



Shaping the Future of Athletic Training Education

Mark Merrick, PhD, ATC, FNATA – President, CAATE

Great Lakes Athletic Trainers' Association Annual Meeting

Wheeling, IL | March 9, 2017



Disclaimer

- The Commission on Accreditation of Athletic Training Education (CAATE) is a non-profit organization and does not have any financial or other associations to disclose related to this presentation.
- This presentation does not involve the unlabeled use of a product or product under investigational use.
- GLATA has paid a portion of the travel costs associated with this presentation.

About the CAATE

CAATE MISSION

Defining, measuring, and continually improving AT Education

CAATE VISION

Improving health by assuring and recognizing excellence in AT education

CAATE VALUES

- *Partnership*
- *Accountability*
- *Transparency*
- *Integrity*
- *Excellence*
- *Leadership*

Vision
Mission
& Values

GOALS for this Session

- **ASK FOR YOUR HELP** in sharing both “**the WHY**” and “**the HOW**” behind the proposed changes to our professional standards.
 - We did not do this well on the first draft
 - We’re here to correct that!
- **EQUIP YOU** to do so!

*What does the
future hold?*

...and how do we prepare?





[About](#) [Membership](#) [Career & Education](#) [Professional Interests](#) [Practice & Patient Care](#) [Advocacy](#) [News & Publications](#)

NATA Now

'Physician Extender' Will No Longer be Used to Identify ATs

March 24, 2016 by Beth Sitzler

You've probably noticed that the term "physician extender" is now discouraged as a practice setting name.

It's because AT's extend the services of our physicians in ALL of our practice settings.

Do we teach all of the things needed to do this well?



TRANSFORMING THE PROFESSION THROUGH QUALITY EDUCATION

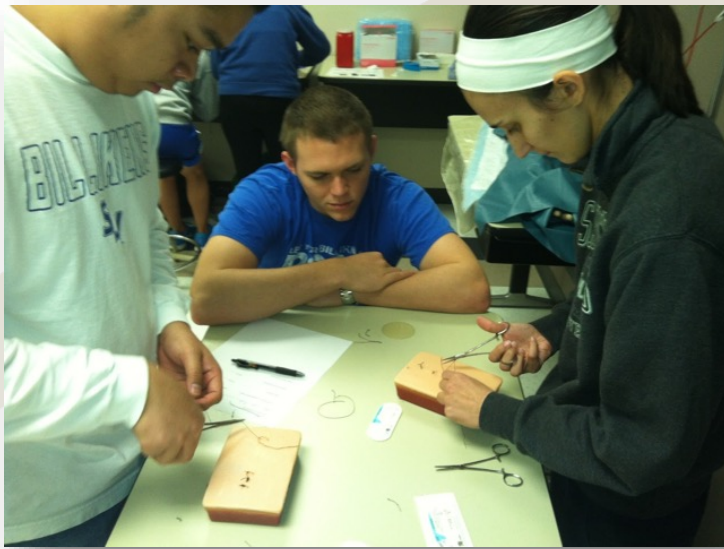


**If you weren't
trained to draw
a blood sample,
who would do
this for your
patients?**



**How much more time, money and
inconvenience will that cost them?**

**Would those be a barrier to them
receiving appropriate care?**



Suture Technician

Akron, OH • Full-time

Job Description

Provide care to patients as delegated by and under the direction of a Registered Nurse or as delegated by and under the supervision of a physician. Provide wound care and suturing of noncomplex wounds and orthopedic injuries as delegated by and under the supervision of the attending physician. Assist in the provision of patient and family education under the direction and supervision of a physician or Registered Nurse. Report to the Nurse Manager of the assigned emergency department.

Qualifications

High School graduate or equivalent required. Minimum of two (2) years of experience in a healthcare field as an emergency medical technician (EMT) or EMT Advanced, Medical Assistant, Surgical Technician required. Suturing experience preferred. Able to work independently with emphasis on organization and strong communication skills (verbal and written). Must successfully complete the orientation objectives for suture technician training as determined by the Suture Program Coordinator and Suture Program Medical Director. Basic Life Support (BLS) verification required.

