



Future Directions in Athletic Training Education

Approved by the NATA Board of Directors – June 25, 2012

NATA Executive Committee for Education
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In 1996, the Education Task Force, chaired by Rich Ray and John Schrader, identified 17 recommendations for reforming athletic training education. Appendix A lists those recommendations and includes a status report on each. Fifteen years later much has changed: healthcare demands are greater; more professional athletic training programs exist; the job market for athletic trainers has changed; state regulation of athletic trainers is more prevalent; and a shift in practice towards a medical model is apparent. Given these changes and the passage of time, the Executive Committee for Education (ECE) - developed out of 1 of the original 17 recommendations - has developed a new plan for the direction of education and offers it to the Board of Directors for its consideration. Some recommendations of the original task force still represent achievable goals for today.

This plan can only be executed with the partnership and commitment from the NATA BOD, the Commission on Accreditation of Athletic Training Education (CAATE), the NATA Foundation (Foundation), and the Board of Certification (BOC). Representatives from each group have provided input into the development of this document.

Recommendation #1

Investigate reformulation of the Executive Committee for Education and its committees to a broader structure to (a) identify and promote model practice in education; (b) serve as a forum for special interest groups that relate to academic faculty, clinical education, post-professional education, and continuing education; (c) facilitate scholarship in education; and (d) continue to partner with the CAATE, the Foundation and the BOC on joint initiatives.

The original structure of the ECE (formerly the Education Council) served an important purpose in directing and streamlining all facets of education. With many of its original tasks completed, tabled, or redefined, an examination of the structure that would best serve educators from all realms is warranted. We envision a structure that would serve a broader swath of educators by having an education division within the NATA and then subdivisions – or special interest groups - relating to distinct areas such as research, faculty development and scholarship, professional, post-professional, and continuing education.

The group investigating this reformulation should necessarily include representatives from the Board of directors, NATA staff, and a wide scope of educators.

Recommendation #2

The NATA, with support from the Strategic Alliance, should conduct a detailed analysis specifically focused on professional education in athletic training that will be completed by June 2014. A key outcome of this analysis will be a determination of the most appropriate professional degree to position athletic trainers to provide positive patient outcomes and ensure the longevity of the profession of athletic training.

As with other healthcare professions, frequent examination of the requirements for entry into the profession of athletic training is warranted. As athletic training has evolved, the requisite body of knowledge has expanded and expectations for fully prepared practitioners upon graduation and success on the BOC exam remain.

Development of a task force to extract and analyze data and opinion that inform the determination of the most appropriate degree is necessary for a thoughtful decision on this complex issue. Examples of compelling questions include:

- 1) To what extent does transition to a professional degree at the post-baccalaureate level result in a better practitioner and, subsequently, better care for our clients / patients?
 - a. Does isolated professional education (without competing institutional baccalaureate requirements) improve outcomes in terms of patient care, success on the Board of Certification examination, and job satisfaction?
- 2) How would a wide-spread transition to professional education at the post-baccalaureate level impact the number of graduates entering the profession and the number of institutions sponsoring CAATE-accredited athletic training education programs?
- 3) What is the impact on earning potential and student debt when comparing graduates of professional programs at the baccalaureate level and post-baccalaureate level?
- 4) How does the entry-level degree affect the perception of the profession by the public and other professions?
- 5) How does the entry-level degree affect how the profession is positioned with regard to evolving health care reform legislation?

Historically, the examination of the most appropriate professional degree has been stalled by considerations of the impact on other facets of professional development, such as post-professional programs and the current practice of employing graduate assistant athletic trainers. The ECE recommends a relatively narrow focus for this task force, given that a thoughtful determination on the professional degree will drive decisions in the other arenas.

The task force will be composed of stakeholders including employers of newly-credentialed athletic trainers, educators, and representatives from all strategic partners.

Recommendation #3

Interprofessional education (IPE) should be a required component in professional and post-professional education programs in athletic training.

The 2003 Institute of Medicine report “Health Professions Education: A Bridge to Quality” developed the following vision statement: “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.”¹

Interprofessional opportunities and socialization are critical features to the professional education of healthcare providers and are especially relevant in today’s healthcare environment in which no practitioners practice in isolation. Athletic trainers have historically practiced interprofessionally, but that has not been intentionally addressed in professional and post-professional education programs. Opportunities exist for athletic training to become a leader in interprofessional education.

Recommendation #4

The NATA should encourage alignment of professional and post-professional education programs in schools of health professions.

