

Athletic Trainers as Health Care Providers in the Current Medical Landscape

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Disclosures

The views expressed in these slides and the today's discussion are expressly ours

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Learning Objectives

- ✧ Identify the six healthcare competencies that are expected of all healthcare providers
- ✧ Describe the fundamental components related to each healthcare competency
- ✧ Discuss the considerations and strategies to incorporate the healthcare competencies into routine athletic training practice

Who Cares??

The healthcare landscape has changed over the past several years

Now requires clinicians to be skilled in providing care for a variety of patients within diverse populations

Institute of Medicine (IOM) released a report addressing the need for reform in health care

Institute of Medicine

“All health professionals should be educated to deliver **patient-centered care as members of an **interdisciplinary team**, emphasizing **evidence-based practice**, **quality improvement approaches**, and **informatics**”**

Core competency areas, regardless of discipline:

- 1. Provide patient-centered care**
- 2. Work in interdisciplinary teams**
- 3. Employ evidence-based practice**
- 4. Apply quality improvement**
- 5. Utilize informatics**

Competency vs. Competency

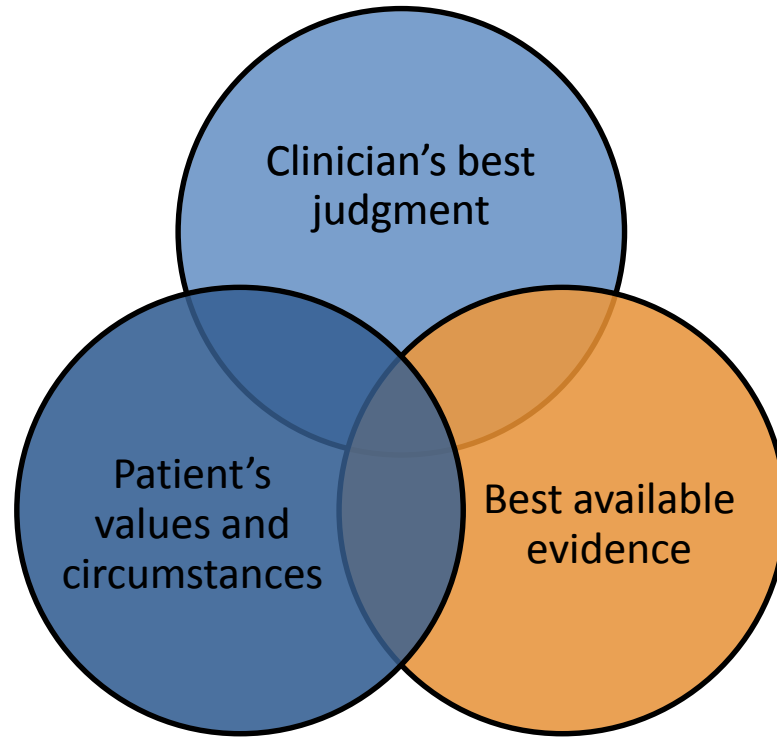
Competency

The specific knowledge that must be attained and the specific skills that must be developed by students to enter the profession

Competency

Professional behavior that involves the habitual and judicious use of communication, knowledge, clinical skills, clinical reasoning, emotions, values, and reflection in daily practice

In pursuit of evidence-based practice



How do we gain
access to available
evidence?

Evidence-Based Practice

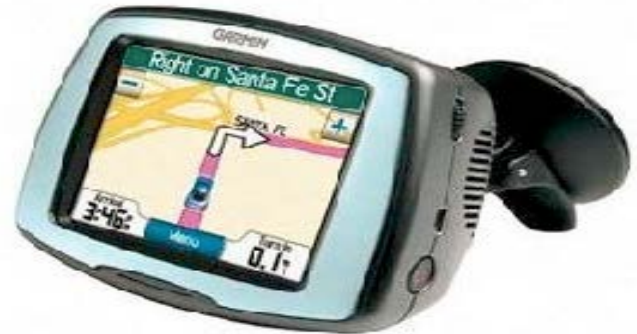
Lost in Translation?