Hospitals now train
tech's to suture...
requiring only a high
school diploma, generic
health care experience
& a CPR card

**If you could do this basic
skill when your physician
orders it, could you save
your patients time and
money?**



**This is a basic
healthcare skill
performed by many
different professions
(and owned by none)**

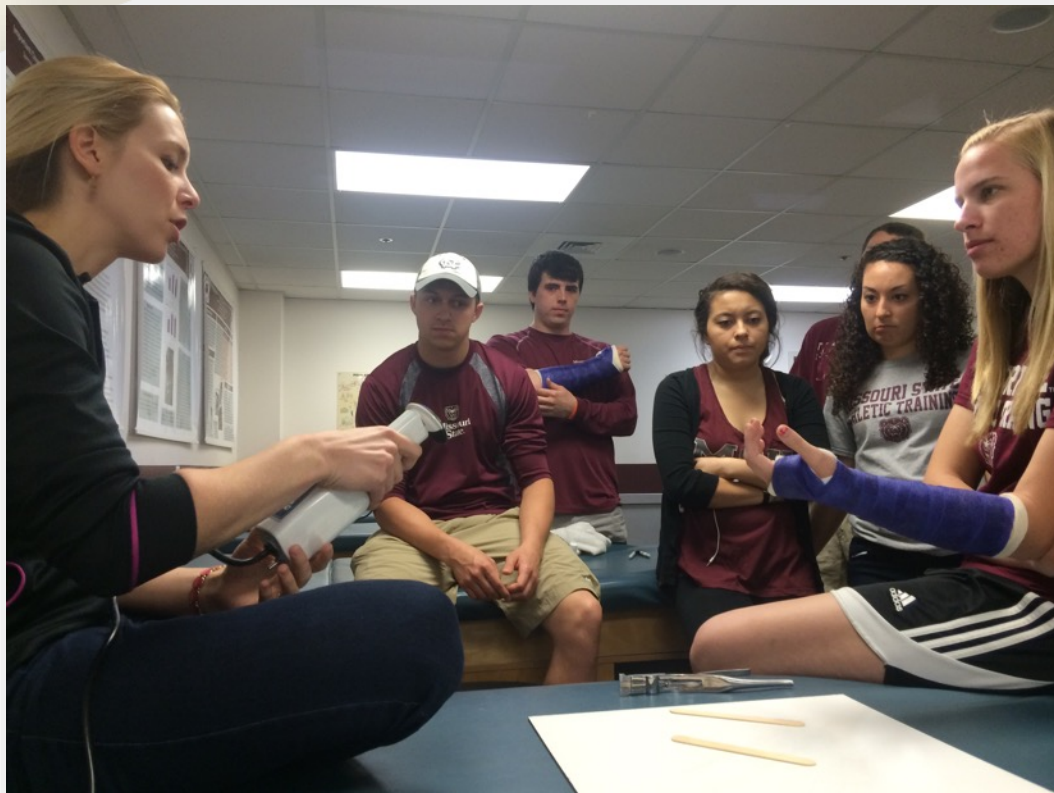
...so is this



Why do many
Athletic Trainers
have to

PAY EXTRA

to get additional
certifications beyond
the ATC[®] so that they
can do their
everyday job
duties?



**...when they can be taught those
skills as part of their
professional education in the
first place?**

Did you notice...

... that **athletic trainers** were being taught and performing the skills in each of those photos?

Many professional AT education programs have **ALREADY** started adding these kinds of skills to their curricula.

They recognize that **our patients and physician partners benefit** when we can provide the skills and services they need.

THE CHANGING WORLD OF HEALTH CARE DELIVERY AND EDUCATION: How do we fit in?



TRANSFORMING THE PROFESSION THROUGH QUALITY EDUCATION



The professional degree in athletic training will be at the master's level.

- We are all familiar with the move of Athletic Training professional education exclusively to the Master's Degree.
- This is ~~NOT~~ merely a repackaging of our existing education into a new degree. It must be something more.
- We must provide graduate level education and have content that reflects a graduate entry profession

Rationale from the “White Paper”

What were the reasons cited for looking at the degree question?

