

Ethical Principles for the Athletic Trainer



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Presenter Conflict of Interest

- Timothy Neal, MS, AT, ATC, CCISM
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- The statements and opinions contained in this presentation are solely mine
- Chair of the NATA Committee on Professional Ethics (COPE).
- NATA Code of Ethics is property of the NATA

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Today's Pressure in Athletic Health Care

- Demands on time, resources, and outcomes in contracted time frame
- Standards of care are at risk to be compromised to meet the expectations of the coach, team, or school/organization
- Potential conflicts of interest
- **AT put into vulnerable ethical situations**

Coach Makes the Call

Athletic trainers who butt heads with coaches over concussion treatment take career hits



John Raoux, AP Images
Anthony Pass (right), who lost his job this year as head football trainer at the U. of Florida, tends to an injured player.
By Brad Wolverton SEPTEMBER 02, 2013

Fundamentals of Quality Patient Care

- Clinical and technical skills
- Evidence-Based Practice
- **Ethical Decision Making**

(Roubinas & Garner, 2008)

Three Great Domains of Human Action: Lord Moulton (Atlantic Monthly, July 1924)

- Free choice: enjoyment of complete freedom
- Manners (Ethics): obedience to the unenforceable, originating from a consciousness to duty nearly as strong as positive law, where **one obeys self-imposed law**.
-
- Positive Law: laws that compel obedience to the enforceable, where disobedience results in punishment

** The true test of human action lies in the middle of ethical behavior, as individuals of a nation (profession) can be trusted to obey self-imposed law.*

If You Don't Practice Ethically, You Can Get Laws/Standards to Enforce Obedience

Free Will

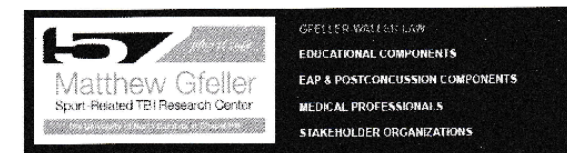
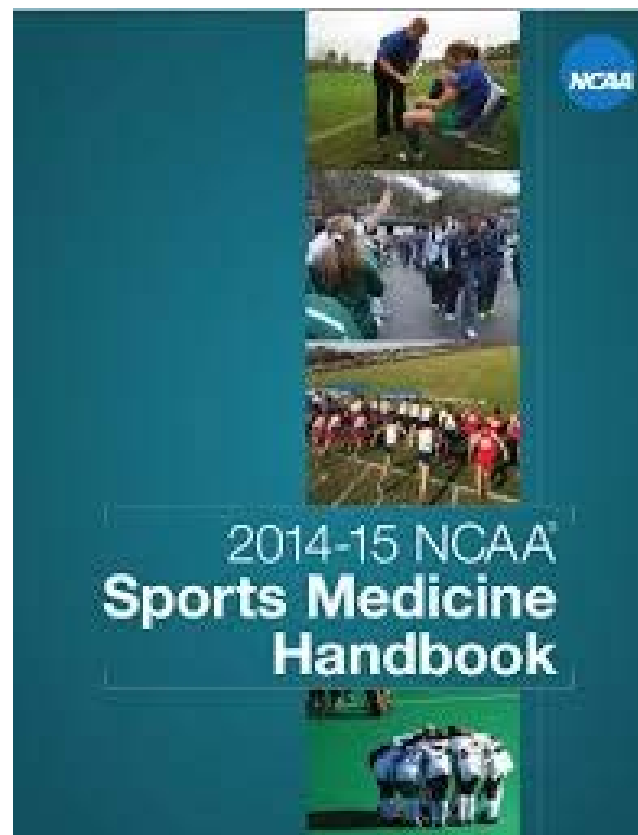
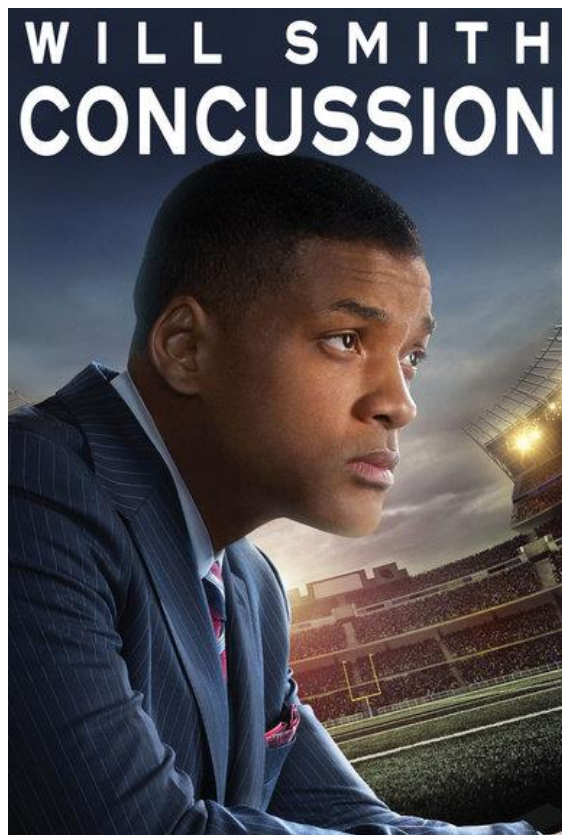


