AATE Faculty Development: Learning and Teaching Curricular Content Workgroup Executive Summary

April 10, 2020

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Executive Summary

The implementation of the 2020 CAATE Standards for Accreditation of Professional Athletic Training Programs (Standards) is accompanied by potential knowledge gaps for athletic training program faculty, specifically in topic areas associated with the athletic training core competencies, patient/client care skills, and the domains of Prevention, Health and Wellness Promotion and Healthcare Administration. To address these potential knowledge gaps, the AATE sought to identify priority areas for faculty professional development and to develop a two-year continuing education plan to guide the AATEs efforts in faculty development.

In August 2019, the AATE surveyed current athletic training program directors and faculty to identify professional development priorities specific to the curricular content Standards. Participants were asked to rank the priority of each curricular content standard for faculty professional development using a 4-point Likert scale (4=greatest priority, 3=moderate priority, 2=lower priority, 1=not a priority area). Curricular content standards were grouped into nine topic areas following the organization of the Standards. Additionally, for each of the nine topic areas participants were invited to provide open-ended responses for types of learning activities they would want to engage in to develop knowledge, skills, and abilities for that topic.

Following the survey, the AATE formed the Faculty Development: Learning and Teaching Curricular Content Work Group (FDWG). The initial call for FDWG members was made in December 2019, and 4 FDWG members were selected by the Work Group Selection Committee. Barton Anderson from AT Still University was selected as the chair. The FDWG was charged with identifying, prioritizing, and recommending specific implementation strategies for continuing education as it pertains to learning and instruction of curricular content. The FDWG held a total of three Zoom calls, beginning on February 28th and continuing through March 27th.

The FDWG began by reviewing the survey data to determine the specific content areas and learning activities that faculty ranked highest in priority for professional development. This included a review of both priority ranking questions and open-ended responses. Priority topics were determined by combining percentages for Greatest Priority and Moderate Priority responses. Open-ended responses were categorized into either Online or Face-to-Face learning activities and any specific content areas were counted. These results led to the development of a 4-tier priority list for the 9 topic areas, with tier 1 representing topics with the greatest priority for faculty development.

Topics for Faculty Development in Tiered Priority List:

1. Health Information Technology & Quality Improvement
2. Patient-Centered Care & Patient and Client Care Skills
3. Evidence-Based Practice & Interprofessional Education and Collaborative Practice
4. Professionalism; Prevention, Health Promotion, and Wellness; & Healthcare Administration

For each topic area, the FDWG also identified specific recommendations for content areas that should be included, and the types of learning activities identified by faculty. Each topic area included preferences for both online and face-to-face learning activities. Content areas that were identified within each topic closely aligned to the specific Standards within that topic area, often mirroring language included in the Standard.

The FDWG created recommendations for each topic area that included three primary areas: (1) the identification of existing resources, (2) development of online learning activities, and (3) development of face-to-face learning activities. This broad approach provides flexibility for the development of specific

learning activities, while ensuring both short- and long-term benefits. The FDWG recommendations seek to create a comprehensive resource portal for each of the 9 topic areas associated with the curricular content Standards. Each portal would include links to existing resources, online resources developed by the AATE, and any face-to-face learning activities that are developed and subsequently captured. Each general recommendation area is broadly described below, along with how each contributes to the comprehensive resource portal.

Identifying Existing Resources

Identification of existing resources allows the AATE to leverage existing content by creating a curated list of available resources for faculty within the resource portal. Existing resources may include links to online information for the specific topic, listings of seminal literature or textbooks, example teaching techniques, or any other available resources. This approach is similar to the "Resource Briefs" that are already available from the AATE on certain topics, only expanded to create a comprehensive portal. This could include select resources that are housed outside of the AATE firewall and available to the public, with the majority of the resource portal being available to members only.

Development of Online Resources

This recommendation focuses on the development of learning activities that fill gaps in existing resources, or that include specific content areas identified by faculty for professional development. Online resources may include webinars, AATE conversations, digital content, or any learning activity delivered in a remote format. Any learning activity that is delivered synchronously should be recorded so that it can be added to the comprehensive resource portal. This approach ensures both short- and long- term benefits. The FDWG recommends developing online resources for specific content areas with an emphasis on the knowledge and skills needed for that content area.

Development of Face-to-Face Resources

This recommendation focuses on the development of face-to-face learning opportunities. This may include workshops, conferences, colloquiums, or other learning activities in which participants are in the same location. Such learning activities may include delivery of content area knowledge, but the FDWG recommends that face-to-face learning focus primarily on teaching strategies. Content from the comprehensive resource portal (existing resources, AATE developed online resources) can be used for preparatory materials for face-to-face learning activities. When possible, face-to-face learning activities should be recorded or translated into digital formats to be added to the comprehensive resource portal for the topic area.

Administrative Standards

In addition to the Curricular Content Standards 56-94, the FDWG identified several Administrative Standards that should be considered when developing learning activities for faculty professional development. Standards that focus on program design, quality, and delivery, and institutional organization and administration are important to consider, especially when identifying and developing learning activities for teaching curricular content. Specifically, the impact of the following standards should be taken into consideration when developing the resource portal for each topic:

- Standard 2 – Programmatic Framework
- Standard 8 – Planned Interprofessional Education
- Standard 15 – Logical Progression of Complexity and Autonomy in Clinical Experiences

- Standard 16 – Required Immersive Athletic Training Clinical Experience
- Standard 17 – Clinical Practice Opportunities with Varied Patient Populations
- Standard 18 – Clinical Practice Opportunities with Varied Health Conditions
- Standard 32 – Preceptor Communications
- Standards 37, 39, 42, & 45 – Demonstrating Contemporary Expertise in Faculty and Preceptors

Staged Two Year Continuing Education Plan

The FDWG recommends a staged approach to the development and delivery of continuing education for the learning and teaching of curricular content for faculty professional development.

Stage 1 is the creation of resource portals for each of the 9 topic areas within the Standards on the AATE website, following the 4-tier priority list. This stage includes identification of existing resources and organization of these resources within each portal. Stage 1 could be completed through consultation with individual content experts or through a workgroup. The estimated time for completion for a single resource portal is less than 1 month.

Stage 2 is the development of online learning activities for each resource portal. This stage would include development of specific learning activities to be delivered remotely in either synchronous or asynchronous platforms. All content would be added to the resource portal to complement the existing resources identified in stage 1. Content development should follow the recommendations from the FDWG for initial guidance but may also include additional surveys or data collection to further develop content areas and/or learning activities once the initial content areas are created. This stage would require topic workgroups with an estimated time for completion of 3-4 months.

Stage 3 is the development of face-to-face learning activities to further complement the existing resources and online learning activities developed for each resource portal in the previous stages. The FDWG recommends that these learning activities focus primarily on teaching strategies and may benefit from combinations of multiple topic areas. Face-to-face activities should provide a deeper dive into content areas and teaching strategies, whereas existing resources and online learning activities provide foundational content. The estimated time for completion for a single topic is 3-4 months.

This staged approach and estimated timeline would produce tangible resources for AATE member institutions to use within 1-2 months, and a comprehensive resource portal with online content coupled with planned face-to-face learning activities in approximately 7-9 months. Multiple topic areas could be developed simultaneously, compounding the available learning activities and member resources available over the next 2 years. Additionally, this approach will produce evergreen foundational content that can be periodically updated and supplemented with intermittent face-to-face learning activities as needed.

Reach

The FDWG anticipates the reach for the resource portals to be limited only by member institution numbers and the decisions of the AATE Board on which content is available to non-members. Online learning activities that are synchronous in nature would have an estimated attendance of 50-150 participants. Face-to-face activities would have an estimated attendance of 100-200 persons depending on the length, location, and topics of face-to-face activities. As resource portals are fully developed, the overall reach and benefit of the content is magnified.

Board Charge

The AATE Board created the Faculty Development: Teaching and Learning Curricular Content Work Group to address the need for faculty professional development to account for changes in curricular content within professional athletic training education programs. Specifically, the AATE believes that faculty should have continuing education opportunities available to them that include actual curricular content and strategies for teaching that content.

Members

The FDWG was comprised of 4 members (Cordial Gillette, Rachel Johnson Krug, Christopher Miller, Nicole Wilkins) and 1 chair (Barton Anderson). The FDWG was tasked with identifying, prioritizing, and recommending specific implementation strategies for continuing education as it pertains to learning and instruction of curricular content.

Scope

Specifically, the FDWG was asked to:

- Identify the knowledge gaps for which continuing education is needed.
- Determine the optimal delivery mechanism for each content area. These might include things like: face-to-face workshops, on-line courses, #AATEconversations, listserv conversations, and resource listings.
- Prioritize each content area.

Commitment

The initial call for workgroup members was sent in December 2019, with the final selection of the committee members and chair occurring in February 2020. The FDWG had an anticipated commitment for members from February 22, 2020 through April 3, 2020.

Deliverables

The FDWG was charged with creating a specific plan describing the AATE's continuing education priorities and delivery mechanisms for the next 2 years. The plan includes a prioritized list of:

- Topics
- Optimal delivery mechanism for each topic, including topics that can be bundled
    - For example, if a conference is a solution, what should be included?
- Anticipated (who) and estimated (how many) audience for each delivery mechanism

Background Information

Faculty Professional Development Survey

The AATE conducted a faculty development survey in August 2019. The survey was hosted on the Qualtrics platform and was sent to all current program directors for CAATE accredited professional athletic training programs.

The survey included 1 demographic question identifying the participants role within the CAATE accredited program. The remaining 18 questions included 9 priority rank questions and 9 open response questions.

The survey followed the organization of Section IV of the Standards, and included all associated standards for each topic area. Faculty were asked to rank the priority of each standard for future faculty development (4=greatest priority, 3=moderate priority, 2=lower priority, 1=not a priority area). Following the priority ranking question, participants were asked to identify learning activities they would want to participate in to learn more about the curricular content standards within the topic. Learning activities were captured as open-ended text responses. Despite this question asking for types of learning activities, many of the open-ended responses also included specific content areas they were interested in within the overarching topic.

Upon completion of the survey, results were compiled into a single document and summarized (Appendix A). The majority of survey respondents were CAATE program directors (n=131, 62.4%). Each of the 9 topic areas had summary information for the highest response for priority ranking and the most often identified learning activity.

Work Group Process

The FDWG received the compiled survey summary and results and discussed the data during the first work group call on February 28th. The FDWG decided to review all of the open-ended responses and to categorize each response as either an online or face-to-face learning activity, and to list any specific content areas that were identified. Each FDWG member was assigned 1 or 2 of the 9 topic areas to review for the following call.

