ATHLETIC TRAINING EDUCATION JOURNAL

www.natajournals.org
ISSN: 1947-380X
DOI: 10.4085/1501/20003

EDITORIAL

Health Care Leadership: Educating the Future Health Care Executives: Editor-in-Chief Welcome

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INTRODUCTION

As the Editor-in-Chief of the *Athletic Training Education Journal*, I am very proud and excited to introduce our 2020 special issue, Health Care Leadership: Educating the Future Health Care Executives. This special issue has been in development for the past 24 months. The issue's mission was to examine how athletic training education can ensure athletic trainers at all development levels (ie, professional, postprofessional, and residency) are best prepared to be part of the health care leadership team to become agents of change versus passive observers. We sought to cultivate an issue that would foster dialogue and exchange ideas by examining a wide array of topics related to the athletic trainer's development as a C-suite executive. We looked to include manuscripts that focus on: (1) the changing role of the athletic trainer as a health care executive: current realities and future direction; (2) developing athletic trainers as health care executives to support the triple aim for populations and improving health equity, increasing value, and reducing waste at the point of care; (3) developing athletic trainers as health care executives to support quality improvement initiative ranging from local improvements to system-wide change; and (4) developing pedagogy for the educational preparation of athletic trainers as health care executives.

During the development of the special issue, I was asked why health care leadership principles in athletic training education should be addressed? Simply put, the historical and foundational work of developing a leadership commitment to zero harm, establishing a positive culture of safety, and instituting a robust process improvement culture is lacking in athletic training. The historical and foundational information is lacking despite being tangentially addressed in the Commission on Accreditation of Athletic Training Education's standards for the accreditation of postprofessional athletic training and residency programs (Standards 2 and 4)[1,2] and the standards for accreditation of professional athletic training programs (Standard 91).[3] Therefore, it is paramount that we educate future athletic trainers at all levels (ie, professional, postprofessional, and residency) to be knowledgeable about and able to converse about concepts of running a high-reliability organization despite one's settings.

Domain 5 of the Board of Certification's *Practice Analysis* (7th edition), states that athletic trainers should have "knowledge of organizational management styles and processes (eg, Lean, Six Sigma)."[4(p162)] Within the profession of athletic training, the concept of operational improvement is either not studied or underused despite many reports of its application in health care.[5–11] Therefore, to optimize patient care, future athletic trainers should be exposed to foundational knowledge on implementing organizational process improvement models like Lean and Six Sigma.[12]

The 2014 "Standards for the Accreditation of Post-Professional Athletic Training Programs"[1] and "Standards for the Accreditation of Post-Professional Athletic Training Residency Programs"[2] focus on developing students' knowledge, skills, and abilities that integrate the Institutes of Medicine's 5 core competencies. One core postprofessional competency focuses on quality improvement. According to the standards:

> *Healthcare organizations are increasingly adopting quality assessment methods that originated in the industrial manufacturing sector to minimize waste, decrease errors, increase efficiency, and improve quality of care. Competency in quality improvement relates to the athletic trainer's recognition of the need for constant self-evaluation and life-long learning, and it includes the ability to identify a quality improvement objective, specify changes expected to produce an improvement, and quantitatively confirm that improvement resulted from the implementation of the change (eg, improved patient outcomes from administration of a specific intervention or utilization of a specific protocol).*[2(p4)]

The educational preparation of athletic trainers at any level has standards (standards 2 and 4, postprofessional and residency, respectively; standard 91, professional) that address

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Full Citation:
Berry DC. Health Care Leadership: Educating the Future Health Care Executives: Editor-in-Chief Welcome. *Athl Train Educ J*. 2020;15(4):235–236

the need to be knowledgeable and able to demonstrate health care leadership topics in all work settings. As athletic training programs transition from undergraduate to graduate degrees and as athletic trainers pursue and acquire more executive leadership roles, athletic training students and professionals need sufficient academic preparation with requisite coursework. Arguably, athletic training curriculums should include high-reliability content similar to that of the master's of health care administration, so future athletic trainers who desire the C-suite executive position will be better positioned for the opportunity. We encourage athletic training educators to use this particular issue as a primer document and resource to introduce the concept of health care leadership in their curricula across multiple levels of educational preparation.

Please enjoy and let us keep striving to prepare athletic trainers of the future to have a seat at the leadership table.

Acknowledgments

A special thank you to Forrest Q. Pecha, MS, LAT, ATC (St. Luke's Health System) and JJ Wetherington (St. Luke's Health System), who served as the guest editors for this special edition. A special thank you as well to Kirk Armstrong, EdD, ATC (James Madison University), who also assisted in the development of this particular issue.

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