Ethics



Law





Gfeller-Waller Concussion Awareness Act

Implications and Considerations for Schools

Overview

The Gfeller-Waller Concussion Awareness Act was drafted and implemented to protect the safety of student-athletes in North Carolina and was signed into law on June 16, 2011 by Governor Beverly Perdue. There are three major areas of focus in the law and these include: education, emergency action and post-concussion protocol implementation, and clearance/return to play or practice following concussion. A copy of the Gfeller-Waller Concussion Awareness Act is available here (PDF - 74 Kb). Each school should maintain documentation that they are in compliance with the law.

This website contains information and materials to be used by high schools and middle schools and medical professionals to comply with this law. At the top of the page are links for each major topic/section stated in the law. This website includes forms, materials, and examples for schools to enable them to implement those changes into their schools or practices.

The Gfeller-Waller Concussion Awareness Act Checklist (item 1 below) contains a checklist to help guide your school through the compliance process. You can also read and print each of the individual items of the resource packet by clicking on the links at the top of this page. If you or someone at your school has questions about the Gfeller-Waller Concussion Awareness Act, please email gellerwaller@unc.edu.

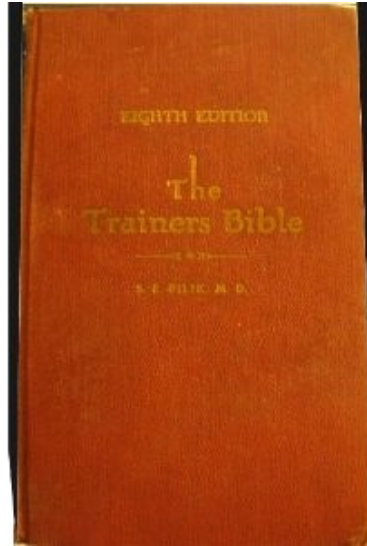
Below is a list of all Gfeller-Waller Concussion Awareness Act materials. Direct links to these materials for ease of reading and printing are also provided.

- 1) Gfeller-Waller Law Compliance Information and Checklist [Click here](#)
- 2) Student-Athlete & Parent/Legal Custodian Education & Statement Form [Click here](#)
- 3) School Representative (parent/bouché/inter-school nurse/first responder) Education & Statement Form [Click here](#)
- 4) Guidelines for an Emergency Action Plan [Click here](#)
- 5) Sample Emergency Action Plan [Click here](#)
- 6) Post-Concussion Protocol [Click here](#)
- 7) Gfeller-Waller/NCI/ISAA Student-Athlete Concussion Management Resources [Click here](#)
- 8) Student-Athlete & Parent/Legal Custodian Education & Statement Form (Spanish Version) [Click here](#)

9) Concussion Monitoring and Management in NC Public Schools - NEW
In October 2015, the NC State Board of Education approved policy HRS-E-001, titled *Return-to-Learn After Concussion*. This education policy includes guidelines for safe and appropriate return to the educational environment for ALL students post-concussion. Although this policy includes student-athletes protected under the Gfeller-Waller Concussion Awareness Act, it is further rescinding HRS-E-001 includes requirements for safe return to school for any student in NC public schools who sustains a mild Traumatic Brain Injury (mTBI), more commonly referred to as a concussion. This policy is linked to the State Board of Education Strategic Plan under Goal 5 (Every student is healthy, safe, and responsible). Objective 2 (Promote healthy and active lifestyles for students). The requirements of HRS-E-001 become effective at the onset of the 2016-2017 academic year. At this time, all NC public schools are to implement these requirements. The policy, along with information and resources designed to support schools and districts in