During the second FDWG call on March 13, 2020, each member presented their topics and discussed their categories. From these results, the FDWG developed a better understanding of the specific content within each topic that faculty were prioritizing for professional development. Additionally, the open-ended responses indicated that many faculty were interested in learning strategies for teaching specific content in addition to the content itself. All topics had responses for both online and face-to-face learning activities, with some having stronger preferences for one. The general consensus of the FDWG was that foundational content for the topic areas was well suited for online learning activities, whereas strategies for teaching content seemed to fit best with face-to-face activities.

During this call, the group also examined the priority rankings for each topic area and associated standards. The original survey result summary identified the majority response for each topic area. However, the FDWG members felt that this may not provide an accurate reflection of faculty priorities because it did not account for the number of low priority responses. Based on this, the FDWG decided to combine the Greatest Priority and Moderate Priority responses for each standard. Priority rankings were then sorted from highest to lowest to determine the overall topic priority rankings. The 9 topic areas were

then placed into a 4-tier priority list. Quality Improvement and Health Information Technology had over 75% of respondents indicating Moderate to Greatest priorities, placing these topics in the top tier priority.

Patient/Client Care Skills and Patient-Centered Care topics each had several standards with 55-70% of respondents indicating a high or greatest priority, placing these topics into the second priority tier. Evidence-Based Practice and Interprofessional Education and Interprofessional Practice included 50-70% of respondents indicating moderate or greatest priority, leading to the third priority tier. Finally, Professionalism; Prevention, Health Promotion, and Wellness, and Healthcare Administration were placed into the lowest priority tier.

Discussion within the FDWG throughout the process reflected a plan to create recommendations for a comprehensive approach to resource development. The FDWG discussed the best ways to create both short- and long- term benefits for faculty professional development. These discussions led to the development of a framework for developing topic recommendations. Each recommendation would be written to include a brief narrative on the results, followed by specific recommendations to (1) identify existing resources, (2) develop online learning activities, and (3) develop face-to-face learning activities. Each area of the recommendation would include specific data from the survey responses to help guide resource and learning activity development. Each committee member was then tasked with writing the recommendations for their assigned topic areas.

The final FDWG call occurred on March 27, 2020. During this call each FDWG member provided an overview of their recommendations. The group discussed the inclusion of the Standard language, review of administrative standards, and final delegation of tasks for drafting the FDWG report. The FDWG decided to eliminate the Standard language from the final recommendations and to incorporate broad discussion of administrative standards in the Executive Summary of the final report. Nicole Wilkins volunteered to edit the recommendations to ensure consistency in organization and content.

Barton Anderson worked on developing the front matter (Executive Summary, Board Charge, Background Information) for the final report, with a deadline for draft submission to the FDWG for review of April 6, 2020. The FDWG committee members reviewed the draft report and provided feedback for edits via email. Edits were completed and the final draft of the report was submitted to Andy Winterstein, AATE Board Liaison on April 10, 2020.

Recommendations

The FDWG recommends a staged implementation of the 2-year continuing education plan as outlined in the Executive Summary. The following recommendations are suggested as guides for the specific content to be included for each topic and for the specific types of learning activities that were identified by survey respondents.

Priority Tier 1

Core Competency: Healthcare Informatics (CAATE Standard 64). 41% of respondents identified this core competency and related standard as a moderate priority, with an additional 36% rating it as a greatest priority. Within the responses, there were slightly more respondents in favor of online learning activities (30/51, 58%) compared to face-to-face learning activities (21/51, 41%). Respondents identified basic healthcare informatics information and the use of EMR systems as the primary content areas of interest. There was also a high interest in learning how to best teach healthcare informatics content, including sample learning activities, real world examples of healthcare informatics being used in AT, and integrating healthcare informatics across multiple courses within the curriculum.

1. **Identification of Existing Resources**
    a. Textbooks and seminal literature for healthcare informatics in athletic training
    b. Online resources for foundational concepts of healthcare informatics
    c. List of available EMR resources (systems to practice on, use for free/low cost)
    d. Resources for teaching healthcare informatics
2. **Development of Online Learning Activities**
    a. Foundational concepts of healthcare informatics
        i. CPT codes
        ii. ICD codes
        iii. Using data to drive decisions
    b. Example EMR systems
    c. Repository of teaching techniques and/or sample activities
3. **Development of Face-to-Face Learning Activities**
    a. Workshops and/or discussion groups for integrating healthcare informatics across the curriculum
    b. Development of teaching strategies and activities
        i. Patient Cases
        ii. EMR practices

Core Competency: Quality Improvement (CAATE Standard 63). 48% of respondents identified this core competency and related standard as a moderate priority, with an additional 34% rating it as a greatest priority. Within the responses, there were slightly more respondents in favor of online learning activities (23/38, 61%) compared to face-to-face learning activities (15/38, 39%). The most common interest was in a repository of samples/case studies/best practices. Other areas of interest included a basic understanding of QI/QA and implementation ideas as well as a comparison of tools, how to generate data, ideas on how to present data to administration and QA programs and techniques.

1. **Identification of Existing Resources**
    a. Textbooks and seminal literature for QI/QA in athletic training
    b. Online resources for QI/QA
    c. List of available QI/QA programs
    d. Resources for teaching QI/QA
2. **Development of Online Learning Activities**
    a. Repository of samples and case studies
    b. Example of QI/QA tools (fishbone, run charts, process diagrams)

c. QI/QA programs/techniques

3. **Development of Face-to-Face Learning Activities**
    a. Workshops and/or discussion groups for implementing QI/QA, how to generate data, and present data to administrators.
    b. Development of teaching strategies and activities
        i. Leading practices
        ii. Samples
        iii. Case Studies

Priority Tier 2

Core Competency: Patient Centered Care (CAATE Standard 56-60). 59% of respondents categorized this standard as a moderate priority with 12% stating a highest priority for the patient-centered care core competencies. Combined, participants indicated that Standard 57 has a 71% moderately high priority rating with the next highest combined score at Standard 60 with a 65%. The majority of qualitative responses incorporated more than one style of learning and typically provided a comment in favor of both online and face-to-face. Therefore, this content area could utilize a blended learning style of discussions and standardized patient encounters or provide recorded live face-to-face class as webinars.

1. **Identification of Existing Resources:**
    a. Textbooks and seminal literature for patient centered care in athletic training
        i. Health Literacy
        ii. International Classification of Functioning, Disability, and Health (ICF)
    b. Interprofessional Experts (MD, OT, PT, RN)
    c. Government Health Organizations (WHO, NIH, CDC)
2. **Development of Online Learning Activities:**
    a. Repository of Learning Activities, Case Studies, and Incorporating Technology (Telehealth)
    b. Development of Web based learning (CEUS)
    c. Discussion Boards
3. **Development of Face-to-Face Learning Activities:**
    a. Workshops
        i. EBM
        ii. Standardized Patients
        iii. Simulations
    b. Development of teaching strategies
        i. Lesson Plans
        ii. Case Studies
        iii. Samples

Core Competency: Patient/Client Care Standards (CAATE Standards 69-78). Standards 72, 75, and 77 were identified by 68-70% of respondents as moderate or greatest priorities for faculty development. More respondents indicated a desire for face to face learning activities (35/55, 63%) vs. online activities (20/55, 36%). Specific content areas that were identified as most important include diagnostic imaging, laboratory testing, and behavioral health. Other areas identified were pharmacology, concussion, and injections. Significant interest in teaching methods for these content areas were identified, including use of simulation and incorporating interprofessional practice.

1. **Identification of Existing Resources**
    a. Textbooks and seminal literature for patient care skills

        i. Diagnostic imaging
        ii. Laboratory testing
        iii. Behavioral health
    b. Online resources for patient care skills
        i. Imaging repositories
        ii. Behavioral health resources
    c. Resources for teaching patient care skills
        i. Simulation
        ii. Interprofessional Collaboration
2. **Development of Online Learning Activities**
    a. Repository of sample learning activities and case studies
        i. Imaging
        ii. Behavioral Health
    b. Teaching techniques for simulation and IPP
3. **Development of Face-to-Face Learning Activities**
    a. Workshops and/or discussion groups for patient care skills
        i. Imaging
        ii. Behavioral health
    b. Development of teaching strategies and activities
        i. Simulation
        ii. Case studies

Priority Tier 3

Core Competency: Evidence-Based Practice (CAATE Standard 62). 35% of the respondents identified this core competency as a greatest priority with an additional 30% rating as a moderate priority. The respondents were more in favor of webinars verses workshops (17 vs 9 respectively). Most of the participants expressed an interest to share resources. These recourses include those for AT's as faculty members as well as AT's as preceptors. The need to engage the clinical sites and preceptors was evident in the responses. There were a few respondents that suggested PBL's and case studies to share with others.

1. **Identification of Existing Resources**
    a. Sample lessons and activities
    b. Critical appraisals
    c. Value of QI
    d. PBLs
    e. Assignments and skills related to all aspects of research
        i. Database work
        ii. Literature reviews
        iii. Writing and publishing
        iv. Collaboration
        v. PICO
2. **Development of Online Learning Activities**
    a. Materials for preceptors to engage in EBP
    b. Dissemination
    c. Resource sharing
    d. Teaching strategies
    e. CIPs
3. **Development of Face-to-Face Learning Activities**

a. Materials for preceptors to engage in EBP
b. Hands-on learning labs to relate to clinical practice

Core Competency: Interprofessional Education & Collaborative Practice (CAATE Standard 61). 38% of respondents identified this core competency and related standard as a moderate priority, with an additional 33% rating it as a greatest priority. Within the responses, there were slightly more respondents in favor of face-to-face learning (48/81, 59%) compared to online learning activities (46/81, 57%). The most common interest was in a repository of samples/case studies/best practices. Other areas of interest included creation and implementation of IPE simulations, training and utilization of standardized patients, and collaboration with other health care professionals.

1. **Identification of Existing Resources**
    a. Textbooks and seminal literature for IPE/IPP
    b. Online resources for IPE/IPP
    c. Resources for teaching IPE/IPP
2. **Development of Online Learning Activities**
    a. Repository of samples and case studies
    b. Development of collaborative IPE/IPP learning environments & activities
3. **Development of Face-to-Face Learning Activities**
    a. Workshops and/or discussion groups for implementing IPE/IPP
        i. Simulation labs
        ii. Standardized Patients
    b. Development of teaching strategies and activities
        i. Best practices
        ii. Samples
        iii. Case Studies

Priority Tier 4

Core Competency: Prevention, Health Promotion, & Wellness (CAATE Standard 79-87). Across these 9 standards, 3 emerged as a moderate priority including Standard 87 (45%), Standard 79 (39%), and Standard 83 (34%). When moderate and greatest priority ratings were combined, Standard 80 also emerged as a priority. Within the responses, there were slightly more respondents in favor of face-to-face learning activities (12/23, 57%) compared to online learning activities (10/23, 43%). The most common interests were biometrics, wearable devices, improving outcomes, pre-season physical examinations, vitals, documentation, and simulators with task trainers, as well as drug and substance issues.