In medicine, it has been shown that:

- Only 14% of research findings are translated into clinical practice.
- It takes an average of 17 years for research findings to be incorporated into clinical practice.

2000

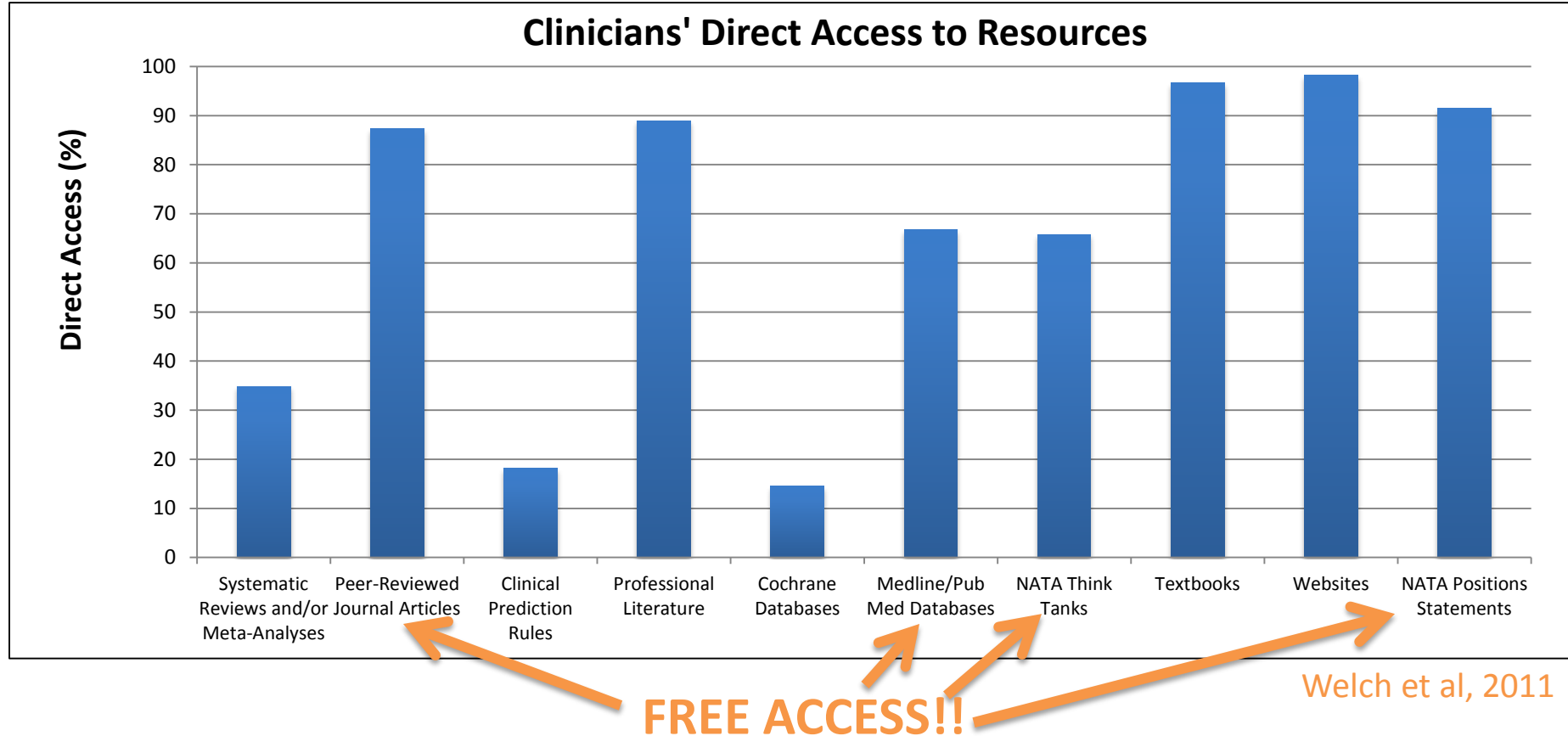
- Bill Clinton was President
- Navigation and Bluetooth headsets
- Brad married Jennifer, Angelina married Billy Bob
- Michael Phelps did not medal in his first Olympics
- Popular Movies:
 - Cast Away
 - Gladiator
 - Meet the Parents
- Popular Musicians
 - Blink-182
 - N Sync
 - Britney Spears



Lost in Translation?

