Interprofessional Education and Practice in Athletic Training

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Objectives

• This presentation will address the development and implementation of a strategic plan to assimilate Interprofessional Education (IPE) and Interprofessional Practice (IPP) into Athletic Training (AT).

• Information will be presented regarding IPE and AT and recommendations will be made regarding the inclusion of these integration strategies in other health professions.
Interprofessionalism

- Not a new concept!

- "The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary."
  
  — Dr. William Mayo, 1910
Multidisciplinary vs. Interprofessional
Definitions of IPE

• "Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care“ (CAIPE, 2002)

• “Interprofessional education (IPE) occurs when students (learners) from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010)
Why does IPE matter in AT?

• We are health professionals!
• Our peer professions have already embedded IPE into their standards.
• When included in IPE programs AT is often considered an asset.
  – Faculty resources
  – Student resources
  – Unique practice setting and clinical training
Interprofessional Practice

- All health professionals should be educated to deliver patient centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.
  
  "Health Professions Education: A Bridge to Quality" (2003, Institutes of Medicine)
IOM Framework for IPP

- Shared Goals
- Clear Roles
- Mutual Trust
- Effective Communication
- Measurable Outcomes (process and impact)

IPEC Collaborative Practice Competency Domains

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

AT & IPP

• AT’s have been working interprofessionally for decades...we are good at it!
• Health care reform is transitioning to interprofessional practice and outcome based models.
• IPE and IPP are a primary focus of those reforms.
• If we choose not to make those a part of our standards, we will likely not be invited to the “table”.
AMA Policy on Athletic Medicine

• The AMA believes (July 1998) that:
  – The Board of Education and the Department of Health of the individual states should encourage that an adequate **Athletic Medicine Unit** be established in every school that mounts a sports program
  – The Athletic Medicine Unit should be composed of an allopathic or osteopathic **physician** director with unlimited license to practice medicine, an **athletic health coordinator** (preferably a NATABOC **certified athletic trainer**), and **other necessary personnel**
  – The duties of the Athletic Medicine Unit should be **prevention of injury**, the **provision of medical care** with the **cooperation** of the family’s **physician** and others of the **health care team** of the **community**, and the **rehabilitation** of the injured

Triple Aim

- Designed to achieve high-value health care:
  - Improving the individual experience of care
  - Improving the health of populations
  - Reducing the per capita cost of care to populations

Triple Aim

- Utilizes an “Integrator”:
  - Centralized entity/single organization
  - Accepts responsibility for all three components of the “Triple Aim” for a specified population
  - Links health care organizations across the spectrum of delivery to induce coordinative behavior of health care services
  - Recognizes and responds to individual care needs and preferences

Triple Aim

• Integrator redesigns primary care services and structures:
  – Primary Care Team in Medical Home
  – Long term relationships with patients/clients
  – Shared plans of care
  – Coordinated care with network of providers
  – Improved communication with personalized health record

Interprofessional Education/Practice

• The profession has long embraced IPP but many times was not included in discussion of 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.
Inclusion of IPE/IPP in AT

• 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.
Future Directions in AT Education

• Recommendation #3
  – Interprofessional education (IPE) should be a required component in professional and post-professional education programs in athletic training.
Goals/Objectives

• For IPE to become embedded in AT programs
• For athletic trainers to become valuable members of interprofessional teams positively contributing to improved patient/client outcomes.
• A strategy for formal inclusion of IPE into AT was developed.
Target Audiences

- Athletic Training Educators
- Athletic Trainers
- Administrators
- Public
Athletic Training Educators

- Faculty members in Athletic Training Programs
  - Core Faculty
  - Associated/Adjuncts
  - Clinical/Preceptors
  - Joint Teaching/Clinical Practice

- Challenges
  - Often long-time clinicians
  - Terminal degrees/tenure track
  - Many different academic units
Athletic Trainers

• Athletic Trainers working in clinical practice

• Diverse settings
  – Traditional Settings
  – Non-traditional and Emerging Settings

• Challenges
  – Most educated in an environment that did not include IPE
  – Many engaged in IPP but do not realize or appreciate it
Administrators

- Administration in Academic Institutions
  - Trustees
  - Presidents/Chancellors
  - Administration
  - Deans
  - Chairs

- Challenges
  - Beginning to understand IPE/IPP
  - Starting to develop initiatives in IPE/IPP
  - Driven by accreditation standards
  - Athletic Training not always located in these academic units
Public

• Key groups in public that influence health care and patient outcomes
  – Peer Professions
  – Government
  – Third-party Payers
  – Related Organizations
  – IPE/IPP Groups