1. **Identification of Existing Resources**
    a. Textbooks and seminal literature for health, health promotion and wellness
    b. Online resources for health, health promotion and wellness
    c. Resources for teaching health, health promotion and wellness
2. **Development of Online Learning Activities**
    a. Repository of samples and case studies
    b. Presentations of biometrics and commonly utilized measurements
    c. Resources for wearable devices including pros/cons of devices
3. **Development of Face-to-Face Learning Activities**
    a. Workshops and/or discussion groups for the use of biometrics and monitoring systems.
    b. Development of teaching strategies and activities
        i. Best practices
        ii. Samples
        iii. Case Studies
        iv. Simulations with task trainers

Core Competency: Health Care Administration (CAATE Standards 88-94). 37% of the respondents and 38% of the respondents identified standard 89 and 94 as a moderate priority. All of the other standards were listed as a low priority by respondents. There was an equal number of respondents who wanted face-to-face delivery and online delivery methods for the information in this standard. The respondents wanted more information on mental health and policies versus the other items listed. The next topic was the ability to incorporate this standard in the clinical practices.

1. **Identification of Existing Resources**
    - **a.** Textbooks and seminal literature for health care administration
    - **b.** Policies
        - **i.** Behavioral/Mental health
        - **ii.** Risk management and litigation
        - **iii.** National Incident Management system
    - **c.** Insurance and Billing
        - **i.** ICD 10 and CPT codes
        - **ii.** Value Model
    - **d.** Resources for teaching health care administration
2. **Development of Online Learning Activities**
    - **a.** Insurance billing and revenue
    - **b.** Leadership and advocacy
    - **c.** Case based examples
3. **Development of Face-to-Face Learning Activities**
    - **a.** Communication role play
    - **b.** Athletic operations
    - **c.** Policy and procedure development
    - **d.** IPE events/Collaborations

Core Competency: Professionalism (CAATE Standards 65-68). Between 47%-56% of respondents identified these standards as either the greatest or moderate priority for faculty development. Responses were almost even between face to face (13/28, 46%) and online (15/28, 53%) learning activities. Respondents identified content areas specific to language from the standards, including Advocacy and Professional Development Plans. Other content areas included professional involvement, legislative activity, and self-reflection/ assessment. There was some interest in learning how to best incorporate professionalism throughout the curriculum.

1. **Identification of Existing Resources**
    - a. Textbooks and seminal literature for professionalism in athletic training
    - b. Online resources
        - i. Advocacy
        - ii. professional service
        - iii. professional development.
    - **c.** Examples of how professionalism is incorporated into the curriculum
2. **Development of Online Learning Activities**
    - a. Webinars / Presentations
        - i. Advocacy
        - ii. Professional development plans
    - b. Example professional development plans
    - **c.** Repository of teaching techniques and/or sample activities
3. **Development of Face-to-Face Learning Activities**

a. Workshops and/or discussion groups for integrating professionalism across the curriculum
b. Development of teaching strategies and activities
    i. Advocacy learning activities
    ii. Legislative Engagement
    iii. Professional Service Opportunities

Appendix A

AATE Professional Development Priorities Survey - Compiled Results

Summary

A majority of respondents were program directors (n=131, 62.4%).
For the **Patient-Centered Care Standards**, most of the respondents indicated that the standards were a moderate priority for faculty professional development. The most commonly detailed learning activity was a webinar.

For the **Interprofessional Education and Collaborative Practice Standard**, most of the respondents indicated that the standard was a moderate priority for faculty professional development. The most commonly detailed learning activity was a discussion.

For the **Evidence-Based Practice Standard**, most of the respondents indicated that the standard was the greatest priority for faculty professional development. The most commonly detailed learning activity was a practice or webinar.

For the **Quality Improvement Standard**, most of the respondents indicated that the standard was a moderate priority for faculty professional development. The most commonly detailed learning activity was practice or webinar.

For the **Healthcare Informatics Standard**, most of the respondents indicated that the standard was a moderate priority for faculty professional development. The most commonly detailed learning activity was practice or webinar.

For the **Professionalism Standards**, most of the respondents indicated that the standards were a moderate or a greatest priority for faculty professional development. The most commonly detailed learning activity was professional development (for themselves) or webinars.

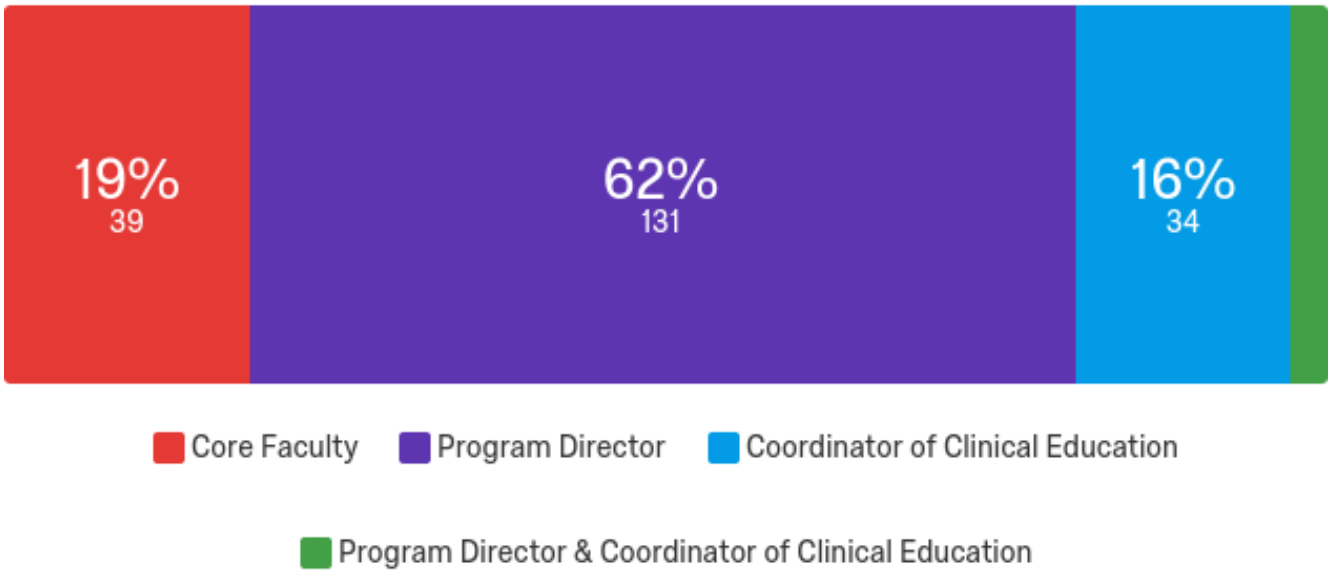
For the **Patient/Client Care Standards**, most of the respondents indicated that the standards were a moderate or a greatest priority for faculty professional development. Areas of greatest need included developing a plan, evaluating and managing patients with acute conditions, performing an examination, and evaluating and treating a patient with a concussion. The most commonly detailed learning activity was hands-on learning lab.

For the **Prevention, Health Promotion, and Wellness Standards**, most of the respondents indicated that the standards were a lower priority for faculty professional development. The most commonly detailed learning activity was a biometrics webinar.

For the **Health Care Administration Standards**, most of the respondents indicated that the standards were a lower priority for faculty professional development. However, respondents indicated that the areas of billing/reimbursement and behavioral health was a moderate priority. The most commonly detailed learning activity was webinar.

Q2 - What is your primary role in your CAATE-Accredited professional education program?

Respondents by Category

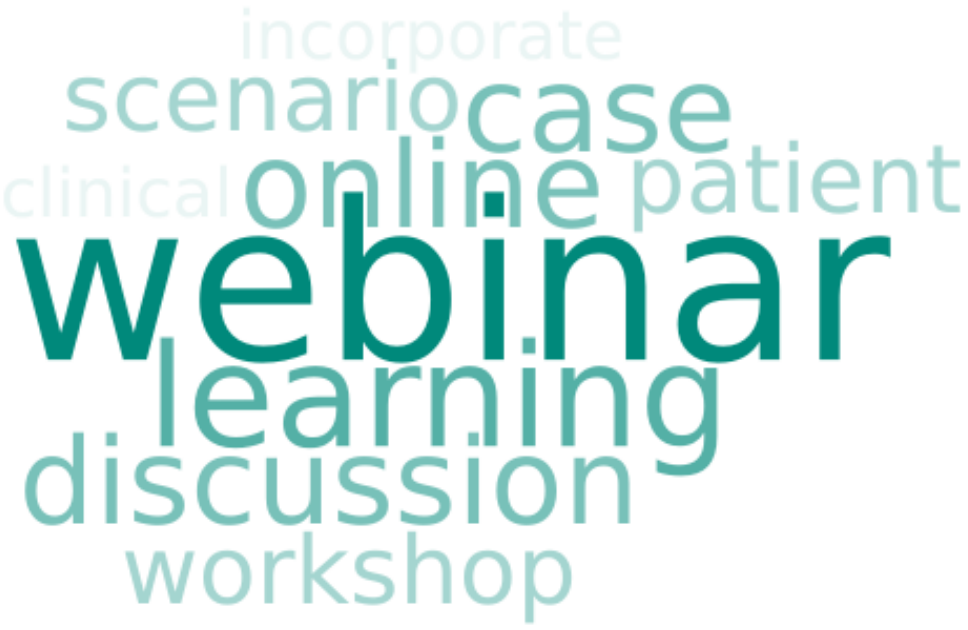


#	Answer	%	Count
1	Core Faculty	18.57%	39
2	Program Director	62.38%	131
3	Coordinator of Clinical Education	16.19%	34
4	Program Director & Coordinator of Clinical Education	2.86%	6
	Total	100%	210

Q3 - Listed below are the Curricular Content Standards that constitute the Patient-Centered Care Core Competency (Standard 56-60). Please indicate the degree to which this is a priority area for your faculty professional development.

#	Question	This is not a priority area.		Lower Priority		Moderate Priority		Greatest Priority		Total
1	Advocate for the health needs of clients, patients, communities, and populations.	17.18%	28	31.29%	51	33.13%	54	18.40%	30	163
2	Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.	5.52%	9	23.31%	38	58.90%	96	12.27%	20	163
3	Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.	13.58%	22	31.48%	51	30.86%	50	24.07%	39	162
4	Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.	12.20%	20	29.27%	48	31.10%	51	27.44%	45	164
5	Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.	9.88%	16	24.69%	40	40.12%	65	25.31%	41	162

Q4 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Patient-Centered Care Core Competency?