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Accessibility of Available Evidence



Point-of-Care Resources



DynaMed



StatRef!




ClinicalKey



UpToDate

Point-of-Care Resources

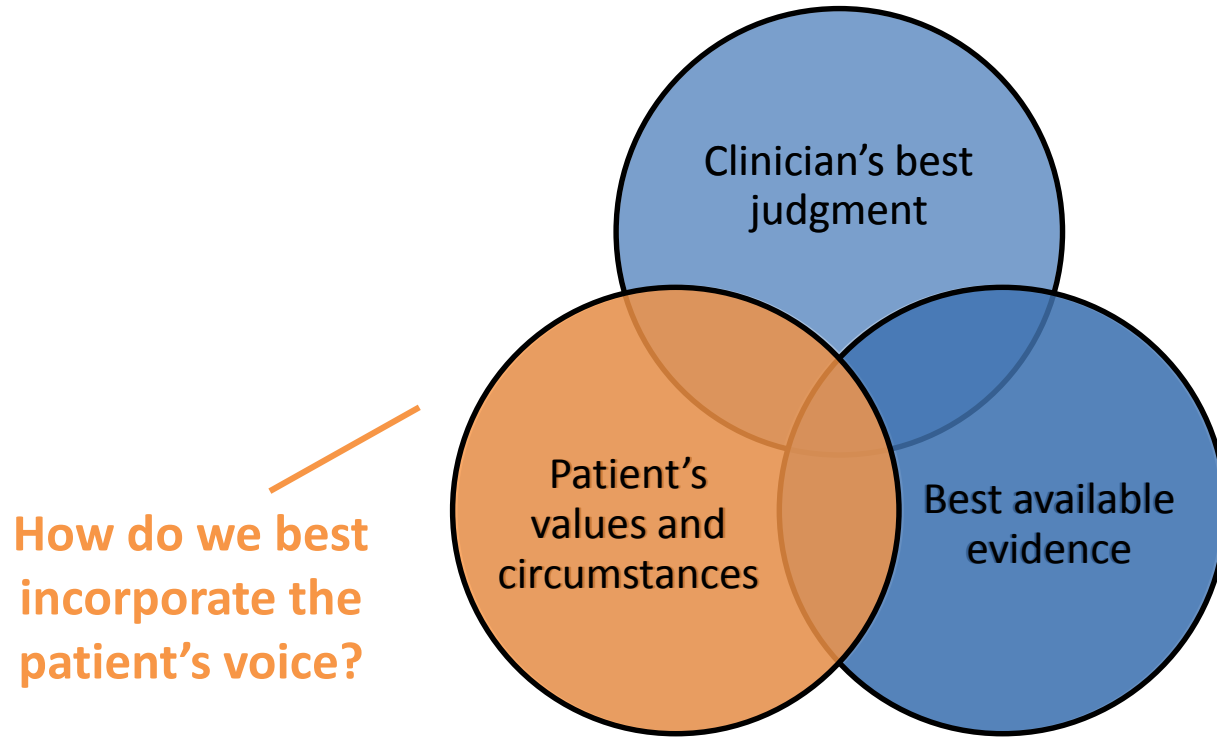
Point of Care Resource	Access	Cost	Content Summary	Features/ Significance	Frequency of Update	When to Use
 Critically Appraised Topics. Filtered information that has been synthesized and distilled by experts. Best used for answers to clinical questions.						
TRIP http://www.tripdatabase.com Centre for Research Support (Wales)	Online and PDA	Free	Meta-search engine for 70 sources of "high quality" Internet information, including e-journals and etextbooks.	TRIP is compiled by hand and is aimed at primary health care workers interested in "turning research into practice".	Updated monthly	Use TRIP when "seeking pre-appraised evidence, reviews, and guidelines"
UpToDate http://www.uptodate.com	Online, Mobile App, PDA	Resident \$199.00; physician \$499.00	Concise, peer-reviewed topical summaries, chiefly in internal medicine and its subspecialties, but also primary care, OB/GYN, pediatrics, and general surgery. Focuses on diagnosis and treatment.	An easy-to-use database that provides quick answers to clinical questions. Summaries are a combination of synthesized literature reviews and expert opinion.	Updated daily.	Use UpToDate for peer-reviewed answers to specific clinical questions.