1. Increasing complexity of the current healthcare system
2. Growing need for AT-specific patient outcomes
3. Expanding scope of requisite knowledge, skills, and abilities while continuing to strive for depth in AT specific knowledge
4. Need to ensure proper professional alignment with other peer healthcare professions

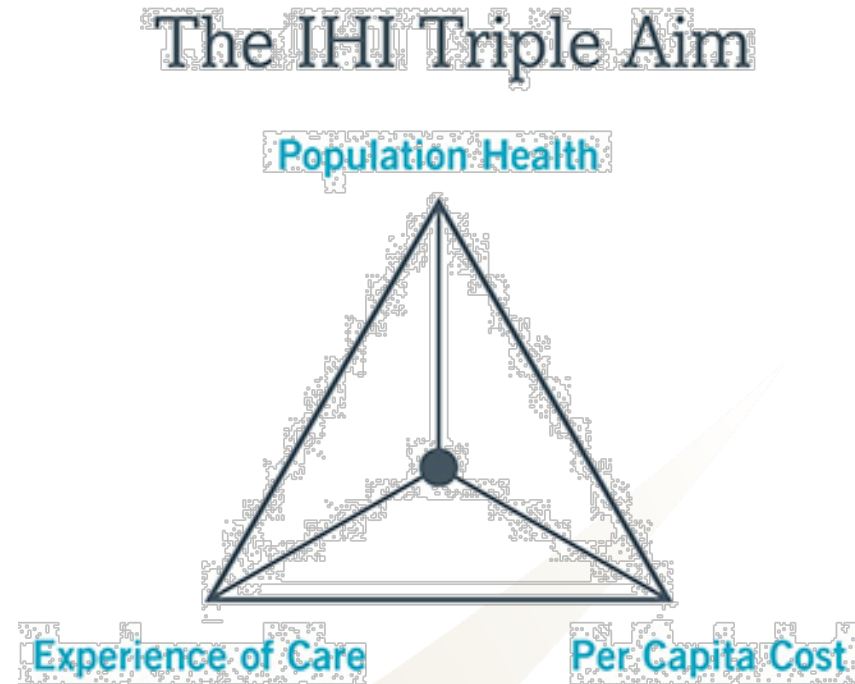
ATHLETIC TRAINERS ARE HEALTHCARE PROVIDERS



How can the CAATE's do it's part to help
prepare new AT's for this role?

Health Care's Common Goal: The IHI Triple Aim

AT education programs will need to understand, embrace and instill the common goals of health care in our future professionals



For more, see www.ihl.org

Health Care's Common Goal: The IHI Triple Aim

Population Health

- Improve Health (not just provide care)
- Disease prevention
- Better access & better systems of care
- Social Determinants of Health

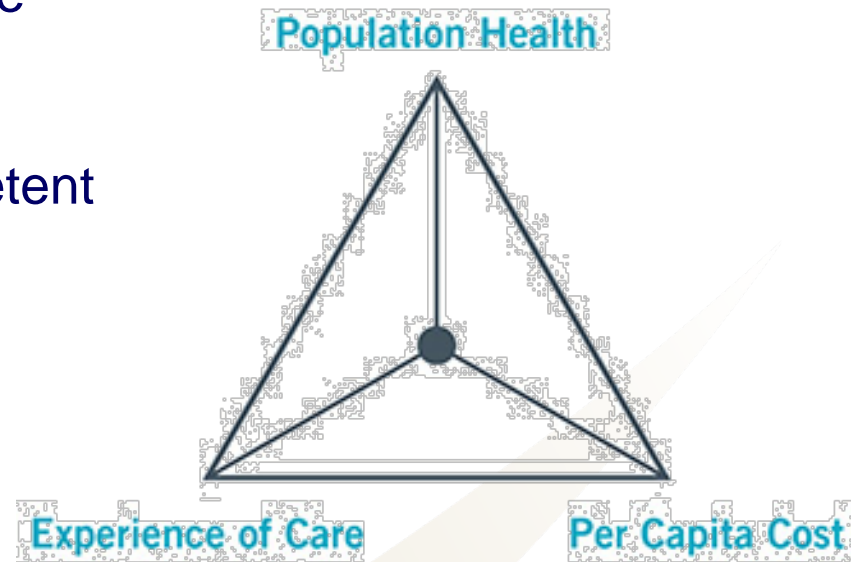
Experience of Care

- Patient centered and culturally competent
- Improved approach and delivery
- Improved patient experience
- Improved quality

Per Capita Cost

- U.S. healthcare costs unsustainable
- Improve efficiency
- Multi-skilled non-physician providers
- Value models (outcomes v. cost)

The IHI Triple Aim



For more, see www.ihl.org

Athletic Trainers provide patient care that fits within the umbrella of **PRIMARY CARE**

... but we've seldom used this language to describe ourselves.