What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Patient-Centered Care Core Competency?
workshops, online modules, webinars
For what I need, online modules would work for some of it and then some in person interaction with the different professionals to role play with such as administrators, payors and policy makers to better understand from their perspective.
Conference presentations/workshops
Sample lessons and activities that I can take back and use in my classes
On line and interactive, finishing with a product which can be use to incorporate into teaching
Peer to peer session
Workshops on using ICF, how to incorporate ICF into the classroom, and how to educate our preceptors on the use of ICF in their clinical practice.
Webinars, targeted discussions
lectures and scenarios

Self-directed learning activities with guidance about the best ways to teach this content.
webinar
Workshops and discuss groups
standardized patients, scenario based activities
Labs, simulations, clinical education
Hear from patients related to times when they felt marginalized by a health care provider. Work with others to be sure language is appropriate for making all patients feel valued. Hear from experts or patients about ways to avoid micro-aggression related to race, ethnicity, gender, values, etc. Hear from human-behavior experts on how to create a trusting environment for patients.
I am always interested in hearing or learning about best practices among my peers.
More hands on lab based activities to take the material beyond articles and textbooks.
Online learning activities
Critical thinking activities, narrative review if hypothetically scenarios
Issues other health care professions, policy makers, and the public see with Athletic Training.
Advocacy is a broad topic. A discussion board or idea share might be a good option.
round table discussions at ATEC or online learning modules
I'd like to see evidence of clinically active athletic trainers incorporating these concepts in their daily responsibilities. As an instructor, I can teach the purpose and how to use the ICF, but it loses credibility if preceptors aren't using it—or even aware of it.
presentations on successful strategies.
Simulations, SPs, case studies, ANYTHING but lectures
Effective implementation strategies, actual how to's. Methods to weave it in effectively throughout the program. Also, how to get all faculty to be cohesive in terminology and delivery of this information. Delivery through online webinar's or modules would be most helpful.
I would mainly be interested knowing how CAATE would be assessing this competency's standards to determine that it has been met.
1) case study scenarios; 2) identifying more than just what is required in the based framework for delivery of patient care & communication; 3) teaching ideas for assisting students with these standards.
Service Learning Activities to give the students knowledge of diverse populations in the communities we live in.
IPE activities, in-person or online education, scenarios, resource sharing
Document that could be reviewed by interested parties.
Ideas on how to incorporate these core competencies into courses, ways to help students learn and understand the competencies.
anything that is application of the skill and not simply talking about it

1) Assignments involving cases/reading assignments on this topic 2) School IPE/IPP activities on populations in which a campus has access to
Exploring health disparities among varying populations as well as disparities among patient populations at my university. Creating appropriate communication materials (both print and electronic) for various patient populations as well as administrators and stakeholders.
Workshops, webinars
Simulation, observation of simulated patient encounters between skilled clinicians and trained standardized patients.
Activities that focus on effective communication strategies, especially in a culturally competent manner
Model practice type online lectures that then have follow-up components to help with implementation.
Active learning and application that is meaningful to students. Areas on how to incorporate across the curriculum and strategies to engage preceptors
Overview of athletic training teaching resources (HHS, CDC, Institute for Healthcare Improvement (IHI)
I think the activities need to have problem-based learning opportunities. Chances to apply and see how these concepts will work.
Distance learning or workshops incorporated in to existing national or regional meetings.
Scenarios
Webinars
live CPD, Webinar, Short (1 week online course/module w/ no more than 1 hour/day required time commitment) - and should have some type of product/outcome submitted
Not sure
IV Access / Injections of IM, SQ, IO, blood drawing i.e. phlebotomy for labs, also reduction of all joint dislocations,
workshops
Educational techniques related to ICF and social determinants.
Workshops
Workshops
Activities for developing activities for advocating these activities in the classroom and at clinical rotations.
Some type of on-line interactive case study would be nice
Case studies, discussions, leading practice examples.
Webinars
Group Collaboration; Sharing of ideas from other professionals of what types of activities they use for this standard
Role play, simulation
workshops, online training modules

Active learning
Webinars, Expert Panel Discussions, Open Forums
case based scenarios
webinar
Webinars, small group discussion, scenarios, review sample activities
Case studies and simulations
The more interactive, the better. This can fall under administration, which is often so dry. I would like discussion, interaction, and NOT lecture.
Explain the practical application of having knowledge about ICF codes.
Basic understanding of what is entailed and how to teach it.
webinar
Case Studies, Mock Scenarios
Webinars (either interactive or not), group discussion boards
Content delivery ideas to reach students
Best practice sessions
Examples of how this is incorporated into "real-life" patient care, examples of how to effectively and creatively integrate into classes and clinical experiences (small-groups, webinars, etc.)
test
EMR, in class lecture and hands on
Round tables, learning labs, and anything else interactive.
Integration strategies.
Identification of resources used to determine social determinants of health across our patient populations, while being mindful of the sensitivity of this matter for some. How to best incorporate this into a standardized patient encounter.
Mechanisms to incorporate health literacy and social determinants of health into assignments, simulations, and/or projects to promote and assess student learning.
How to incorporate these into the classroom
more public heath training
I believe my content knowledge is adequate in this area, but I would like to have strategies for teaching this content and integrating throughout the curriculum.
Group discussions
Scenarios/cases of using these skills and abilities (since many educators may not be familiar with actually applying them and how this looks in clinical practice) then some ways to help teach this to students

Case Based Seminar with examples
Sessions that describe best practices for both didactic and clinical aspects of Patient-Centered care. Breakout sessions with facilitators that have experience with Patient-Centered care teaching, regardless of their health care specialty
Peer to Peer interaction, lectures but with concrete ideas, education/preceptor joint discussion on how to implement in clinical and not just in the classroom
Webinar, but not a priority for this program
Interactive, visual, hands-on activities would be best
students ability to communicate with patients of all ages and levels (i.e., sign language or use of interpreter). Students ability to develop treatment care plans using the ICF model to guide treatment, but also educate the patient and families on what is going on. This is a public health approach.
Online training, sessions at Regional or National conferences (where I would be going anyway)
Some type of interactive activity that allowed for sharing of ideas

Q5 - Listed below are the Curricular Content Standards that constitute the Interprofessional Practice and Interprofessional Education Core Competency (Standard 61). Please indicate the degree to which this is a priority area for your faculty professional development.

Practice in collaboration with other health care and wellness professionals.

#	Answer	%	Count
1	This is not a priority area.	10.69%	17
2	Lower Priority	18.87%	30
3	Moderate Priority	37.74%	60
4	Greatest Priority	32.70%	52
	Total	100%	159

Q6 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Interprofessional Practice and Interprofessional Education Core Competency?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Interprofessional Practice and Interprofessional Education Core Competency?
Discussions on how to create collaborative learning environments
We have a group on our campus that I have connected with for this so online modules would be sufficient
I am not sure how as professionals we would learn more about this area except just doing it.
Sample lessons and activities that I can use in my program
Actual interaction with other HC professionals through activities
General forum for discussion on how other programs are incorporating IPE and strategies to enhance participation in IPE by other healthcare programs. For example, I'd like to hear from other programs on if they've been able to cross list relevant courses between programs such as AT and PT/nursing/PA/etc.
Best practice paper or a collaboration network with educators in other fields
Ideas of what others are doing; especially others who have little resources.
Workshops

Workshops and discussion groups
Educational workshops with collaboration on patient care
Involve behavioral health care providers in case-based activities for concrete examples of where they can be involved for situations that my not be as obvious as disordered eating or suicide.
My struggle is IPE being as much of a priority for other health-related professional programs as it is for me.
IPE events, simulations, joint affiliate agreements.
ways to facilitate learning in these group settings or mock sessions that can help make these sessions successful.
Continue to evaluate how AT is viewed among our IP peers
Mock sceneries with other health care providers
How we can effectively educate other health care professionals about why and how we can be a necessary part of the healthcare team.
Discussion board, round table discussion for ideas as to what others are doing
Models of what is working in other programs
Round table discussions to generate ideas from other programs. We have a large healthcare footprint on our campus, but I would like more suggestions on ways to work together across disciplines.
Not needed, we are already doing IPE activities in an intentional manner
How to write scenarios for and train standardized patients. How to build effective IPE and IPP practices based on the collegiate setting you are in. How to most effectively get preceptors to demonstrate IPP for our students. It seems much of it is done in the hours students are not there. Much of that will be remedied with immersive experiences. But, it seems many preceptors don't think they practice IPP, but they do. Preceptors need so much more training.
I would love to learn more about developing IP simulation and integrated educational content/curriculum.
ideas & activities that others are using
Would love to hear how other programs are making this work with busy schedules. Are there online opportunities to do this well?
Work with other health care providers at clinical settings such as EMT/Paramedics - School Nurses - Team Physicians and Physician Assistants.
IPE with other professionals in person, scenario based education (either in person or online)
Professionals sharing ideas on what types of IPE their programs are engaging in. What does IPE look like for different programs?
Suggestions/ideas for what others have done that works really well. Discussion of the pros/cons.
We have an IPE/IPP School Committee which has a faculty member on it representing each health profession. We are working on an educational document and then assessment strategy to get all of the faculty on board with what each other do. Currently, we have a small number of folks that know each others disciplines but not enough to then effectively have faculty led breakout groups with our students. We get it right about 75% of the time but then we still have faculty blunders conveying the painful stereotypes. So, we are working on this. Overall IPE is very supported at our institution. The next step that faculty want on on-campus IPP opportunities. That is trickier schedule-wise but I think the most

important. IPE simulated cases are good, and we do these, but real life IPP is where we should be heading.

IPE simulations and IPE standardized patient encounters. Focus on how to build IPE sims and SPs and understand common barriers and pitfalls.

Workshops, webinars, podcasts

Video or live observation of these types of interactions and discussion of do's/dont's related to leading-practices.

conferences with different discplinary's

panel activities to be able to hear how other institutions began to incorporate high level IPE and ICP into their curriculum's

Again, problem-based opportunities and opportunities to practice/learn these skills in collaboration with other healthcare providers.

Teaching activities/ strategies

Kind of hard to say. I mean the CAATE is saying IPE is needed in this standard, but then they say we can only use physicians or ATs are preceptors. So, how the hell are we supposed to engage IPE if CAATE is an absolute contradiction to itself? This speaks to the complete and total disregard for how we were supposed to implement these stupid and borderline asinine standards.

This really is about colloboration & need to build bridges at ones own institution or local instituionns to create student on student not just IPE with faculty of other disciplines. The key & area would be best practices for student on student IPE integration in a college of health sciences

webinar

Successful cross collaboration experiences including planning documents, assessment tools, and buy in stories with both limited and expansive resources

I am unclear what is meant by the scale we are provided. Priority level for me to learn about because I am not familiar with the topic? Priority based on how significant I think it is? Process of developing of IPE case studies using SPs Guided lecture following readings and ultimately facilitated discussion regarding tools for measuring outcomes relative to IPE

Workshops

guest IPE lectures, simulation labs with IPs

Webinars

Webinars

Presentations of ideas on what others are doing; Collaboration etc.

shared classes and clinical experiences

Panel, in-service, IPE simulation labs

workshops, online learning modules

Symposia on the topic from other healthcare professions

examples of team approaches to patient management.

