Strategic Process Intended to Infuse Interprofessional Education and Practice into a Health Profession



Anthony P. Breitbach PhD, ATC – Saint Louis University **Russ Richardson EdD, ATC – University of Montana-Western** Interprofessional Work Group, National Athletic Trainers' Association



SAINT LOUIS **UNIVERSITY**

Higher purpose. Greater good.™

ABSTRACT

Background/Rationale: Professional preparation in athletic training (AT) has grown quickly from modest roots based in physical education in the 1960's to its emergence as a recognized health profession today. The profession has long embraced interprofessional practice (IPP) but many times was not included in discussion of interprofessional education (IPE) at the institutional, governmental and international levels. As a result, the concept of IPE, which has been an emphasis in medicine, nursing and allied health since the 1990's has not been a part of AT programs. Investigation into IPE/IPP in AT found that the concepts were misunderstood by AT educators where there was a lack of common language and appreciation for

STRATEGIC OBJECTIVE

- In 2012, the Executive Committee for Education of the National Athletic Trainers' Association authored "Future Directions in Athletic Training" which made recommendations regarding the evolution of AT.
- IPE was included and a strategy for formal inclusion of IPE into AT was developed.

REFERENCES

- World Health Organization W. Framework for Action on Interprofessional Education and Collaborative Care. Geneva: World Health Organization; 2010.
- Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington DC: Interprofessional Education Collaborative; 2011.
- Future Directions in Athletic Training Education. National Athletic Trainers' Association, Dallas, TX. June 2012.
- White Paper: Interprofessional Education and Practice in Athletic Training. National Athletic Trainers' Association, Dallas, TX. March 2014.

- the role that it has in the future of health care.
- Methods/Methodology: In 2012, the Executive Committee for Education of the National Athletic Trainers' Association authored "Future Directions in Athletic Training" which made recommendations regarding the evolution of AT. IPE was included and a strategic plan developed for formal inclusion of Interprofessional Education and Practice (IPEP) into AT. An important part of this strategy was to develop a white paper regarding IPEP in AT to inform the profession and other stakeholders on the best evidence and pedagogy that can be implemented in professional programs in AT.
- **Result:** This white paper was developed using a structured process with an inclusive work group of authors from a wide range of setting. This work group has organically developed the NATA Interprofessional Education and Practice (IPEP) interest group in 2015.
- **Conclusion:** A strategic process, including a white paper on IPEP in AT, will be presented. This process is intended to make IPEP a standard component of AT professional programs and for athletic trainers to become valuable members of interprofessional teams positively contributing to improved patient/client outcomes.

Future Directions in AT Education

- Recommendation #3
 - Interprofessional education (IPE) should be a required component in professional and postprofessional education programs in athletic training.

Future Directions in Athletic Training Education pproved by the NATA Board of Directors - June 25, 2012

TA Executive Committee for Education Chair: Sara Brown, MS, ATC

COMMENTARY

170

- Breitbach AP, & Richardson R. Interprofessional Education and Practice in Athletic Training. Athletic Training Education Journal. 2015:10(2), 170-182. Rizzo CS, Breitbach AP, Richardson R. Athletic trainers have a place in interprofessional education and practice. Journal of Interprofessional Care. 2014:1-2.
- Breitbach AP. Interprofessional Education and Athletic Training: A Logical Fit. NATA News. March 2014;17-18.

NATA IPEP INTEREST GROUP

NATA Member Interest Group

- The NATA IPEP Interest Group was the initial group.
- Based as a LinkedIn group, with a Twitter feed.

Provides a structure for:

- Many different groups to have a voice on IPEP.
- Dissemination and exchange of information on IPEP.
- Advocacy of AT involvement in IPEP initiatives.

SCHOLARLY DISSEMINATION

- Publish paper in appropriate journal:
 - Athletic Training Education Journal
 - Journal of Interprofessional Care (short report)

Presentation at Professional Meetings

- ASAHP Annual Meeting 2013
- "All Together Better Health" 2014

WHITE PAPER - INTERPROFESSIONAL EDUCATION AND PRACTICE IN ATHLETIC TRAINING

- **Objectives**
 - To inform the profession regarding IPE and IPP, including appropriate terminology, definitions, best evidence and the important role it plays in the future of health care.
 - To inform institutions, academic units and other professions about out profession and the advantages of including AT in IPE and IPP initiatives.



