

ATEC 2019

February 15-17, 2019

DFW Lakes Executive Conference Center

Grapevine, TX

CEUS: Attendees can earn up to 11 CEUs CEUs if attending eligible sessions.

Cost

- Members: \$270 through November 25th and \$320 November 26th-February 6th

- Non Members: \$560 through November 25th and \$620 November 26th – February 6th

Target Audience – Athletic Training Educators

Level of Difficulty - Advanced

ATEC Peer-to-Peer 2019

Teaching Professional Advocacy

Dominique Ross, PhD, LAT, ATC

Christianne Eason, PhD, LAT, ATC

The purpose of this peer-to-peer presentation will be to examine and discuss methods of teaching professional advocacy through engaging in the legislative process. Political activism provides a means for athletic trainers to provoke change in practice acts, reimbursement structures, consumer access to AT care and limitless other initiatives. The format will consist of a short presentation introducing the concepts of professional advocacy at the state and federal levels. We will provide strategies that have been utilized in several ATPs in Massachusetts. Strategies include, but are not limited to: participating in “hit-the-hill”, phone-a-thons, letter writing campaigns, collecting research to support AT advocacy groups, hosting legislators on campus, visiting local offices, accessing and following bills and many other projects. We will also share data we’ve collected on student perceptions of legislative involvement and the likelihood to continue professional advocacy following certification. Participants will discuss the teaching strategies that are most feasible for their programs based on resources, student characteristics, geographical location and legislative activity within their state. There is limited research in athletic training regarding professional advocacy through participating in the legislative process. The National Athletic Trainers’ Association has encouraged advocacy through grant funding, PAC support and new online resources. More recently, the CAATE has emphasized advocacy in the new Standards 56 & 68. As we continue to see legislation affecting athletic training practice, AT educators must be prepared to incorporate civic engagement and political awareness in their curriculum

Domain 5 - Task 0503

Objectives:

1. Select 2-3 teaching strategies to incorporate professional advocacy through the legislative process into their ATP.
2. Explain the opportunities within their own institution to incorporate civic engagement.
3. Identify resources provided by the NATA, BOC and additional professional organizations to support advocacy through the legislative process
4. Summarize the experiences and perceptions of athletic training students regarding their own involvement with professional advocacy.

ATEC Peer-to-Peer 2019

Preceptor Development: Facilitating Learner Clinical Skill Integration Opportunities and Continuous Quality Improvement

Elizabeth Neil, MS, LAT, ATC

Lindsey Eberman, PhD, LAT, ATC

A core principle of healthcare competence is the importance of creating a culture of continuous quality improvement. To transform clinical practice, we must be armed with information. Technology is a key resource to this transformation and has increased exponentially within the United States. Clinicians are at the forefront of engaging with personal health information (PHI) and many of these clinicians are serving as preceptors, modeling best practices for using health information technology (HIT) to drive clinical practice decisions. In many health professions, clinicians feel inadequately prepared for the role of preceptor, and as such, the importance of preceptor development cannot be understated. Much of our focus in improving clinical practice has been on teaching students directly, but sometimes a hidden curricula, one with a disconnect between classroom and clinical instruction, has impeded progress in using education to drive clinical practice. Preceptor development that targets remediating knowledge gaps in HIT, facilitating collaborative partnerships between programs and preceptors, and creating preceptor-student interactions that maximize clinical skill integration can help drive clinical practice forward. In this peer-to-peer discussion, we will discuss preceptor development in HIT with a focus on ways to use high-quality electronic medical record (EMR) keeping for patient care, specifically to demonstrate value to stakeholders and engage in continuous quality improvement.

Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0504

Objectives:

1. Evaluate best practices for using health information technology (HIT) to change clinical practice
2. Recognize ways for preceptors to integrate students into their clinical practices, particularly in HIT
3. Identify methods that will directly incorporate HIT into clinical practice

ATEC Peer-to-Peer 2019

QI – What is the Value and How Does it Affect Patient Outcomes?

Kim Terrell, MS, ATC

Susan McGowen, PhD, EMT, ATC, LAT

Quality improvement is a core competency in the IOM framework for education and clinical practice. This session will describe and provide examples of Quality Improvement initiatives in Athletic Training practice and include emphasis on why Quality Improvement systems are critical to inform a value based health care model. Presenters will provide examples of how to implement a Quality Improvement system to enhance patient care and implementation of best practice.

Domain 4 - Task 0401, Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0503, Domain 5 - Task 0504

Objectives:

1. Recognize opportunities for quality improvement system implementation in Athletic Training.
2. Describe how outcomes of quality improvement result in enhanced patient care.
3. Design and apply quality improvement activities for clinical practice.

ATEC Peer-to-Peer 2019

Immersive Clinical Experiences: A Whole New Ball Game

Chad Clements, MS, ATC

Tory Lindley, MA, ATC

Immersive (full-time) clinical experiences are emerging in athletic training education. Programs must develop one or more immersive clinical experiences as the implementation of the 2020 Standards for Accreditation of Professional Athletic Training Programs approaches. Philosophically, effective planning for immersive clinical experiences should be no different than planning for integrated (part-time) clinical experiences, with a focus on providing experiences to prepare students for entry-level, independent clinical practice. However, thoughtful consideration must be given to capitalize on the unique opportunities that immersive clinical experiences offer. This peer-to-peer will be led by a clinical site administrator/preceptor and a coordinator of clinical education who will draw on their experience with students in immersive experiences to focus on best practices for clinical immersion. Our guided discussion will engage those who are planning to incorporate immersive clinical experiences for the first time, as well as those who have already established them. Topics for discussion will include: how goals and objectives of immersive experiences may be different from integrated clinical experiences; whether preceptor development programming offered by athletic training programs should change, what it should include, and how clinical sites and programs can work together to identify the best approach; how clinical sites and programs can work together to identify whether a site is well suited to provide immersive experiences; and how to avoid potential pitfalls.

Domain 5 - Task 0501

Objectives:

1. Identify the unique learning opportunities of integrated and immersive clinical experiences.
2. Develop strategies to ensure successful immersive clinical experiences.
3. Recognize opportunities for collaboration among all stakeholders.