<https://med.mercer.edu/Library/capstone.pdf>

Evidence-Based Practice

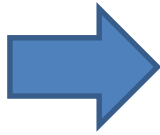
*“There is much more to putting **evidence into practice** than just having the right research evidence”*

In pursuit of evidence-based practice



Patient-Centered Care

Patient Centered Care

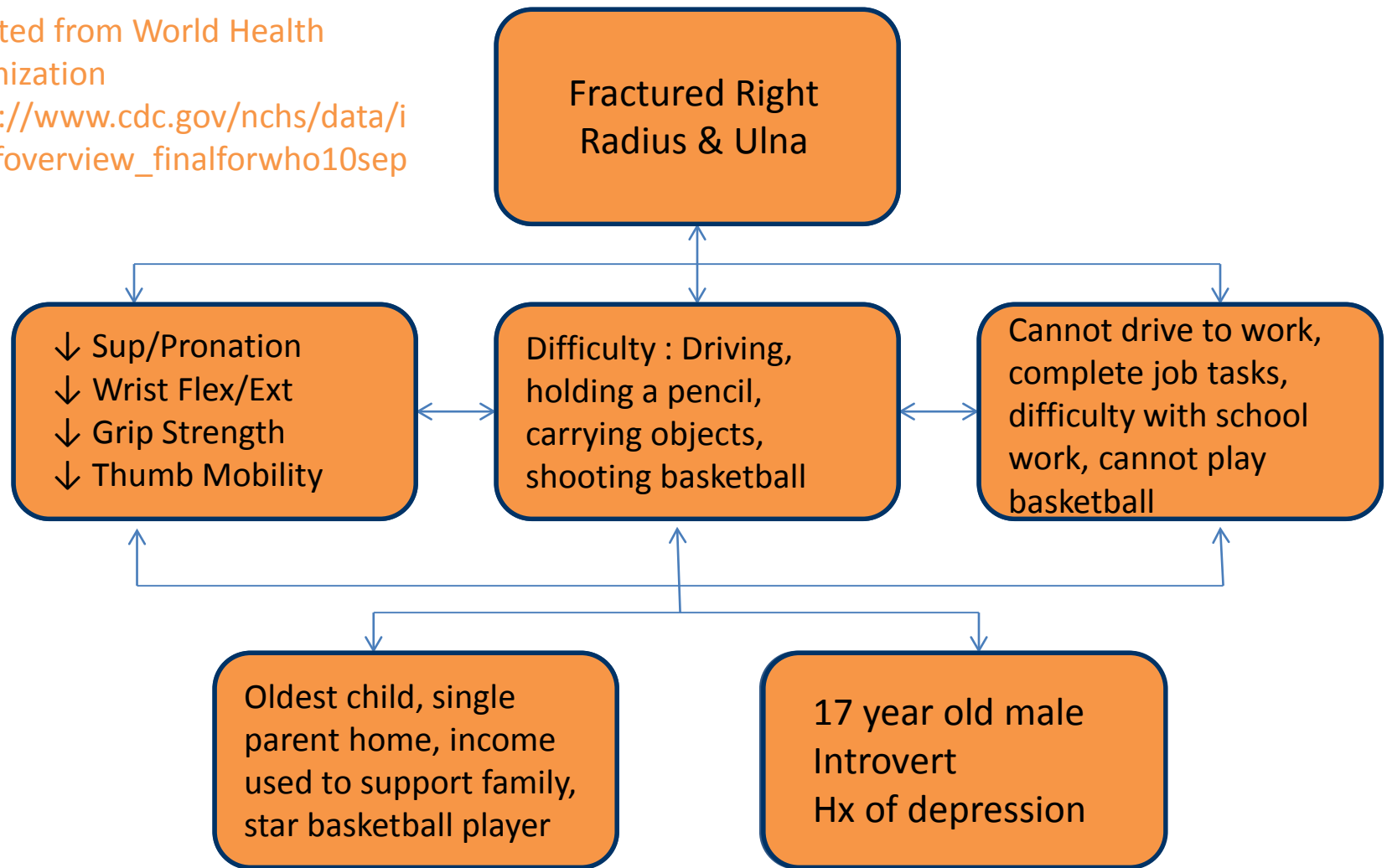


Disablement Model

- 2015 NATA adopted World Health Organization, International Classification of Function Model – WHO-ICF
- Offers multi-dimensional model of health
- Allows common language when documenting and communicating with other healthcare providers

Adapted from World Health
Organization

[https://www.cdc.gov/nchs/data/i
cd/icfoverview_finalforwho10sep
t.pdf](https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf)



Ask Yourself....

- Am I considering patient preferences and values in my care?
- Am I considering all components of the ICF model when diagnosing and treating patients?
