

Column: AT Education Listserv Highlights

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The following is a brief review of selected topics discussed on the Athletic Training Education listserv. It is not necessary to be a member of this listserv to access the archived messages and discussions. To view this listserv, go to:
http://health.groups.yahoo.com/group/athletic_training_education.
To post messages you must join the listserv.

Jobs and AT Students (June 26, 2006 – 12 postings)

Athletic trainers coming into the profession today are required to make sacrifices of long hours and low pay giving all the time and effort put into a athletic training degree. We all know that education is supposed to enable people to increase their monetary value and quality of life. Not too many of them want to sacrifice having a life or a family. Yet, many of them want to find a way to help people. Another concern we face is that several of our graduates move on to other fields for multiple reasons. If we are losing potentially outstanding future professionals to age old practices and settings, should we not consider adjusting these?

Are we effectively giving students what they need to be athletic trainers or just teaching them things they may not use or is it tested on the BOC exam? Our graduates average less than a 30% pass rate for first time BOC exam participants, compared to other allied health care professions that average about 80%. It points to a question of an invalid exam, a failure to educate, or a disconnection between the two processes.

Another goal of AT programs is to make students employable in whatever diverse settings they may find themselves in, including non-traditional settings. Yet most of the students' clinical education experience is within the collegiate setting. Some have indicated that the AT profession is becoming far too convoluted. A profession cannot establish a foothold unless it stands still long enough for the public to recognize exactly what the profession is.



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AT students do not want the long hours for little pay that some have become somewhat accustomed to. Hopefully, we are doing a better job of not burning students out by setting guidelines on their education, but the students realize that this is not the real world when they get out into the working world, especially in entry-level jobs. Fortunately, there are some employers that do recognize the value of the ATC and reward that value. However, the profession must continue to improve upon the rest of the employers to raise the standard so we slow the exodus of many of our best and brightest new graduates.

AT Education and Third-Party Reimbursement (October 4, 2006 – 8 postings)

According to a Michigan Physical Therapy Association's letter to the Chief Medical Officer of Blue Cross/Blue Shield of Michigan (BCBSM), physical therapy argues that ATCs should not be allowed to be a provider for rehabilitation services, in part because:

- a. "The entry-level for a PT is (now) the doctoral level, while the entry-level for an ATC is the bachelor's level. They did recognize that there were 15 entry-level master's programs.
- b. PTs receive a much deeper and broader education in the evaluation and treatment of medical conditions than ATCs. Some specific areas they mention are: Athletic trainer educational competencies suggest they are prepared to provide services only to non-complicated, structural orthopedic conditions with minimal or no co-morbidities. Athletic trainers are OT qualified to treat patients with musculoskeletal problems complicated by co-morbidities and they do not have the educational preparation to treat any patients with neurological disorders, especially central nervous system disorders.

Having a choice is good for patient outcomes. If someone injured his/her back tomorrow lifting a box, he/she could seek treatment by anyone (or a combination) of health care providers including his/her family MD, a PA, an orthopedist, a chiropractor, a PT, or an AT. Some patients will find better outcomes with one provider while others may find better outcomes with another. The point is that patients should have a choice and they should have options. This is why HMOs have slowly disappeared and are very

unpopular. Patients want choices and outcomes improve when they have choices!

Is it necessary for all of our educational programs to move to the master's or doctoral level in order for greater access to third party reimbursement? This may be less of an issue about our qualifications and about the PTs putting us down. And every time that happens, everyone seems to feel the only answer is to increase educational standards. ATCs need to stand on their own and fight for the protection of their own standards, not feel inadequate every time the PTs challenge them. Other professions such as OT, EMT, RN, SLP, LMT, and PA are all educated with their respective content areas and allowed to use what they are taught to the extent the practice act allows. Many of these disciplines learn their respective content areas with less than a doctorate, yet are unhindered in their daily practice.

Do our AT curriculums need to be strengthened in order for greater access to third-party reimbursement? We already do things well. So, perhaps we should strengthen those, and not do the same thing as PTs. Educators should continue to see the number of competencies and proficiencies grow due to the BOC role delineation study being completed by ATCs in a variety of employment settings. ATCs need to spend their time educating legislators about the profession and their skills and less time in turf battles with other professions.

Spell Check (November 11, 2006 – 10 postings)

Here are some policies or suggestions for spelling correctly (i.e., anatomical terms).

- a. Spelling and grammar is an effective means of written communication. We do our students a disservice by not enforcing spelling and grammar standards. Some spell checkers cannot tell the difference between real words that are spelled correctly (i.e., their vs. there, too vs. two vs. to).
- b. Some AT programs require or encourage students to write case studies, papers, research projects, or other assignments. Students can submit drafts of their written work, and then read and correct the constructive criticism provided by the instructor or other persons.
- c. Individuals must understand that words with 1-2 letter differences can completely change the meaning of a word (i.e., sprain vs. strain).
- d. The program may wish to establish writing guidelines (i.e., AMA, APA) for all their written works. It is also helpful for faculty to following these guidelines, including their syllabi.
- e. Students also need to know when to use proper citations, quotes, and references. This should help prevent plagiarism.
- f. Students would not be expected to tape an ankle without the

importance of neatness and correct application. This is the same for writing. Sloppy writing can lead to misunderstanding, dissemination of misinformation, and makes the writer appear dumb, confused, unsure, or all of the above. Furthermore, this is about making good impressions and professionalism.

There are also polls available on the AT Education Listserv. Below are poll results:

Before OP exams or proficiency assessments, how do your students get the "EXACT" content (i.e., check off lists) that they will tested on? What percentage of your entire ATEP do you give these check off lists to your students "before" the OP exam? You can answer multiple times.

- a. Course textbooks: 16%
- b. Clinical education book/manual for ATEP: 13%
- c. Course lectures: 18%
- d. Instructor handouts: 18%
- e. Clinical sites – by ACI, CI, etc.: 0%
- f. Students get 85-100% of checklists: 16%
- g. Students get 70-85% of checklists: 2%
- h. Students get 50-70% of checklists: 6%
- i. Students get 30-50% of checklists: 2%
- j. Students get 15-30% of checklists: 0%
- k. Students get 1-15% of checklists: 0%
- l. Students do not get any checklists: 4%