



# NATA Presidential Candidates

DISCUSS ISSUES  
IMPORTANT TO  
THE PROFESSION

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**T**his year is an election year for the NATA membership. Leading up to voting this summer, NATA will share information about the two presidential candidates: Kathy Dieringer, EdD, LAT, ATC, and Katie Walsh Flanagan, EdD, LAT, ATC.

In this issue of *NATA News*, Dieringer and Flanagan answer questions related to issues important to the profession, including the COVID-19 pandemic and the AT's role in public health.

The new president will take office during the 72nd NATA Clinical Symposia & AT Expo in 2021 and will serve a three-year term. Learn more about this year's election in the *NATA News*, on NATA's social media channels and on the presidential candidate webpage at [www.nata.org/nata-presidential-election](http://www.nata.org/nata-presidential-election). §

# Kathy Dieringer, EdD, LAT, ATC



## **IF ELECTED, WHAT IS ONE INNOVATION OR CHANGE YOU WOULD WANT TO SEE HAPPEN DURING YOUR TENURE AS PRESIDENT, AND HOW WILL YOU WORK TOWARD IT?**

There is, and has been, one particular topic that I'm incredibly passionate about: collecting data to prove our value. Under my presidency, data-driven initiatives will become a priority. We must do what all other health care professions have done: collect irrefutable data that proves our value to patients, employers and stakeholders. With that data in hand, we can become a force in health care while simultaneously improving the lives of our members.

Our profession has made incredible strides over the past 70 years, growing from "support staff" to respected health care providers on the front lines of the COVID-19 fight. Every setting, foundational and emerging, has significantly contributed to the growth and maturation of the profession in their own unique ways, providing a valued foundation that is critical to solidify our place in health care. Our challenge will be to create and implement data-driven initiatives to increase the respect of the profession in health care and athletic arenas, and to improve the lives of our members. ATs deserve increased salaries, respect and improved job

conditions. Additionally, educators are challenged by lower cohort numbers, possibly due to these same challenges.

One of the primary functions of NATA must be to provide resources to improve the professional lives of members. Our profession has been talking about the need for data to prove our value for 15 to 20 years, a need we have openly acknowledged. We have begun to act on this concept with projects in place that showcase why we belong in health care. One example is the ACO Demonstration Project, which placed an AT in an ACO rehabilitation setting to provide care and collect data on their effectiveness. This is the start of the landslide needed in innovative data collection that will project us forward.

I recall a story told by a secondary school colleague who for years resisted collecting data that would prove his value. His argument was simply: My work with my athletes shows my value. Year after year, requests for more staff, budget or other resources were turned down. Finally, he decided to collect data on patients seen, types of injuries, hours worked, rehabs he kept in house and much more. With data in hand, he again asked for more resources and was finally granted his request. Years later, his program continues to improve, all because he took the time to collect data. His story is not unique; data tells a story we can't. My focus will be to ensure every member has the necessary tools within their toolbox to showcase their data to support their increased salary initiative, so we don't have to hear these stories.

We will bring together the best minds in the profession: leaders, educators, researchers, scholars and ATs in the trenches to determine exactly what data hasn't been collected that is important to this initiative, identify the research that accomplishes this and dedicate the resources to make that happen. The criticality of this can't be understated, but its impact will be tremendous.

## **HOW DO YOU FEEL WE CAN ACHIEVE GREATER RETENTION AND JOB SATISFACTION IN THE ATHLETIC TRAINING PROFESSION?**

When presenting to the Presidential Nominating Committee in January, I expressed my concern regarding important issues our profession is facing that we must address. One of these is attrition, especially when ATs reach their late 20s. We suspect it's because of work-life balance and salaries, but this trend hasn't been systematically investigated. The first step we must take is to identify exactly why we have such attrition so we can address it. The most effective way to ensure job retention and satisfaction is to make employees feel valued. As mentioned already, our members struggle with long hours, pay and job conditions challenges. We can and must do better to serve our members.