Creating opportunities for interprofessional interaction is easier when programs are administratively located in schools of health professions. As one of the original recommendations from 1996, progress on this recommendation has been negligible at best; however, its importance is even greater today. Housing athletic training programs in schools of health professions emphasizes the correct perception that athletic trainers are primarily healthcare providers.² This change of perception among students in health professions may produce an eventual change in perception of athletic training in the health care system at large, creating opportunities for athletic trainers in an evolving health care environment.

Recommendation #5

The NATA should transition the responsibilities for accreditation of post-professional graduate degree programs and residency programs to the Commission on Accreditation of Athletic Training Education (CAATE).

As an established independent accrediting agency, the CAATE is positioned to provide the administrative support necessary for all accreditation needs relating to post-professional and residency programs. Our current structure – in which the NATA bears responsibility for all accreditation actions – puts the NATA Board of Directors in the position of making decisions about accreditation and resolving appeals.

The ECE and its relevant committees (the Post-professional Education Committee and the Post-professional Education Review Committee) have been in conversation with the CAATE and have written a proposal for review by the respective Boards to achieve this goal.

Recommendation #6

The NATA should encourage the development of residencies, specializations, and specialty certifications to provide career advancement and skill development specifically related to athletic training clinical practice. Standardized language to describe the nature of residency programs and specialization should be used.

Historically, career paths of many athletic trainers are defined by changing practice settings or by assuming more of an administrative role. The development of accredited residencies, specializations, and specialty certifications is an important feature of re-defining career paths of athletic trainers in terms of increasing expertise in improving a patient's quality of care and life. Standardized and uniform language should be adopted and used by all strategic partners.

The NATA Board of Directors approved the accreditation process for residency programs in 2010 and the first programs are currently engaged in the process.³ In June 2011 the NATA Board of Directors approved the guidelines for creating specialty certification in athletic training.⁴ The next step is to develop resources to identify and establish fields of specialization and to stimulate creation of more residencies with a plan to measure their value to both the clinician and the patient.

Recommendation #7

The management and delivery services associated with the *Athletic Training Education Journal* should be integrated into those used for the *Journal of Athletic Training*.

The current structure of separate publishing processes for two journals supported by the NATA creates some inefficiency that would be resolved by integrating the management and delivery services of the *Athletic Training Education Journal (ATEJ)* with the *Journal of Athletic Training*. In 2009 with the support of the NATA, the ATEJ began using the same online submission and review platform (EJournalPress); this may allow for seamless integration of the NATA's publications. The ECE is aware of the importance of not increasing the publishing load on the JAT without a concomitant increase in administrative support.

Also, housing the journal management in the ECE office (currently the ATEJ managing editor is the administrative assistant to the ECE Chair) has the potential to create a conflict of interest with respect to the need for a journal to engage in independent publishing and a clear editorial independence. Additionally, the continuity offered by a central office would alleviate the current transition of managing editor that occurs when the office of the ECE changes. Just as the NATA Board of Directors has a representative on the JAT committee, we envision having an ECE [or its correlate] representative on the ATEJ Advisory Panel.

Recommendation #8

Significant effort should be expended to educate practitioners regarding the fundamentals of evidence-based practice and the use of outcome measures in their practice.

The NATA has already established itself as supportive of developing evidence-based practitioners as exemplified by its financial support of the development of the evidence-based practice tutorials. This recommendation seeks to encourage the NATA to expand its support of the concept that EBP is the foundation of quality patient care. Examples of how this recommendation might be realized include (1) evaluating NATA-sponsored continuing education with regard to its impact on practice; (2) identifying and promoting model practice with regard to the use of outcome measures; (3) providing explicit mechanisms for accessing evidence-based information; and (4) aligning with post-professional education programs to develop brief statements describing model practice as it aligns with evidence.

Recommendation #9

The NATA, in collaboration with the Foundation and the Pronouncements Committee, should establish a mechanism for an interim review process for published position statements and re-release of amended position statements as necessary. Additionally, a strategy to release new information that impacts the delivery of athletic training services and patient outcomes using multiple media strategies (eg, beyond print media) should be established to facilitate timely distribution.

The development of position statements is a vital undertaking of the NATA, the Foundation, and the Pronouncements Committee. Maximizing patient outcomes relies heavily on access to the information that best details the current best practice. By developing an explicit plan for on-going review and modification (as necessary) of its position statements, the NATA could set the standard for promoting best practice. Critical to this endeavor is development of a plan for quick distribution to relevant constituents.