1917

The Trainers Bible



“(The athletic trainer should) Adhere to the highest standards of professional ethics and behavior.” - *The Trainers Bible*, S.E. Bilik, MD

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INTRODUCTION

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Ethics in Sports Medicine: Perspectives on Fulfilling the Social Contract Between Health Care Providers and Society

Kimberly S. Poon, PhD, ATC, FNATA • Kent State University

Contemporary press has highlighted key issues associated with ethical issues in sport. Although this is not a new issue, it is confounded by the changing context and construct of sport in our society.¹ Sport has increasingly been impacted by its changing role at educational institutions, gender equity issues, complex funding arrangements, increasing violence and cheating, and the ever-present entertainment value inherent in sport.^{2,3} As health care providers, it is imperative for athletic trainers and other sports medicine professionals to understand our roles in the ethical decision-making aspects of sports medicine as a construct. Filled with potential conflicts of interest, athletic trainers are often put in vulnerable ethical and legal situations as they navigate the challenging culture permeating sport at all levels.

Inherent in this conflict is the essence of professionalism and medicine's social contract with society.^{4,5} Expectations and obligations of health care professionals forge a contractual agreement for practicing with the patient's interest first and developing self-regulatory practices to ensure continued competence in a rapidly changing environment. This social contract, also defined as the legitimate expectations of a professional as defined by codified principles and policies that govern the medical profession. However, evolutionary progress in health care has strained this contractual agreement and challenged health care providers to redefine the construct of professionalism when

implicit expectations contrast with explicit behavioral guidelines. This conflict creates challenging ethical dilemmas that place the social contract with society in jeopardy. As interprofessional practice emerges as a standard in interdisciplinary health care, professionals must embrace the social contract's key elements of accountability, trust, patient autonomy, altruistic behavior, assured competence, and timely access to care.⁶ Additionally, each professional must recognize and honor the knowledge boundaries that uniquely qualify each individual profession. This reciprocal relationship of expectations includes the expectations of the health care professionals of the public with whom they serve. These constructs include, but are not limited to, trust, autonomy to make judgments, shared responsibility for health outcomes, and nondiscriminatory results such as respect and status. As reflected, the social contract is a two-way relationship anchored in trust, integrity, and clear expectations.

External influences such as private sector health care, regulatory practices, and contemporary media sources challenge the social contract in health care. The expectations reflected by literature and certification agencies have evolved to promote lifelong learning in lieu of simple initial credentialing to promote and ensure continued competence. In an effort to reflect self-regulation for continued competence, these changes reinforce the expectations that health care providers are competent and up-to-date on changing practices and interventions. In addition, health care policies established to promote

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Ethical Issues in Concussion Management

Timothy Neal, MS, AT, ATC • Concordia University Ann Arbor and TLN Consulting

Athletic health care professionals, team physicians, and athletic trainers have an ethical obligation to safeguard the short- and long-term well-being of the athlete they care for. The potential long-term negative consequences to the student-athlete's physical, cognitive, and mental health as a result of concussions and their mismanagement is a reality. How the athletic health care professional attends to this top priority of providing optimal health care to the concussed athlete while navigating the mitigating circumstances and influences of nonmedical entities found in competitive athletics is one of the great ethical challenges of present-day sports medicine. Effectively navigating the complex challenges faced by athletic health care professionals is as important as the care delivered. Understanding the ethical challenges faced by athletic health care decision makers should be a central focus in providing the optimal care the patient deserves.

Key Words: social contract, standard of care, disqualification

Concussion management in sports medicine is a significant issue. The Centers for Disease Control and Prevention (CDC) estimates that 1.6–3.6 million sport-related concussions occur annually in the United States.¹

KEY POINTS

The proliferation of athletes to news outlets has complicated the social contract with the public, especially regarding the care of concussed athletes.

The urgency of the return to play after a concussion is critical to the education of the public contract with the public.

Ignorance or indifference to new concussion management standards is unacceptable for a medical professional and is the responsibility of the public.