ATEC Peer-to-Peer 2019

Strategies to Enhance Student Preparation for Interprofessional and Collaborative Practice

Dorice Hankemeier, PhD, ATC

Sarah Manspeaker, PhD, ATC

Health care delivery has progressed to include an emphasis on collaboration and communication among varying providers. This process, known as interprofessional and collaborative practice (IPCP), is an inherent component of athletic training practice, though some athletic trainers do not self-identify as practicing in this manner on a regular basis. IPCP is enhanced when health care providers understand the roles and responsibilities of all members of the team as well as enact effective communication strategies when collaborating. It is theorized that successful learning related to IPCP as part of athletic training education may improve transition to practice. Furthermore, research shows that preceptor modeling is one of the best methods to instill clinical practice behaviors in students. Participants in this session will be given the opportunity to share ideas in an effort to enhance student learning related to IPCP with particular emphasis on how to perform and communicate as part of a health care team during clinical experiences. Examples of how IPCP is embedded within didactic curriculum and integrated within the clinical setting will be provided. Additionally, tactics to encourage preceptors to model IPCP for students will be shared. Participants will be challenged to discuss ideas to enhance IPCP opportunities for students in a variety of both traditional and non-traditional clinical settings.

Domain 5 - Task 0503

Objectives:

1. Consider mechanisms that exist/could be fostered to enhance student participation in interprofessional and collaborative practice.
2. Illustrate strategies that could be enacted to engage students in clinical education experiences that promote communication within the health care team.
3. Design strategies to assist students' understanding of team roles and responsibilities as they relate to IPCP.
4. Identify opportunities and challenges preceptors face in involving students with interprofessional and collaborative practice.

ATEC Peer-to-Peer 2019

Preparing for 2020: Developing Educational Strategies for the Delivery and Assessment of Select Competencies

Christopher Brown, PhD, LAT, ATC, CSCS

Kelly Potteiger, PhD, LAT, ATC

During the Spring of 2018, the Commission on Accreditation of Athletic Training Education (CAATE) released their 2020 Standards for Accreditation of Professional Athletic Training Programs. According to the CAATE, the Standards provide the minimum academic requirement for preparing professional athletic trainers. Institutions are encouraged to design educational approaches to substantially exceed these Standards. The 2020 Standards introduces a host of new skills (i.e. administering medications or other therapeutic agents, intravenous fluids, suturing) in the effort to drive clinical practice in a changing healthcare market. Because of their novelty in AT education, some of these skills may be unfamiliar to faculty and/or preceptors. Therefore, the purpose of this presentation is to examine select competencies included within the 2020 Standards in the effort to determine innovative educational approaches for teaching and assessing select clinical skills. As facilitators, we will present a brief overview of selected standards and lead a discussion on the interpretation and implementation of said standards. This activity will provide a starting point for attendees to discuss how they are planning to teach and assess (or currently teaching/assessing) select competencies. In the effort to facilitate the discussion, we will provide examples of innovative techniques for teaching (i.e. peer-assisted learning, standardized patients, scenario-based learning, live models and assessing select clinical skills from the health care literature.

Domain 1 - Task 0101, Domain 1 - Task 0106, Domain 2 - Task 0202, Domain 3 - Task 0303, Domain 4 - Task 0404, Domain 4 - Task 0405, Domain 4 - Task 0406

Objectives:

1. Identify select competencies within the 2020 Standards.
2. Compare interpretations of selected competencies.
3. Analyze techniques programs are utilizing to teach selected competencies to students and/or preceptors.
4. Recognize methods of assessment of selected competencies to students.

ATEC Plenary 2019

New Knowledge Required for Continuous Quality Improvement in Patient Outcomes

Gary Wilkerson, EdD, ATC, FNATA

Continuous Quality Improvement (CQI) represents a strategy, for ensuring consistent process outcomes, that has been extensively utilized in the industrial manufacturing sector for many years. Despite the National Academy of Medicine having designated CQI as a key area of competency for all health professionals over 15 years ago, relatively few athletic trainers possess a thorough understanding of the methods that can be used to optimize the various processes involved in providing patient care. Rapid technological advances are greatly facilitating the delivery of highly individualized healthcare services, which is creating demand for clinicians who possess the necessary knowledge and skills to effectively utilize emerging tools for clinical decision support. Specifically, machine learning is increasingly relied upon in many fields to generate algorithms for prediction of outcomes for both populations and individuals. Utilization of such algorithms offer great potential for both injury prevention and restoration of optimal function following injury. Athletic training educators need a high degree of knowledge about CQI to effectively teach its principles to students, and to effectively apply the concept to learning processes for consistent attainment of curricular objectives. Application of CQI to education, research, and clinical practice needs to be embraced as a vehicle for delivery of the highest possible quality of patient care, which has the potential to advance every domain of athletic training practice.

Domain 1 - Task 0101, Domain 1 - Task 0102, Domain 2 - Task 0203, Domain 2 - Task 0204, Domain 2 - Task 0205, Domain 4 - Task 0401, Domain 4 - Task 0402, Domain 4 - Task 0407, Domain 5 - Task 0501, Domain 5 - Task 0502

Objectives:

1. Identify the relevance of data collected in the clinical setting to continuous improvement in the quality of patient outcomes.
2. Recognize the evolving change in conceptualization of evidence-based practice and patient-centered care.
3. Identify the relevance of predictive algorithms derived from machine learning to the delivery of individualized care.

ATEC Plenary 2019

Using Standardized Patient to Improve Communication Skills and Transition to Practice

Meghan A. Lewis, MA, ATC, LAT

Susan A. Norkus, PhD, ATC

The use of the standardized patient (SP) is something not frequently encountered in Athletic Training Education, as many programs utilize Simulated Patients. Standardized patients have been found to improve clinical practice, including communication skills, in medicine and the health professions (PA, nursing, pharmacy, PT, OT, Social Work). Therefore, the incorporation of standardized patients (SP) into an AT curriculum should provide value in the development of a professional, well-rounded clinician, who is ready to transition into practice as a health care provider. The medical interview remains the most common task performed by health care providers. Communication during interviews represents the primary mechanism for conveying information about treatment and prevention to patients. Importantly, interviewing is the primary determinant of the provider–patient relationship, which impacts the therapeutic potential of any clinical encounter, and therefore paramount in improving clinical practice. Athletic training preceptors have also reported that one of the most desirable qualities in a younger professional is communication. The clinician’s ability to explain, listen and empathize can have a profound effect on health outcomes, patient satisfaction, and experience of care. Standardized patient encounters allow students to develop as professionals who can display appropriate empathy and communication, all while employing clinical reasoning. This session will focus on the benefits, strategies, and assessment measures utilized in the implementation of standardized patients in an AT curriculum, specifically in regards to improved communication, empathy, and clinical readiness. Inter-professional collaboration in the development of standardized patient scenarios and assessment techniques will also be discussed.

Domain 2 - Task 0201, Domain 2 - Task 0205, Domain 4 - Task 0402

Objectives:

1. Define and differentiate between a simulated patient and a standardized patient.
2. Point out to participants what the components of communication skills are and how they are assessed.
3. Identify the value implementation of standardized patients into the student experience.

