

Network News

VOLUME 4, ISSUE 2

JUNE 2013

**THE ATHLETIC TRAINING PRACTICE-BASED
RESEARCH NETWORK
(AT-PBRN)**

Director's Update

I hope you are enjoying some downtime during the summer, as it is well deserved. We are keeping busy in Arizona with many AT-PBRN members presenting at the NATA meeting, work on our currently funded grant, and continued development of the EMR. We've also updated our website to provide more information on the PBRN and current projects. Please visit it and let us know what you think: www.atpbrn.org.

Hopefully you were able to respond to the survey sent out recently regarding EMR improvements. We are in the process of a migration of the EMR to an html-based platform that will allow access on iPads and other mobile devices. We are also working to make the interface more user friendly, especially on the administrative page where you will have improved functionality to search for patients who need outcomes forms completed or have them coming due soon. Please look for more information regarding this modifications later this summer.

Our work on the NATA Foundation funded quality of life study is continuing and we are recruiting additional sites willing to participate and collect outcomes data on adolescent patients during the fall sports season. If you are interested, please contact Cailee McCarty (cwmccarty@atsu.edu).

I am also excited to announce that the AT Program is starting a Graduate Certificate in Clinical Decision Making. This four course certificate is aimed at educators looking to gain additional experience in the areas of evidence-based practice, clinical outcomes, medical informatics, and epidemiology to help with instruction of the new competencies. In addition, the material is a great fit for clinicians aiming to improve their clinical reasoning skills. Please refer to page 2-3 of this newsletter for more information on the Graduate Certificate in Clinical Decision Making.

Enjoy your summer and look for us in Las Vegas!

Tamara



To receive update-to-date information regarding the AT-PBRN, check out our Facebook Page:
Athletic Training Practice-Based Research Network

Call for Proposals!

Do you have something interesting to share with the other members of the Athletic Training Practice-Based Research Network? Would you like to write a short article for the next newsletter? Potential topics could include:

- ◆ Research updates for your clinical practice site or institution,
- ◆ Clinical case studies or case series reports,
- ◆ Academic or research achievements of students or faculty,
- ◆ Other information relevant to members of the AT-PBRN.



With ideas, please contact Cailee McCarty, Post-Doctoral Fellow at A.T. Still University, at cwmccarty@atsu.edu or 480.219.6178 by 08/15/13

Introducing the Graduate Certificate in Clinical Decision Making in Athletic Training

About the Program

The Athletic Training Program at A.T. Still University is pleased to offer a Graduate Certificate in Clinical Decision Making in Athletic Training. This Graduate Certificate is an **online program** providing advanced instruction in evidence-based practice, clinical outcomes assessment, clinical informatics and technology, and epidemiology. The purpose of the program is to prepare practicing athletic trainers and athletic training educators with clinical decision-making skills that can enhance the quality of effectiveness of patient care. The online course format is ideal for busy working professionals, and students are free to set the pace of program completion. The Graduate Certificate **can be earned in as little as two quarters (24 weeks)** or over a longer period of time to accommodate individual student needs.

Courses completed in this 12 credit hour certificate program can be used to fulfill the Board of Certification (BOC) continuing education requirements by earning Level II-Category C: Post Certification College/University Coursework credit.

Courses

AT7130 Advanced Evidence-Based Practice (3 QH)

AT7131 Advanced Patient-Oriented Outcomes (3 QH)

AT7200 Clinical Informatics and Technology (3 QH)

AT7201 Athletic Injury Epidemiology (3 QH)

Program Outcomes

Upon completion of the AT Graduate Certificate in Clinical Decision Making, students will be able to:

- ◆ Practice and/or teach athletic training in a manner that integrates clinical experience, patient values, and the best available evidence
- ◆ Employ and/or teach clinician-based and patient-based clinical outcome measures to determine the effectiveness of athletic training services
- ◆ Utilize and/or teach healthcare informatics and technology to communicate, manage knowledge, mitigate error, and support decision-making in athletic training practice
- ◆ Integrate into clinical practice and/or teach the injury patterns associated with a variety of athletic sports, body regions, and conditions

For more information about the Graduate Certificate, please visit <http://atsu.edu/AT-Grad-Certificate>

Graduate Certificate in Clinical Decision Making in Athletic Training, Cont'd.