In a study of self-reported concussions, comparable across all three divisions, 12%

of student-athletes surveyed self-reported one concussion, with 9.5% reporting multiple concussions.² Recent research in a small sample of high school and collegiate athletes who experienced a sport-related concussion had white brain matter changes in their brains 6 months after sustaining a concussion, even after they felt they had recovered from the concussion months earlier.³ Other studies have reported an association between experiencing a sport-related concussion and developing mental health disorders such as severe depression and higher levels of impulsivity and aggression among former collegiate athletes.⁴ Alarmingly, one study reported adults with a diagnosis of concussion had an increased long-term risk of suicide, particularly after sustaining a concussion on weekends, when most sporting contests are held.⁵ This study also observed an association between concussion and suicide risk being accentuated with additional concussions.⁶

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Professional Values: Cultivating the Social Contract with the Seeds of Professionalism

Gretchen A. Schlebach, PhD, ATC • Northern Illinois University

The profession of athletic training has not identified and explicitly articulated shared professional values (PV). Shared PV are the seeds of professionalism, and deeply rooted motivators of professional action which support the social contract through self-regulation. The purpose of this exploratory study was to: (1) discover shared PV in athletic training, (2) examine how important PV are to the National Athletic Trainers' Association (NATA) membership, and (3) how important it is for our association to explicitly articulate professional values. This study found that truth/honesty, integrity, and respect are significant athletic training PV. PV are important (96.8%), and it is important for the association to explicitly articulate PV (96.5%). The declaration of shared PV will promote values-based behaviors and internally motivate a duty to uphold the legal, ethical, and regulatory standards of the profession. Dedication to our professional responsibilities will sustain the social contract and encourage public trust. **Key Words:** professional ethics, professional values, professionalism, self-regulation, social contract.

Athletic trainers (AT) have a responsibility to adhere to legal, ethical, and regulatory standards of the profession and report violations of the practice standards. This duty is preempted by professional self-regulation and is the basis of the implicit social contract with the public. It is acknowledged in the meaning of the term profession:

An occupation, whose core element is work based upon the mastery of a complex body of knowledge and skills, is in a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice

and the privilege of self-regulation. Professions and their members are accountable to those served, to the profession, and to the society.⁷

Within this definition are unique constructs necessitating clarification. While professional competence relative to skills and knowledge is widely recognized by the AT, the notions of being governed by codes, a commitment to integrity and morality, altruism, social contract, and self-regulation will be subsequently reviewed. Governance by codes, such as the National Athletic Trainers' Association (NATA) Code of Ethics, serves to communicate the moral vision and beliefs of the profession and to influence ethics, conduct and decision-making.⁸ Commitment to integrity and morality conveys steadfast honesty and an adherence to moral principles, and commitment to altruism expresses an attitude of selfless service to our patients, profession, and society.

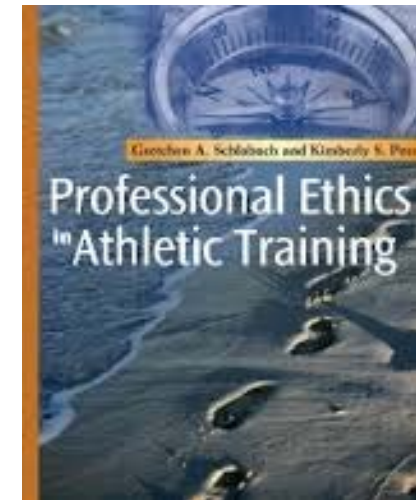
Grasping the constructs of the social contract entails the collective understanding of the duties of self-regulation, professionalism, and professional

2008

Professional Ethics in Athletic Training

Dr. Gretchen Schlabach & Dr. Kimberly Peer

- Great resource- full of ethical foundations, data, and examples
- Dynamic influencers of professional ethos
- Sum of distinguishing characteristics of a profession:
 - Values
 - Norms
 - Beliefs



Athletic Training Profession's Social Contract with the Public

- Two-way relationship established in trust, integrity, and clear expectations.
- **Ethical obligation to safeguard the short and long-term well-being of the patient they care for.**
- **The degree of excellence within a profession is the degree to which the members share and practice congruent values.**
- Athletic training professionalism establishes the social contract through its values and commitment towards:
 - Relationships
 - Discussion of complex health care issues
 - Moral boundaries