Steps we can take as a profession:

1. Finalize a personal value model so every AT has the tools to show value.
2. Prioritize autonomous medical decisions in the collegiate setting and secondary school setting.
3. Teach students and professionals the art of salary negotiation.
4. Take control of the sports science arena and become the leaders in all areas of medical management.
5. Educate members on settings changes to increase retention.

Steps an individual AT can take:

1. Learn how (and commit) to showing value/impact daily through data.
2. Become an advocate for the profession every day.
3. If you're a supervisor, advocate higher salaries for your AT staff.
4. Act like a health care professional and demand to be treated like one.
5. Collect data on patient outcomes and share them with decision-makers.
6. Create ideas and lean on NATA to help drive your value in other areas.

These challenges can also be addressed by ATs becoming revenue producing clinicians in settings such as hospitals and rehabilitation clinics. Basic economics dictates that if ATs had the universal ability to be reimbursed for their services, salaries would rise. Health care providers who are direct revenue producers earn a higher salary throughout all of health care, and that would be no different for ATs. As is the case with other health care professions, salaries would also rise in other settings, such as high schools and college, thus elevating the entire profession.

Attrition of any AT due to work-life issues is horrible, but losing young professionals, who are just embarking on their career, is simply untenable. No AT should have to choose between the profession they love and having a family. I recently read a professional journey

story about a young AT who loved the profession, but not the hours. When she had twins, she knew she wanted to spend more time with her family. Rather than leaving the profession, however, she found a setting in the profession that had better hours, better pay and where she was valued by her employer. Success for her and for our profession!

We must do better as a profession at communicating our value to our stakeholders throughout every setting, mentoring new ATs about work-life balance, how to manage a difficult work schedule and finding alternatives to leaving the profession.

### **IN LIGHT OF THE COVID-19 PANDEMIC, HOW CAN THE ATHLETIC TRAINING PROFESSION CONTINUE TO POSITION ITSELF IN THE PUBLIC HEALTH ARENA TO ASSIST IN GLOBAL HEALTH CONCERNS?**

I'm so very proud of the ATs who have stepped up to the front lines of the COVID-19 pandemic; proud but not surprised, as ATs have long had the attitude of "we will do what needs to be done." As we continue to position ourselves in the arena of health care, these situations will present themselves more and more, and we will answer the call. Our position in health care was elevated when some of our colleagues ventured out into the emerging settings, working side by side with various health care professionals who previously didn't know who we were or what we did. As they became more familiar with us and our skill set, these health care providers came to appreciate what we could contribute to their health care community. ATs have become an integral part of today's health care team in all settings, including new niches in emergency departments, urgent care clinics and areas not yet defined or imagined. To transition more into the health care world, ATs will have to embrace concepts and procedures, such as increased standards of documentation, patient outcomes, patient satisfaction and quality improvement.

Most of the groups we currently work closely with are associated with athletics, or physician

groups that work with athletes, relationships that are vital to us as a profession. To continue this trend, NATA must indeed continue to improve relationships with other professional organizations in the athletics arena, but also with health care management organizations. Our recent addition to the National Association for Advisors for the Health Professions is a great start, but we must think even more globally. To improve our position in health care, we must create and foster relationships with the decision-makers in health care such as:

- American Hospital Association
- Children's Hospital Association
- Tri-Alliance (APTA, AOTA, ASHA)
- American College of Healthcare Executives
- Medical Group Management Association
- American Association of Orthopedic Executives

Some of these relationships already exist through liaisons by some of our members to these organizations, but our strategy regarding these liaisons should be elevated and become more proactive.

We must also be cognizant of the negative impact of this pandemic on our members, many of whom were immediately laid off or furloughed due to COVID-19. We must ask ourselves why so many lost their jobs and find a strategy to prevent it from happening again. From a business perspective, it may seem logical that the ATs who work in schools would be the first to be laid off when athletics stop across the country, but if we were revenue producing clinicians, would the answer be the same?