ATEC Plenary 2019

The Athletic Training Milestones: A Competency-Based Framework to Describe and Assess Progressive Patient Care Skills

Eric Sauers, PhD, ATC, FNATA

Hollie Walusz, MA, ATC

The purpose of this presentation is to describe how the Athletic Training (AT) Milestones can be applied within a clinical education and assessment framework to define, promote, and measure clinical practice progression across the continuum of athletic training practice. Grounded in competency-based education research and the Dreyfus Model of Medical Knowledge, the AT Milestones provide a framework for assessing clinical performance across a logical progression of increasingly complex and independent patient-care experiences. The AT Milestones explicitly identify critical deficiencies and five progressive levels of clinical behaviors (e.g., Level 1 = Novice, Level 5 = Expert). Level 3 milestones denote individual readiness for unsupervised practice, commensurate with completion of a generalist professional education program and level 4 milestones demonstrate individual readiness for advanced practice, commensurate with completion of a specialist residency program. Professional education programs and residency programs can use the AT Milestones to evaluate individual performance. However, they may also be used to facilitate peer and self-evaluations for the purpose of assessing an individual's progression of competence towards mastery. The AT Milestones assess the six Accreditation Council for Graduate Medical Education (ACGME) general competencies (e.g., Patient-care and Procedural Skills, Systems-Based Practice) and eight specialty competencies, representing the specialty areas identified by the CAATE (e.g., Orthopedics, Rehabilitation). Real-world models describing how the AT Milestones are currently being used to assess clinical behaviors will be presented along with specific strategies for implementing this framework within your own clinical education environment to articulate and assess improvements in clinical practice progression.

Domain 5 - Task 0502, Domain 5 - Task 0504

Objectives:

1. Analyze the AT Milestones structure (6 general competencies and 8 specialty competencies) as a framework for defining and assessing generalist and specialist athletic training practice.
2. Apply the Dreyfus Model of Medical Knowledge for characterizing the progression from novice to expert clinical behaviors to assess individual clinical behaviors in athletic training.
3. Apply the AT Milestones into existing clinical education plans to assess individual (student, resident) clinical performance across a logical progression of increasingly complex and independent patient-care experiences.
4. Organize a team of faculty and preceptors into a Clinical Competency Committee in order to structure a high performing clinical assessment program using the AT Milestones.

ATEC Plenary 2019

Collaborative Education with EMS and AT: From Implementation to Outcomes

Pradeep R. Vanguri, PhD, LAT, ATC

Megan R. Colas, PhD, LAT, ATC

This presentation will showcase the Emergency Medicine course embedded in a graduate athletic training (AT) curriculum. Having compared the AT Education Competencies, 5th edition with the National Registry Emergency Medical Technician (EMT) education standards, this program developed a course that integrates learning outcomes from both areas. With graduate students enrolled in a combined AT / EMT-B course, this allowed content to be delivered in an interprofessional format specifically designed to enhance teaching of emergency management. Benefits for the development of this course included improved confidence in emergency care skill acquisition, general evaluation procedures, and communication through standardized EMT protocols. Additionally, AT students enrolled in this course were able to collaborate with multiple health care providers and gain clinical experience with a non-traditional patient population thereby improving communication skills and patient interaction all prior to their first AT clinical rotation.

Domain 5 - Task 0502

Objectives:

1. Categorize a crosswalk of the current NREMT-B and AT standards.
2. Identify the barriers and strategies for Emergency Medicine course development.
3. Evaluate the benefits for athletic training students.

ATEC Plenary 2019

Using Athletic Training Student Patient Encounter Data to Drive Curricular Decision Making

Julie M. Cavallario, PhD, ATC

Stacy E. Walker, PhD, ATC, FNATA

The ability to actively engage in patient care is a vital component of clinical education. The 2020 Standards for Accreditation of Professional Athletic Training Programs requires purposeful clinical engagement where students must interact with patients of diverse characteristics and various demographics, and with a wide variety of illnesses/injuries/conditions. Programs will need to provide and document such experiences, however currently there is no best practice for tracking students' patient encounters during professional preparation. Tracking patient encounters provides detailed data about patient volume, population, and conditions treated. Tracking can also provide data to identify when students implement core competencies during patient care. Research indicates that students who assist preceptors in patient encounters were more likely to engage in professional behaviors associated with the core competencies. In addition data gathered can identify gaps in clinical education such as students lacking experience with certain patient populations or conditions can be rectified. This enables programs to purposely tailor future clinical education opportunities to individual student needs or supplement the students' experiences with simulation. This presentation will identify multiple strategies which can be used to track students' patient encounters for optimal learning while demonstrating compliance with Standards. Additionally, information related to the evaluation of the patient encounters available to students within clinical education sites will be provided as an example to determine clinical education planning to enhance student learning.

Domain 1 - Task 0102, Domain 2 - Task 0204, Domain 2 - Task 0205, Domain 4 - Task 0401, Domain 4 - Task 0402, Domain 4 - Task 0403, Domain 4 - Task 0404, Domain 4 - Task 0405, Domain 4 - Task 0406, Domain 4 - Task 0407, Domain 5 - Task 0501, Domain 5 - Task 0502, Dom

Objectives:

1. Differentiate between patient encounter tracking mechanisms including the potential cost and capabilities of each.
2. Evaluate data points such as frequency and duration of patient encounters, core competency implementation, level of interaction with preceptors, conditions treated, and skills performed that should guide clinical education decision-making as it relates to both CAATE Standards and desired student learning outcomes.
3. Apply patient encounter tracking to guide curricular changes in the preparation of competent clinicians.

ATEC Breakout 2019

Mirror, Mirror: Teaching and Learning Through Self-reflection

Alicia Montalvo, PhD, LAT, ATC, CSCS

Rodrigo Martinez, DAT, LAT, ATC

Metacognition has often been referred to as "thinking about thinking", which is a skill like any other. Sometimes students demonstrate a disparity in their metacognitive knowledge, or awareness of their abilities, and their skill. When both metacognitive knowledge and skill are low, the result is unconscious incompetence, or the inability for one to identify that they lack skill. One strategy used to move learners from unconscious incompetence to the other levels of mastery (conscious incompetence, conscious competence, and unconscious competence) is self-reflection. Self-reflection is the act of re-engaging with experiences to lead to better understanding. It is important to teach students not only how to reflect, but also how to identify areas of weakness and how to develop a plan to address them, a process known as self-directed learning. Becoming self-directed learners can help clinicians move towards unconscious competence in the levels of mastery which can result in improved critical thinking and delivery of care to patients.

Domain 4 - Task 0403, Domain 4 - Task 0404, Domain 4 - Task 0405, Domain 4 - Task 0406, Domain 4 - Task 0407

Objectives:

1. Explain how self-reflection leads to movement up the ladder of stages of mastery.
2. Select self-reflection activities that can help students improve their knowledge of themselves.
3. Design assignments that incorporate self-reflection.