What the Athletic Training Profession Provides the Public in Our Part of the Contract

- Guarantee of competence
- Promotion of the public good
- Transparency in services
- Altruistic service to the patient
- Accountability that protects long-term health
- **Practicing with integrity and morality**

(Cruess & Cruess, 2004)

What the Public Provides the Athletic Training in Their Contract with the Profession

- Autonomy
- Trust
- Monopoly
- Status
- **Expectation of self-regulation**

(Cruess & Cruess, 2004)

Ethical Standards Are Important

- Ethical standards overlap with legal issues.
- Thus, what is ethical may not be legal, AND, what is legal may not be ethical. There is a difference (e.g., confidentiality issues).
- Professional codes of ethics almost universally dictate that it is unethical to engage in any illegal activity.
- Athletic training, like all professions, is defined by certain characteristics that set it apart from nonprofessional groups.
- **Athletic training has established high standards of ethical behavior by members of the profession- the NATA has set our ethical standards.**
- These standards are the **NATA Code of Ethics**, which is guide for appropriate conduct for members of our profession.

Principle 1

Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others

- 1.1. Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
- **1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.**
- 1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

Consider

You are the assistant athletic trainer in the college setting. You note that a fellow assistant athletic trainer on the staff goes out of her way to not care for male student-athletes. She expresses a bias against male student-athletes, preferring to care for only female student-athletes. Whenever she is asked to assess a male student-athlete, she performs a brief exam and tells the male student-athlete to “grab an ice bag” for every injury.

Is this scenario a potential NATA ethics violation?

Consider

You are the athletic trainer at a local junior college whose soccer program has not been very successful recently. During the current year, your team is having a successful season and on a path to go far in the playoffs. Towards the end of the regular season, two of your best student-athletes suffer concussions that result in them missing significant time. During the time that they are not playing, your team does not win a game and the coach puts a tremendous amount of pressure on you to get them back or “we will not win the championship”. You cede to the coaches relentless yelling and pressure and do not report certain “minor” symptoms and/or test results to your physician so that the student-athletes can return to play and hopefully help your team win.

Is this scenario a potential NATA Ethics Violation?

Consider

One of your high school women's lacrosse student-athletes confides in you that she is pregnant and the father is a baseball student-athlete at a neighboring school. She asks you not to tell her parents, coaches, teachers, or other student-athletes regarding her medical condition. She has bleeding complications related to her pregnancy and cannot practice. As you are delivering the coaches report, you note that the student-athlete is listed as out. The coach inquires as to why she is not practicing and you answer that "... she has a medical condition that is precluding her from being able to participate." The coach inquires as to what the medical condition is and you state that "... she believes that she is pregnant."

Is this scenario a potential NATA Ethics Violation?

Principle 2

Members Shall Comply With the Laws and Regulations Governing the Practice of Athletic Training, National Athletic Trainers' Association (NATA) Membership Standards, and the NATA Code of Ethics

- **2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.**
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

Principle 2 (continued)

- 2.5. Members must not file, nor encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. **Members shall refrain from substance and alcohol abuse.** For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a prerequisite to complete a NATA membership reinstatement or suspension process.

Consider

The treasurer of a state athletic trainers' association was discovered to have stolen about \$2,000 from the association's bank account to be used for personal expenses. After an investigation confirmed the theft, an agreement was reached with the district attorney's office that no criminal charges were to be filed as long as the stolen funds were repaid immediately, resign from the association, and resigns his position at his high school where he was employed as an athletic trainer.

Should this potential ethics violation be reported to the NATA?

Consider

Over the course of six months, the pharmacy that the sports medicine department used noted that a large amount of prescriptions for oxycodone has been ordered by the team orthopedist. A check of records for the student-athletes involved reveal no time-loss injuries or surgeries to these student-athletes.

An investigation by the university revealed that a staff athletic trainer had taken some prescription forms and forged student-athlete names and the surgeon's signature to obtain the oxycodone for their own chronic knee pain. The district attorney's office is investigating.

Should this potential NATA ethics violation be reported to the NATA?

Principle 3:

Members Shall Maintain and Promote High Standards in Their Provision of Services

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- **3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.**
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

Consider

During pre-season camp in August, student-athletes would suffer from heat cramps and exhaustion. In order to provide relief from their condition, an athletic trainer is performing IVs, though the athletic trainer is not a phlebotomist, EMT, or paramedic, and performing this type of invasive procedure is not in the state's athletic trainer practice act.