Recommendation #10

The NATA and its strategic partners should adopt a model to frame the practice of athletic training using contemporary disablement model language.

Adoption of a framework for clinical practice would support the use of the uniform language of healthcare and allows all providers to communicate effectively. A model to frame athletic training practice, such as a disablement model, should be integrated into all of our educational endeavors and related communications. The new Competencies⁵ incorporate the language of the International Classification of Functioning, Disability and Health (often abbreviated as the ICF), which “is WHO’s [World Health Organization’s] framework for measuring health and disability at both individual and population levels.”⁶

Use of this language throughout all communications and by strategic partners underscores the importance of athletic trainers practicing in the larger healthcare arena.

Recommendation #11

The NATA, in collaboration with the Foundation, should continue its efforts to better inform our practice as athletic trainers and educators by identifying and supporting key areas of research as they relate to improving patient outcomes.

The efficacy of all of our educational efforts results in the bottom line: The quality of our patient outcomes and patient quality of life. The NATA and the Foundation have supported calls for research relating to the gathering of patient outcomes. Identification of supported projects and collation of findings that identify the role of athletic trainers in influencing patient outcomes remains a need. Inherent in this recommendation is the need to establish an agenda for scholarship that would better inform the practice of athletic training. Clinically relevant research questions that enhance patient care should serve as the basis for this scholarly agenda.

Recommendation #12

The NATA, in collaboration with the Strategic Alliance, should examine issues surrounding transition to clinical practice both prior to and after certification. This assessment will give rise to identification of models that effectively support transition-to-practice for athletic trainers who have recently completed their professional education, certification, and licensure requirements.

Extensive debate surrounds our current educational processes and their impact on professional preparation, specifically as it relates to the ability of novice clinicians to practice independently. Much of the discussion surrounding the preparedness of today's novice practitioners for independent practice includes who should do what. What is the responsibility of the employer in terms of providing initial orientation and supervision? What is the responsibility of the athletic training education program? Identifying these responsibilities and the resulting expectations is critical to determining a starting point for change.

Identification of the constructs of model educational practice that result in an independent clinician is central to this recommendation and will shape our educational methodology. A determination of methods that develop clinical decision-making skills in the context of real patient care while maintaining a learning environment is an essential component of our educational processes.

The new employment of other healthcare providers routinely includes a period of orientation and close supervision by an experienced provider. Identification of effective transition-to-practice models will serve as the foundation for a purposeful strategy that facilitates the change from student to practitioner while ensuring socialization into the hiring organization and the profession at large. Developing and disseminating recommendations regarding employer-based orientation for athletic trainers would be helpful to clarify expectations to educators and employers and to optimizing patient outcomes.

Consideration of input from a wide array of stakeholders will be necessary to accomplish this recommendation.

Recommendation #13

The NATA should support the BOC's current efforts to establish facility accreditation standards.

CAATE accreditation standards currently include facility safety criteria; however, these standards are difficult to assess during the accreditation process and emphasize student and patient safety and do not incorporate fundamental healthcare principles such as the patient's right to privacy and the requirement for documentation. Development of a facility accreditation process would provide guidance for employers and athletic trainers in developing their healthcare facilities and policies. Facility accreditation would also remove the burden of assessing facility safety from the CAATE.

Recommendation #14

The NATA should continue to foster advancement of new researchers in the development and execution of their research agenda.

In order to capture the progress made in development of new researchers, the NATA, in collaboration with the Foundation, should continue to grow this support. Potential mechanisms include: (1) Development of young investigator grants – that align with the identified research agenda – to support researchers following completion of their terminal degree; (2) Support of post-doctoral fellowships; and (3) Support of seed monies to facilitate collection of pilot data that may result in larger grant applications.

Recommendation #15 (Added as of March 2014)

The NATA, with support from the Strategic Alliance, should conduct a detailed analysis specifically focused on doctoral education (post professional education) in athletic training.

Partly as a byproduct of the professional degree discussion, there has become a heightened awareness on doctoral education in athletic training. There have been a few doctoral programs developed throughout the nation and more are being considered. We have seen similar discussions and developments in our peer professions. In addition, some of the Program Directors of our accredited post professional education programs (currently at the master's level) have entered preliminary discussions about transitioning to doctoral programs. It has been reported that if a transition as previously mentioned were to occur that some state and regional accreditation agencies would need data to support such a move from a professional entity (such as the ECE) through a research based project (under the direction of the PPEC) that has been subject to a peer review process (submission to ATEJ).