Examples of course, activities, etc. where IPE would likely work/has worked and strategies to improve IPE relationships at all levels - department and administration.

inter professional scenarios, lab classes, informative sessions

Webinars, small group discussion, scenarios, sample activities that I can review and implement

Group IPE simulations. Shared academic courses, is. Cross-talley courses between health care programs on the same campus such as pharmacology in schools that have AT, nursing or PT programs. Therapeutic interventions courses with schools that have AT, PT, OT etc.

All I ever hear about is mass interactive case studies and taking classes together. What else is there?

Limitations of AT, PT, OT then compare the similarities.

I am good in this area.

Provide opportunities for student collaboration within college

Again, I think a discussion board would be a great way to discuss this competency in detail and get any questions clarified.

Videos, tutorials, group discussions

Best practices

NOne

Webinars

Simulations with other HC professionals. Webinars on best-practice & anything geared toward medical models which promote PCC & IPE.

Variety in the ways that it can be implemented to it's fullest extent meaning that it is true IPE and not just having a nurse come in and teach IVs yet actually having our students engaged with clinical decision making and skill development with other healthcare providers

Meaningful reflection ideas for students to participate in after collaborative events

What are people doing for this and how are they doing it so that it is effective in student learning? How are people measuring that value?

Ho to achieve this in the absence of other healthcare programming on campus. What will be accepted by CAATE?

A list of ideas that promote interprofessional education.

Seeing examples from other professionals and other professions

We do a ton of this already in our program, thus not a priority for Prof Dev

Group discussions about how to develop these connections.

Examples of different ways to do this beyond simply having students from other disciplines taking a class together. Personally, I feel that many individuals default to "they take classes with other students, so that's interprofessional education". There are some great programs out there that have really integrated interprofessional practice/education into their curriculum that even in the classroom actually force students to work together not just sit there with each other. Learning more about their strategies, barriers they've had to implementing this, and allowing some time for discussion and brainstorming how we could do this in our own curriculum.

Roundtable discussion

Webinar, but not a priority for this program
interactive, hands-on activities.
Foundations level we use a forum with 12 other health professions students to expose AT students to IPE. They are paired with 6 other health professions students on a mock case. All our students participate in ICPC during the Buffalo marathon in which they are paired with a paramedic, EM resident and primary care sports medicine fellow. They also have IPCP experiences during their second summer immersive experiences in physicians offices and hospitals.
Again, online training would be great because of scheduling and traveling constraints
None this is not a high priority for my program

Q7 - Listed below are the Curricular Content Standards that constitute the Evidence-Based Practice Core Competency (Standard 62). Please indicate the degree to which this is a priority area for your faculty professional development.

Provide athletic training services in a manner that uses evidence to inform practice.

#	Answer	%	Count
1	This is not a priority area.	12.34%	19
2	Lower Priority	22.08%	34
3	Moderate Priority	30.52%	47
4	Greatest Priority	35.06%	54
	Total	100%	154

Q8 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Evidence-Based Practice Core Competency?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Evidence-Based Practice Core Competency?
Peer-to-Peer activities with instructors, preceptors and clinicians
Be connected to other AT's/Faculty to share resources-areas of content expertise either online or in person
Online education
Sample lessons and activities that I can use in my program
Assignments and skills related to database work, literature reviews, writing and publishing; collaboration with other professionals
Faculty need is low, however ensuring the clinical sites are practicing this is high.
N/A
Ideas for engaging preceptors with evidence-based practice.
Webinar

Workshops and discussion groups
Use material from literature to back up/support treatment, interventions, etc. important for students to practice revising literature and applying when able
Have more learning opportunities for faculty to understand how to critically appraise evidence (e.g. strengths, threats and how they affect the applicability of research into teaching practice). Maybe a presentation on likelihood ratios on common tissue tests to recognize what we should be teaching and what we should let go due to poor accuracy.
More hands on learning labs to take the evidence from article format to clinical practice.
EBP CEU opportunities
Greater focus on the value of QI for development of evidence.
Literature reviews, mega analysis
Easiest ways to disseminate significant research to peers and students.
lectures, discussion boards, workshops, round table, on-line modules
I'd like examples of clinically active athletic trainers—not researchers—using patient outcomes to drive decisions.
Presentations regarding effective strategies
How to best implement higher level learning of EBP in a 2-year professional masters degree program. It seems many research opportunities are being cut due to time constraints with the new standards and 2-year time frame. Webinars and modules to truly demonstrate how effective programs are weaving it throughout the program. Not just telling us what the dream scenario should look like.
Have students distinguish the NATA Position Statements at their Clinical Settings - most noteworthy would be the Position Statements related to Emergency Care
Online modules, resource sharing, best practices sharing, in person or online
General conference attendance where this continues to be emphasized should suffice.
Ways to help educate students on what EBP actually looks like in a clinical setting.
We have had a thesis track for last 18 year. We will be continuing with a capstone project, but may write directly in manuscript form and not formal thesis.
I would like to use a problem-based approach to utilize EBP.
Conferences, workshops
Discussion of teaching strategies in order to improve implementation of this type of content in my courses.
How to make EBP a habit more than a skill. We need to focus on creating scenarios for educators to identify how this fits into practice and how it can be done in practice. Rather than just making it a separate thing.
Evidence should drive our knowledge.
live CPD on effective teaching of EBP; webinars on specific aspects of EBP teaching
webinar, assignment sharing/examples

Practice-based research opportunities
Invited presentation of preceptors who have successfully and unsuccessfully implemented EBP care into routine practice (PROms administration, process for incorporation of best available)- practice models. Learn how CECs can broach this topic without insulting/offending/inferring otherwise
Webinars
EBP (PICO) development, oral presentation, literature reviews
workshop
Webinars
Online pre-recorded presentations; etc.
case study, directed research
Present examples in each domain and how EBP was presented to students.
Webinars, small group discussion,. scenarios, sample activities
Critically appraised papers, topics and Systematic reviews
I would like to see a variety of activities that others use. I have my staple writing activities, but how can I incorporate it into the clinical aspect and make it meaningful?
I am good in this area.
Case Study, CIP, Research Project
A webinar based on teaching others different ways to incorporate EBP into the classroom setting in such a way can be easily translated into practice.
discussion forums
Webinars
Didactic strategies to engage with students and promote EBM in their own practice.
The need here would be how to best facilitate small changes in the clinical practice of preceptors to demonstrate the use of evidence to inform clinical practice as that is where I feel our greatest need is in this area.
Not necessarily seeking activities in this area
Already do a ton if this throughout our program
Not sure
This is only lower for us because I feel we've been trying to do this more and more over the past 5 years. I believe we have the ideal ways that we'd like to do this but are restricted by resources or even the knowledge of the faculty and motivating preceptors to carry this into their clinical instruction. For us, our biggest challenge is the students not seeing the value when our own preceptors don't use this. We teach it in the classroom but I'm not confident the ATs we are producing are using it. So any type of activity where we can discuss some strategies to address EBP use by clinicians/preceptors and help instill in a population that maybe isn't totally bought in to this to use this within their clinical instruction.

Program strong on EBP
integration practices
Shouldn't this be the "standard" already?
Online training
None

Q9 - Listed below are the Curricular Content Standards that constitute the Quality Improvement Core Competency (Standard 63). Please indicate the degree to which this is a priority area for your faculty professional development.

Use systems of quality assurance and quality improvement to enhance client/patient care.

#	Answer	%	Count
1	This is not a priority area.	0.65%	1
2	Lower Priority	17.53%	27
3	Moderate Priority	48.05%	74
4	Greatest Priority	33.77%	52
	Total	100%	154

Q10 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Quality Improvement Core Competency?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Quality Improvement Core Competency?
online modules and webinars
Online would be fine to refresh
lectures, online
Sample lessons and activities that I can use in my program
Assignments and skills related to patient centered outcomes, use comparison of tools, implementation strategies
An overview of what QI is and how to implement in into practice; strategies to educate preceptors on QI and its implementation
N/A
lectures and examples of implementation
Repository of easy to use tools that are valid and reliable.

Webinar
??
Hear about how this can be incorporated in simple assignments in various courses so students don't see it as an isolated unit/course in the curriculum.
I would love to hear about best practices in teaching in this area.
Article literature format to hands on clinical practice.
I think this is a cool area and am interested in seeing what types of projects might exist in this area.
Guidance on how to fulfill this competency
I actually said in previous box...we need to value QI more.
How can this be time effective?
CE presentation available to members
case based learning scenarios, how to generate data and present to admin to show quality of care
presentations
current models
I believe the CAATE accreditation conference will be beneficial. But this just seems like a gray area currently. It's not clear what exactly is meant by this. What additional systems should be in place? Any continuing education to clarify and help with implementation would be hugely beneficial.
While we teach this in our curriculum already, I would be interested to know what aspects need to be applied in clinical rotations vs. what is more 'knowledge-based'. How will CAATE be assessing this standard to determine it will be met?
1) discussion/information of what others think & understand about this standard - what does it mean to each of us? 2) ways to incorporate ideas into the curriculum
Students work in groups to discuss areas of patient care for certain illness/injuries and how to enhance that care at their clinical settings.
Online webinars featuring quality assurance programs/techniques that others have found to be successful (evidence based), in person application, opportunities that blend learning for preceptors/clinicians and educators to accomplish this together
conference sessions
Examples of methods use, how they are used, what works best, best practices
This is not an easy answer. I think historically QA markers to improve patient care comes from hospital data. I think when we teach of the AT in Physican setting some of this data works well to go over in assignments. Otherwise, it's about hitting home that ICF model and getting the students used to functional outcome measures in their respsective setting.
Using a problem-based approach, construct a plan and outline, based on the results, which areas need to be improved, based on the data provided. I would also like to see activities that will dive deeper into healthcare informatics along with QI. It may also be beneficial to identify a need at my university and use that as a foundation to build quality improvement strategies. *Thinking more about a practice-based research approach and implementing PDCA strategy.