Contacting and getting the physician to the athletic training room just to perform IVs is inconvenient, and going to the hospital would disrupt team schedules. The athletic trainer has in the past observed the physician performing dozens of IVs. The IVs are performed without incident and the student-athlete is able to return to activity the same day.

Could this scenario be a potential NATA ethics violation?

Consider

You are an athletic trainer in the high school setting who recently graduated from an accredited athletic training education program. During your course of study, you had a PA come and talk to your athletic training student organization regarding suturing and had the opportunity to practice briefly on a simulated wound. While working your school's ice hockey game, one of your star athletes suffers a laceration that needs sutures to be able to return to the game. He is your team's best player and only chance to win the game. The coach and other players ask you if you can do the sutures so that he can return to play. Because you attended the presentation & practiced a couple of times on a simulated wound, and watched a YouTube instructional video on suturing, you use supplies left by your physician and place four (4) sutures on the student-athlete's forehead.

Is this scenario a potential NATA Ethics Violation?

Consider

An athletic trainer goes to a seminar to obtain CEUs. She attends a one hour session where the value of Active Release Technique (ART) is discussed and demonstrated by an ART instructor. Returning to her position at a community college, this athletic trainer starts applying techniques she believes are ART based on watching this demonstration.



During a session of applying an ART technique to a student-athlete, a nerve injury to the student-athlete's elbow occurs, resulting in a disabling contracture of their forearm. This injury results in referrals to hand specialists, surgery, specialized physical therapy, a year-long absence from sport, and unfortunately, a lawsuit against the athletic trainer.

Could this scenario be a potential NATA ethics violation?

Consider

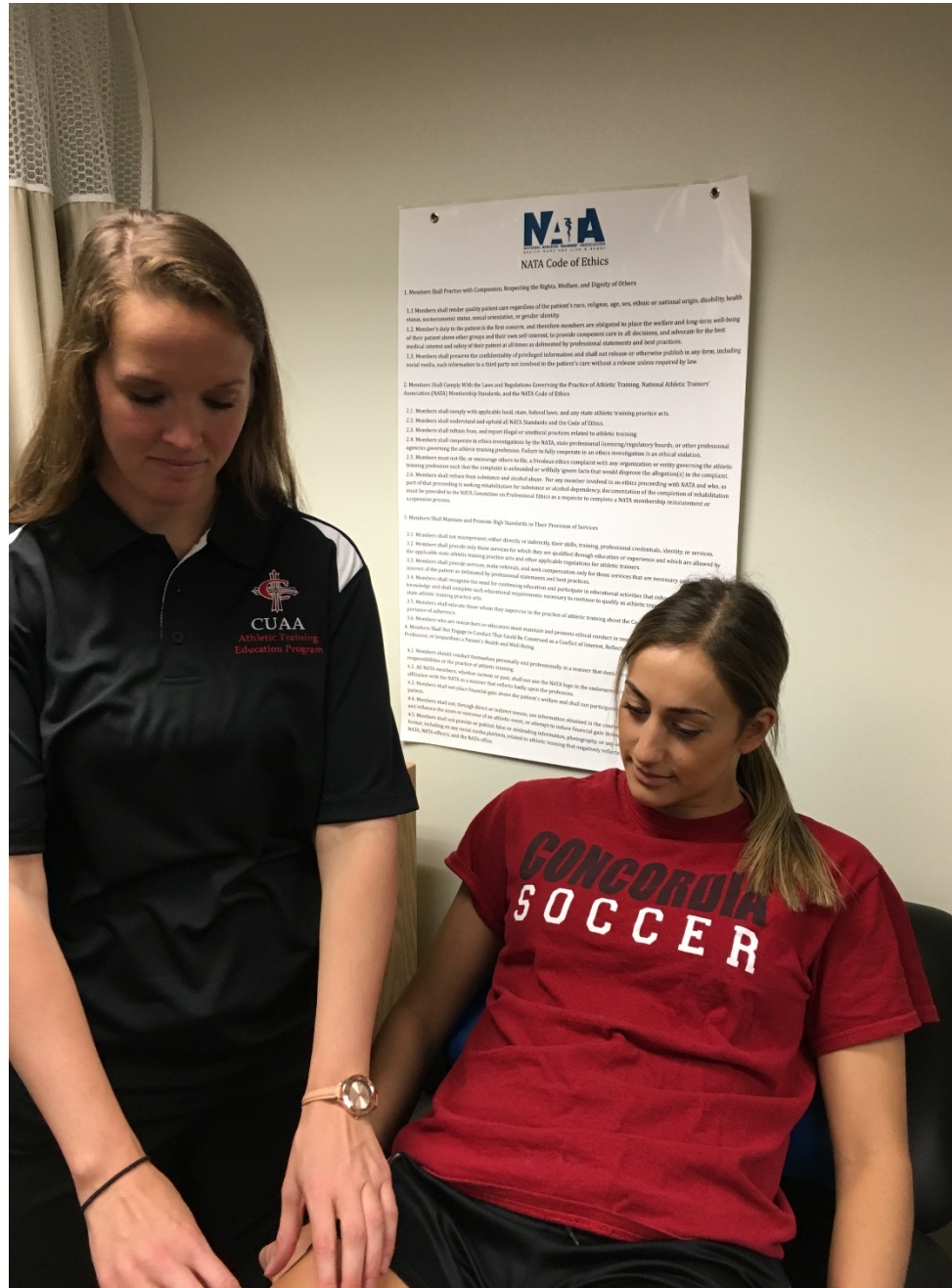
You are an athletic trainer at a Division III university. Your administration comes to your staff & states that they want you to bill your student-athlete's insurance for all treatments & rehabilitation done in the athletic training facility because the college stands to make a good amount of money from the billing. They promise your staff that the athletic training room and athletic trainers will receive a share of all monies collected. Your administration also asks you to do many treatments on every student-athlete so that they can bill and collect more and potentially do treatments / rehab that is not 100% necessary (e.g. e-stim and/or US on every injury every day), enhance injury descriptions to make injuries seem more serious, etc.