Definitions

Interprofessional education (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)
Professional program.....	formal program of study that provides entry-level education
Post-professional education	formal program of study that occurs following completion of professional education
Residency	planned program of clinical and didactic education in a specialized content area designed to provide advanced preparation of athletic training practitioners
Specialization	area within a discipline that develops in response to new knowledge and skills in a finite area of practice
Specialty certification.....	“a voluntary process by which an athletic trainer demonstrates that he/she has met or surpassed defined standards beyond that required for entry-level certification by the BOC” (<i>Specialization in the Athletic Training Profession</i> , 2011, p. 7)
Strategic Alliance.....	Comprised of the Commission on Accreditation of Athletic Training Education, the National Athletic Trainers’ Association, the Board of Certification, and the Research & Education Foundation.

Appendix.

Recommendations to the NATA Board of Directors (1996)

Recommendation	Status
<p>I. The NATA should work with the NATABOC to institute a requirement, to take effect in 2004, that in order to be eligible for NATABOC certification, all candidates must possess a baccalaureate degree and have successfully completed a CAAHEP accredited entry-level athletic training education program.</p>	<p>Done, as of 1/1/2004. Exam eligibility includes a requirement that candidates be graduates of CAATE-accredited programs.</p>
<p>II. The NATA should encourage the development of accredited entry-level master’s degree programs in athletic training and allow entry-level master’s programs to consider an applicant’s previous didactic and clinical experience as partial criterion for admission. The NATA should encourage the development of 2-3, 3-2, 4-1 and other creative models for entry-level education.</p>	<p>Currently, 25 out of 368 (6.8%) professional programs are at the master’s degree level.</p>
<p>III. The NATA should develop and implement a program leading to certificates of added qualifications (CAQ) for athletic trainer educators. The educational content of these continuing education courses would be developed by the NATA Education Council (see Recommendation 8). Certification of competence of the participants and the subsequent awarding of the credential should be contracted by the NATABOC.</p>	<p>Educational programming for the Clinical Instructor Educator was developed and has been delivered by the Professional Education Committee. Completion of the course is one way to demonstrate compliance with the accreditation standard relating to qualifications of the Clinical Instructor Educator.</p>
<p>III.1 The NATA should recommend to the JRC-AT that the CAAHEP Essentials & Guidelines be amended to include a guideline recommend that clinical instructors possess a Clinical Instructor CAQ or its equivalent by the year 2000.</p>	<p>Current CAATE¹ standards, now under revision, require that clinical instructors – those who evaluate athletic training students on proficiencies – complete a training program at least once every 3 years. A CAQ is not awarded.</p>
<p>III.2 The NATA recommend to the JRC-AT that the CAAHEP Essentials & Guidelines be amended to include guidelines recommending that program directors possess a Program Director CAQ or its equivalent by 2001.</p>	<p>Current CAATE standards, now under revision, require that program directors hold national and state (where required) credentials; have a minimum of 5 years of experience as an athletic trainer; and “demonstrate teaching, scholarship, and service consistent with institutional standards.” No CAQ is required.</p>

¹ The CAATE, Commission on Accreditation of Athletic Training Education is now the accrediting agency, replacing CAAHEP and the JRC-AT.

