



Transition to Practice

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Disclosures

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with companies to which they have a direct link and/or financial relationship that is related to the topic/content of their presentation.

Objectives

- Describe the current state and future directions of transition to practice in athletic training within the patient-centered care team and in line with best practices.
- Describe real and perceived barriers to transition to practice in line with organizational and patient needs.
- Describe the implementation of resources to facilitate transition to practice to enhance patient outcomes and provider quality of life.

Workgroup Development

- Future Directions document June 2012
 - Recommendation #12
- Summer 2015 Workgroup formed
 - NATA volunteer committee, BOC, CAATE representation
- JMC 2016 Workgroup commenced
 - First face to face meeting
- January 2017 BOD Approves
 - Recommendations on best practices for T2P

Workgroup Members ⁽¹⁶⁾

NATA Committee and Strategic Alliance Liaisons

- Steve Nordwall (co-chair)
- Alice Wilcoxson (ECE)
- Jordan Hamson-Utley (PPEC)
- Bart Peterson (SSATC)
- Megan Hammonds (EDAC)
- Michael Miller (EAC)
- Jennifer Volberding (PEC)
- Brian Vesci (co-chair)
- Martin Matney (COPA)
- Brittany Hoover (PDC)
- Amanda Brown (YPC)
- Bob Howard (ICSM)
- Stacy Walker (CAATE)
- Dr. Doug Gregory (BOC)
- Katie Scott (NATA)
- Sidney Fuller (NATA staff)

Workgroup Charge

- To examine the current landscape regarding transitioning a newly certified AT to INDEPENDENT practice in health care,
- Identify best practices that would apply to the profession of athletic training,

JCM 2016 – Guiding Questions

1. What impact do mentors and/or preceptors have on transition to practice?
2. What impact does professional education (clinical and/or didactic) have on transition to practice?
3. What essential skills do professionals need, or need to develop, to facilitate their transition to practice?
4. What barriers to transition to practice exist within athletic training?
5. What impact does transition to practice experience have on a newly credentialed AT longevity in the profession?



JCM 2016 – Sub Groups Formed

- To examine each question in relevant detail.
- Informed by:
 - **Foundational review of literature** completed by the Professional Education Committee
 - Results from a **membership survey** conducted by the Young Professionals' Committee
 - **Targeted literature review** framed by the individual questions
 - Workgroup members **personal experience** and expertise

Framing the Process of Transition in AT

Established Models in Health Care

Medicine



Nursing



Framing the Process of Transition

A Post Professional Model

Nursing

Following professional education process:

- Nursing school
- Board exam – credential
- Option for independent practice
- Transition to practice – formal employer run programs

Medicine

Imbedded in the professional education process:

- Medical school
- Board exam - credential
- Residency* (length dependent upon specialty)
- *Fellowship (Options)*
- Independent practice

Transition to Practice – Defined

Operational Definitions

- *A complex process where by a newly credentialed athletic trainer, while redefining their sense of self during disruptive life events, develops and is supported from education to clinical practice, regardless of practice setting.*

Definition was modified from a definition that existed in the medical literature.

Transition to Practice – Defined

Important Aspects

- **Redefining sense of self**

- how they learn to understand themselves better in a changing environment
- independent decision making vs supervised practice

- **Disruptive life events**

- Moving to a new area
- Leaving an established support system
- Financial independence
- Building new relationships

- **Supported from education to independent practice**

- Expectation of newly credentialed AT - minimally competent and safe AT.
- Acknowledge the need for support during this process ***
- 9 to 12 months

3 Pillars of Transition to Practice



Mentor vs Preceptor

Operational Definition

Mentor:

- Often **self-selected** by the mentee, however certain types may be assigned
- Offers global professional guidance
- Naturally forming relationship, often between a seasoned clinician and newly credentialed clinician
- Facilitate professional development through interpersonal interactions by sharing advice and guidance

Mentor vs Preceptor

Preceptor:

- **Assigned** by the employer
- Direct setting and site specific guidance
- Formal structure with distinct agenda
- Orientation guided
- Typically an individual with supervisory authority
May be multiple (i.e. administrative, medical, etc.)

Recommendations – Individual

Successful Transition to Practice begins w/

- INDIVIDUALS who are reflective and self-aware of their skills sets.
- Who seek out opportunities that best fit their needs, rather than a desired practice setting.
- Who seek out a MENTOR to support their transition to practice.