Is this scenario a potential NATA Ethics Violation?

Principle 3: (continued)

- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- **3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.**
- 3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.





Consider

It is a reporting year for CEUs are you are seven (7) CEUs short of the required amount. While attending a professional meeting in the fall (worth 5 Category A CEUs) on knee injuries, you need to step out of the meeting for an extended period of time (90 minutes) to deal with a personal issue and are not present for those sessions.

In late December, you are trying to complete a home study course (worth 2 Category A CEUs) to finish your requirements for the period. A co-worker has also registered for the same course & is sitting at the table with you. Something comes up that you must attend to. When you come back to the table, your home study course video has completed and it is time to take the quiz. Your co-worker completes the quiz & you discuss and utilize your co-workers answers without watching the video.

When it comes time to enter your CEUs into the BOC website, you enter five (5) CEUs for the knee meeting and two (2) CEUs for the home study course to complete your requirements.

Is this scenario a potential NATA Ethics Violation?

Principle 4:

Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient's Health and Well-Being.

- 4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2. All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3. Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

Principle 4:
**Members Shall Not Engage in Conduct That Could Be
Construed as a Conflict of Interest, Reflects Negatively on
the Athletic Training Profession, or
Jeopardizes a Patient's Health and Well-Being**

- **4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.**
- 4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

Consider

An athletic trainer at the university setting works at a school with a nationally ranked men's basketball team. The athletic trainer has over \$50,000 in outstanding student loans. The athletic trainer, though he doesn't work with the basketball team, knows that the starting center is being treated for a chronic knee injury that has limited the athlete in practice, and will only play at 75% in a nationally televised game later in the week. Additionally, the athletic trainer is aware that the starting point guard has been ill with a stomach virus for the past several days.

The athletic trainer runs into an "acquaintance" the day before the game. The acquaintance reveals he is a representative of a "businessman" who is betting heavily on the game, which the athletic trainer's team is favored by 2 points. The acquaintance is interested in obtaining information on the health of the team for a "fee" paid to the athletic trainer. The athletic trainer informs the acquaintance of the knee injury and the other ill player, then himself places a bet against his team for the game.

Is this scenario a violation of the NATA Code of Ethics?

Gambling Considerations

- 15% of Americans gamble at least one per week
- 2-3% of Americans meet the criteria for problem gambling
- 6% of college students in America have a gambling problem
- 40% with a gambling problem started gambling before age 17

(National Council of Problem Gambling)

What is the prevalence of gambling among athletic trainers?

