

Celebrating the Culture of Interprofessional Collaboration in Athletic Training

Anthony Breitbach, PhD, LAT, ATC, FASAHP, FNAP
Doisy College of Health Sciences, Saint Louis University, MO

INTRODUCTION

Collaboration and teamwork are in the DNA of the athletic training profession. The traditional settings where we care for athletes in organized athletics are in the school, university/college, and amateur and professional contexts. The needs of individuals and organizations in these environments require that athletic trainers (ATs) coordinate care teams composed of varied health professionals. The knowledge and skills required for this coordination, referred to as “foundational behaviors or core competencies,” have been a strong part of our professional education.^{1,2} However, our professional programs evolved in varied academic settings, not alongside the professions with which we would eventually collaborate in clinical practice.³

Multidisciplinary or interdisciplinary practice has been identified as providing better health care since the beginning of the 20th century. However, since many of the health professions were educated in siloed professional programs and since the government and private financing focused on a hierarchical fee-for-service model, most graduates of these programs have had limited experience and skills with regard to collaboration and entered a clinical environment that did not incentivize teamwork and that offered limited opportunities to practice team-based care. Persisting issues around quality, efficiency, and medical errors in the health care system led to a renewed call for health care reform and more effective collaboration in the 1990s, culminating in the Institute of Medicine reports *To Err Is Human: Building a Safer Health System* (in 2000) and *Crossing the Quality Chasm* (in 2001), which called for improving cooperation, communication, and teamwork for health professionals in a collaborative care model.^{4,5}

This evolving paradigm led to the development of the concept of interprofessional education (IPE) to provide the skills to

support collaborative practice, as an evolution from the previous notions of multidisciplinary and interdisciplinary care. In the United Kingdom in 1997, the Centre for Advancement of Interprofessional Practice and Education defined IPE and updated the description in 2002 to define it as “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care.”⁶ A 2003 Institute of Medicine report, “Health Professions Education: A Bridge to Quality,” stated the following: “All health professionals should be educated to deliver patient centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”⁷ Building upon the Centre for Advancement of Interprofessional Practice and Education definition in 2010, the World Health Organization called for health professionals to be “collaborative-practice ready” upon entering the workforce and clarified that “Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”⁸ The revision identified that we must learn “about” each other before we can learn “from and with” each other and states that the purpose of IPE is to enable “effective collaboration” and “health outcomes” that go beyond patient care.

Our purpose in this “Special Series” is to highlight the athletic training profession, which over the past decade has incorporated IPE to prepare graduates for collaborative practice, as peers with other health professions, in an evolving health care system.

INFORMING OUR COLLEAGUES (“ABOUT”)

In 2011, the Executive Committee for Education (ECE) of the National Athletic Trainers' Association (NATA) began a process to propose priorities for the evolution of athletic

Dr Breitbach is currently Vice Dean and a Professor in the Doisy College of Health Sciences at Saint Louis University. Address correspondence to Anthony Breitbach, PhD, LAT, ATC, FASAHP, FNAP, Doisy College of Health Sciences, Saint Louis University, 3437 Caroline Mall, St Louis, MO 63104. anthony.breitbach@health.slu.edu.

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training education. This process resulted in the development of 14 “Future Directions in Athletic Training” recommendations that were approved by the NATA Board of Directors in 2012.⁹ In this report, recommendation 3 stated that “Interprofessional education (IPE) should be a required component in professional and post-professional education programs in athletic training.” As the Executive Committee for Education looked to operationalize this recommendation, it became evident that we needed to inform the athletic training profession about the fundamental tenets and terminology of IPE and collaborative practice as well as inform our peer professions and the wider health care community about ATs’ knowledge, skills, and abilities with regard to interprofessional collaborative practice. With this objective, we developed a white paper, “Interprofessional Education and Practice in Athletic Training,” to not only inform but also model a collaborative and inclusive process. Executive Committee for Education Chair Dr Russ Richardson and I worked with 23 colleagues to author the paper, which was published in 2015 by the *Athletic Training Education Journal* (ATEJ).¹⁰ Our team and this paper were recognized with the ATEJ Outstanding Manuscript for Advancing Educational Practice Award in 2015.