- Am I using a combination of subjective and objective outcome measures in my clinical practice?
- Are my treatment decisions grounded in these subjective and objective measures?
- Am I documenting not only what care is provided, but how my patients are responding to this care?

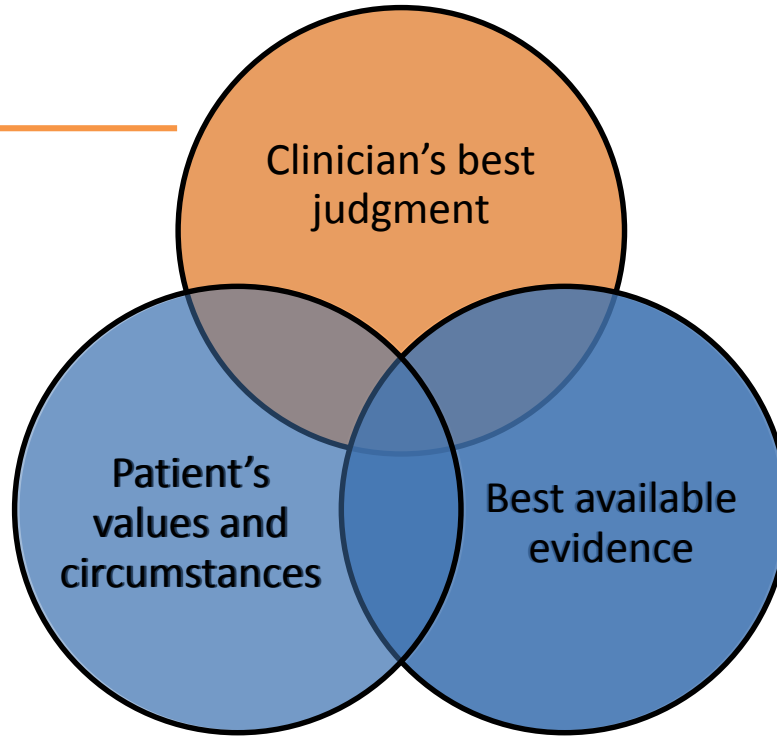
Competency in Patient-Centered Care

Relates to an athletic trainer's ability to:

- ✓ Serve as an advocate for a patient's best interests
- ✓ Educate the patient about health-related concerns
- ✓ Educate the patient about intervention options
- ✓ Recognize any conflict of interest that could adversely affect the patient's health
- ✓ Facilitate collaboration among the patient, healthcare providers, and others to develop an effective treatment plan

In pursuit of evidence-based practice

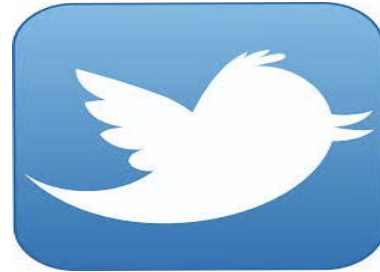
How do we foster
the clinician's
own judgment?