What does it mean and how do we fit in?

AAFP definition of Primary Care

“Primary Care is that care provided by Physicians specifically trained for and skilled in **comprehensive first contact and continuing care** for persons with an undiagnosed sign, symptom, or health concern (**the "undifferentiated" patient**) **not limited by problem origin** (biological, behavioral, or social), organ system, or diagnosis...”

AAFP definition of Primary Care (cont'd)

“...Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. **Primary care is performed and managed by a personal physician**, often **collaborating with other health professionals**, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care.”

Significant Primary Care, Overall Physician Shortage Predicted by 2025

- Primary care is the #1 need in healthcare
 - Shortage is projected to worsen
 - non-physician providers will help physicians deliver care to more and more patients (extend care, not replace physicians)
 - **This is what we have always done...** we are just now starting to realize that our skillset applies beyond traditional athletics settings
- To provide high quality, affordable care in this model, we need to...
 - ... have the skills that patients need
 - ... deliver them in a cost-effective way

FUTURE NEEDS IN AT EDUCATION:

Equipping our future providers



TRANSFORMING THE PROFESSION THROUGH QUALITY EDUCATION



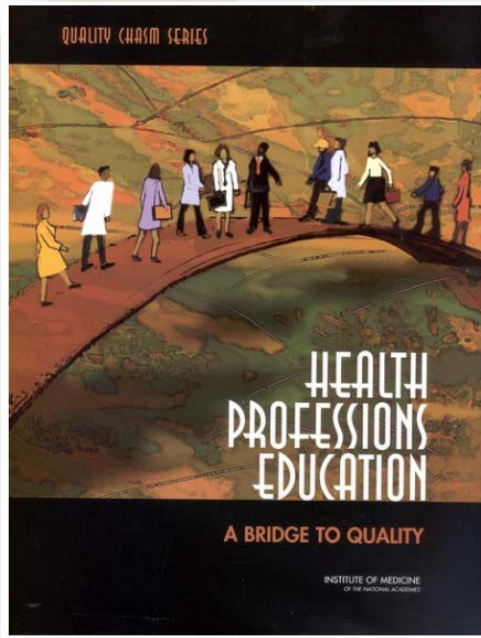


NATIONAL ACADEMY OF MEDICINE

Shaping the Future for Health

For more, visit www.nationalacademies.org

Health Professions Education: A Bridge To Quality (2003)



- Identified items for education of ALL Health Professions in an attempt to address
 - Errors & poor quality
 - Needs of the chronically ill
 - Disease prevention & social determinants of health
 - Expanding role of informatics
 - Shared decision making with patients & patient centered care
 - Workforce shortages and mal-alignment with needs
 - Gaps between preparation and practice needs

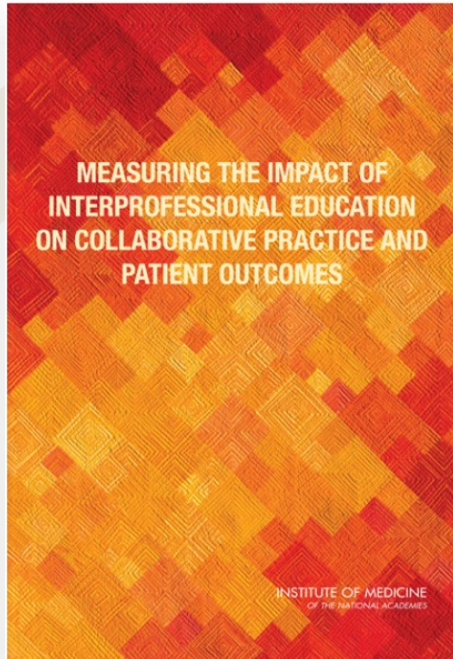
The Goal

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.

Health Professions Education: A Bridge To Quality (IOM,2003)

These 5 principles are the IOM Core Competencies for all health care providers

Why does the NAM call for IPE?



“...the desired outcome is not just improving learning but **improving the health** of individuals and populations and enhancing the **responsiveness of health systems** to such non-health dimensions as respect for patients and families, consumer satisfaction, and the **affordability of health care** for all.”