- WFATT Meeting s- 2014 & 2015
- NATA Athletic Training Educators Conference 2015
- CATA Annual Meeting 2015
- "Collaborating Across Borders V" 2015

Journal of http://informahealthcare.com/jic Interprofessiona ISSN: 1356-1820 (print), 1469-9567 (electronic) informa J Interprof Care, Early Online: 1-2 Care healthcare © 2014 Informa UK Ltd. DOI: 10.3109/13561820.2014.942778

SHORT REPORT

Athletic trainers have a place in interprofessional education and practice

Christopher S. Rizzo¹, Anthony P. Breitbach² and Russ Richardson³

¹Department of Exercise and Sport Performance, University of New England, Biddeford, ME, USA, ²Department of Physical Therapy and Athletic Training, Saint Louis University, St. Louis, MO, USA, and ³Department of Health and Human Performance, University of Montana Western, Dillon, MT. USA

Athletic trainers (ATs) are healthcare providers who work in collaboration with physicians, Interprofessional care, interprofessional nurses, physical therapists and others to provide care to physically active individuals. Founded education, interprofessional practice, in 1950, the National Athletic Trainers' Association (NATA) represents certified ATs and other professional identity, surveys individuals who support the athletic training profession. The Board of Certification (BOC) has the only accredited certification program for ATs in USA. It establishes and regularly reviews History both the standards for the practice of athletic training and the continuing education Received 16 December 2013 requirements for certified ATs. In order to attain certification, candidates must demonstrate Revised 8 May 2014 successful completion of either a bachelor's degree or master's degree program accredited by Accepted 5 July 2014 the Commission on Accreditation of Athletic Training Education (CAATE) and pass the BOC Published online 29 July 2014 certification exam. Currently, there are ~42000 ATs practicing in USA, with 48 states who regulate their practice. The purpose of this article is to provide a background for the profession of athletic training as well as describe and discuss the importance of including ATs in interprofessional education and practice initiatives.

Introduction

Roles and responsibilities of an athletic trainer (AT) are typically associated with what people see while watching a sporting event on television. However, ATs serve in a greater primary care role with responsibilities including prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. "Traditional" settings for ATs have been with high school, collegiate or professional athletic teams. As the profession has matured, job opportunities have expanded. ATs now work in "emerging" settings such as military installations, performing arts companies, physician offices, urban hospitals, emergency rooms and occupational health departments in the commercial sector. The US Department of Labor's Bureau of Labor Statistics (2014) rated AT as one of the fastest growing jobs, with a projected 21% increase between 2012 and 2022. This trend undoubtedly reflects the expansion of employment settings. Further supporting this growth is the fact that studies investigating the effectiveness of ATs working in a clinical setting have identified a significant positive change on functional outcomes, physical outcomes and patient satisfaction in patients surveyed with musculoskeletal conditions (Albohm & Wilkerson, 1999).

nurses, dietitians and pharmacists. The AT maintains continuous contact with and advocates for the patient while engaging with these and other health professionals. The Commission on Accreditation of Athletic Training Education (CAATE) (2012, p. 6) professional program accreditation standards require interaction with other health professionals. Research on interprofessionalism and athletic training is minimal. However, one study did address interprofessional education (IPE) and athletic training, finding that there is very little teamwork between AT students and those in other health professions at their institutions (Breitbach &

- To inform educators and clinicians regarding best practice, giving practical examples of how to get involved in IPE and IPP.
- To inform the CAATE, providing evidence for inclusion of IPE and IPP in accreditation standards.

ATHLETIC TRAINING EDUCATION JOURNAL © National Athletic Trainers' Association www.natajournals.org ISSN: 1947-380X DOI: 10.4085/1002170

Interprofessional Education and Practice in Athletic Training

Anthony P. Breitbach, PhD, ATC, LAT*; Russ Richardson, EdD, ATC, LAT†; National Athletic Trainers' Association Executive Committee for Education[‡]; Interprofessional Education and Practice in Athletic Training Work Group§

*Department of Physical Therapy and Athletic Training, Saint Louis University, MO; †Department of Health and Human Performance, University of Western Montana, Dillon; ‡Dallas, TX; §For complete list of contributors, see information below.

