

We are writing in response to the special section on athletic training academic reform in volume 12, issue 2, of the *Athletic Training Education Journal*. This is a time of transition in athletic training, and scholarly discourse is essential to ensuring that the changes benefit all stakeholders: students, faculty, clinicians, and most importantly, the individuals in our care. However, we feel that 2 of the articles^{1,2} did not completely represent interprofessional education (IPE) and interprofessional collaborative practice (IPCP) areas of our work.

Where Is the Controversy?

Many changes have been proposed in the new Commission on Accreditation of Athletic Training Education standards, and of those changes, IPE might be the least controversial. Interprofessional education is a new concept for the athletic training profession, and as a result, athletic training-specific scholarship may be limited in the area, but the evidence for IPE in health professions education has been well established. Over the last 3 decades, considerable research has occurred in the area internationally and across nearly all disciplines. Through this literature and our personal experiences, we see that health profession organizations nationally and internationally have gone beyond the “why” and now focus more on the “what” and the “how” of IPE.³

Foundation of Evidence

The World Health Organization has developed a framework for IPE and IPCP to create a culture of person-centered collaborative care to improve individual and population health outcomes,⁴ which has been employed by the Institute of Medicine to help measure the impact of IPE and IPCP activities on patient care.⁵ The literature cited by the authors in their commentaries overlooked these key documents, as well as a wide scope of evidence that supports IPE and IPCP. For example, over the past few years, a number of systematic reviews of IPE and IPCP have indicated that such activities can produce a range of improvements for learners' collaborative knowledge and practitioners' collaborative skills and behaviors.^{5–7} In addition, these reviews have also shown that IPE and IPCP can enhance the quality and safety of patient care and improve a range of health outcomes.⁸

Growing Momentum

The “Future Directions in Athletic Training Education” report was developed by the National Athletic Trainers' Association (NATA) Executive Committee for Education.⁹ The writing group (of which A.P.B. was an author) soon realized that athletic training educators needed information

and support structures to assist in engagement with other health profession programs that were already participating in IPE. Another goal was to develop a “bigger tent” of athletic training scholars in IPE and IPCP. A total of 23 authors collaborated to write the “Interprofessional Education and Practice in Athletic Training” white paper that was approved by the NATA Board of Directors and went through rigorous peer review before publication in the *Athletic Training Education Journal*.¹⁰ That group served as the core of the NATA IPEP Interest Group, which now has more than 520 members on LinkedIn, and @NATA_IPEP has over 800 followers on Twitter. These social media platforms have been integral in informing the athletic training profession about IPE and IPCP and advocating for the inclusion of athletic trainers among the greater interprofessional scholarly community. Through these efforts, the athletic training profession is now represented on the editorial board of the *Journal of Interprofessional Care* and as members of the National Academies of Science, Engineering, and Medicine (formerly the Institute of Medicine) Global Forum on Innovation in Health Professional Education, the American Interprofessional Health Collaborative, and the Interprofessional Education Collaborative. Interprofessional education scholarship in athletic training is also growing among a new generation of scholars, with multiple published articles and dissertations in the last 2 years.

Learning and Working With our Peers

At Saint Louis University (SLU), the impact of IPE on our professions is evident on a daily basis through our personal engagement. Participation on IPE teaching and research teams has created a wealth of opportunity through collaboration; we realize that by working together, we have a greater impact than the sum of our parts. Together, faculty teach an introductory class called Introduction to Interprofessional Health Care, which in 2016–2017 involved 500 students from 10 health professions programs. McKeon et al² cited the work of Cruess and Cruess with regard to professionalism and the social contract. At SLU, this material is presented to our students interprofessionally through the introductory class and through a postbaccalaureate interprofessional team seminar.¹¹ This learning about, from, and with students in other health professions creates tangible connections between these common principles and the basic tenets of the athletic training profession. Through this mechanism, we hope our students no longer view professions such as physical therapy, occupational therapy, and physician assistant as aspirant professions but rather as peers.

Full Citation:

Breitbach AP, Reeves S, Eliot KA. Letter to the editor. *Athl Train Educ J*. 2017;12(3):202–203.