This article was accompanied by presentations on the topic at the 2013 NATA Annual Convention in Las Vegas, NV; the 2014 World Congress of the World Federation of Athletic Training and Therapy in Dublin, Ireland; the 2014 All Together Better Health Conference in Pittsburgh, PA; the 2015 Canadian Athletic Therapists’ Association Meeting in Halifax, Nova Scotia; the 2015 Collaborating Across Borders Meeting in Roanoke, VA; and the 2012 and 2014 Annual Meetings of the Association of Schools of Allied Health Professions. Additionally, it was featured in the *NATA News* and additional manuscripts in the *Journal of Interprofessional Care* from members of the white paper working group: “Athletic trainers have a place in interprofessional education and practice,” by Rizzo, Richardson, and Breitbart in 2015,¹¹ along with my Guest Editorial entitled “The Organic and Strategic Growth of Interprofessionalism in Athletic Training” in 2016.¹²

STUDYING OUR PROFESSION (“FROM”)

IPE was a new concept in athletic training, but collaboration and teamwork were not; therefore, it was important that we learned from each other on the types of interprofessional learning and clinical practice activities that were occurring in the field. With my colleague, Dr Micki Cuppett, I surveyed Commission on Accreditation of Athletic Training Education (CAATE) Program Directors in 2012 (160 responses, 43.6%) and replicated that survey in 2015 (162 responses, 42.6%) and published the results in the ATEJ as “The Progress and Promise of Interprofessional Education in Athletic Training Programs” in 2018, showing growth over time, but still under 50% of the responding programs were involved in IPE. However, IPE occurred more often in athletic training programs that resided in health science–related academic units and that are accredited at the master’s level.¹³

In 2014, Kraemer and Kahanov¹⁴ authored a paper entitled “Development of Interprofessional Education for Entry-Level Athletic Training Programs,” and in 2019 Kraemer and colleagues¹⁵ examined interprofessional collaboration with a

cross-sectional sample of practicing ATs (314 responses), finding that ATs regularly interact with other health care providers and overall have positive perceptions of interprofessional collaborative practice (IPCP) and that purposeful communication could help enhance their collaborations. Welsch, Rutledge, and Hoch¹⁶ modified the Readiness for Interprofessional Learning Scale for ATs in clinical practice in 2017. Manspeaker and Hankemeier^{17–19} studied collegiate ATs in terms of interprofessional collaboration and published a series of articles in the *Journal of Interprofessional Care*, the *Journal of Athletic Training*, the ATEJ in 2018 and 2019. The authors found that collegiate ATs valued IPCP but were not always engaged in it, realizing that the “medical model” may create better opportunities. In 2021, Schwieterman et al.²⁰ examined athletic training preceptors’ self-assessed beliefs, behaviors, and attitudes relative to IPE after an online professional development module. Meskimen and colleagues²¹ authored a paper entitled “Interprofessional and Collaborative Practices of Athletic Trainers in Secondary School Settings” in 2022.

There were also several articles that studied the outcomes of IPE learning experiences in athletic training programs. Tivener and Gloe²² as well as Morrell and colleagues²³ described the development of interprofessional simulations including athletic training students. Pole and colleagues²⁴ examined the effect of including ATs in an existing graduate-level interprofessional team seminar in 2016. Sniffen et al.^{25,26} and Briggs et al.²⁷ published a series of articles in 2019 studying the development of a therapeutic modalities class for athletic training and physical therapy students. Manspeaker and Wallace²⁸ reported in 2019 about an interprofessional study-abroad experience, and Manspeaker and colleagues²⁹ published “Integration of Interprofessional Education Within the Didactic Aspect of Athletic Training Programs” in 2020. In 2021, Armstrong et al.³⁰ investigated athletic training student engagement with interprofessional education in both classroom and clinical settings. There are many emerging researchers, including a group of scholars from the Association of Athletic Training Educators, that will lead our field in this space moving forward.