Professional preparation in athletic training has grown from modest roots based in physical education in the 1960s to its emergence as a recognized health profession today. The profession has long embraced interprofessional practice (IPP), but many times has not been included in discussions held at the institutional, governmental, and international levels. As a result, the concept of interprofessional education (IPE), which has been an emphasis in medicine, nursing, and allied health since the 1990s, has not been a part of most athletic training programs. Investigations into IPE and IPP in athletic training have found that the concepts were misunderstood by athletic training educators because of a lack of common language and appreciation for their role in the future of health care. In 2012, the National Athletic Trainers' Association Executive Committee for Education authored "Future Directions in Athletic Training" to make recommendations regarding the evolution and promotion of IPE in athletic training. A primary part of this strategy was to develop a paper regarding IPE and IPP in athletic training to provide the profession and other stakeholders with background information and present model pedagogy that could be implemented in professional athletic training programs. The resulting document was created using a structured process that included a work group of authors from a wide range of settings.

Key Words: Teamwork, collaboration, health care, pedagogy



n June 2012, the NATA Board of Directors approved a proposal dents as health professionals and could help from the Executive Committee for Education for the future direction programs become better integrated into the institution as a whole. of athletic training education. One of the recommendations is Interprofessional courses and experiences

that "interprofessional education (IPE) should be a required cannot be left to chance, where students or component in professional and post-professional education professionals from two or more professions are combined together with the expectation programs in athletic training."1 of a successful outcome. Care must be taken

A strategic plan was developed to facilitate It is even further defined as a vehicle to help to not confuse it with "multiprofessional" the implementation of the recommendation. students in the health professions gain a level experiences, where students are merely com-A primary part of this plan was to develop of knowledge about the roles and contributhe White Paper for dissemination on IPE tions of their own and other health professions "hand off" care to each other. There must be and IPP in athletic training. The purpose of to the goals of patient care. There is hope that a philosophy of "intentional interprofessionthe White Paper is: (1) to inform the profes- this knowledge will produce a level of mutual ality" where the experiences are structured sion regarding IPE and IPP, including appro- respect and collaboration between these stu- around premises that identify a shared underpriate terminology, definitions, best evidence dents when they become health professionals standing of the communication and mutual and the important role it plays in the future to help them deliver patient-/population-cen- respect required for successful collaboration, of health care; (2) to inform institutions, aca- tered care that is safe, timely, efficient, effec- teamwork and shared decision-making.56 demic units and other professions about our tive, and equitable.³ IPE programs attempt to Pollard and colleagues found students profession and the advantages of including give the students opportunities and skills in completed a three-year IPE program with athletic training in IPE and IPP initiatives; (3) collaboration they will need as they move on positive perceptions of their skills in profesto inform educators and clinicians regarding to become a "collaboration-ready workforce" sional communication and teamwork. They best practice, giving practical examples of in interprofessional practice (IPP).⁴ also noted positive relationships with colhow to get involved in IPE and IPP; and (4) The multidisciplinary nature of AT is leagues from their own and other disciplines.⁷ to inform the CAATE, providing evidence for reflected in its professional preparation, Common institutional alignment with "peer" inclusion of IPE and IPP in educational com- but many AT Programs struggle to find a professions, by both academic level and acapetencies. Beginning in the Fall of 2013, a niche at their institution and they operate demic unit, may facilitate better opportunities work group of 23 educators collaborated on in isolation, not really finding a "place." The for AT programs seeking IPE involvement. this white paper. CAATE standards require AT students to Mensch and Mitchell recognized that Interprofessional education (IPE) is defined interact with other health care profession- socialization of AT students in professional as an educational process where professions als, but do not require them to interact with programs is a major concern as athletic learn about, from and with each other to other students in the health professions. IPE training looks to take its place as a health improve collaboration and the quality of care² could improve the socialization of AT stu- profession.⁸ AT "students appear to have

nata.org | 17



Breitbach and Cuppett (2012) surveyed directors of professional programs in AT about their institutions and the IPE involvement of their programs. The goal of the study was to learn more about the inclusion of AT programs (faculty, students and clinicians) in IPE. In the responses (n = 169) to the survey, 32 respondents (19%) reported "yes" if there was an IPE initiative at their institution and 25 (15%) of the respondents reported "not sure'' if these initiatives were occurring on their campus. Academic unit was examined as a factor in IPE involvement, of the "yes" respondents, 69% (n = 22) are situated in an academic unit related to medicine or health professions. Overall, this academic unit category represents the largest amount (37%) of

ATs and interprofessionalism

all AT programs responding to the survey. This may mean that ATs have traditionally practiced interprofessionally, working with programs housed in units with other health care professional health professionals such as physicians, physical therapists, programs will have greater access to IPE opportunities.

Policy developments

Cuppett, 2012).