REVISING THE STANDARDS:

The people, process, open
comment, and next steps

Standards Development and Updates

- All CAATE standards for all levels of programs go through periodic revision and updating
- Professional level Standards currently going through update process
 - Standards Committee working to update existing standards governing program operations
 - Curricular content will be integrated into the next set of professional standards instead of being a separate document
 - A point of emphasis in our CHEA Site Visit

Professional Curricular Content

- Steering Committee created with representatives from CAATE, NATA, and BOC
 - Charged to create inclusive process and use **input from the public**
 - Recruited **practicing clinicians** from different settings to help identify needed content
 - Sought specific practice expertise
 - Identified through practice setting committees.
 - Content they identified was refined to become a list of PROPOSED standards (first draft)

Curricular Content Committee Charge

Curricular content standards should:

- Be outcomes oriented (what students **must be able to “do”**, not just “know”)
- Prepare future athletic trainers to safely and competently:
 - Meet the healthcare needs of patients today (BOC Practice Analysis 7)
 - Meet anticipated needs of patients of tomorrow
 - participate as members of the collaborative interprofessional healthcare team.

...Charge Continued

Curricular content standards should:

- Prepare future athletic trainers to address/mitigate relevant risks of their patients and employers
- Focus on enhancing educational quality and consider room for program autonomy/areas of distinction
- The need/rationale for new or changed content should align with these guiding principles.

Open Comment

- The PROPOSED (first draft) of operational and curricular content standards were open for public comment over summer 2016
 - Over 1500 comments received on curricular content, over 300 comments on operational
- Comments received are being used to refine and improve the drafts
 - A planned, valued, and essential part of the process
 - Next draft will include description of how comments used to refine proposed standards
- New draft will also go out for open comment

Next Steps

- CAATE will speak about the process and rationale at JCM, ATEC and all district meetings in 2017
- Jointly written article with ECE in 2017 Education Issue of NATA News
- Revised drafts of both sets of standards expected to be completed early 2017
- Updated curricular content draft will be shared with strategic alliance boards and physician organizations for review, comments and endorsement

Next Steps

- There will be another public open comment period on all proposed standards
 - Will seek targeted comments where additional input is needed
 - Will also seek overall feedback on the drafts
- After comments and any final edits, final draft will be reviewed for adoption by CAATE Board
 - Operational and content standards will be compiled to form a single set of standards

WHO CAN I TALK TO ABOUT THESE THINGS?

We'd love to talk with you
about the Future of AT
Education



TRANSFORMING THE PROFESSION THROUGH QUALITY EDUCATION



Executive Committee



Mark Merrick, PhD, ATC, FNATA
President
The Ohio State University



LesLee Taylor, PhD, ATC
President-Elect
Texas Tech University Health Sciences Center



Jack Weakley
Secretary/Treasurer
Public Member

Athletic Training Members



Ray Castle, PhD, ATC
Louisiana State University



Eric Sauers, PhD, ATC, FNATA
A.T. Still University



Kathy Dieringer, EdD, ATC
D&D Sports Med



Valerie Herzog, PhD, ATC
Weber State University



Chad Starkey, PhD, ATC, FNATA
Ohio University

Physician & Administrator Members



Jon Schultz, MD

American Academy of Family Physicians Representative
UMKC Primary Care Sports Medicine



LaMont Cavanagh, MD

At Large Physician Representative
University of Oklahoma School of Medicine



Amy Valasek, MD

American Academy of Pediatrics Representative
Nationwide Children's Hospital Sports Medicine Fellowship