Admission Requirements

- ◆ Applicants accepted for admission to the graduate certificate program will have earned a bachelor's or higher degree prior to enrollment from a regionally accredited institution.
- ◆ Applicants to the graduate certificate program in Clinical Decision Making must demonstrate current BOC certification as an athletic trainer.
- ◆ Applicants must have achieved a minimum 2.50 cumulative GPA (on a 4.0 scale) in their athletic training professional degree program.
- ◆ Applicants are expected to be computer literate and experienced in word processing. All curricula require extensive computer usage. Accepted applicants are required to have a personal computer prior to matriculation and have access to a high-speed Internet connection.
- ◆ Applicants must submit an application form.
- ◆ Applicants must provide official transcripts from all educational institutions attended where a degree was conferred.
- ◆ All students are required to demonstrate proficiency in English when applying to A.T. Still University's Arizona School of Health Sciences

Enroll Now!
To begin the
Graduate Certificate
program this Fall,
enroll by
August 5th, 2013

Tuition

Application Fee: \$70

Tuition: \$463.50 per credit hour (2013-2014 school year)

(All fees and tuition are subject to change)

Contact Information

Online Admissions

(877) 469-2878 *phone*

onlineinquiry@atsu.edu *email*

<http://www.atstu.edu/AT-Grad-Certificate> *application*



Accreditation

A.T. Still University is accredited by the Higher Learning Commission, a commission of the North Central Association of Colleges and Schools, 230 S. LaSalle Street; Suite 7-500; Chicago, IL 60604, Phone: 800.621.7440

2012 *Journal of Athletic Training* Clint Thompson Award for Clinical Practice Advancement

Congratulations to the following members of the AT-PBRN advisory board for winning the 2012 *Journal of Athletic Training* Clint Thompson Award for Clinical Practice Advancement!!

Dr. Eric L. Sauers, PhD, ATC, FNATA Dr. Tamara C. Valovich McLeod, PhD, ATC, FNATA
 Dr. Alison R. Snyder Valier, PhD, ATC Dr. Kenneth C. Lam, ScD, ATC
 Dr. R. Curtis Bay, PhD

This award was selected for the following two-part series published in the 2012 September/October issue of *JAT*:

Practice-Based Research Networks, Part I: Clinical Laboratories to Generate and Translate Research Findings Into Effective Patient Care
 Sauers EL, Valovich McLeod TC, Bay RC. *J Athl Train.* 2012;47(5):549-556

Practice-Based Research Networks, Part II: A Descriptive Analysis of the Athletic Training Practice-Based Research Network in the Secondary School Setting
 Valovich McLeod TC, Lam KC, Bay RC, Sauers EL. *J Athl Train.* 2012;47(5):557-566

This two-part series present the theoretical framework and need for practice-based research networks in athletic training as well as a descriptive analysis of the athletic training practice-based research network (AT-PBRN). More specifically, part I of this series identifies the importance of practice-based research and identifies several benefits to utilizing a practice-based research network, such as enhanced generalizability of results, pooling of resources, rapid patient recruitment, and collaborative opportunities.

Part II of the series discusses the development of the first practice-based research network in athletic training, the AT-PBRN, provides a descriptive analysis of the secondary school clinicians and their clinical practice sites (CPS) involved in the AT-PBRN between 2009-2011. While the findings provided from this investigation focus solely on secondary school athletic trainers and the adolescent population, the data offer an insightful starting point for future prospective studies to evaluate the effectiveness of treatment options for injuries sustained by adolescent patients.