Webinar
webinars
case studies
I think this is where outcomes and EBP also come into play. They both work together well in the idea of how we need to learn to develop habits. I again think that learning activities here need to be based on real world situations.
Webinars conference workshops
webinar
Discuss how making a change versus QI are different to program administrators.
Group brainstorming of teaching materials used to Inform about QA/QI and assignments to incorporate application, both hypothetical classroom based, role playing and real time.
Workshop
Demonstrations of what faculty are actually implementing in their classrooms to teach these strategies and how to connect them to clinical education as well.
An opportunity to work on developing projects for students
Webinars
Presentations; collaboration with others; etc
case study
workshops, online learning modules
Any! But, I think generally people are excellent at QI or relative novices. (I consider myself a novice.) Most talks/presentations on QI that I have been to are not simplified enough and I cannot relate to the material or envision myself teaching/implementing as presented.
small group activities, inter professional skill sharing, seminars by/for ATCs
Webinars, small group discussion, scenarios, sample activities
Review of electronic medical records like ATS to review interventions and outcomes of patients with similar medical conditions. Compare against standard of practice such as CINAHL reviews or position statements.
I'm not sure how to even answer this. I know this is an area that I'm lacking knowledge and ideas in.
Basic understanding and application.
webinar
Patient Scenarios
something as simple as hearing what others have chosen to improve on within their practice. Sometimes an outside view can point out areas in great need of improvement.
Sample problems. Access to data sets

examples, examples, examples!!! Particularly when it comes to practicing clinicians in traditional settings

test

This is an area many ATs are unfamiliar, so the more educational based exposure and gaining a better understanding of TQM the better.

Background content; curricular integration

Patient cases to demonstrate different ways of incorporating quality improvement in our patient care. Translation of these skills to clinical practice by evaluating current practices and how QI can be implemented to what we do. Understanding documentation strategies and how to utilize them to show clinical improvement.

Meaningful ideas for teaching quality improvement, as well as ideas for projects/activities for students to participate in for active learning.

What does this even mean?

Lecture/explanation.

This may be one of our weakest areas as a program. Our faculty need more knowledge on how this is being used clinically. We ourselves don't necessarily have the skills for this having not been clinically active for a while and seeing it in practice.

Case based Seminar

Basic understanding session that completely explains the true meaning and importance of quality assurance.

how to engage the clinical preceptor in this competency to enforce learning in the clinic

Provide examples of how to do and then integrate into classroom/clinical teaching

Webinar

Any

Students find an quality improvement solution during their last immersive clinical semester and work with the proper stakeholders to enhance client/patient care throughout that experience.

Online training, sessions at regional or national conferences (Educators or NATA)

Again, interactive structure that allowed for a sharing of ideas among participants after some solid foundational materials

Q11 - Listed below are the Curricular Content Standards that constitute the Health Care Informatics Core Competency (Standard 64). Please indicate the degree to which this is a priority area for your faculty professional development.

Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following: Use data to drive informed decisions; Search, retrieve, and use information derived from online databases and internal databases for clinical decision support; Maintain data privacy, protection, and data security; Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology); Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

#	Answer	%	Count
1	This is not a priority area.	3.95%	6
2	Lower Priority	18.42%	28
3	Moderate Priority	41.45%	63
4	Greatest Priority	36.18%	55
	Total	100%	152

Q12 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Health Care Informatics Core Competency?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Health Care Informatics Core Competency?
open to anything
In person course would be more appropriate for this for me
Sample lessons and activities that I can use in my program in demonstrating fulfillment of CAATE standard
Compare and contrast activities, where to find info of use: simulated patient where one would have to chart gather and document patient info
A presentation (lecture/webinar, etc.) on the use of ICD codes in AT. Particularly on understanding how they are used and how they can be used. The relevance seems to be a hard sell for ATs who do not bill for services. The likelihood of exposing AT students to it's practice seems limited.
Systems for the students to utilize and practice on without a fee.
N/A
Webinar

Workshops and discussion groups

Would be great to have a webinar or presentation led by a medical librarian about best-practices when it comes to searching for data. This could include how to get public information about health conditions from CDC or how to best find, compile, organize quality research across search engines for large projects.

Development of health informatics across the curriculum and activities associated with each class.

Evaluate patient satisfaction with Health Care Informatics...and EMR

Practice with those entities.

I think this is another CE type of presentation. Many haven't had this information in their training and might have some of the concepts but not all...group share on ideas of how to teach this?

Again, case based learning activities, round table discussions, online learning modules.

Examples of clinically active athletic trainers using these methods in practice.

Examples of products and strategies to use in educational setting

I've done a lot of research into different EMR systems we could use for education purposes. We do not have funding to purchase something. It would be so helpful to hear from people who use all the different options, what works great, what has been more challenging, what they would do differently. All clinical sites use different systems and students learn with that. It's been a challenge figuring out how and where to incorporate into didactic coursework.

1) In discussing this standard with other educators, everyone is all over the place. There needs to be discussion & information about what this means to everyone.

Have students work with the different types of computer documentation programs at the clinical sites they work at for experience

Blended online and inperson formats that include overview of techniques that work, opportunities for clinicians/preceptors and educators to learn this information and practice alongside each other to accomplish this

Conference attendance

We used to teach NAGI, now we are infusing ICF. This ties in to specific course assignments when teaching assessment and/or rehab. The needs to be emphasized with note writing case assignments that students turn in keeping the patient identifier data anonymous.

I would really like to work through several examples of case scenarios within an EMR, have it appropriately evaluated and provide feedback. I don't work in an EMR, so having one to work through some cases would help me become more familiar.

Webinars, workshops, conferences

Maybe developing a healthcare informatics track or "certificate" type program offered by the AATE on not only the principles of HI, but then also how to best teach these concepts to new learners.

I would like a mini course that allows for a greater understanding of how to data mine the information but also how the data meaningfully translates to increasing our value. I would like better pedagogical techniques to translate what I know to do to how the students can use the informaiton

Problem-based learning activities once again that give faculty real world skills that they can apply and translate to students.

No idea.

activities focused on data driven decisions - accessing, collating, and using data - tools that can be developed for clinical decision making

Seminar

Explore what informatics is and is not! This would be very helpful for my less tech savvy colleagues

Webinars

guest lecture from an expert in billing, EMR, etc.

Sample data program exposure

Hands on/interactive lessons of modern uses of data in AT clinical practice and best practices/areas of emphasis in the classroom for AT students.

An opportunity to develop projects for studnets

Webinars

Presentations; Examples from others on how to incorporate into the curriculum

case study, directed research

workshops, online learning modules

I think the one most to focus on is making data-driven decisions.

independent learning, group discussions

Webinars, small group discussion, scenarios, sample activities

CAPS, CATS and SRs. Use of EMRs

Again, administration. How can it be interactive?

Basic understanding and application.

webinar with discussion on how students ability to apply contemporary practices

This is a new course being implemented this year. Incorporating EMR Data has been discussed.

A webinar that runs through different programs or options clinicians may have an option to use.

Lecture, discussion and practicing delivery of content and using this in the classroom

Access to various health informatics samples

I feel this is an area where most practicing AT's need skill. Having district events (lecture/lab), webinars, and examples from practicing clinicians are all critical.

test

background information; curricular integration strategies

Identify potential platforms that students can interface with these skills and make accessable to the educator to allow practice with either decoded patient information or mock patient cases to allow the student to put these skills together and track the patient's outcomes over time

I would be more interested in ways to support preceptors in implementing this standard at a higher level. I'm confident we can teach this well, but not confident it will be wholly reinforced at clinicals

I can't state this is done really well or really poorly here. It would be particularly interesting to see what the majority is using to address this, how they are using the tools, and how they are measuring value.

This needs to be broken down and revealed to educators how to implement in class or clinical.

Really do not know much about this so need lots of assistance.

Similar to the previous, this is another weak area for us considering faculty knowledge and skills having not been clinically active and in settings that use this. We need to develop basic knowledge and skills regarding this.

Case Based lecture

how to engage the clinical preceptor in this standard

same as before- how to do and how to integrate into classroom/clinical teaching

Any

Students do this daily when they input patient encounters into Typhon. They track CPT and ICD codes as well as use patient outcome data to drive decisions on patient care.

Same as others online training and sessions at meetings

This is a need based on my lack of exposure to the topic. I think this works well for a knowledge focused traditional presentation format with lots of examples.

Q13 - Listed below are the Curricular Content Standards that constitute the Professionalism Core Competency (Standards 65-68). Please indicate the degree to which this is a priority area for your faculty professional development.

#	Question	This is not a priority area.		Lower Priority		Moderate Priority		Greatest Priority		Total
1	Practice in a manner that is congruent with the ethical standards of the profession.	26.85%	40	25.50%	38	13.42%	20	34.23%	51	149
2	Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines.	23.49%	35	27.52%	41	13.42%	20	35.57%	53	149
3	Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.	18.79%	28	27.52%	41	28.86%	43	24.83%	37	149
4	Advocate for the profession.	19.33%	29	24.00%	36	27.33%	41	29.33%	44	150

Q14 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Professionalism Core Competency?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Professionalism Core Competency?
online activities
Online would be fine
BOC self-assessment exams
N/A
Workshops
Workshops and discussion groups
I seemed to have learned the most in these areas when discussing a tough ethical decision related to patient care with other professionals. Case studies seem to go a long way in understanding how to proceed with challenging circumstances.
I marked self-assessment as on moderately important...because humans suck at self-assessment. Maybe a tool exists to help us self-assess.
Podcasts, Panel Discussions, Peer-to-Peer discussions at ATEC

Best practices in informing each community of which we are a part.
THese are lower priorities for MY professional development because I feel we are already doing these things well within our program and personally
I am comfortable with this area
Ideas for getting students involved to advocate for the profession. How to teach and assess professionalism. It's an area of distinction in our program. One of the most valued. Always looking to get new ideas.
Discuss ideas for implementing this in the curriculum.
Create Real Life Clinical Scenarios for students that will make them critically think and develop resolutions to injuries and illnesses that may occur at their clinical sites
These should not require additional education -- these are professional responsibilities.
We go over each NATA and BOC ethical/practice standard in class. We have case assignments. We have an ethics debate. We have students attend our state advocacy day during General Assembly.
I would like to attend conferences outside of the traditional (NATA, regional and state symposiums) that would provide more contact with individuals who demonstrate professionalism in athletic training as well as those in other healthcare professions.
Webinars, podcasts
Brainstorm w/ other professionals regarding advocacy strategies. I would attend a session at a state meeting that broke down the practice act and discussed how to maximize our skill set within that framework.
Knowing how to help advocate for the profession.
Trying to get involved at multiple levels of state, district, and national.
live/live webinar (also recorded) on professional development planning and effective strategies to engage students in such
advocating both legislatively as well as within Healthcare systems and with other HCP
Sharing experiences/assignments
Identification of lessons/application to instruct and convey value of ability to advocate Ways to assess competence of advocacy
Workshops, online courses
Workshops, webinars
Webinars
Presentation of ideas; group collaboration
clinical experience, writing assignments, role play
ways to become involved on local, state, and national levels.
updating/posting standards, frequent evaluation, on going preceptor education
Webinars, small group discussion, scenarios, sample activities

Case studies. Appropriate training of preceptors for modeling. Competency analysis assignments. Long term planning assignment outlining 1, 2 and 5 year timelines for goals and professional development. Assignments requiring engagement with state and regional AT associations.