Recommendations – Individual “Trait Development”

Self Directed Learning

- Inter-professionalism
- Active listener
- Motivation

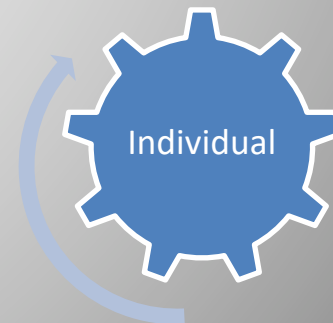
Organization

- Administrative skills
- Time management
- Adaptation

Confidence

- Independent thinking
- Humility
- Collaboration

Trait development begins in Education and continues through transition to independent practice



Recommendations – Employer

Operations

- Site and setting specific orientation (checklist)
- Access to administrative and medical preceptors
- Formal, ongoing feedback provided to employee
- Access to duly credential physician that has unchallengeable authority over medical decisions



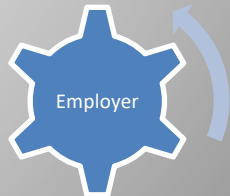
Recommendations - Employer

Work Environment

- Resources / Equipment necessary to complete job description provided to employee
- Work environment consistent with BOC facility standards

Settings that cannot meet these recommendations may present a barrier to successful T2P

- *Challenge: Settings employing only one (1) AT*



Recommendations – Professional Education Program

- Inter-professional education in clinical education
- Educated to deliver patient centered care, emphasizing evidence based practice as member of an interdisciplinary team
 - Core Competencies
- Full-time clinical education Experience
 - w/ Site and setting specific orientation & BOC facility standards
- Curricular content delivered by recognized and demonstrated content experts
- Preceptor selection focused on developing the individual AT, not the clinical setting*



Identified Barriers to Successful T2P

Previous **Educational**
Experiences
- Mazerolle 2015

Time **Management**
- Mazerolle 2015

Poor **Preceptors**
- Walker 2016E



Unrealistic **Expectations**
- Thrasher 2015

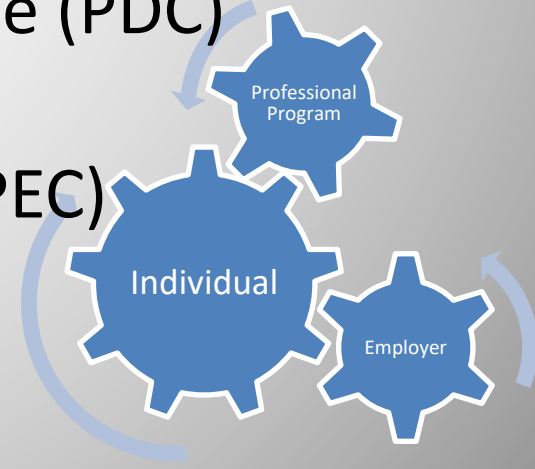
Personal **Characteristics**
and Fit
- Thrasher 2016

Lack of Transition to
Practice **Preparation**
- Walker 2016

Implementing the Recommendations

Committee Charge

- Practice Settings
 - Secondary School Athletic Trainers' Committee (SSATC)
 - Intercollegiate Council for Sports Medicine (ICSM)
 - Council on Practice Advancement (COPA)
- Transition to Practice Stakeholders
 - Professional Development Committee (PDC)
 - Young Professionals' Committee (YPC)
 - Professional Education Committee (PEC)



Current Resources

- Athletic Training Milestones Project
 - Designed to enhance and facilitate assessment of student and resident learning over time. (Program, Employer and self assessment tool)
 - Utilized to evaluate an individuals development from novice to expert both as a learner and as a clinician.
 - Level 3 on the Milestones = ready for independent practice (BOC credential)

Developing Team:

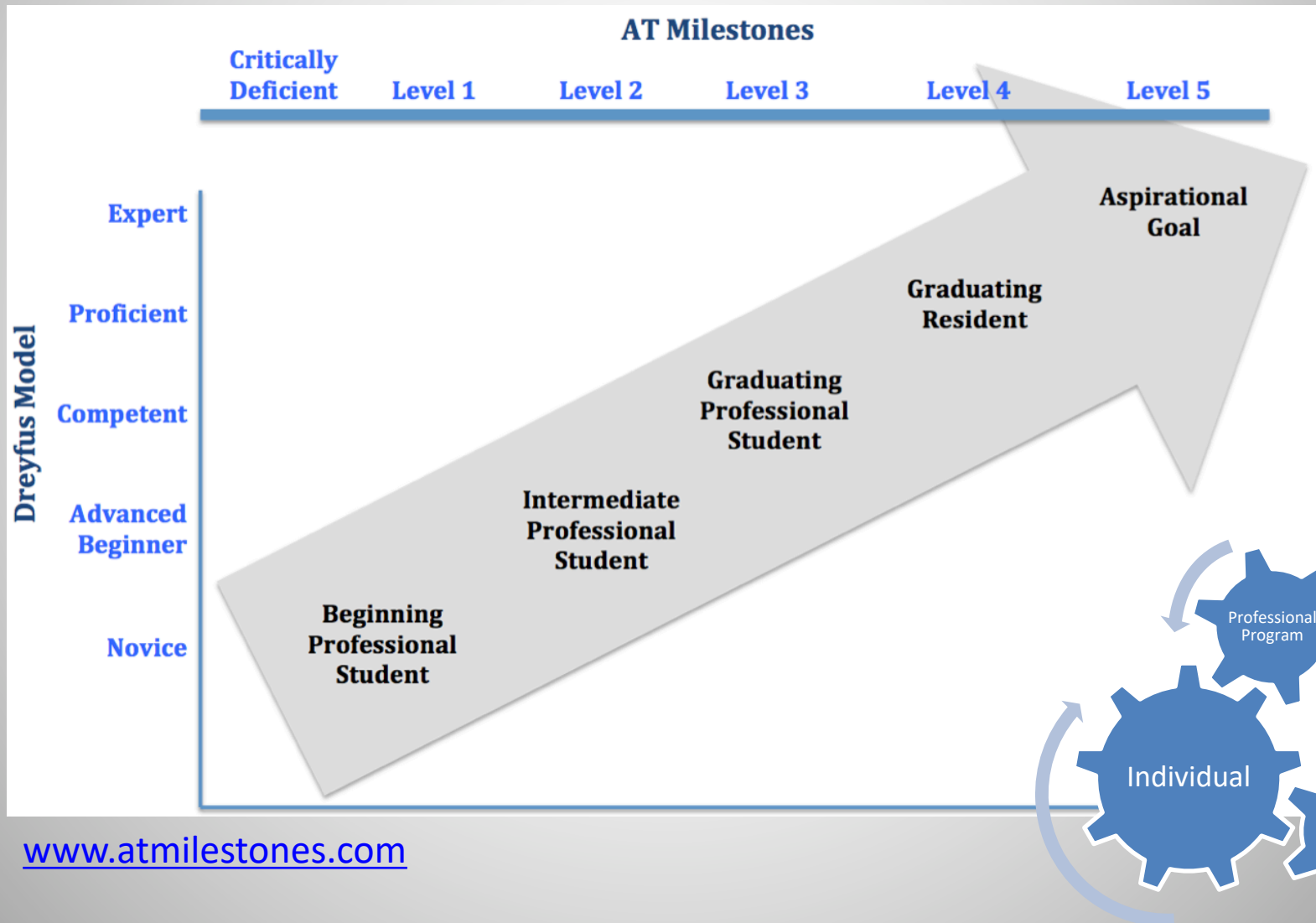
- Eric Sauers.
- Mark Laursen
- Hollie Walusz
- Forrest Pecha

www.atmilestones.com



AT Milestones

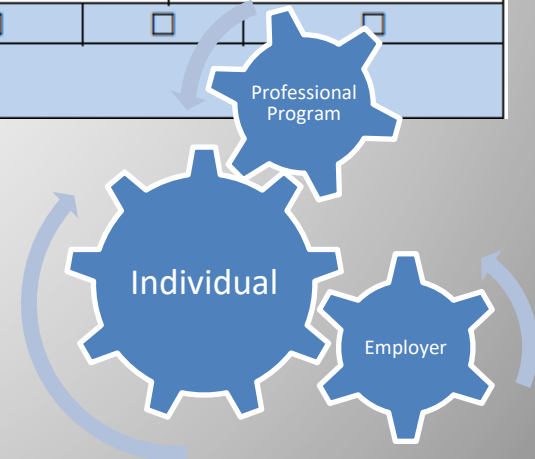
Continuum of education to practice



AT Milestones

Frames the Developmental Process

General Competency (e.g., Medical Knowledge): Sub-Competency Stated (<i>Reference to corresponding ACGME milestone</i>)											
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)		
Behaviors are not within the spectrum of developing competence Significant deficiency in learner performance	What are the expectations for a beginning learner?		What are the milestones for a learner who has advanced beyond beginner, but is not performing at a level sufficient for unsupervised practice? What should the learner be able to do well at this point in their training?		What does a graduate of a professional program look like? What additional knowledge, skills, and attitudes have they obtained? Are they ready for BOC certification?		What does a graduating resident look like? What additional knowledge, skills, and attitudes have they obtained? Are they ready for specialty certification?		What does clinical expertise look like? What are stretch goals to encourage continued progression towards mastery?		
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Comments:											



Developing Resources

- Mentorship Database (NATA)

The screenshot displays the GATHER website interface. At the top is the GATHER logo with the tagline "your peers. your voice. your place." Below the logo is a navigation bar with links: Home, Communities, Directory, Browse, Participate, and The Den. A search bar is located on the right side of the navigation bar. The main content area is titled "Mentor Profile" and features a profile for Mr. Brian Vesce, DAT, ATC. The profile includes a photo of Mr. Vesce, a dropdown menu for "Actions", and a section for "Contact Details" with his email address. There is also a "Bio" section with a text area and a "Bio" button. The profile status is "Not Participating" with an "Edit Mentor Status" button. At the bottom, there is a "Social Links" section with a link to other social media accounts.