This award will be presented to the winners during the NATA Foundation Distinguished Scholars Presentation on Tuesday, June 25th from 4:00-6:00pm, Located in Mandalay Bay Room H. We hope to see you there!

This award will be presented to the winners on Tuesday, June 25th between 4-6pm In Mandalay Bay H

Tip of the Quarter: End of the Year Reporting

It is that time of year when the academic year has come to an end, summer is approaching and we are all looking for a relaxing break before the new school year begins. Before the relaxation begins however, it is important to make sure all patient files are closed out if you will not be providing care during the summer months. Additionally, the end of the year is the perfect time to utilize the reports feature of the EMR to capture the types of injuries your patients experienced this year as well as the types of treatments you provided. This information will allow you to think about what changes you would like to make for the upcoming year and can also be provided to your supervisor to help justify why such changes might need to be made during the 2013-2014 academic year. Below is a brief refresher of each report that is available in the EMR:

Time Loss Report: With the Time Loss Report, clinicians will be able to determine the average amount of time from injury to return to participation in their patients. The report is sortable by male/female, sport, and diagnosis, allowing the ability to drill down for specific time loss information. Time loss reporting enables clinicians to see trends in recovery for specific injuries, comparison between sports and sex for recovery times, and the ability to evaluate the impact of changes in rehabilitation strategies and technique on recovery time.

* **Tip:** Completing the Time Loss Report at the end of the year may help the clinician identify treatment strategies and techniques that may need to be refined as well as prevention strategies that can be incorporated during pre-season to help reduce the number of potential injuries during the upcoming year.

Economic Estimates Report: The Economic Estimates Report aggregates all of the services provided by the clinician, as well as a tally of the number of CPT units provided for each service. Data from this report are based on a Physician Fee Schedule and are organized by CPT code. However, this report also include further sorting criteria such as male/female, sport, and body part, which allows for more specific analysis. Each unique CPT in this report is assigned a specific monetary value, and then multiplied by the number of units of service provided to provide clinicians with a snapshot of the value of the services they are providing to their patients.


* **Tip:** Completing the Economic Estimates Report at the end of the year will help identify which treatment services were most often provided throughout the year, which could help justify annual budgeting for supplies and equipment for the upcoming year.

Injury Summary Report: The Injury Summary Report provides clinicians with detailed information on the types of injuries treated at the clinical practice site. Data for the this report are taken from the diagnosis fields in completed Injury Demographic forms. The Injury Summary Report can be completed for any specified date range (eg, week, month, season) and includes a variety of sorting options, such as male/female, body part, sport, and diagnosis.

* **Tip:** Completing the Injury Summary Report at the end of the year allows clinicians to examine the characteristics of their clinical practice, identify injury trends, as well as develop potential prevention strategies.

Injury Status Report: The Injury Status Report provides clinicians the ability to create sport-specific reports for all injured patients. This report will list all patients who are currently identified as “actively injured” in the EMR, sorting them by participation statue. Data are pulled from the most recent participation status fields in the Daily Treatment, Injury Demographic, and Evaluation forms.

* **Tip:** Completing the Injury Status Report at the end of the year may serve as a good reminder of which patient files need to be discharged for the summer or which patients may need to be contacted to follow up on their current injury status.



Don't forget to discharge all patients you will not see over the summer!

Understanding Treatment Characteristics and Estimated Direct Costs of Care Provided by Athletic Trainers

As athletic training continues to strive towards enhancing patient care, it is important to assess the treatment characteristics and estimated direct costs of care for athletic training services. Having an understanding of these data will provide valuable information regarding athletic training services and the potential cost savings of these services to the healthcare system.