ATEC Breakout 2019

Integrating Distance Learning During Immersive Clinical Experiences

Zachary J. Dougal, DAT, LAT, ATC

Zachary K. Winkelmann, MS, LAT, ATC

The CAATE recently released the 2020 Standards for Accreditation of Professional Athletic Training Programs. Specifically, Standard 16 states that programs must include one immersive clinical experience for a minimum duration of four weeks. The standard also addresses that program's may include online education during this period. As distance learning has not been consistently incorporated into most athletic training programs, it is important to explore best practices in online instructional strategies through learning management systems, course selection, and content delivery. Previous research suggests that field experiences courses or healthcare administration may be best suited for distance learning. We will explore how courses in the curricula, regardless of the necessary hands-on training, may be included through distance education. Additionally, we will summarize differences in correspondence courses and online education, unique challenges of online teaching, and resources necessary to create interactive pedagogy. We will propose the transactional distance theory as it relates to learner-learner, learner-instructor, and learner-content interactions for educators to consider when creating activities. The activities we propose are related to blended learning, the period when both online courses and immersive experiences are integrated at the same time, to enhance the athletic training student experience during their immersive clinical experience. Finally, we will discuss placing value on the distance learning activities from the hidden curriculum that educators may influence upon their learners. This section will be discussed as all current post-professional clinical doctoral programs are offered through distance learning platforms, which may be a future path for the professional athletic training student.

Domain 1 - Task 0101, Domain 2 - Task 0205, Domain 3 - Task 0301, Domain 4 - Task 0401, Domain 4 - Task 0402, Domain 4 - Task 0407, Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0504

Objectives:

1. Summarize the best practices of online courses and distance learning in health care programs.
2. Identify when and what to integrate distance education into professional athletic training degree programs as it relates to immersive clinical experiences.
3. Design online modules, courses, and activities that complement, rather than replace, immersive clinical experiences.

ATEC Breakout 2019

Incorporating Safe Space Ally Training Into the Athletic Training Curriculum

Rebecca M. Lopez, PhD, ATC, CSCS

Patricia Aronson, PhD, LAT, ATC

The purpose of this presentation is to share ideas and resources for incorporating Safe Space Ally training into the athletic training curriculum. Safe Space Ally training is an opportunity to learn about the lesbian, gay, bisexual, transgender, queer and other gender identities (LGBTQ+) community. By incorporating these educational resources into the athletic training curriculum, we prepare our students to create an environment of inclusivity and equal opportunity for all patients, regardless of sexuality, gender identity or gender expression. These educational resources are in line with the NATA Code of Ethics, CAATE competencies regarding cultural competence, and the newly established NATA LGBTQ+ Advisory Committee. Including this training within our curriculum would allow our students to develop the knowledge, attitudes, behaviors and the skills necessary to achieve optimal health outcomes for diverse patient populations. Specific to the BOC Practice Analysis, this presentation relates to Domain 1: "ATs identify and understand intrinsic (patient history, demographics, education) and extrinsic factors (environmental, social, sport specific) that are relevant to the client, patient or population." Thus, this presentation will provide participants with the tools to practice effective cross-cultural communication, and be prepared to work respectfully and effectively in diverse work environments as it relates to LGBTQ+ athletic trainers and patients.

Domain 1 - Task 0101, Domain 1 - Task 0106, Domain 2 - Task 0205, Domain 4 - Task 0401, Domain 5 - Task 0501

Objectives:

1. Define commonly used LGBTQ+ terms that create cultural awareness in patient care.
2. Use Safe Space Ally training educational resources in the athletic training curriculum.
3. Design activities to adapt to the classroom to promote an educational environment of inclusivity and respect for others.
4. Use best practices in providing equitable health care to LGBTQ+ patients, including proper referrals related to this population.

ATEC Breakout 2019

Upstanders or Bystanders: Carving our Professional Future Through Education

Kimberly S. Peer, EdD, AT, FNATA

Malissa Martin, EdD, AT

Innovative education requires courage and leadership. The Leadership Model for Social Change encourages leadership and service to create positive change through an inclusive educational process. This iterative model emphasizes the role of community, group and individual values in the change process and has broad implications for athletic training education. Contemporary educational initiatives emphasize the role of becoming an upstander rather than a bystander to promote positive change. Educators in athletic training need to become upstanders rather than bystanders to take control of our future in the healthcare arena. Through strong and focused educational programming, including rigorous clinical application, athletic trainers can become upstanders and take a proactive role in engaging in innovative clinical outreach including internationalization and service learning despite risks. By becoming upstanders, athletic trainers can engage in substantive dialogue to create a sense of community and commitment by influencing the profession and others in the healthcare professions. Athletic trainers should carefully consider creative curricular innovations uniquely customized to prepare graduate students to emerge as cutting edge professionals. Athletic trainers should reach out to other health care professionals to evaluate and consider alternative curricular design programs designed so that inter-professional and innovative models emerge. Lastly, athletic trainers should become engaged and informed creators and consumers of educational research to promote best practices in clinical and didactic education. The purpose of this presentation is to introduce the Social Change Model of Leadership as a tool for promoting upstander behavior to create innovative opportunities in athletic training education and clinical practice.

Domain 5 - Task 0501, Domain 5 - Task 0502

Objectives:

1. Recognize the fundamental premise of the Leadership Model for Social Change to create innovative athletic training educational practices.
2. Design the construct of upstander behaviors to create opportunities for cutting-edge clinical practice opportunities for athletic trainers.
3. Create educational meaning through innovative and authentic clinical practice to continue to carve a place for athletic trainers in the ever-changing health care culture.

ATEC Breakout 2019

A Module for Developing Psychosocial Crisis Intervention Skills in Athletic Training Students

Angela M. Mickle, PhD, ATC

Nadine Hartig, PhD, LPC

The area of psychosocial intervention and referral in athletic training is especially problematic for both athletic training educators and their students. Recent consensus statements have detailed the importance of emergent mental health referral in both the high school and collegiate settings. However, research suggests that athletic trainers are comfortable knowing when to refer but are not comfortable with the actual act of approaching an athlete for referral. Teaching these skills with appropriate practical follow-up is difficult because there are, understandably, limited practice opportunities for student skill development in the clinical setting. In order to be effective, educational strategies must extend beyond lecture and focus on the psychomotor skills and abilities which help foster positive communication which leads to adequate referral. Further, the education must go beyond the “signs and symptoms” of specific mental health issues and focus on appropriate intervention for a person in crisis (regardless of underlying condition). The purpose of this presentation is to present a course module, developed jointly by a licensed professional counselor and an athletic trainer, with these skills and abilities in mind. The presentation will present the components of the entire module including course content materials, activities used to teach the appropriate skills and all grading documents that have been developed. Actual recorded video of student interactions in a role play situation along with rubrics developed for grading intervention behaviors will be shared.