Correspondence: Christopher Shawn Rizzo, Department of Exercise and Sport Performance, University of New England, 11 Hills Beach Road, Biddeford, ME 04005, USA. E-mail: crizzo@une.edu

In June of 2012, the National Athletic Trainers' Association (NATA)'s Board of Directors approved a proposal from the

2015 WORLD CONGRESS WORLD FEDERATION OF ATHLETIC TRAINING AND THERAPY

• Theme:

Overuse Injury in Sport: An Interprofessional Approac

Keynote:

- Dr. Scott Reeves
- Editor-in-Chief, Journal of Interprofessional Care
- Workshop:
 - Facilitation of Interprofessional Teams.



§Interprofessional Education and Practice in Athletic Training Work Group Contributors: Anthony P. Breitbach, PhD, ATC, LAT, Saint Louis University (Cochair) Russ Richardson, EdD, ATC, LAT, University of Montana Western (Cochair) David C. Berry, PhD, ATC, ATRIC, CKTP, Saginaw Valley State University Lindsey E. Eberman, PhD, ATC, Indiana State University Kari K. Emineth, MS, ATC, LAT, University of Wisconsin-La Crosse Shandra D. Esparza, EdD, ATC, LAT, University of the Incarnate Word Carolyn Goeckel, MA, ATC, Seton Hall University Hugh W. Harling, EdD, LAT, ATC, Methodist University Rod A. Harter, PhD, ATC, LAT, FNATA, FACSM, Texas State University Mandy Jarriel, PhD, ATC, LAT, CHES, Georgia College and State University Leamor Kahanov, EdD ATC, LAT, Misericordia University Joanne Klossner, PhD, AT, ATC, University of Maryland–College Park Michelle L. Odai, PhD, ATC, LAT, CSCS, Florida International University Aimee Pascale, PhD, ATC, CSCS, Springfield College Christopher Rizzo, MS, ATC, CSCS, University of New England Kristen C. Schellhase, EdD ATC, LAT, CSCS, University of Central Florida Dawn M. Schocken, MPH, University of South Florida-Morsani College of Medicine Melissa Snyder, PhD, LAT, ATC, CSCS, Western Carolina University Elizabeth Swann PhD, ATC, Nova Southeastern University Adam J. Thompson, PhD, LAT, ATC, Indiana Wesleyan University Kristin A. Tivener, MET, ATC, LAT, Missouri State University David Tomchuk, MS, ATC, LAT, CSCS, Missouri Valley College Brian J. Toy, PhD, ATC, University of Southern Maine Ryan D. Wilkinson, EdD, ATC, CSCS, University of Wisconsin-Milwaukee Ericka P. Zimmerman, EdD, ATC, CES, PES, University of Charleston

Dr Breitbach is currently Associate Professor and Director of the Athletic Training Program in the Department of Physical Therapy and Athletic Training at Saint Louis University. Please address all correspondence to Anthony P. Breitbach, PhD, ATC, LAT, Department of Physical Therapy and Athletic Training, Saint Louis University, 3437 Caroline Mall, Saint Louis, MO 63104. breitbap@slu.edu.

Full Citation:

Breitbach AP, Richardson R; National Athletic Trainers' Association Executive Committee for Education; Interprofessional Education and Practice in Athletic Training Work Group. Interprofessional Education and Practice in Athletic Training. Athl Train Educ J. 2015;10(2):170–182.

Athletic Training Education Journal | Volume 10 | Issue 2 | April–June 2015

Start a discussion with yo	our group		See what's new	
Enter a discussion title				provements to make you read more about how w our Help Center.
		Sort by: Recent +	Your group contr	ibution level
Anthony Breitbach Direct	or, Athletic Training Program at Saint Louis	s University 🗸 🗸	Congrats! Regularly a comments to stay a To	dd great discussions and op Contributor.
	ic Health Summit From Paties aining and Public Health Prac			Top Contr
Ath	letic Training & Public Health Summi	r.	Register for SHRM's June 28 -	Annual Conference July 1, Las Vegas
	est of the patient is that the sick may	and the second second		onsidere
"The best intere and in orde	est of the patient is t	have the be forces is neo	erest to be o nefit of adv	onsidere
"The best intere and in orde	est of the patient is t or that the sick may nowledge, union of Dr. William I	have the be forces is neo	erest to be o nefit of adv	onsidere
"The best intereaded in order kn	est of the patient is that the sick may nowledge, union of Dr. William I	have the be forces is neo Mayo, 1910	erest to be o nefit of adv cessary."	considere
"The best intere and in orde	est of the patient is that the sick may nowledge, union of Dr. William I	have the be forces is neo Mayo, 1910	erest to be one fit of adv cessary."	onsidere