, splinting, protective padding, and casting**

Standard 78

Take Home Message

- Graduates of AT programs will have skills that span across all HCPs and should be naturally predisposed to think interprofessionally.
- New graduates will have new skills for patient care.
- Education drives practice and practice should evolve through purposeful continuing education to ensure contemporary expertise.

References

Commission on Accreditation of Athletic Training Education. (n.d.). *2017-2018 Analytics Report*. Retrieved from https://caate.net/wp-content/uploads/2019/07/2017-2018-Analytics-Report_VF.pdf

Richardson, R., Herzog, V., Merrick, M., Parsons, J., Thornton, J., Starkey, C., ... Brown, S. (2013). *Professional education in athletic training: An examination of the professional degree level*. (pp. 1–25). Retrieved from www.nata.org

Thank you!

Questions and discussion?