

Transition to Practice Brian Vesci, DAT, ATC Steve Nordwall, MA, ATC

Disclosures

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with companies to which they have a direct link and/or financial relationship that is related to the topic/content of their presentation.

Objectives

- Describe the current state and future directions of transition to practice in athletic training within the patient-centered care team and in line with best practices.
- Describe real and perceived barriers to transition to practice in line with organizational and patient needs.
- Implement available resources for themselves, students, and/or employees to facilitate transition to practice to enhance patient outcomes and provider quality of life.

Workgroup Development

- Future Directions document 2012
 - Recommendation #12
- Summer 2015 workgroup formed
 - NATA volunteer committee, BOC, CAATE representation
- Fall 2015 workgroup commenced
 - First face to face meeting JCM January 2016

Workgroup Members

- Steve Nordwall (co-chair)
- Alice Wilcoxson (ECE)
- Jordan Hamson-Utley (PPEC)
- Bart Peterson (SSATC)
- Megan Hammonds (EDAC)
- Michael Miller (EAC)
- Jennifer Volberding (PEC)

- Brian Vesci (co-chair)
- Martin Matney (COPA)
- Brittany Hoover (PDC)
- Amanda Brown (YPC)
- Bob Howard (ICSM)
- Stacy Walker (CAATE)
- Doug Gregory (BOC)
- Katie Scott (NATA)
- Sidney Fuller (NATA staff)

JCM 2016 – Guiding Questions

- What impact do mentors and/or preceptors have on transition to practice?
- What impact does professional education (clinical and/or didactic) have on transition to practice?
- What essential skills do professionals need, or need to develop, to facilitate their transition to practice?
- What impact does a new professional's transition to practice experience have on their longevity in the profession?
- What barriers to transition to practice exist within athletic training?

Other Models in Health Care

Medicine

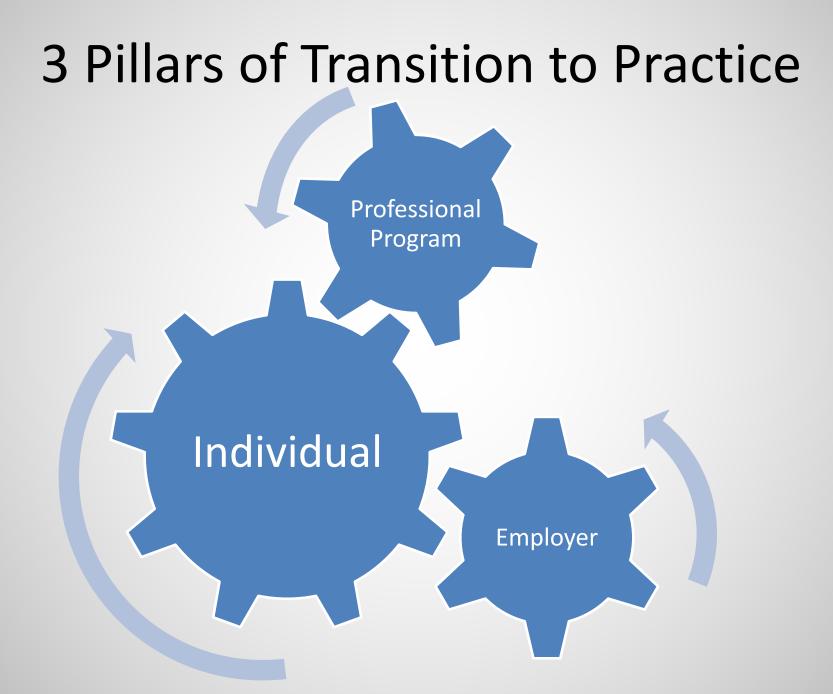
Nursing





Transition to Practice - Defined

• A complex process where by a newly credentialed athletic trainer, while redefining their sense of self during disruptive life events, develops and is supported from education to clinical practice, regardless of practice setting.



Mentor vs Preceptor

Mentor:

- Often self-selected by the mentee, however certain types may be assigned (e.g. preceptors)
- Offers global professional guidance
- Naturally forming relationship, often between a seasoned clinician and newly credentialed clinician
- Facilitate professional development through interpersonal interactions by sharing advice and guidance

Mentor vs Preceptor

Preceptor:

- Assigned by the employer
- Direct setting and site specific guidance
- Formally structured with distinct agenda
- Orientation guided
- Typically an individual with supervisory authority
- May be multiple (i.e. administrative, medical, etc.)

Recommendations - Individual

Self Directed Learning

- Interprofessionalism
- Active listener
- Motivation

Organization

Administrative skills

• Time

management

Adaptation

Confidence

- Independent thinking
- Humility
- Collaboration

Individual

Recommendations – Employer

Operations

- Site and setting specific orientation (checklist)
- Access to administrative and medical preceptors
- Formal, ongoing feedback provided to employee
- Access to duly credential physician that has unchallengeable authority over medical decisions



Recommendations – Employer

Environment

- Work environment consistent with BOC facility standards
- Resources necessary to complete job description provided to employee

Settings that cannot meet these recommendations may present a barrier

• Challenge: Employing only one AT



Recommendations – Professional Program

- Inter-professional education and clinical education (practice)
- Core competencies
- Full-time clinical education
 - Site and setting specific orientation
- Preceptor selection focused on developing the individual, not clinical setting*
- Curricular content delivered by recognized and demonstrated content experts