Gregory Frazer, PhD

Administrator Member
University of South Alabama

Members-Elect



Christopher Ingersoll, PhD, ATC, FNATA
Administrator Member
University of Toledo



Barbara Long, EdD, ATC
Bridgewater College



Bonnie Van Lunen, PhD, ATC, FNATA
Old Dominion University

CAATE Office



Micki Cuppett, EdD, ATC
Executive Director



Pamela Hansen, PhD, ATC
Director of Accreditation



Ashley Ahearn, MS, ATC
Manager, Stakeholder Services

Julie Cavallario, PhD, ATC
Accreditation Associate &
Communications Coordinator



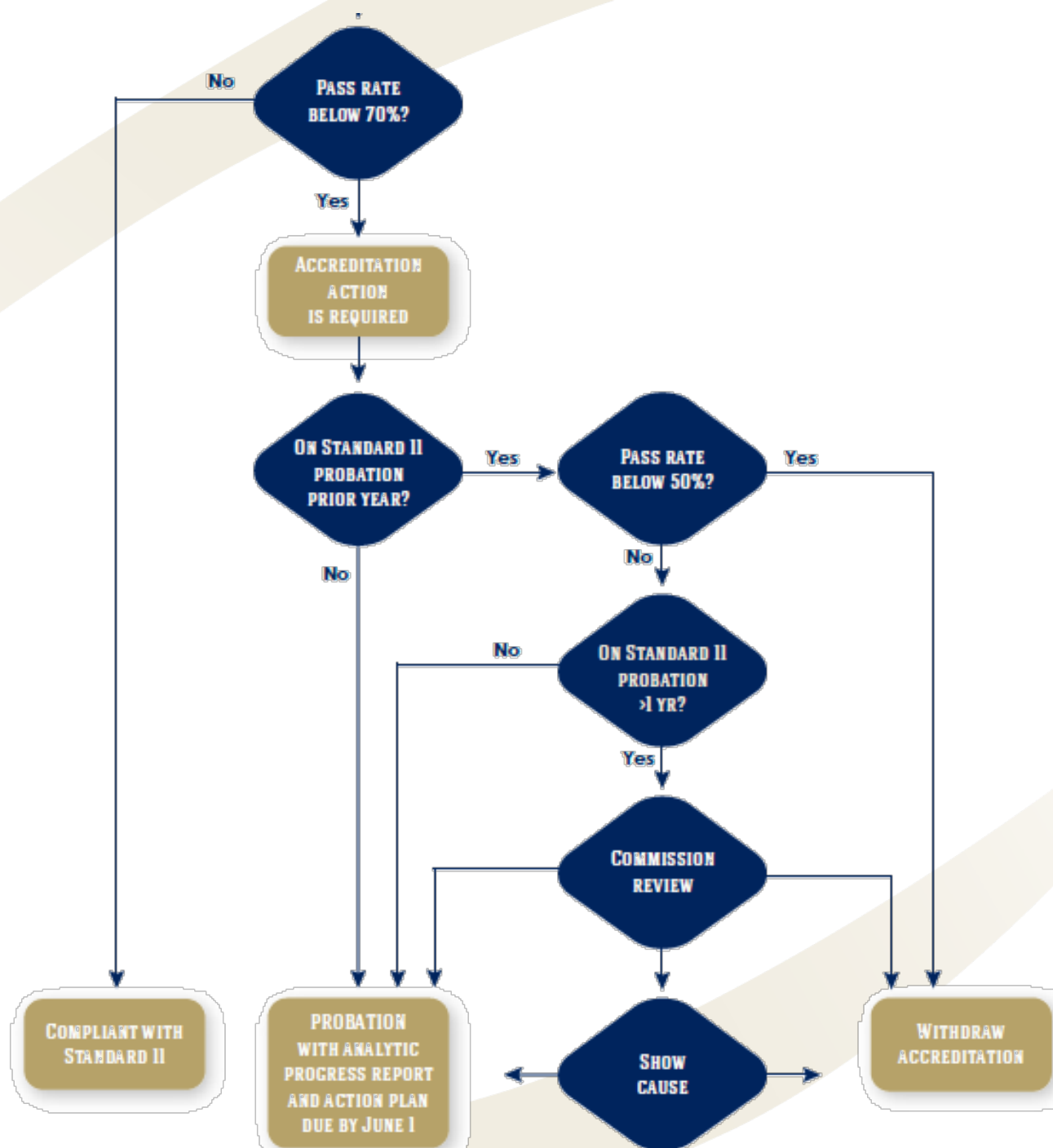


Open Forum

**THE FOLLOWING SLIDES ARE
MISCELLANEOUS
AND CAN BE WORKED IN
SOMEPLACE AS NEEDED OR USED
TO ANSWER QUESTIONS**

STANDARD 11:

The BOC Pass Rate Standard and its effects



Standard 11

(70% Board Exam pass rate)

- February 2016: 94 programs placed on probation for Standard 11
- In **February 2017**, the Commission would withdraw accreditation from all professional programs with BOC pass rates <50% that were already on probation for standard 11
- This year, 83 programs below 70%, 23 of them <50%
- ALL 23 programs who would have been withdrawn have notified us they are voluntarily withdrawing from accreditation.