• Challenges
  – Recognizing need for inclusion of athletic training in IPE/IPP initiatives
  – Key to health care reform and eventual improvement of patient outcomes
# Implementation Timeline

<table>
<thead>
<tr>
<th>TASK</th>
<th>DATE</th>
<th>Educators</th>
<th>NATA</th>
<th>Admin</th>
<th>Public</th>
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</thead>
<tbody>
<tr>
<td>Survey of AT Entry-level Program Directors Regarding IPE</td>
<td>Winter 2011</td>
<td>X</td>
<td>X</td>
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<tr>
<td>“Future Directions” document Including IPE Approved by NATA BOD</td>
<td>June 2012</td>
<td>X</td>
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<td>Presentation at ASAHP Annual Meeting Regarding IPE and AT</td>
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<td>Presentation at the Athletic Training Educators Conference Regarding IPE and AT</td>
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<td>IPE Presented at ECE/CAATE Presentation at NATA Annual Meeting in Las Vegas, NV</td>
<td>June 2013</td>
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<tr>
<td>Form IPE Work Group of Educators Involved in IPE</td>
<td>Fall 2013</td>
<td>X</td>
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<tr>
<td>IPE/IPP in AT White Paper Developed by IPE Work Group Regarding IPE and AT Presented to NATA Board of Directors and published by NATA Journals</td>
<td>Spring 2014</td>
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<td>Interprofessional Grand Rounds presented at NATA Annual Meeting and Symposium in Indianapolis</td>
<td>June 2014</td>
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<tr>
<td>IPE Included in New CAATE Program Accreditation Standards</td>
<td>TBD</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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IPE/IPP in AT White Paper

- 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 our profession and the advantages of including AT in IPE and IPP initiatives.
- 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.
Work Group

• Athletic Trainers - call for participants in August 2013
  – Educators
  – Preceptors
  – Clinicians
  – Students

• Representative from peer health profession who is active in IP advocacy and research
NATA IP Work Group

- Anthony Breitbach PhD, ATC (Co-chair)
- Russ Richardson EdD, ATC (Co-chair)
- David C. Berry PhD, ATC, ATRIC, CKTP
- Lindsey E. Eberman PhD, ATC
- Kari K. Emineth MS, ATC, LAT
- Shandra D. Esparza EdD, ATC, LAT
- Carolyn Goeckel MA, ATC
- Hugh W. Harling EdD, LAT, ATC
- Rod A. Harter PhD, ATC, LAT, FNATA, FACSM
- Mandy Jarriel PhD, ATC, LAT, CHES
- Leamor Kahanov EdD ATC, LAT
- Joanne Klossner PhD, LAT, ATC
- Michelle L. Odai PhD, ATC, LAT, CSCS
- Aimee Pascale MS, ATC, CSCS
- Christopher Rizzo MS, ATC, CSCS
- Kristen C. Schellhase EdD ATC, LAT, CSCS
- Dawn M. Schocken MPH
- Melissa Snyder PhD, AT, ATC, CSCS
- Elizabeth Swann PhD, ATC
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- Anita James (Administrative Liaison)
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Benefits of IPE to AT Programs

• Teaching/Collaborating with experienced faculty in other health professions allows for faculty development.
• AT program faculty teaching students from all health professions helps overcome misconceptions about AT.
• Collaborative interprofessional scholarship opportunities.
• Financial benefits to faculty, such as overload pay or reassign time for IPE course involvement.
Benefits of IPE to the AT Students

- Providing a vehicle to introduce athletic training foundational behaviors in the greater context of interprofessional core competencies.
- Socializing athletic training students to their future roles as health care professionals.
- Recognizes common content knowledge and skills needed by all health care providers. (eg. musculoskeletal and emergency medicine)
Benefits of Including AT Students and Faculty to IPE Programs

- Providing students in the IPE program exposure to AT as a health profession with a unique practice setting.
- Providing additional faculty resources for the IPE program.
- Promoting a greater understanding and respect between students in the health professions involved in the program.
## Interprofessional Pedagogy Matrix