Barriers

Unrealistic Expectations - Thrasher 2015 Personal Characteristics and - Thrasher 2016 Lack of Transition to Practice Preparation - Walker 2016

Previous Educational Experiences - Mazerolle 2015

Time Management - Mazerolle 2015

> Preceptors - Walker 2016

Committee Charge

- Practice Settings
 - Secondary School Athletic Trainers' Committee (SSATC)
 - Intercollegiate Council for Sports Medicine (ICSM)
 - Council on Practice Advancement (COPA)
- Transition to Practice Pillars
 - Professional Development Committee (PDC)
 - Young Professionals' Committee (YPC)
 - Professional Education Committee (PEC)



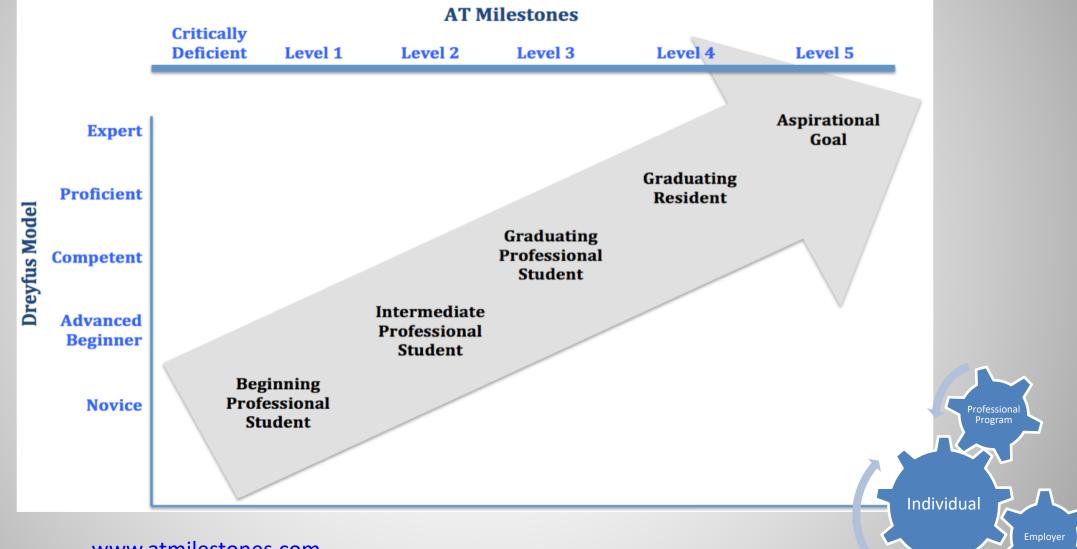
Current Resources

- AT Milestones (<u>www.atmilestones.com</u>)
 - Potential evaluation tool for students/programs/employers

- Eric Sauers
- Mark Laursen
- Hollie Walusz
- Forrest Pecha



AT Milestones



AT Milestones

Critical Deficiencies	Lev	el 1		Level 2			Level 3 (Ready for Unsupervised Practice)			Level 4 (Ready for Advanced Practice)			Level 5 (Aspirational)		
Behaviors are not				What are the			What does a graduate			What does a graduating			What does clinical		
within the spectrum	expectatio			milestones for a			of a professional			resident look like?			expertise look like?		
of developing competence Significant deficiency in learner performance	beginning		adva begir perfo suffic unsu pract What learn well	learner who has advanced beyond beginner, but is not performing at a level sufficient for unsupervised practice? What should the learner be able to do well at this point in their training?		program look like? What additional knowledge, skills, and attitudes have they obtained? Are they ready for BOC certification?			What additional knowledge, skills, and attitudes have they obtained? Are they ready for specialty certification?		What are stretch goals to encourage continued progression towards mastery?				
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Comments:							•							3	



• Mentorship Database (NATA)



Home Communities - Directory - Browse - Participate - The Den

Mentor Profile



Mr. Brian Vesci, DAT, ATC

Northwestern University

My Profile - My Connections - My Contributions - My Account -

Mentor Profile Status:

or Status

Contact Details 💌

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Social Links

Bio ァ

Brian has been a member of the Northwestern University Sports Medicine Department since 2016. His primary responsibility is overseeing University Health Service and Athletics concussion management, and for providing clinical care to patients with prolonged symptoms following concussion.

Not Participating

He completed his professional education in 2004 at Duquesne University, earned his Master's Degree in Exercise and Sports Science from The University of North Carolina at Chapel Hill in 2006, and his Doctorate of Athletic Training Degree from A.T Still University in 2017. Individual

Q

search

Link to other social media accounts



- Appropriate Medical Care for the Secondary School Aged Athlete Task Force
 - Program Assessment for Safety in Sports (PASS)
 - AT self and programmatic assessment
 - Onboarding recommendations for organizations
 - Program can provide feedback
 - Linked to mentorship program





- Recommendations for Human Resources
- Orientation
 - Workgroup Checklist
- Mentorship
- Performance goals





- Addition of new at-large preceptor member
- Clinical site development
- Facilitate athletic training student and clinical site engagement



Future Directions

- Continued work with NATA Committees

 ICSM, SSATC, COPA, PDC, PEC, YPC
- Continued research (ATEJ)





THANK YOU!