GATHER
your peers. your voice. your place.

Home Communities Directory Browse Participate The Den

search

Mentor Profile

Mr. Brian Vesce, DAT, ATC

Northwestern University

My Profile My Connections My Contributions My Account

Mentor Profile Status: Not Participating

Edit Mentor Status

Bio

Brian has been a member of the Northwestern University Sports Medicine Department since 2016. His primary responsibility is overseeing University Health Service and Athletics concussion management, and for providing clinical care to patients with prolonged symptoms following concussion.

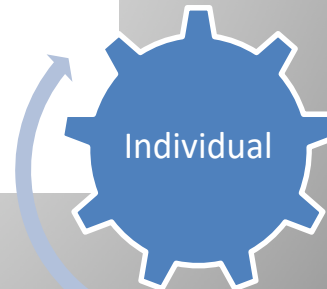
He completed his professional education in 2004 at Duquesne University, earned his Master's Degree in Exercise and Sports Science from The University of North Carolina at Chapel Hill in 2006, and his Doctorate of Athletic Training Degree from A.T Still University in 2017.

Contact Details

Northwestern University
Glenview, IL
vesce@northwestern.edu

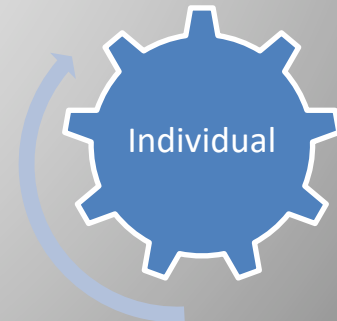
Social Links

Link to other social media accounts



Mentorship Database

- Direct impact on T2P through a searchable database
- Used identify appropriate and willing mentors
- **Intent:** Create catalyst for connections for the newly credentialed AT
- Supported w/ news letters to spark communication and mentorship engagement.
- Seeking mentors to populate the Database!!!



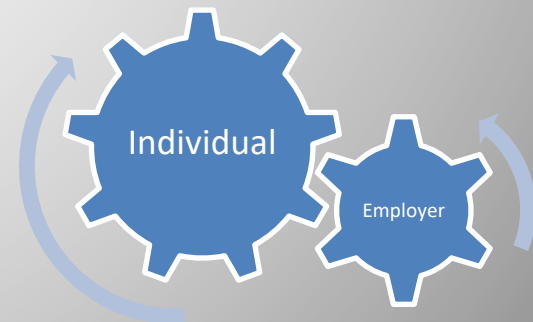
Developing Resources

- Appropriate Medical Care for the Secondary School Aged Athlete Task Force
 - Program Assessment for Safety in Sports (PASS)
 - AT self and programmatic assessment
 - Onboarding recommendations for organizations
 - Program can provide feedback
 - Operationalize the recommendations
- Linked to NATA mentorship program
- Transition to Practice Sub-Committee



Developing Resources

- Formed a Transition to Practice Sub-Committee
- Developed: *ICSM Transition to Practice Guide*
NATA.org - College /University Resources
 - Human Resources
 - Orientation
 - New employee checklist
 - Mentorship
 - Performance goals



Developing Resources

- Adding a new at-large **preceptor** member to focus on clinical education projects
- Developing a **searchable clinical site database** to help students to find clinical education opportunities
 - Goal: decrease barriers for clinical education opportunities for student



Future Directions

- Continued work with NATA Committees
 - ICSM, SSATC, COPA, PDC, PEC, YPC
- Continued research efforts (ATEJ)
- Your participation and feedback are welcome
 - Be sure to complete your **Gather Mentor Profile!**
- Contact Information:
 - Stephenjnordwall@gmail.com



Take Home Message

- Successful transition of a newly credentialed athletic trainer to independent practice is a comprehensive process with many stakeholders
- Successfully transitioning these AT impacts medical care and advances the profession
- Goal: Continue to **Operationalize** the recommendations approved by the BOD with both current and developing resources.



NATIONAL ATHLETIC TRAINERS' ASSOCIATION
HEALTH CARE FOR LIFE & SPORT

THANK YOU!

Questions?