Extending Sports Wagering Studies Outside of the Student-Athlete Population: NCAA Division I Athletic Trainers' Gambling Behaviors

Robert P. Mathner, Ph.D.

Troy University

Christina L.L. Martin, Ph.D.

Troy University

Michael S. Carroll, Ph.D.

Troy University

Tim Neal, M.S./ATC

TLN Consulting

Studies have been conducted on the scope of sports wagering by student-athletes, as this population has the ability to control performances, game outcome, and/or provide insightful game related information (NCAA, 2004; NCAA, 2008; NCAA, 2013a). Not far from this notion, yet unrepresented in the literature, is the review of athletic trainers as it relates to sports wagering and gambling. Specifically, athletic trainers may possess confidential information regarding the mental and physical well-being of student-athletes and therefore might be valuable resources for those who want to obtain confidential health related information to increase their chances of winning a sports wager. Thus, the purpose of this study was to ascertain the scope of athletic trainers' involvement in gambling and sports wagering. This study employed a non-experimental, exploratory, mixed-survey design to help determine possible gambling and sports wagering behaviors of athletic trainers. All NCAA Division I certified athletic trainers with publicly available e-mail addresses were targeted. Twenty-eight percent of those targeted (N=453) responded to the survey. Findings indicated that almost 38% of the athletic trainers have placed monetary bets on sporting events and almost 16% indicated they did so in the last 12 months. As such, this study provided rationale to extend sports wagering studies outside of the student-athlete population. Mathner, Martin, Carroll & Neal

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Consider

A newly certified athletic trainer obtains an athletic trainer position at a secondary school. The athletic trainer works long hours, leaving little time for a social life. During his care for a junior women's soccer athlete, the athletic trainer strikes up a friendship with the athlete, finding they share many things in common as they are only five years apart in age. The athletic trainer learns the athlete comes from a broken home and befriends the athlete.

Following the women's soccer season, the athletic trainer and women's soccer athlete share texts and calls on various topics, with the athlete stopping in the training room to say hello several times a week. The athletic trainer then quietly starts dating the athlete because of the high school policy prohibiting staff from dating students.

Could this scenario be a potential NATA ethics violation?



Ensure that the NATA Code of Ethics and the Membership Standards, Eligibility, Requirements, and Membership Sanctions and Procedures are Enforced.

COPE Role and Function

All Districts Have Representatives and At-Large Members

- Education of membership on the NATA Code of Ethics and Membership Standards and the process of adjudicating complaints.
- Periodically reviewing and recommending changes in the Code of Ethics and Standards, as well as procedures for processing complaints.
- Addressing complaints of alleged violations of the Code of Ethics and Standards.
- Responding to requests for interpretations of the Code of Ethics and Standards.
- Ensuring that the Code of Ethics and Standards, as well as the complaint process, are not in conflict with any federal or state laws, rules and regulations, or any policies of the NATA.

Ethics Complaint Process

The fundamental goal of the ethics complaint process is to eliminate unethical behavior, rather than impose sanctions.

- If the member is under indictment, or under investigation by a licensing board, certifying body, or professional organization, COPE may suspend consideration of the matter until a judgment is reached.
- Confidential (unless required otherwise by law)
- Stepwise process.

Complaint Process

- Written complaint to NATA national office or COPE member.
- Complaint goes to COPE chair, who will determine if the complaint warrants a Preliminary Review Panel (PRP) assignment. 2 COPE members are assigned to the PRP by the Chair.
- PRP then establishes whether the allegation has merit and determines if any further investigation is needed. If PRP determines the allegations have merit, the member in question will be notified by certified mail.
- The Chair then convenes a Judicial Panel (JP) of 3 different COPE members to conduct a thorough investigation of the allegations and render their findings to the Chair.

COPE Judgments

- If no finding of violations, no further action is taken.
- If a violation has been found to take place, the member has the right to an appeal after being notified by the Chair.

Sanctions:

- Denial of membership
- Cancellation of membership
- Non-renewal of membership
- Suspension of membership
- Public censure
- Private reprimand

Member may apply for reinstatement of eligibility or membership
(after 1 year)



GREAT LAKES
ATHLETIC TRAINERS ASSOCIATION