Domain 2 - Task 0204

Objectives:

1. Identify the anatomy of a referral session for an athlete in crisis.
2. Identify appropriate communication strategies to use during a crisis intervention.
3. Identify important body language necessary to foster an appropriate rapport with the athlete.
4. Evaluate a video of a mocked referral session using assessment rubrics to provide feedback.
5. Identify common errors that students make when attempting these skills.

ATEC Breakout 2019

Incorporating Behavioral Health Into your Curriculum

Jennifer Chadburn, E.d.M., ATC

Stacy E. Walker, PhD, ATC, FNATA

Behavioral health concerns such as depression and anxiety are on the rise in the United States. Onset is often during childhood or adolescence, so it is no surprise to find athletic trainers engaging in interprofessional practice by identifying, managing and referring patients, who struggle with behavioral health concerns. Due to this increase, the NATA has published consensus statements, while the NCAA has published the Mental Health Best Practices. As in the general population, behavioral health issues with athletes can be challenging to manage and treat. Complications from behavioral health issues can lead to a myriad of comorbidities that can affect the athletes' mental health, their general health, as well as their ability to compete and perform vocationally or academically. The upcoming 2020 Standards for Professional Athletic Training Programs have standards which address the athletic trainers need to be able to identify, refer, and give support to patients with behavioral health conditions. This presentation will include the successes and challenges we have had over the past two years teaching this content both in the classroom and during clinical education. We will share course planning, content taught, assignments and projects, and provide educational resources. Lastly, we will facilitate small group discussion to share ideas, brainstorm and develop how this content can be taught in attendees' own curriculum.

Domain 1 - Task 0101, Domain 1 - Task 0106, Domain 2 - Task 0201, Domain 2 - Task 0203, Domain 2 - Task 0204, Domain 2 - Task 0205, Domain 3 - Task 0301, Domain 3 - Task 0302, Domain 3 - Task 0303, Domain 3 - Task 0304, Domain 4 - Task 0407, Domain 5 - Task 0502, Dom

Objectives:

1. Appraise the role and scope of practice of the athletic trainer in regard to behavioral health.
2. Summarize the need for more formal and in-depth examination of behavioral health topics in athletic training curriculum.
3. Identify initial successes and challenges we encountered when teaching behavioral health.
4. Develop strategies to incorporate behavioral health education into the curriculum and clinical education.

ATEC Breakout 2019

Openly Teaching Closed Reductions of the Shoulder, Finger and Patella

Cynthia Wright, PhD, ATC

New educational standards include formalized instruction on joint reduction techniques. This marks a significant shift in current theory and practice which has generally questioned whether or not joint reduction was within an ATs scope of practice. Now, athletic training programs nationwide will openly teach closed reduction techniques. As educators add joint reduction techniques to their educational toolkits, many will need to develop new expertise in this area. Thus, the purpose of this session is to present various reduction techniques for three commonly dislocated joints: the glenohumeral, interphalangeal and patellofemoral joints. This information will be presented from the perspective of an athletic trainer with standing orders from a supervising physician which permit closed joint reduction under certain criteria. Where available research evidence supporting each technique will be reviewed (e.g. success rate, time to complete, pain), enabling the attendee to differentiate between various techniques based on patient outcomes. In addition to clinical indications and contraindications, this breakout session will address practical considerations (e.g. clinician biomechanics, utility on-the-field.) Participants will practice selected reduction technique in a hands-on environment, and case-scenarios will be utilized to apply material from the breakout session. When applicable, the session will emphasize methods for teaching the selected joint reduction techniques within athletic training education.

Domain 3 - Task 0303

Objectives:

1. Identify common closed joint reduction techniques for the glenohumeral, interphalangeal and patellofemoral joint.
2. Compare and contrast common closed joint reduction techniques utilizing evidence from the research literature.
3. Select an appropriate closed joint reduction technique for a particular scenario.
4. Construct mock closed joint reduction techniques.

ATEC Breakout 2019

Using Information from Patient Encounters to Drive Clinical Practice

Barton Anderson, DHSc, ATC

Effective clinical education includes clinical practice opportunities with varied patient populations and health conditions. These athletic training clinical experiences should be structured to provide a logical progression of increasingly complex and autonomous patient care experiences as the student progresses through the program. But how do we know if these goals are achieved? The collection and analysis of clinical experience data, specifically the patient populations, number of patient encounters, health conditions, and student competence levels demonstrated during clinical experiences, provides one mechanism to make that determination. A bonus is that students can use clinical experience data (via assignments, projects, etc.) to learn about the value of patient care data, and how they can use this information to drive and improve their own clinical practice. In this session, we will present suggestions for the essential information that programs should collect from student clinical experiences and provide details on how this information can be used by students to drive clinical practice. Presenters will share their own methods for clinical experience tracking and analysis, as well as describe how they use this information to facilitate student self-reflection, professional development, and quality improvement activities.

Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0504

Objectives:

1. Identify the essential information that should be collected from athletic training student clinical experiences.
2. Use information collected from athletic training student clinical experiences to facilitate student self-reflection, professional development, and quality improvement.
3. Use methods for collecting information from athletic training student clinical experiences.
4. Evaluate how information collected from athletic training student clinical experiences can be used to inform programmatic decisions related to clinical education.

ATEC Breakout 2019

Interprofessional Development (IPE) of Students Through Preceptor Engagement Training

Corrie Struble, PhD, ATC

Sarah Christie, DHSc, LAT, ATC, PES, CES

To develop dynamic healthcare providers, it is imperative we provide engaging and quality clinical education. Effective preceptors, with strong interprofessional skills, are the key. Currently however, much of the preceptor training that takes place within undergraduate and graduate athletic training programs is one dimensional: focusing on evaluation, communication, and the development of entry level skills. For preceptors, this can mean being unfamiliar with new competencies, a lack of healthcare networks, and even limited understanding of the ever changing healthcare field (Chen et al, 2016). It is academics responsibility to develop and support the behaviors and skills that enrich the professional work of practicing athletic trainers, and help develop their skills. (Bengtsson and Carlson, 2015). This can be achieved by engaging preceptors in traditional settings (high school and collegiate environments) and emerging settings with workshops and online modules tailored to new skills and competencies, interprofessional practice, and new healthcare models. Many of these concepts have been developed and are being used in other healthcare education programs across the country. These can include workshops focusing on new skills, Interprofessional collaboration, and enhancing Interprofessional Practice and Education at your site. In addition the workshops can be presented by a diverse group of healthcare providers and educators. Interprofessional practice starts with full interprofessional education, for all healthcare providers and preceptors.

Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0503, Domain 5 - Task 0504

Objectives:

1. Identify characteristics of quality interprofessional healthcare practice.
2. Develop ideas on how to incorporate interprofessional practices into their own preceptor training.
3. Evaluate and elaborate on evaluation tools for interprofessional practice in the clinical education setting.

ATEC 2019 Breakout

The Athletic Training Milestones: A Competency-Based Framework to Describe and Assess Progressive Patient Care Skills

Hollie Walusz, MA, ATC

The purpose of this presentation is to present strategies for applying the Athletic Training (AT) Milestones within a clinical education and assessment framework to measure clinical practice progression across the continuum of athletic training practice. Real-world models describing how the AT Milestones are currently being used to assess clinical behaviors will be presented along with specific strategies for implementing this framework within your own clinical education environment to articulate and assess improvements in clinical practice progression.

Domain 5 - Task 0504

Objectives:

1. Describe the AT Milestones assessment framework to differentiate observed clinical behaviors across a continuum of learning and identify appropriate milestone levels for individual learners within specific stages of their education and training progression.
2. Apply the AT Milestones into existing clinical education plans to assess individual (student, resident) clinical performance across a logical progression of increasingly complex and independent patient-care experiences.
3. Organize a team of faculty and preceptors into a Clinical Competency Committee in order to structure a high performing clinical assessment program using the AT Milestones.

ATEC Model Practice 2019

Interdisciplinary Emergency Standardized Patient: A Group Orientation Experience

Christine D. Reyes, M.A., ATC

Providing students experiences where they practice engagement with other professionals in high risk emergency scenarios often requires a large amount of planning, assurance of student attendance, and often financial investment. Preplanning often eliminates the element of real time, unexpected challenges and interactions. Students of Colby-Sawyer College, a small liberal arts college in New Hampshire collaborated with New London, NH Emergency Medical Services and a 911 dispatcher for a Standardized Patient experience they were previously unaware would occur during their pre-semester orientation program. Students were grouped earlier in the orientation day with an equal ratio of senior, junior and sophomore students. Later in the day, the groups were introduced to the patient scenario, and examined for proper procedures, timeliness, leadership, communication, and adaptability. The scenario included a declining health status, decision to activate EMS, a phone number to call in lieu of 911 which connected them to a trained dispatcher, the need to begin CPR, and a realistic timeline for the arrival of EMS to the scene. Students were provided the opportunity to debrief with their professors and ask questions of the 911 dispatcher and EMS.

Domain 1 - Task 0105, Domain 2 - Task 0204, Domain 3 - Task 0302, Domain 3 - Task 0303, Domain 3 - Task 0304

Objectives:

1. Summarize the recall of the emergency standardized patient scenario at a small university with limited funding.
2. Distinguish the benefit of inter-professional standardized patient interactions in which the student is unaware they will be experiencing.
3. Analyze the benefits of peer grouping for the assessment and development of emergency leadership skills.
4. Analyze the benefits of incorporating trained emergency personnel into standardized patient experiences.

ATEC Model Practice 2019

Project-Based Learning for Healthcare Administration and Professional Responsibility

Zachary K. Winkelmann, MS, LAT, ATC

Athletic training students must be competent in the knowledge and skills of healthcare administration in order to perform the job-related tasks of the profession. During an athletic training student's clinical experience, the opportunity to practice tasks related to healthcare administration skills may be limited as they may not be relevant or replicable during real-time patient encounters. As such, novice athletic trainers have identified the skills associated with healthcare administration as the ones they feel the least prepared for as they begin clinical practice. When opportunities for practice during clinical experiences are limited, educators should consider integrating simulation into the curriculum. The purpose of this model practice is to describe a semester-long, project-based learning course design with a simulated scenario. The culminating assignment for this course was a portfolio of all assignments based on a real-world situation. The athletic training students worked in small groups (2-3 students) throughout the semester related to authentic tasks of the job at the simulated clinical site. The project-based learning aspects of the course included: human resources, facility design collaboration, program, personnel and risk management, financial planning, reimbursement and insurance, healthcare informatics and medical documentation, ethical practice, and professional development. The projects of the course were tied together with each task influencing the next task, thus requiring continual revision throughout the semester. The instructor embodied the role of the supervisor of the clinical site that the students were hired through, and class communication was initiated through professional e-mail correspondence to continue the scenario following class time.

Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0503, Domain 5 - Task 0504

Objectives:

1. Summarize the concepts of healthcare administration and professional responsibility including the issues related to these tasks during the transition to practice.
2. Explain project-based learning and portfolio assignments.
3. Describe the instructional design and learning outcomes for a healthcare administration project-based learning course.

ATEC Model Practice 2019

Benefits of Incorporating Diagnostic Ultrasound Throughout Athletic Training Education

Saskia Richter, PhD, ATC

This model practice session will outline how integrating diagnostic ultrasound into athletic training education can be used as an adjunct to physical exam, thus improving examination and diagnostic skills. Incorporating this innovative educational tool throughout the curriculum may also promote critical thinking and spatial ability skills, leading to improved diagnostic reasoning and clinical decision making. Experiences will be shared of incorporating diagnostic ultrasound within and throughout athletic training curriculum, providing participants insight on innovative ways diagnostic ultrasound can enhance education, and in turn clinical practice. Highlights will include when to teach ultrasound theory, normal anatomy, and more complex skills important for evaluation, diagnosis, and manual therapy. The purpose is to inform how diagnostic ultrasound can be incorporated throughout curricula to improve examination and diagnosis skills. Using diagnostic ultrasound across the curriculum allows students to revisit this innovative skill throughout their education, providing an opportunity to build upon skills and clinical applications. There is a need for dissemination of this information as limited literature addresses diagnostic ultrasound within athletic training education. Current literature states students exposed to diagnostic ultrasound throughout their curriculum report higher levels of confidence during physical exam, feel more prepared for clinical skills, and are better able to interpret interrupt various forms of diagnostic imaging. Following this model practice session, participants will have a better understanding of how diagnostic ultrasound can be incorporated in novel ways to improve clinical skills.

Domain 2 - Task 0202

Objectives:

1. Analyze the benefits of diagnostic ultrasound as a tool to improve diagnostic reasoning for athletic training students.
2. Analyze the benefits of diagnostic ultrasound as a tool to promote critical thinking among athletic training students.
3. Give examples of how to incorporate diagnostic ultrasound as an adjunct to physical exam throughout an athletic training curriculum to improve clinical interpretation and diagnostic skills.