Healthcare Informatics

Healthcare Informatics

*The use of health care information technologies to support the **efficient** and **effective** delivery of patient care*



Healthcare Informatics

• **Data gatherer**



• **Information user**



• **Knowledge user**



• **Knowledge builder**



• Collect clinical data on all of your patients

• Organize and interpret the

- demographics

- clinical measurements

- decision making processes

• Typical mobile health patient with

care vs. existing knowledge

• Must be able to capture patient's

comprehension of information

(i.e. literature available)

literature)

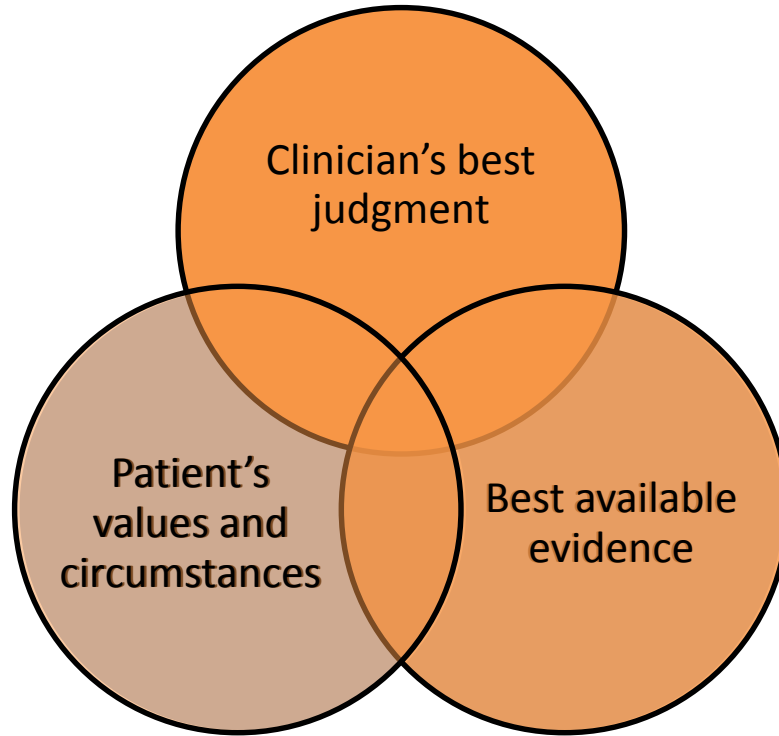
	Electronic Medical Record (EMR)	Electronic Health Record (EHR)	Personal Health Record (PHR)
Overall Purpose	Legal medical record created within a single entity	An aggregate of legal medical records from multiple entities	Subset of information from various encounters across multiple entities
Timeline	An episode of disease from a single entity	An episode of disease from multiple entities	Comprehensive, lifetime record of a patient's health
Ownership	Entity in which the record was created	Entity in which the record was created	Created and owned by patient
Accessibility	Restricted to providers within the single entity	Open to all appropriate medical entities	Open to patient and any appropriate medical entities with whom the patient chooses to share the record
Interactivity	Provider can view and edit information as needed; patient may be able to view the record but cannot edit information	Provider can view all information but can only edit information that he/she enters; patient may be able to view the record but cannot edit information	Both patient and provider can access and edit information

Competency in Healthcare Informatics

Relates to an athletic trainer's ability to:

- ✓ Search, retrieve, and utilize information derived from online/internal databases
- ✓ Properly protect the security of personal health information in a manner that is consistent with legal and ethical considerations
- ✓ Guide patients to online sources of reliable health-related information
- ✓ Utilize word processing, presentation, and data analysis software
- ✓ Communicate through emerging modes of interactive electronic information transfer

In pursuit of evidence-based practice



Quality Improvement

Quality Improvement

*“The combined and unceasing efforts of everyone to make the changes that will lead to better patient outcomes (**health**), better system performance (**care**) and better professional development (**learning**)”*

Batalden, 2007

Healthcare Professionals

Patients' Families

Educators

Patients

Researchers

Planners

Payers

Have You Ever Been To Disney??



Individual Patient Care vs. System Care

	Individual Patient	System of Health Care
Initial Workup	<ul style="list-style-type: none">• Chart review• History• Physical Examination	<ul style="list-style-type: none">• Individual experience in the system• Feedback from others in the system
Further Workup	<ul style="list-style-type: none">• Blood work• Laboratory tests• Radiographs• Functional tests	<ul style="list-style-type: none">• Observation of the process• Process flow diagrams• Cause-and-effect diagrams• Outcomes data
Therapy/Treatment	<ul style="list-style-type: none">• Pain management• Surgical intervention• Medications• Watchful waiting	<ul style="list-style-type: none">• Model for improvement• Root cause analysis• Plan-Do-Study-Act cycle

Model for Improvement

Goal: In the **Example:** Clinicians with decreased waiting time by 50%

ACT on the change
Improve based on
preliminary findings

PLAN the change
Create the new
process



STUDY the change
Assess the
preliminary findings

DO the change
Apply the
intervention

Why is Quality Improvement So Important?

Need to correct quality problems in healthcare!!!

- Variation in services – Health care practice has not kept pace with the evolving science to ensure EBP
- Underuse of services – People do not receive necessary care and suffer complications that add costs and reduce productivity
- Overuse of services – People receive healthcare services that are unnecessary, increasing costs
- Misuse of services – Too many patients are injured during the course of their treatment, and some die prematurely as a result.
- Disparities in quality – Although quality problems affect all populations, they may be most marked for some minority populations

Competency in Quality Improvement

Relates to an athletic trainer's ability to:



Recognize the need for constant self-evaluation



Recognize the need for life-long learning



Identify a quality improvement objective

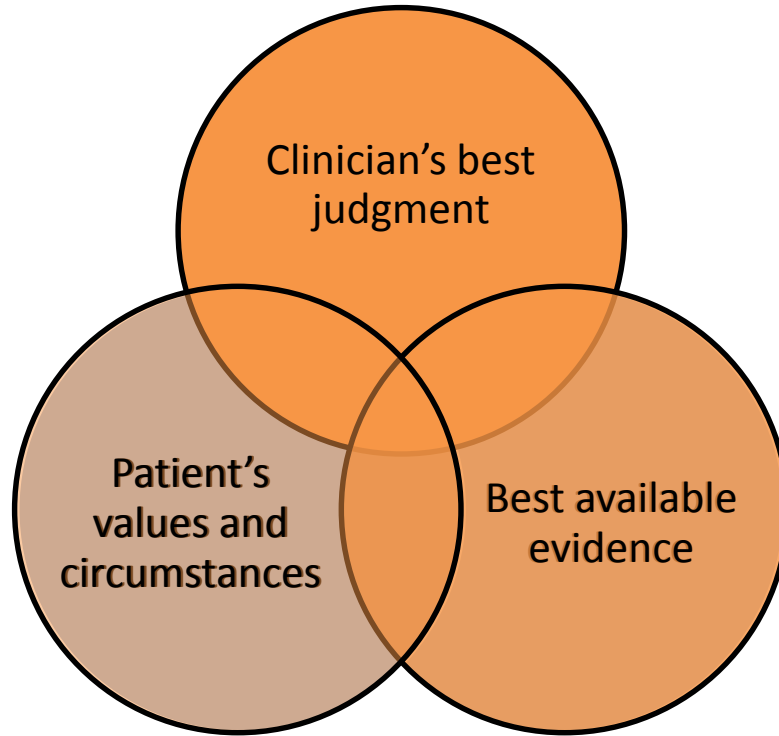


Specify the changes that are expected to produce an improvement



Quantitatively confirm that an improvement resulted from implementation of the change