ENGAGING ACROSS PROFESSIONS (“WITH”)

ATs have been collaborating interprofessionally with colleagues in publications for decades. Some of the most important research articles, consensus statements, and position papers were authored by ATs alongside peer professionals.³¹ However, in IPE, inclusion of ATs on research and writing teams came only after academic alignments in which health profession programs looked to include ATs.¹⁰ In many institutions, ATs soon emerged as key investigators and authors on collaborative research teams.^{32–42} However, many of these single-institution studies were limited in their scope. Multi-institutional studies began to emerge to explore interprofessional education through a wider lens. I was able to partner with colleagues from 4 universities to study early learners in multiple contexts using 3 different assessment instruments. Our team authored a series of papers^{43–45} that presented our collaborative process as well as analysis and discussion of the quantitative and qualitative data.

I was also able to collaborate with scholars from outside of the United States in research projects. This international engagement helped introduce the athletic training profession

to the wider interprofessional field. I invited Dr Scott Reeves, Editor in Chief of the *Journal of Interprofessional Care*, from England to serve as a keynote speaker at the 2015 World Federation of Athletic Training and Therapy World Congress in St Louis, MO. After the Congress Dr Reeves (who tragically passed away in 2018) and I were able to collaborate with Dr Simon Fletcher on “Interprofessional Collaboration in Sports Medicine: Findings from a Scoping Review”⁴⁶ in 2017, and together we conducted a World Café at the 2016 All Together Better Health Conference at Oxford, which produced the paper “Health Care as a Team Sport?—Studying Athletics to Improve Interprofessional Collaboration,” in 2017.⁴⁷ Since then, I have been able to collaborate with Dr Gert Ulrich from Zurich, Switzerland, in an international study on interprofessional collaboration among sport science and sports medicine professionals.^{48,49}

AT THE TABLE

In 2012, we set out with another goal: to bring ATs to the table with our peer professions in the wider interprofessional health care field.¹⁰ There is evidence to show that this endeavor is indeed happening. In 2015, the AT Strategic Alliance was invited to participate on the National Academies of Medicine (formerly the Institute of Medicine) Global Forum on Innovation in Health Professions Education.⁵⁰ The *Journal of Interprofessional Care* now has 2 ATs as Associate Editors,⁵¹ with many other ATs actively serving as reviewers with other interprofessional journals. In my role as NATA Liaison for the Association of Schools Advancing Health Professions I have looked to provide opportunities for athletic training colleagues who want to engage interprofessionally. Additionally, I have represented the Association of Schools of Allied Health Professions on the Interprofessional Education Collaborative Council and the Interprofessional Education Collaborative Core Competencies Revision Working Group.⁵²

In 2020, the National Academies of Practice approved the development of an Athletic Training Academy after an iterative and intentional process that has been described as a model for other new academies to follow.⁵³ IPE and collaborative practice were embedded into the 2020 CAATE Standards and Core Competencies.¹ The CAATE has also been involved with the development of the Health Professions Accreditors Collaborative and their report “Guidance on Developing Quality Interprofessional Education for the Health Professions.”⁵⁴ The Board of Certification has aligned with Joint Accreditation for Interprofessional Continuing Education, with the Nexus Summit offering continuing education for ATs in 2022.⁵⁵

The vision set forth in the “Future Directions” document regarding IPE for collaborative practice is now our reality. However, this is only the beginning; we are preparing collaboration-ready health professionals who will be leaders in education, scholarship, and clinical practice. Our knowledge, skills, and abilities will make us valuable members of the interprofessional health care teams contributing to our communities and society.

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