ATEC Model Practice 2019

Linking of Impairments to Interventions Using Hypothesis in Clinical Decision Making

Erica P. Thornton, MS, ATC

How do novice athletic trainers develop into competent decision makers? It is recognized that experienced decision makers use both a developed knowledge base and an "if-then" reasoning process to make patient care decisions in clinical practice. For instance, "If" joint effusion is causing a reduction in AROM "then" efforts to decrease effusion should improve AROM. It is critical that athletic training students develop a systematic process to select an appropriate intervention to treat an impairment. One way to do this is to place greater emphasis on the hypothetical cause of the identified impairment. This technique was inspired by the hypothesis-oriented algorithm for clinicians developed by Rothstein and Echternach. This presentation will illustrate the use of the HOAC in a professional level clinical decision making course using the Impairment-Hypothesis worksheet. The worksheet encourages a student to identify an impairment, hypothesize the cause, set a goal and choose an intervention to assist the patient in addressing the problem. Likewise this worksheet allows for targeted reflection if the goal is not met. This worksheet that encourages athletic training students to focus on accurate identification of the cause of the impairment to justify the chosen intervention has been used in a practical examination assessment but has application in all aspects of athletic training education.

Domain 2 - Task 0203

Objectives:

1. Distinguish the connection of impairments to hypotheses when choosing interventions.
2. Summarize the Hypothesis-Oriented Algorithm for Clinicians.
3. Analyze students clinical decision making and reasoning using the Impairment-Hypotheses worksheet.

ATEC Model Practice 2019

The Great Escape: Turning Your Athletic Training Classroom into an Educational Escape Room

Valerie Moody, PhD, LAT, ATC, CSCS

Escape rooms are wildly popular and have grown exponentially across the country and world in the last decade. A group of individuals are locked in a room and must find clues and solve puzzles to complete an assigned mission to escape while the clock is ticking. Bringing the escape room concept to the athletic training educational setting provides an innovative way to facilitate teamwork, communication, critical thinking and problem solving in the classroom. Teaching students to rapidly integrate classroom knowledge to make an informed clinical decision is vital to enhancing clinical practice. In this model showcase, the presentation will focus on the design of an athletic training educational escape room. To begin, an opening scenario stating the assigned mission and rules of the game will be presented. This information directs the students to search the classroom for clues related to a patient case. A series of puzzles and clues will be provided to illustrate different techniques that can be used to design the educational escape room. These clues and puzzles when solved, provide key information to the assessment of the patient case (medical history, mechanism of injury, evaluation findings, imaging, etc). Solving the series of puzzles leads to a secret treasure box which holds the final task to escape the athletic training classroom. Ultimately, students must come up with a diagnosis and treatment plan for the patient case and complete a SOAP note to escape the classroom.

Domain 2 - Task 0203, Domain 2 - Task 0204

Objectives:

1. Describe an innovative teaching strategy that bridges content knowledge with clinical practice
2. Develop an escape room activity for the athletic training classroom and/or laboratory to enhance student's problem solving and communication skills
3. Design appropriate puzzles and clues to promote student engagement, collaboration, and critical thinking

ATEC Model Practice 2019

Facilitating Student Communication Skills and Psychological Recognition and Referral Through A Multifaceted Research Experience

Randy L. Aldret, EdD, ATC

Dr. Brian Hainline, NCAA Chief Medical Officer, closes the introduction to the NCAA's mental health handbook *Mind, Body and Sport* and sets the agenda for mental health care of college athletes when he states, "...student-athletes have spoken: Mental health is their No. 1 concern – and it is our responsibility to provide the services and care to help each student-athlete reach his or her potential." Recent literature has identified barriers to mental health in athletics and the need to eliminate the stigma of reporting or seeking sports psychology consulting. There is an urgency within athletic training to enhance learning of the recognition and referral of psychological issues in athletics in order to improve clinical practice. Our athletic training faculty began multiple mental health research projects with our intercollegiate sports, and saw this as an opportunity to integrate our students into the project for a multitude of reasons. Paramount of those reasons was to build communication skills across stakeholders; address 2020 CAATE standards; to meet the changing health care education competencies; and to facilitate collaboration between clinical and academic aspects of the university. Program students were involved in all levels of research from learning how the research was constructed, the foundational theories, how to use and interpret the data collected, and interpretation of results to all stakeholders (coaches, players, clinical athletic trainers, physicians, and professors). Students involved in the studies report having more confidence in their comprehension of research methodology, communication skills and understanding of the many facets of mental health care.

Domain 1 - Task 0101, Domain 1 - Task 0106, Domain 2 - Task 0202, Domain 2 - Task 0204, Domain 2 - Task 0205, Domain 3 - Task 0304

Objectives:

1. Develop a pathway for their program's faculty to utilize student-engaged research to reinforce clinical skill building.
2. Identify components of their own research that can be connected to student outcome improvements.
3. Create unique opportunities for their students to improve their communication skills across stakeholders.

ATEC Model Practice 2019

Incorporation of Standardized Patients Improves Student Confidence in Evaluating Non-Orthopedic Conditions

Sarah A Manspeaker, PhD, LAT, ATC

Standardized patients are an established high-impact, evidence-based approach to health care education. The incorporation of standardized patients allows students to simulate actual patient scenarios while reinforcing instruction of content and hands-on skills. Incorporation of standardized patients helps to expand instruction and assessment beyond traditional knowledge-based evaluation, to include student mastery of clinical and interpersonal skills. Within athletic training education, one area of perceived student weakness is in the ability to evaluate non-orthopedic conditions. The knowledge and clinical skills related to non-orthopedic educational content are not always accomplished during traditional didactic and/or clinical education opportunities. Research has shown that successful implementation of standardized patients may lead to improved student confidence due to the incorporation of debriefing and feedback in lower stakes settings outside of clinical practice. Therefore, it is the intent of this presentation to provide a brief overview of a four-part process for standardized patient implementation within a course related to non-orthopedic conditions: 1) preparing the foundation for standardized patient implementation, 2) recruitment and training of standardized patients, 3) in-class implementation of standardized patients, and 4) outcomes related to student confidence. Within each of these four areas, the presenter will review the process undertaken at one institution to accomplish this implementation and provide two-years of summary data/learning outcomes associated with student confidence in evaluating non-orthopedic conditions.

Domain 2 - Task 0201, Domain 2 - Task 0202, Domain 2 - Task 0203, Domain 2 - Task 0204, Domain 2 - Task 0205

Objectives:

1. Summarize the student and clinical practice benefits of standardized patient implementation for non-orthopedic condition evaluation.
2. Develop a potential standardized patient implementation plan for their own programs.
3. Identify which clinical skills may be well-suited to standardized patient assessment as opposed to traditional assessment strategies.

