

Editorial: Lesson 1: Design an Athletic Training Room

David Gallegos, MA, ATC, Cert MDT
Southwest Sport & Spine Center Inc, Las Cruces, NM

“**Y**ou only eat what you kill” is a phrase that means a lot more to me today after 10 years of managing a physical therapy and athletic training private practice. Before my current role in health care administration, I practiced in the secondary school setting. I was lucky to have a preceptor that preceded me in the position and had established a robust administrative aspect to the practice. Our procedures included a sign-in sheet with a waiting area much like a doctor's office, daily documentation of the progress of every patient on daily subjective, objective, assessment, plan note forms, evidence-based concussion protocols, and statistics on injury prevention interventions. We would sit for hours each evening updating our injury logs, need-to-see lists, and coach and nursing reports, much to my dismay. I kept many of these practices in place but fell behind on others because of my interest in covering every event instead of managing my practice and valuing patient care over health care.

Ten years in, I felt the need to consider a new challenge. I left the secondary school for a position as a lead administrator and director of sports medicine services in a private practice physical therapy clinic. It was a steep learning curve. Looking back, I realize what I initially perceived as a threat to my job stability and a risk for my family was the result of being challenged administratively. Profit and loss statements, accepting the idea of working capital that significantly ebbs and flows during the year, maximizing and working within the limits of professional practice acts for the benefit of the patient while maintaining the viability of the business, and managing a revenue cycle that is often unpredictable were weaknesses in my skill set. Identifying my stress as a response to administrative limitations was only possible because I had an administratively focused clinical experience. This was set against the 1994 landscape of athletic training practice. I am entirely grateful and attribute my current role to a preceptor well aware of the value of health care administration and coordinated didactic and clinical educational experiences.

What I initially perceived as 2 separate skill sets I now see as inseparable. The greatest paradigm shift I have realized in my crossover from a public secondary school to private practice is the understanding that health care administration drives and supports clinical quality, while clinical delivery identifies

needed administrative interventions. Early in my career, I focused on improving my clinical skill set to develop my ability to manage the single patient interaction. This also happened to tie into my self-perceived value as an athletic trainer. After years of mentorship and additional course work, I now have an expanded skill set that allows me to develop policies and procedures that strengthen the clinics I manage and the local health care system. Twenty-five years after my first organization and administration course lesson in designing my dream athletic training room, I am designing multidisciplinary health care facilities, and I realize the application of lessons specific to the traditional athletic training room can be applied to new environments. I also realize health care administration requires robust expertise that is ever evolving, and we can leverage our health care administration and professional responsibility base.

Leveraging our skill requires we take an inventory of our tools and resources. I realize my proposals in preventative health initiatives, understanding downstream financial impact through documentation and recording point of care interventions, valuing patient-reported outcomes, and the value of interprofessional communication stem from my secondary school practice. The skills are transferrable across practice settings and a required aspect of effective transition to and within practice. Inventory of our resources identifies areas for growth. Simple Internet searches indicate almost 60% of our professional programs offering degrees at the graduate level either do not reference coursework in health care administration or offer the content in a single 3-credit course. When compared against the average total professional degree credits required for graduation, the course represents just 6% of the total curriculum.¹ Given that 13% of Board of Certification exam questions represent the domain, we have an unspoken value of health care administration and professional responsibility content.² In addition, these courses tend to fall in the final phases of degree coursework, thereby limiting the opportunities for educational scaffolding. We know minimizing the domain is not an intentional effort, yet progress toward and improved administrative practice must be.

As our profession engages administrative practices such as patient-reported quality measures, electronic medical records, population health management, and the impact of big data on

Mr Gallegos is currently Deputy CEO at Southwest Sport & Spine Center Inc. Please address correspondence to David Gallegos, MA, ATC, Cert MDT, Southwest Sport & Spine Center Inc, 2404 South Locust Street, Suite 5, Las Cruces, NM 88001. dagalleg@hotmail.com.

Full Citation:

Gallegos D. Editorial: lesson 1: design an athletic training room. *Athl Train Educ J.* 2020;15(4):237–238.

clinical decisions, and our nation debates implementation of quality-based payment systems and the importance of upstream services to reduce downstream utilization, I am excited to open the discussion. The strain of a health care system in flux and the evolution of athletic training educational content will open doors for practice expansion that will surely require health care administration as a cornerstone. Telehealth, Centers for Medicare & Medicaid Services recognition, system-wide advancements toward the Institute for Healthcare Improvement Triple Aim framework, and practice in multidisciplinary settings are a few opportunities on the near horizon. This special edition on health care administration is testament to the recognition by our profession of the significant impact administration has on our clinical efficiency and effectiveness, our ability to navigate an ever-changing clinical practice, and our success in

highlighting the capacity of the athletic trainer in the greater health care environment.

The evolution of athletic training education and practice is exciting. Cheers to our next lesson!

REFERENCE

1. Winkelman ZK, Neil ER, Eberman LE. Health care administration and professional responsibility courses in professional athletic training programs: a curricular analysis. *Athl Train Educ J*. 2018;13(4):378.
2. Henderson J. *The 2015 Athletic Trainer Practice analysis Study*. 7th ed. Omaha, NE: Board of Certification; 2015.