During these unprecedented times, we, as a profession, must consider all these issues, work toward preventing a reoccurrence, and position ourselves favorably moving forward. We must go "all in" in the health care market, become a player with new organizations that represent the decision-makers to strengthen our foundation in health care, and see this as an opportunity to become the force in health care we can be.

# Katie Walsh Flanagan, EdD, LAT, ATC



## **IF ELECTED, WHAT IS ONE INNOVATION OR CHANGE YOU WOULD WANT TO SEE HAPPEN DURING YOUR TENURE AS PRESIDENT, AND HOW WILL YOU WORK TOWARD IT?**

As president of NATA, I will focus on education. All ATs are involved in education, be it within a CAATE-accredited program or as a health care provider treating and educating patients, and this aspect of our profession warrants a review. Regardless of our setting, we have the same genesis in education. I present five initial aspects of this plan:

- I would begin with honest, open conversation with the Strategic Alliance (BOC, CAATE, NATA, NATA Foundation). All four alliance partners have education as a strong aspect at their core. I was the CAATE vice president when the alliance was formed a decade ago, and wholly believe it's a strong, powerful and united force for our profession. But it's time for candid role clarity among us. Where does each entity align, overlap and differ? Are there any duplication of services, how do checks and balances occur and how can we be even stronger and more powerful collaborator in health care?
- Areas for growth include continuing to provide opportunities for all ATs to learn, practice and implement new knowledge and skill sets mandated by CAATE.

- Invest in specialty certifications and continued education, but not to the detriment of professional (entry level) education. Not every athletic trainer needs a specialty certification, but they're fantastic opportunities to enhance training and marketability. These certifications are to facilitate a person employed in a precise setting, or for one who desires a higher level of skill for their patient population. Likewise, the Doctorate in Athletic Training is unique to certain situations, and not a mandatory degree to collect to prove one's worth. I would look into each to see how they fit in our toolbox, and how they increase value to ourselves and the employer.
- EducATionalists Community will be fostered and encouraged. This group of educators speaks for the approximately 7,000 NATA members who teach future athletic trainers. They have a wealth of knowledge and are the pulse of athletic trainer educators.
- We must join the playing field of reputable and desirable allied health degrees. The U.S. Bureau of Labor Statistics reports athletic training as a growing field, but we need to get recognized among health care providers and college/university degrees as a viable and sought-after career. With the positive work KSI has done for secondary schools, along with seat NATA has secured at the health care professions advising table with National Association of Advisors for the Health Professions, we have a good start; but recognition as a health specialty in the *U.S. News and World Report* will send a powerful message regarding the vitality of the AT profession.

As a young profession, we have embraced the health care arena with our skill set, but we have work to do as we are smaller than our sister health care programs. NATA is full of bright, dedicated and forward-thinking people, whom I will call upon to assist me with this charge. It's time. Let's get this done, as education affects every athletic trainer and every patient we see.

## **HOW DO YOU FEEL WE CAN ACHIEVE GREATER RETENTION AND JOB SATISFACTION IN THE ATHLETIC TRAINING PROFESSION?**

Young professionals, as well as seasoned veterans, have never been presented with more opportunities in diversified settings as an athletic trainer as they are right now. We are in a perfect place in time to establish a new "normal" and choose jobs/careers that fulfill us. Retention and job satisfaction come from enjoying one's job and co-workers. I have six areas of focus to help make this more attainable.