ATEC Model Practice 2019

Using Poverty Simulations to Help Students Understand Poverty and Community Issues

Melissa Snyder, PhD, LAT, ATC, CSCS

Athletic trainers work within a community and there are many issues that may affect a patient. The World Health Organization's International Classification of Functioning Model states that environmental and personal factors affect function and disabilities. This presentation describes how a College of Health and Human Sciences implemented poverty simulations as a way to teach the contextual factors and allow students to better understand the difficulties that patients may experience. A poverty simulation is a guided experience that exposes students to the nuances of poverty, including the challenges of navigating the complex world of government services (<https://crisisassistance.org/poverty-simulation/be-an-advocate/>). Students from various health related academic programs participated in the simulation and debriefing focused on the roles of the health professionals.

Research conducted in other medical fields have found that students gained greater depth of understanding and empathy about the lived experience of poverty, fostered more understanding of the conditions contributing to poverty, and felt better able to address environmental and personal factors that affect patients. Our anecdotal evidence supports this. In addition, students say they learn about the roles of other health professionals and it prepares them for interprofessional practice.

Domain 1 - Task 0106, Domain 5 - Task 0502

Objectives:

1. Express the structure and purpose of poverty simulations.
2. Summarize environmental and personal factors that affect function and disability.
3. Recognize areas that can directly impact the effects of poverty on individuals and communities.

ATEC Model Practice 2019

Psychology of Injury Workshop: Teaching Psychology of Injury Without a Standalone Class

Mary Westby, M.S.Ed, ATC

Hayley Russell, Ph.D. (Sports Psychology) and Mary Westby, M.S.Ed, ATC have co-created an evidence-based, three-part Psychology of Injury workshop for professional students in a program where credit limits and teaching loads have eliminated the option of a standalone sports psychology or psychology of injury class. The framework of theory (part 1), practice (part 2), and reflection and debriefing (part 3) has been successful in engaging students with the concept over time and promoting autonomous practice post-graduation.

Domain 1 - Task 0106, Domain 2 - Task 0204, Domain 2 - Task 0205, Domain 4 - Task 0401, Domain 4 - Task 0402

Objectives:

1. Identify key components of a psychology of injury workshop.
2. Evaluate a model to implement psychology of injury into the ATP curriculum over time.
3. Use the evidence supporting this model.

ATEC 2019 Model Practice

Using PechaKucha 20 x 20 As A Teaching Tool

James Ave, PhD, ATC

The purpose of this presentation is to explain how to use PechaKucha 20 x 20 (PK) as a teaching tool in athletic training education. Topics include 1) what are PechaKucha 20 x 20 presentations, 2) didactic and clinical applications, 3) advantages and challenges of utilizing it, 4) summary of the scholarly literature, and 5) how to develop a PK presentation. PechaKucha (pronounced pa-chok-cha) means "chitchat" in Japanese and is a fast-paced presentation style using images rather than text. It was developed in Japan by Astrid Klein and Mark Dytham of Klein Dytham architecture to help presenters tell a story rather than describing slides. Typical PK presentations are limited to 20 slides at a rate of 20 seconds per slide for a total presentation time of 60 minutes and 40 seconds. PK presentations can be used to present case studies, Critical Appraised Topics or differential diagnosis in professional and post-professional athletic training programs. This method can assist students and practitioners to effectively and concisely communicate to stakeholders concerning clinical findings, patient outcomes, and plans of care. Some of the challenges with this presentation method includes: requiring more practice time, difficulty in finding images that represent the material or topic, and limits content due to time constraints. Research has found this style of presentations are more interesting and engaging as compared to typical presentations. It has been shown to improve student learning and engagement, supports critical thinking skills, and builds confidence.

Domain 1 - Task 0103, Domain 2 - Task 0205, Domain 4 - Task 0402, Domain 5 - Task 0501, Domain 5 - Task 0502, Domain 5 - Task 0503, Domain 5 - Task 0504

Objectives:

1. Summarize how PechaKucha 20 x 20 presentations or modified versions can be used as an effective teaching tool in athletic training education.
2. Describe the advantages and challenges using PechaKucha 20 x 20 presentations in their curriculum and clinical education.
3. Construct a PechaKucha 20 x 20 presentation that can be delivered in their athletic training program.

ATEC 2019 Keynote

Bigger or Better? New Directions for Assessment in Professional Education

Mahan Kulasegaram, PhD

Summary Outline

- Professional training, especially in HPE, should aim to help students prepare for future learning and transfer of their knowledge & skills to relevant outcomes.
- Does assessment help or hinder this process? This is a salient question as there is a move to link assessment & curriculum more tightly in education AND we know that assessment outcomes can be tied to patient outcomes.
- How do we create assessments that help people with the task of preparation and transfer? I'll discuss this from the perspective of response processes and from the impact of feedback.
- How does this scale to the clinical workspace? Here I'll discuss how these principles can apply to help inform what preceptors can do and how we can orient our learners to the clinical space
- Review macro-level --> programmatic assessment and come back to how some of our formative assessments tools can relate to surrogates of patient outcomes.

Domain 2 – 0203, 0204

Objectives

1. Describe the relationship between educational experience and patient outcomes.
2. Describe how educational assessment can impact and improve learning for clinical reasoning tasks such as diagnosis in classroom and clinical settings.
3. Identify strategies to create assessment experiences that promote learning in classroom and clinical spaces
4. Identify approaches to embed low-stakes formative assessment across the spectrum of training.

ATEC Plenary

Title: What, more change? Who moved my cheese? A generational approach for educators, clinicians and students

Presenters:

MaryBeth Horodyski, EdD, LAT, ATC, FNATA

Michele Monaco, DSc, ATC

Objectives:

At the completion of this presentation participants will be able to:

- Recognize how stressors have been managed throughout the generations
- Explain methods of differentiating stress management
- Implement strategies to identify stressor and stress management within various age groups.

Domains:

Domain 1, Task 0106: Optimize Wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups. Change in life, in this case educational objectives and degree level, can lead to stressors that may impact overall wellness. The ability to identify, accept, and respond appropriately to change throughout one's career can decrease negative stressors and enhance wellness.

Domain 5, Task 0501: Evaluate organizational, personal and stakeholders outcomes. Work-related stress is a topic of major concern among many organizations. Exposure to certain educational/workplace stressors may lead to negative health behaviors. Educational leaders, educators, clinicians and students may feel the stress coming from all directions. The demands for excellence and compliance with multiple directives and heightened accountability from numerous sources can heighten stressors. Dealing effectively with this system-wide stress is critical, for the educators, clinicians, and students well-being to be able to provide and improve patient care.