Additionally, collaboration on these activities informs faculty in other professions about the capabilities of athletic training faculty on teaching and research teams. At SLU, we have collaborated on research that has produced 4 peer-reviewed publications^{12–15} and more than 10 accepted presentations at national and international conferences. A new translational research project embeds an athletic trainer and a registered dietitian alongside a nurse practitioner in a school-based health clinic in a diverse urban public high school in Saint Louis. Creating these opportunities can be difficult, and collaboration requires work, but engaging with our peers who have already adopted IPE into their accreditation standards is well worth the cost.

In conclusion, IPE and IPCP have important roles in broader health care as well as in the athletic training profession. As we discussed, based on a growing evidence base, these collaborative activities can produce a range of benefits for participants (faculty, students, and practitioners) as well as (and most significantly) the recipients of care. Therefore, we hope this letter has provided some more balance in response to the recently published articles^{1,2} in relation to the current and future use of IPE and IPCP in the athletic training profession.

We appreciate this opportunity to submit this letter to the journal.

Sincerely,

Anthony P. Breitbach, PhD, ATC
Saint Louis University, MO
NATA Liaison—Association of Schools of Allied Health Professions (ASAHP)

Scott Reeves, PhD
Centre for Health & Social Care Research, Kingston and St George's, University of London, United Kingdom

Kathrin A. Eliot, PhD, RD
Saint Louis University, MO
Academy of Nutrition and Dietetics Representative, National Academies of Science, Engineering, and Medicine Global Forum on Innovation in Health Professional Education and Interprofessional Education Collaborative Council

REFERENCES

- Geisler PR, McKeon PO, McKeon JMM. On the need to move toward an evidence-based athletic training (EBAT). *Athl Train Educ J*. 2017;12(2):81–94.
- McKeon PO, McKeon JMM, Geisler PR. Redefining professional knowledge in athletic training: whose knowledge is it anyway? *Athl Train Educ J*. 2017;12(2):95–105.
- Rogers GD, Thistlethwaite JE, Anderson ES, et al. International consensus statement on the assessment of interprofessional learning outcomes. *Med Teach*. 2016:1–13.
- Framework for Action on Interprofessional Education and Collaborative Practice. World Health Organization Web site. http://www.who.int/hrh/resources/framework_action/en. Published 2010.
- Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes. The National Academies of Science, Engineering, and Medicine Web site. <https://doi.org/10.17226/21726>. Published 2015.
- Fung L, Boet S, Bould MD, et al. Impact of crisis resource management simulation-based training for interprofessional and interdisciplinary teams: a systematic review. *J Interprof Care*. 2015;29(5):433–444.
- Reeves S, Fletcher S, Barr H, et al. A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Med Teach*. 2016;38(7):656–668.
- Zwarenstein M, Goldman J, Reeves S. Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database Syst Rev*. 2009(3):CD000072.
- Executive Committee for Education. Future Directions in Athletic Training Education. National Athletic Trainers' Association Web site. <http://www.nata.org/sites/default/files/ECE-Recommendations-June-2012.pdf>. Published 2012.
- Breitbach AP, Richardson R. Interprofessional education and practice in athletic training. *Athl Train Educ J*. 2015;10(2):170–182.
- Pole D, Breitbach AP, Howell T. Using a real-life case scenario to integrate additional health professions students into an existing interprofessional team seminar. *J Interprof Care*. 2016;30(2):242–244.
- Eliot K, Breitbach A, Wilson M, Chushak M. Institutional readiness for interprofessional education among nutrition and dietetics and athletic training education programs. *J Allied Health*. 2017;46(2):94–103.
- Eliot K, Wilson M, Breitbach A, Chushak M. Incorporation of interprofessional education in nutrition and dietetics education programs. *Top Clin Nutrition*. In press.
- Breitbach AP, Eliot KA, Cuppett M, Wilson M, Chushak M. The progress and promise of interprofessional education in athletic training programs. *Athl Train Educ J*. In press.
- Breitbach AP, Sargeant DM, Gettemeier PR, et al. From buy-in to integration: melding an interprofessional initiative into academic programs in the health professions. *J Allied Health*. 2013;42(3):e67–e73.