- Think outside the traditional. Athletic trainers, even though we all begin with the same basic education and training, are uniquely qualified to work in a wide variety of job settings. In every fathomable career where people are active, there are ATs. From Broadway to Hollywood, from NASA to industry, military and more, ATs are the go-to hire. ATs work in hospitals and retirement homes, etc. I would encourage all athletic trainers to explore the possibilities of different job settings that fit their lifestyle.
- As a profession, athletic trainers should continue to educate employers on optimal supervision strategies. The supervisor should be a medical professional; supportive, compliant with safety protocols and able to provide the AT with the tools necessary for success.
- Athletic trainers should understand and be willing to fulfill the parameters of any employment contract, and be prepared to adhere to the constraints of the contract. Working outside the scope of employment is counterproductive for the profession. As an allied health care provider, adhering to the job description in the contract is the only way we can achieve the salary ranges that will align with our education and training.
- Data is critical, and drives decisions in health care. Every service provided by an athletic trainer has a cost associated with it, and provides value to the organization. Athletic trainers must document their worth as well as the specific services/care delivered in any health care setting. It is imperative that the data documented be communicated with supervisors and employers on an on-going basis.
- Athletic trainers are highly educated and credentialed professionals. One of the biggest complaints I hear frequently

is about lack of respect for ATs, but what are we all doing as individuals to raise us to the status we deserve? This requires building a culture shift in a value-based health care system, and it can begin now. We can begin with utilizing the terminology that represents who we are as professionals: athletic trainer or AT.

- Health care is an ever-changing arena. To assure that we continue to rise up to the levels of our credential, ATs must engage in ongoing personal assessment on knowledge, skills and continuing education to remain relevant and competent in our skills set. We must also not be content to merely ride the bus, but consider driving the bus to further our collaboration with other health care providers, and build leadership or other desired skills

Combining these focused areas can lead to better retention and job satisfaction in our profession.

### **IN LIGHT OF THE COVID-19 PANDEMIC, HOW CAN THE ATHLETIC TRAINING PROFESSION CONTINUE TO POSITION ITSELF IN THE PUBLIC HEALTH ARENA TO ASSIST IN GLOBAL HEALTH CONCERNS?**

Athletic trainers are in a perfect position to align with fellow health care providers, especially those working with COVID-19. For nearly 20 years, medical knowledge and skills have been a required aspect of the accredited curriculum for athletic trainers, which means the majority of ATs have had these skills in their arsenal for more than a decade. What better way to build credibility with fellow health care providers than to stand elbow to elbow during a national crisis? Athletic trainers are well-known for their ability to step up, take charge and deliver under pressure. We are adaptable, team players and effective.

Much of what we do as athletic trainers have transferable counterparts. For example, working football games, and maneuvering the

sidelines on game day is a skill that transfers quite easily to getting quickly through very crowded airports without colliding into anyone. It is the same with our skill set. ATs are very quick learners, once we know our role. During this pandemic, using the Go4Ellis App is one way to get ATs into the health care front door, and there ATs dive into their jobs. Athletic trainers are personable, compassionate and friendly, but we also hold our ground when things go awry. For these reasons, we fit in well with the chaos and long hours of COVID-19, and will continue to so do in the future alongside our health care partners.

In any setting, the health care providers are a team, and there is recognition and respect for jobs well done, for being a contributor and one who makes others' jobs easier. This is the athletic trainer. With President Tory Lindley's announcement at the early stages of COVID-19, urging ATs to log on to Go4Ellis and seek employment, came a rush of members working on the front lines of the pandemic. Also with the announcement came recourses, including information on hospitals, health care organizations and health departments as well as a customizable draft letter explaining ATs, our skills and our ability to contribute to health care organizations. A variety of health care providers, usually seen in hospitals and clinics, worked side-by-side with athletic trainers. They can attest to the skills ATs possess as well as the aptitude, competence, dependability and stamina of athletic trainers. There is no better recommendation than this side-by-side commonality fighting a pandemic.

I have no doubt that hundreds of health care providers have now worked alongside an athletic trainer, and now know the skill sets we bring to the table. It is our responsibility to sustain this momentum and get more ATs into this amphitheater of public health. We have breached the health care door, are you ready to dive in? §