Identifying treatment characteristics and estimated direct costs of care for athletic training services will provide valuable information regarding potential cost savings to the healthcare system

Fortunately as the AT-PBRN continues to expand, AT-PBRN researchers are able to analyze aggregate data that will provide a meaningful description of the treatment characteristics and estimated direct costs of care for athletic training services that are provided outside of the Centers for Medicare and Medicaid Services. In a recent analysis, Dr. Eric Sauers, Dr. Kellie Bliven, and Dr. Kenneth Lam were able to assess the treatment characteristics and direct costs of care for athletic training services that were provided to patients suffering from upper extremity disorders within the AT-PBRN. From this analysis, they were able to determine several key characteristics regarding patient care for this particular sample of individuals. For example:

- ◆ Approximately 43% of all documented upper extremity injuries involved the shoulder, followed by the wrist (12%).
- ◆ Subluxation/Dislocation (ICD9: 831.00) was identified as the most common shoulder diagnosis and accounted for 14.5% of all shoulder injuries.
- ◆ The top five most frequently utilized treatments were hot or cold pack (33%), therapeutic exercise (21.9%), manual therapy (8.3%), electrical stimulation (6.8%), and ultrasound (5.9%)
- ◆ The average duration of care was approximately 12 days and the average number of treatments provided per episode of care was 1.94.
- ◆ The average cost of care was \$188.34 per upper extremity disorder and the average cost per episode of care was \$67.52.

This initial analysis of athletic training services provided within the AT-PBRN offers extremely valuable information that previously had not been identified. Additionally, this assessment also highlights a unique way the AT-PBRN can provide data that will ultimately help clinicians enhance their patient care.

To learn more about the treatment characteristics and direct costs of care for athletic training services that were provided to patients suffering from upper extremity disorders within the AT-PBRN, please attend the Prospective Clinical Trials in Athletic Training free communications presentation on Thursday, June 27th [Location and Time: Room Palm D, Mandalay Bay - 12:30-12:45 P.M.].

Sauers EL, Huxel Blevin KC, Lam KC. Cost estimates of evaluating and treating upper extremity injuries in secondary school athletes.

AT-PBRN Advisory Board and Member Presentations at the NATA Annual Meeting

Several AT-PBRN advisory board and other members are presenting at the NATA Annual Meeting in Las Vegas. If your schedule allows, we would love to see you in attendance. Please also look for several free communication abstracts from members.

Gary Wilkerson

Interrelated Factors that Increase Susceptibility to Sport-Related Injury

Thursday, June 27th - Feature Presentation (10:45-12:45pm)

Timothy McGuine

Using Clinical Tools and Interventions in the Prediction and Prevention of Ankle Pathology

Tuesday, June 25th - Evidence-Based Forum (2:45-3:45pm)

Methodological Foundations and Practical Tips for Conducting Single and Multi-Site Observational and Intervention Research Studies

Thursday, June 27th - Researcher's Forum (1:15-3:15pm)

Mark Laursen

Some Assembly Required: What Support do New Graduates Need in Their First Job?

Wednesday, June 26th - Peer-to-Peer Discussion (9:15-10:15am)

Alison Snyder Valier

Keeping Up with the Competency Evolution: Measuring Patient-Oriented Outcomes in your Clinical Setting

Tuesday, June 25th - Mini Course (7:00-8:00am)

Kenny Lam

Demonstrating Your Role as a Health Care Professional: Tips and Strategies to Characterize Your Clinical Practice

Wednesday, June 26th - Special Topic (9:15-10:15am)

Tamara Valovich McLeod

New Concepts in Assessment with Emphasis on Youth

Wednesday, June 26th - Feature Presentation (9:15-10:15am)

Gathering Data to Guide Practice and Establish Athletic Training Staffing Requirements to Optimize Athlete's Health Care

Thursday, June 27th - Feature Presentation (10:45-12:45pm)

Academic, Athletic, and Quality-of-Life Considerations Following Sport-Related Concussion

Thursday, June 27th - Special Topic (3:30-4:30pm)

*Aim to see these
and other talks
given by AT-PBRN
Advisory Board
Members at NATA
in Las Vegas*