Basic understanding and application.

Incorporated in all program meetings and evaluations.

To me this is something that has always come natural and in my opinion comes with a certain degree of maturity.

test

Different activities that can be implemented in the classroom to broaden student's ability to self-reflect.

A place for easy access to up to date local, state, and federal regulation, rules, and guidelines along with mock clinical cases that make the student think about the action(s) that should or should not be taken this can lead into an avenue to then advocate for the patient and the profession

Would like to see more opportunities for students to participate in COPA type activities/events.

How to incorporate into classroom.

Already covering these

Already do this.

We have tried to make ethical and legal issues a bigger focus over the past year, going beyond traditional "athletic training" issues and bigger healthcare, professionalism, cultural competence issues. We've noticed our students do not feel empowered to address issues of professionalism because they're students, young, subordinate, etc. Also, we do not have a diverse program. One activity that we recently did and that I would love to learn if others are doing in athletic training education and how to continue to develop this is larger health related professional/ethical dilemmas that challenge students to identify their own biases in providing care, force them to identify laws and rules, and then have them make decisions or defend decisions that may go against their personal beliefs and do what is right for the patient.

seeing examples of professional development plans

Webinar

Any

The last two I think are the most important. Advocate for profession - creating materials at clinical sites to promote what AT is and what we do. This includes posters, videos, etc. Going to state lobbying days. Professional development plans are created in Clinical Research in Patient Care and they create a 1, 3 and 5 year plan for development and area(s) of clinical expertise. They reflect weekly in every clinical course.

I think I already do this adequately (and pass along to my students)

None these are low priorities for development.

Q15 - Listed below are the Curricular Content Standards that constitute the Patient/Client Care Standards (Standards 69-78). Please indicate the degree to which this is a priority area for your faculty professional development.

#	Question	This is not a priority area.		Lower Priority		Moderate Priority		Greatest Priority		Total
1	Develop a care plan for each patient.	18.06%	26	24.31%	35	27.78%	40	29.86%	43	144
2	Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent.	22.07%	32	24.83%	36	19.31%	28	33.79%	49	145
3	Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice.	22.76%	33	28.28%	41	14.48%	21	34.48%	50	145
4	Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.	10.42%	15	20.83%	30	35.42%	51	33.33%	48	144
5	Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan.	15.86%	23	28.97%	42	28.97%	42	26.21%	38	145
6	Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.	14.38%	21	23.97%	35	36.30%	53	25.34%	37	146

7	Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.	13.79%	20	17.93%	26	42.07%	61	26.21%	38	145
8	Evaluate and treat a patient who has sustained a concussion or other brain injury.	23.45%	34	23.45%	34	17.24%	25	35.86%	52	145
9	Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.	9.66%	14	20.00%	29	37.24%	54	33.10%	48	145
10	Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care	17.93%	26	29.66%	43	28.97%	42	23.45%	34	145

Q16 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Patient/Client Care Standards?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Patient/Client Care Standards?
workshop or online activities
For my needs, an in person course would be appropriate
Workshop or online course on development of behavioral health policies and care teams to support and manage patients with behavioral health concerns
In service/learning lab
Imaging, lab testing, behavioral health practitioners to allow students to engage in a clinical experience, actual administration of medications, ie injections.
Can we do a hands-on session alongside NATA in a room nearby for some of these skills?
A variety of modes of delivery
Workshops and discussion groups
Gain more understanding of pain concepts. Help students recognize/learn techniques that can help to alleviate patients' pain to help avoid more opioid addictions/overdoses.

Most program faculty do not work directly with patients (which is a problem!)as they are focussed on teaching. Maybe we should evaluate clinical requirements of all practicing and faculty AT's...I believe it would produce a better AT graduate.

Hands-on practice

CE events on reading imaging, working with diagnostic tests, etc.

Hands on learning labs. My "priorities" are in the areas in which I am responsible for teaching students so I am always looking for new teaching ideas.

I am comfortable with this area

This standard is somewhat grey in that it states 'perform or obtain' for some skills. If students truly are required to obtain bloodwork (i.e. perform phlebotomy skills), then I would like to undergo professional development activities that would certify me to teach that to our students. This would also apply to administration of medications (particularly any via IV, IM, or SC administration). Lastly, we already teach fabrication of various devices/materials/techniques, but depending on the scope of these materials, we would potentially need further professional development for this standard as well.

1) Review current best practice for concussion evaluation & treatment 2) Share ideas/methods for incorporating into curriculum 3) Discuss advanced methods/techniques of fabricating devices (e.g. orthotics; casting)

Online learning module about pharm, echocardiograms

Give students a chance to work with different types of patient care at their clinical sites including prevention - evaluation - treatment and rehabilitation of conditions that may occur at their sites.

Many of these would be best in scenario based, hands-on instructional methods. Short workshops with targeted goals, perhaps sometimes with a few strung together would be nice.

Conference/con ed attendance.

Ideally many of these items happen in clinic placement. We are augmenting with our simulation lab in our nursing department or with standardized patients that we coach from our acting department. On the moderate priority items checked I like to be mindful that we have a peripheral role on some of these. This is where the IPE/IPP projects come into play. Fr example, yes, the AT should have some knowledge on the pharmacological info that goes to the patient but equally important is knowing when to engage the pharmacist for help. Teaching students when their role is screening on a certain topic vs knowing how to find the patient the best practitioner for a problem is super important for all health profession students to learn.

Participating in high fidelity simulations/SPs across the care continuum would be beneficial, especially ones that include patient documentation and education of injury management or at-home instructions. Also, participating in quality debriefing sessions would be beneficial to learn how to provide quality feedback to students after a sim or SP.

Workshops - interactive seminars, webinars for initial learning, CE courses

Casting skills lab

application from the classroom to the clinical setting

I am most interested in items that are more related to things that we do not see everyday in athletic training or that we do poorly. To me it is about getting us away from sideline evaluations and to system evaluations.

Going to have to simulate most of these things. Honestly, does CAATE really think we have all of these situations readily available? Does CAATE really want ECG treatment planning? Are they insane?

I have absolutely no idea how to teach these things because no one in our program knows how to! CAATE, yet again, in their lack of vision, has put the cart so far in front of the horse.

IV admin, and injection training in IM, Sub Q, IO / phlebotomy training

Workshop

Behavioral health clinical ed experiences, opportunities relative to interpreting diagnostic testing (imaging and lab)

Webinar, workshops

workshops, webinars

Fun/ interactive/ practical application strategies for educating on pharmacological interventions. What are best practices for educating students on mental health recognition and referrals?

An opportunity to develop lab-based simulation activities to teach the procedures

Webinars

Group collaboration

lab activities, role play, simulation, clinical evaluation

Active learning activities

hands on skills training

orthotic fabrication labs

For these items, just keeping up to date with best-practices is critical.

continuing scenarios, communication with physician, manage care plans

Webinars, small group discussion, scenarios, sample activities, review of textbooks

I need hands on. I know the very basics for blood work, imaging, etc. What is available to help us? What are people doing?

Basic understanding and application.

Simulated patient with minority factor regarding Socio economic status, or insurance, religious believes, gender identity simulated patient with my Nordie factor regarding Socio economic status, or insurance, religious believes, gender identity, etc.

Written and Practical Exams

A webinar focused on behavioral health conditions and the up to date concussion information. Mostly looking at diagnostic testing.

workshops, hands-on labs

Practicing and learning about best ways to deliver content to students.

I would like to have some CEU/webinar events, plus district labs, to learn these. Particularly ordering and interpreting labs- EKG, basic bloodwork.

test

More opportunities CE opportunities related to all of these standards. Basic exposures such as feature presentations, webinars, open chats, etc.

This section contains a lot of skills that weren't taught to the majority of faculty. Skill sessions that include successful pedagogical techniques for teaching said skills (similar to AATE suturing lab) to assist faculty in both performing the skill as well as teaching/assessing the skill. Also would like to participate is the development of scenarios in which students are taught/perform patient discharge, since it is a weakness for many of the ATs in academic settings of practice.

I think we have some real work to do in our program, but also in AT, generally, in identifying resources and value related to mental health. This is even a systemic problem as some schools simply aren't equipped to handle the volume.

How to incorporate into classroom.

Demonstrations of skills as well as discussions on incorporating these skills into the classroom

Hands on activities

For us, our areas where we need to develop or stay more up to date on information is emergent issues, mental health, and administering medications. These, primarily, because of things like changing laws or policies/procedures. For example, some ATs can administer opioid antagonists. Of course each state is different, and if an AT cannot do this in a state the education program is in then we tend to not address it specifically. However, then a student may go practice in a state where they can do this and they don't have that knowledge or ability. Sort of how airway management and using a rectal temperature was expected but many ATs weren't trained on this, there are some current "hot topics" or expectations of skills that ATs have that the educators may not. So we need to develop that knowledge and have activities to practice and develop those skills so that we can teach our students.

Lecture Series

Hands-on lab activities for the appropriate competency. Learning from experts from other healthcare fields

IPE sessions with MDs and other pertinent medical professionals (psychologist, behavioral therapist, etc), casting workshop, traumatic brain injury specialists/neurologists. I think it would be helpful to learn from others that do these types of activities on a daily basis to help enhance the skills we are already learning and performing

In person training

hands-on, any

Online, meetings

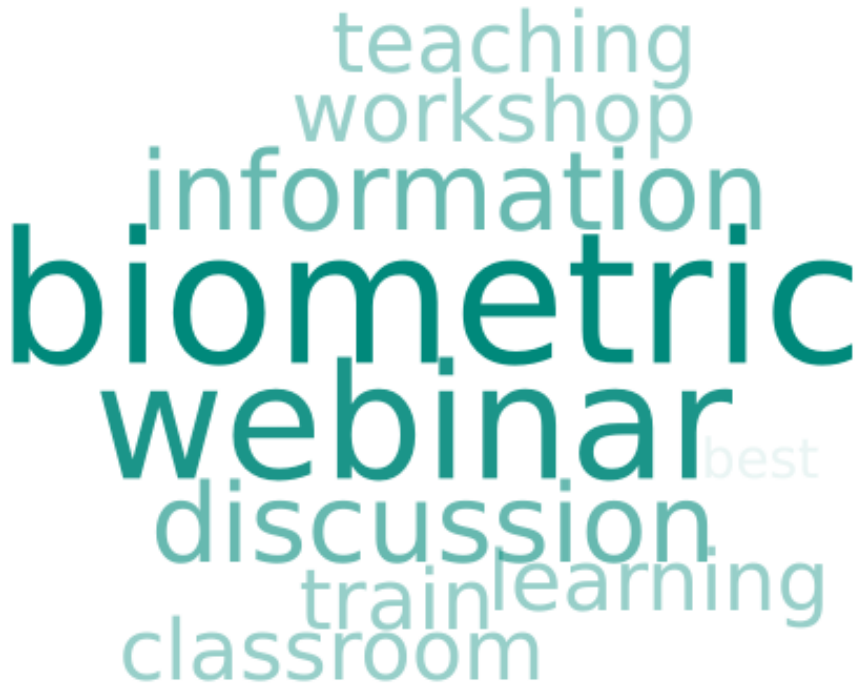
Would be very open to the imaging and laboratory material. Again I think this would lend itself nicely to a web based traditional format. Behavioral health would be helpful to present in a way that allowed for interaction however, resources are often very specific to locale.