<p>IV. The NATA should recommend to the JRC-AT that the CAAHEP Essentials & Guidelines be modified to reflect formal instruction in pharmacology and pathology.</p>	<p>The <i>NATA Education Competencies, 5th</i>, revised in 2010, include content in pharmacology and pathology. The 4th edition of the <i>Competencies</i>, published in 2006, also included this requirement. The number of textbooks devoted to these topics and specific to the practice of athletic training is a clear indication that this content is imbedded into professional curricula.</p>
<p>V. The NATA should recommend to the NATABOC to re-evaluate the minimum number of hours necessary to sit for the certification and that present high-risk sport requirement be re-evaluated.</p>	<p>On January 1, 2001 the BOC changed its eligibility requirements to graduation from an accredited program. Any requirements regarding amount of time spent in clinical education became the purview of the individual institutions.</p>
<p>VI. The NATA should recommend that the JRC-AT investigate the extent to which the various practice settings in which athletic trainers are commonly employed are incorporated into the clinical and didactic components of the education programs.</p>	<p>Feedback from clinicians in a wide variety of practice settings was purposefully solicited and incorporated into the most recent revision of the <i>Competencies</i>.</p>
<p>VII. The NATA should subcontract the accreditation of advanced master's degree programs in athletic training to the JRC-AT.</p>	<p>The accreditation of post-professional (formerly known as advanced master's) degree programs remains under the purview of the NATA. This recommendation remains valid and is included above.</p>
<p>VIII. The NATA should reconfigure the way professional education is organized. The NATA should establish an Education Council to act as THE voice for education policy, development and delivery in our profession. Specific functions of the Education Council should include, but not be limited to the following:</p> <ul style="list-style-type: none"> - Maintain a constant dialogue on accreditation of entry-level programs through its association with the JRC-AT. - Maintain a constant dialogue on accreditation of advanced master's degree programs through its association with the JRC-AT. - Act as a resource for the development of doctoral programs in athletic training. - Coordinate the educational content and delivery of 	<p>The Education Council, now the Executive Committee for Education, was established in 1997. Chad Starkey served as the first chair until 2005; Ken Knight served as the second chair until 2009; and Sara Brown is the third chair.</p>

all NATA-sponsored continuing education and CAQ programs.

- Serve as a resource to district, state, and local continuing education planners.
- Act as the approval agency for certifying continuing education providers.
- Develop new technologies for the delivery of continuing education programs.

The Education Council should replace the present Professional Education Committee. This recommendation is contingent upon the approval of Recommendation VII.

IX.	The NATA should cooperate with the NATABOC in its ongoing evaluation of the new rules for CEU accumulation and re-certification.	The NATA has the opportunity to provide input to the BOC regarding re-certification requirements as they relate to continuing education requirements.
X.	The NATA should develop and implement a program leading to certificates of added qualification (CAQ) for the post-entry level athletic trainer. The educational content of these continuing education courses would be developed by the NATA Education Council (see Recommendation VIII). Certification of competence of the participants and the subsequent awarding of the credential should be contracted with the NATABOC. By the year 2000, an inaugural CAQ program in rehabilitation should be made available.	No CAQs currently exist. A process now exists for accreditation of residency program, and the NATA Board of Directors recently approved a process for specialty practice recognition developed by the Post-professional Education Committee.
XI.	The NATA should encourage the development of multi-disciplinary education programs that combine athletic training with nursing, physical therapy, occupational therapy or other appropriate baccalaureate level allied health professions.	While some such programs have emerged since this was written, the NATA has not engaged in promoting the development of such programs.
XII.	The NATA should encourage new athletic training education programs to consider aligning themselves in college of health-related professions.	No targeted efforts on the recommendation have occurred. Many professional athletic training education programs are administratively housed in colleges of education. Not all institutions sponsor education programs for other health-related professions. Please see Recommendation #5 above.
XIII.	The NATA should strongly encourage athletic training education programs to title their programs as "Athletic Training."	According to the CAATE standards, by 2014-15 academic year individuals completing professional programs must be awarded a degree in athletic training.

XIV	The NATA should encourage the NATA Research and Education Foundation, the <i>Journal of Athletic Training</i>, and other appropriate entities to recognize and reward high quality research in those areas of the body of knowledge specific to athletic training.	The Foundation has multiple awards to recognize high quality research: the Medal for Distinguished Athletic Training Research (since 1997), the New Investigator Award (since 1998), and the Doctoral Dissertation Award (since 2005).
XV.	The NATA should encourage and assist in initiating the process of legislative reform, with particular emphasis on standardization of educational requirements for state credentialing.	BOC exam eligibility requires graduation from a CAATE-accredited program. Currently, there are 48 states that have some form of athletic training regulation. The BOC exam is a requirement to obtain regulation in 47 of the 48 states.
XVI.	The NATA should work to identify and promote positive work models for the high school environment including, but not limited to, the full-time athletic trainer and the teacher-athletic trainer.	The NATA has promoted the secondary school environment through various strategies, including highlighting athletic trainers working in this setting and facilitating presentations on maximizing the role of the AT in the secondary school. A summary statement regarding appropriate medical care for the secondary school athlete was also published. ⁸
XVII.	The NATA should encourage and provide assistance to the JRC-AT for the purpose of having it contract its administrative functions to a professional management firm.	The roles and responsibilities of the JRC-AT (under the CAAHEP umbrella) have transitioned to the Commission on Accreditation of Athletic Training Education. The CAATE has its own administrative staff.

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