<table>
<thead>
<tr>
<th>Time/Resource Demands</th>
<th>Intra-curricular</th>
<th>Extra-curricular</th>
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<tbody>
<tr>
<td><strong>LOW</strong></td>
<td></td>
<td></td>
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<tr>
<td>IPE Competencies Included in Individual Program Courses</td>
<td>One-time Interprofessional Workshop or Orientation</td>
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<tr>
<td>IPE Modules Embedded into Individual Program Courses</td>
<td>Interprofessional Grand Rounds Sessions</td>
<td></td>
</tr>
<tr>
<td>Cross-listed Courses with IPE Content</td>
<td>Interprofessional Simulation Activities</td>
<td></td>
</tr>
<tr>
<td><strong>MEDIUM</strong></td>
<td></td>
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<tr>
<td>Single IPE-prefix Introductory Course</td>
<td>Regularly Scheduled Seminars, Workshops, etc.</td>
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<tr>
<td>Multiple IPE-prefix Core Content Courses</td>
<td>Interprofessional Capstone Projects, Portfolios, etc.</td>
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</tr>
<tr>
<td>Academic Curriculum Including Practicum</td>
<td>Mentored Interprofessional Service Learning Activities</td>
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<tr>
<td><strong>HIGH</strong></td>
<td></td>
<td></td>
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<tr>
<td>Academic Concentration, Major or Minor</td>
<td>Established Clinical Practice Utilizing IPP Teams</td>
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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
  - WFATT Meeting – 2014
- Proposed presentations
  - Athletic Training Educators Workshop - 2015
  - “Collaborating Across Borders” - 2015
NATA IPEP Interest Group

• NATA ECE developing Interest Groups
• NATA IPEP Interest Group is the pilot.
• Provides a structure for:
  – Many different groups to have a voice on IPE/IPP.
  – Dissemination and exchange of information on IPE/IPP.
  – Advocacy of AT involvement in IPE/IPP initiatives.
Timeline

• Announcement of the NATA IPEP Interest Group in Range of Motion and Blog on January 12, 2015.
• LinkedIn site and @NATA_IPEP Twitter feed launched.
• Virtual meeting/webinar on January 28, 2015 at 12:00 noon ET to discuss the original organization of the group.
• Follow-up survey in early February regarding the NATA IPEP Interest Group to members.
• Face-to-face meeting at ATEC in Dallas in late February.
"The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary."
Dr. William Mayo, 1910

Interprofessional practice
Erin Cornuda
Head Athletic Trainer at Miami-Dade County Public Schools

In case this class opens again on coursera- there was a free online class for healthcare workers focused on inter-professional practices entitled "Collaboration and Communication in Healthcare: Interprofessional Practice". I took the class to be...
"The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary."

Dr. William Mayo, 1910
Timeline

• 2015 WFATT World Congress in St. Louis in June (20-22) just prior to NATA.
  – Dr. Scott Reeves, editor of the Journal of Interprofessional Practice, is one of the keynote speakers.
  – Workshop on facilitation of teams in Interprofessional Education and Practice.
  – Themed segment on IPE and IPE in the scientific abstract sessions.
• June 23, 2015; Dr. Reeves will be attending a breakfast meeting with members of the NATA IPEP Interest Group.
• June 25, 2015; Peer to Peer session at NATA entitled: “Collaboration with colleagues in interprofessional education and scholarship.”
• Next steps will be determined by members of the NATA IPEP Interest Group!
Secondary School IPP Proposal

- Interprofessional School Based Health and Wellness (IP-SBHW) plan where nurses and athletic trainers coordinate health care and provide wellness services at a school using:
  - Complementary collaborative roles
  - Common physical facility
  - Shared medical documentation
Secondary School IPP Proposal

- Access and quality of health care could be improved by the IP-SBHW plan that provides comprehensive on-site primary care and decreases medical errors through improved communication.

- Costs can be decreased by providing more appropriate wellness services, treatment and referral.
Alton High School

- Hired School Nurse first, then transitioned contracted AT to full-time through grant
- Built new facility in 2007
- Allowed School Nurse and AT to share physical facility providing collaborative care
Alton High School

- Large vocational training program and athletics facilities at high school.
- Most of the school-day injuries happen in these programs.
- This location allows for medical care in close proximity to those programs.
John Burroughs School

- Hired Athletic Trainer first, then added School Nurse
- Built new facility in 2013
- School Nurse and Athletic Trainer share physical facility
John Burroughs School

- Coordinate care for entire student population
- Recognize each others strengths allowing for shared expertise.
- Share medical documentation
Resources


- Centre for the Advancement of Interprofessional Education. Defining IPE: Centre for the Advancement of Interprofessional Education; 2002.


Questions?

- Anthony Breitbach PhD, ATC
  - [http://at.slu.edu](http://at.slu.edu)
  - [http://sluathletictraining.com](http://sluathletictraining.com)
  - breitbap@slu.edu

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  - Twitter: [@NATA_IPEP](https://twitter.com/NATA_IPEP)