Q17 - Listed below are the Curricular Content Standards that constitute the Prevention, Health Promotion, and Wellness Standards (Standards 79-87). Please indicate the degree to which this is a priority area for your faculty professional development.

#	Question	This is not a priority area.		Lower Priority		Moderate Priority		Greatest Priority		Total
1	Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan.	11.27%	16	33.80%	48	39.44%	56	15.49%	22	142
2	Develop, implement, and assess the effectiveness of programs to reduce injury risk.	17.02%	24	30.50%	43	29.79%	42	22.70%	32	141
3	Plan and implement a comprehensive preparticipation examination process to affect health outcomes.	23.40%	33	31.21%	44	23.40%	33	21.99%	31	141
4	Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.	21.13%	30	33.10%	47	27.46%	39	18.31%	26	142
5	Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.	19.86%	28	30.50%	43	34.04%	48	15.60%	22	141
6	Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.	18.44%	26	39.01%	55	31.21%	44	11.35%	16	141

7	Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.	24.82%	35	29.08%	41	23.40%	33	22.70%	32	141
8	Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.	24.82%	35	34.04%	48	24.11%	34	17.02%	24	141
9	Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.	11.35%	16	21.28%	30	45.39%	64	21.99%	31	141

Q18 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Prevention, Health Promotion, and Wellness Standards?



What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Prevention, Health Promotion, and Wellness Standards?
online modules
Online for most of it, but with the technology that moves quickly to make changes in equipment, an in person opportunity would be best
Webinar, targeted discussions
Webinar
Workshops and discussion groups
Let me practice, so I can bring that real-time learning into my classroom
Further information regarding biometrics as it pertains to preventative measures. IMPROVING OUTCOMES using predictors.
With biometrics...it would be nice to have product demonstration and a presentation on how they are used by a program.
learning labs, workshops, on-line modules, discussions. Again, prioritized my areas of expertise and teaching (also interest me the most)
I am comfortable with this area
More information regarding the use of wearable devices and biometrics for sport science data collection and implementation.
1) Discuss current best practice for biometrics & physiological monitoring systems. 2) Teaching methods for incorporating these standards.
Have students participate in all areas of pre-season physical examinations including taking of vital signs and documentation processes
Scenario based learning and hands-on learning
Conference/con ed attendance
I don't like how this question is set up. We are a team on our faculty, each bringing a different area of content expertise. So, for some faculty one of these items is of great priority for another low. If this were med school or PT school the neuro faculty member wouldn't be getting trained in manual therapy. I answered moderate to split the difference. I think this content area is super important however. Note, there are areas such as pharm, where we need to find places for AT faculty to get higher training.
More low to moderate fidelity simulations with task trainers.
WEbinars, workshops
Simulation type activities where faculty are putting the skills to use and then sessions on appropriate teaching techniques for these skills.
examples of working evidence and lectures
I think that developing learning activities that can get faculty, and then students, to see the large picture of how this fits with all the other items presented (QI, Informatics, etc.) will be valuable to getting this more main stream. So again, practical applications for learning activities.
Workshop with labs/interaction

Would love to explore biometrics from the teaching side! Also, some opinion type pieces about how to navigate sport performance enhancement without getting into the "personal trainer" land confusing the public and students about our role.

Without placing all of this responsibility on preceptors and clinical sites, what do projects/assignments look like? OSCEs for ea of these would be overwhelming. What are other ideas people are using?

Webinars

Read textbooks/articles, Workshops, webinars

Webinars

group collaboration; presentation of ideas

attend topic-specific conferences, include professionals in specific areas to educate staff/students, journal club

Webinars, small group discussion, scenarios, sample activities

Hands on activities. Labs.

Basic understanding and application.

Rehabilitation protocols, portfolios, and practical exams

Ideas on how to incorporate the lifelong health portion into the classroom setting. In our profession it is not abnormal to get caught up in the now.

Learn ways to implement content into classroom and course work so that students are forward thinking and applying information.

Samples of biometrics

I would like clarification from the CAATE about the final standard here (use of biometrics and physiological monitoring systems): this is an emerging area within medicine and there are few evidence-based guidelines here, with the exception of step count (which is likely of little value to a traditional AT setting). Obviously this will be an important area, but as written this standard feels much too vague.

test

background information; curricular integration; assessment strategies

How to incorporate into classroom.

Hands on activities

There are so many biometrics and monitoring systems and to get the most out of these takes a trained individual and people to buy in to the information. As a faculty we do not have this. Some of our Preceptors use this but even they are overwhelmed with all the information and how practical it is. Our best solution has been to try to work with exercise physiologists who specialize in this. In terms of our faculty development, I don't necessarily want to learn specific systems (because there are so many), but I do believe we need to learn about how these systems can be used and inform our students on this. Who really are the experts in these systems? Is this a chance for more interprofessional practice? How much do we expect students to know or should we focus on collaborations?

IPE discussions to talk about injury across the lifespan
Would like to see more demonstration of use of different biometrics and PMS and use of data to see how it could be integrated in the curriculum
webinar
any
Some of these skills are better served by other professions (like DI). Biometrics is important and the future of sports medicine.
I think the drug and substance issue would be helpful. Maybe from an interactions and impact on performance point of view.

Q19 - Listed below are the Curricular Content Standards that constitute the Health Care Administration Standards (Standards 88-94). Please indicate the degree to which this is a priority area for your faculty professional development.

#	Question	This is not a priority area.		Lower Priority		Moderate Priority		Greatest Priority		Total
1	Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services.	17.27%	24	38.85%	54	34.53%	48	9.35%	13	139
2	Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.	12.86%	18	32.86%	46	37.86%	53	16.43%	23	140
3	Establish a working relationship with a directing or collaborating physician.	19.42%	27	31.65%	44	20.86%	29	28.06%	39	139
4	Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.	23.74%	33	30.94%	43	27.34%	38	17.99%	25	139
5	Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.	22.30%	31	28.78%	40	28.06%	39	20.86%	29	139
6	Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries.	21.58%	30	30.22%	42	26.62%	37	21.58%	30	139
7	Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral	13.67%	19	23.02%	32	37.41%	52	25.90%	36	139

health problems and referring patients in crisis to qualified providers.							

Q20 - What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Health Care Administration Standards?

What types of learning activities would you want to engage in to develop knowledge, skills, and abilities relative to the Health Care Administration Standards?
I believe mental health education is necessary delivered on-ground and online activities.
A workshop for the ins and outs of policy making would be appropriate
Workshops/mini-courses/webinars on enhancing management of athletic operations, policy and procedure development, and improving connection between athletic and academic administration to make more inclusive/encompassing policies.
Policy examples, management system for students to be able to practice with to ensure competence.
Webinar
Workshops and discussion groups
Have a risk-management consultant look at a few policy/procedures from different programs and identify where some holes might be to improve policies across the board. This type of expert may help improve patient care/avoid litigation in ways we as athletic trainers may not consider.
Please let us practice! In my state both PA's and NP's who teach must maintain a certain number of practice hours...why wouldn't the CAATE/NATA/BOC push for such an opportunity?

Communication and role-playing of various professionals in efficient and less-efficient examples.
shadowing, discussions, on-line learning modules, case based examples, discussion boards.
I am comfortable with this area
Again, how will the standard for establishing a working relationship with a directing/collaborating physician be assessed?
1) Further identify scope of practice for working with patients with behavioral health problems.
there are already very good evidence-based policies on many of these areas. Developing a new one is not necessarily best practice
Have students develop and organize their own pre-season physical examination plan for certain areas of sports including high school and college participation
Sharing of best practices
Continuing education course
From a teaching perspective, how can we improve our teaching of these competencies?
IPE events or collaborations with other health professions.
Webinars, online learning
Knowing and understanding how to help in a mental health crisis. More education on how to handle those difficult situations and converstations that can make anyone uncomfortable.
Problem based and practical.
Workshops
Training and introduction to the NIMS system and level of training and NIMS Triage of patients should be taught as part of the Develop implement and revise policies that pertain to prevention, preparedness and response to medical emergencies and other crictical incidents. Againg with potential for MCI's and being first HCP on scene team bus accidents, vans, mass shootings, bleacher collapse this should be integrated into this are and taught at least at NIMS operations level
Webinar
Read textbooks/articles, Workshops, webinars
Webinars
Interactive presentations
workshops, online training modules
Strategies to finding a sponsoring physician, key items/red flags to look for in a sponsoring physician, legal considerations. In general, legal considerations regarding these items. Also hosting a mental health first aid session would be great!
Webinars, small group discussion, scenarios, sample activities
Basic understanding and application.
Administration Course projects

Gain further information in dealing with insurance companies and different plans. As this slowly becomes something that an AT may have to deal with on a more regular basis.

Familiarity with ICD 10, CPT, Insurance billing and revenue generation - everything that our colleagues in the COPA, entrepreneurship, and fee for service settings are doing.

Examples!

All healthcare admin exposures need to be focused on leadership and advocacy & truly come from experts doing it, not just those researching it.

curricular integration; assessment

This again would be an are in which skills to promote and support preceptor implementation in practice would be huge- we would feel comfortable teaching, but are not confident in the reinforcement at clinicals, and would like to support our preceptors in this process.

health care administration seems to be where we are often weak because it's not an emphasis in clinical placements. we are working to see this change, but would certainly welcome input and education on improving student learning and/or retention here.

How to incorporate into classroom.

As a faculty I believe we have this knowledge, but it is a weakness for us in the classroom and getting students to realize the importance and everything that goes into these areas. This tends to be an issue for us because Preceptors do not necessarily have comprehensive policies and procedures and do not discuss developing physician relationships (because they usually already exist for them). We've tried to implement strategies for the Preceptors, but this continues to be a weakness among our students. We'd be interested in learning ways that we can engage our Preceptors in these topics and help get them to buy in to their importance and activities/projects the students can do for class related to these but also how the seem their importance beyond the grade and in the clinical setting.

IPE discussion for best practices on policies for brain injury and behavioral health problems to enhance current AT knowledge

In person training

any

Policies need to be followed... look at Jordan McNair and Maryland...

Behavioral health is a key area for improvement. Since resources can vary by location this might be better as a traditional webinar format