In pursuit of evidence-based practice



Interprofessional Collaborative Practice

Interprofessional Education & Collaborative Practice

Coordinated cooperation among clinicians who provide care for a patient

CAATE, 2013



- ATs have already been practicing in an interprofessional manner to manage patient care:
 - Physicians
 - Nurses
 - Physical therapists
- Collegiate ATs report only 42.09% of patient care is done in collaboration
 - Medical Model more conducive to collaborative practice

Rizzo et al, 2014

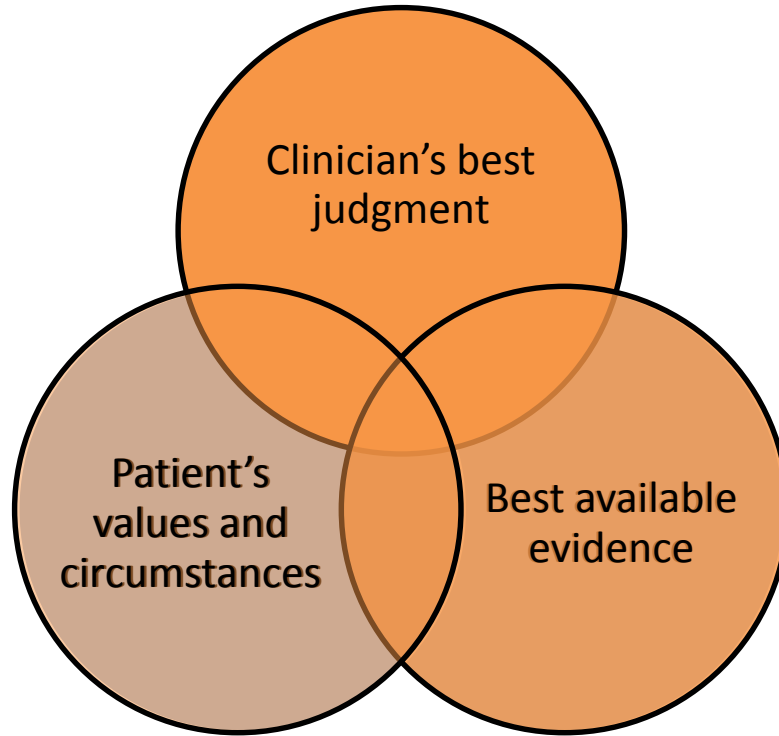
Hankemeier et al, 2017

Competency in Interprofessional Education & Collaborative Practice

Relates to an athletic trainer's ability to:

-  Interact with other health professionals in a manner that optimizes the quality of care provided to individual patients
-  Minimize barriers and obstacles to the delivery of optimum patient care by an interprofessional team

In pursuit of evidence-based practice



Professionalism

Competency in Professionalism

Relates to an athletic trainer's ability to:



Have an intrinsic motivation to continuously exhibit the manifestations of professionalism in all aspects of clinical practice and personal conduct



Adhere to the NATA *Code of Ethics*



Adhere to the Board of Certification *Standards of Practice*

Competency in Professionalism

Relates to an athletic trainer's ability to:



Deliver patient-centered care



Effectively participate as a member of an interprofessional team



Commit to continuous quality improvement

Summary

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graph TD; A[Professionalism] --- B[Quality Improvement]; B --- C[Patient-Centered Care]; B --- D[Healthcare Informatics]; C --- E[Evidence-Based Practice]; D --- E; E --- F[Interprofessional Collaborative Practice];
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**Quality
Improvement**

**Patient-
Centered Care**

**Healthcare
Informatics**

Evidence-Based Practice

Interprofessional Collaborative Practice

Thank You!

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