Competent
Properly or sufficiently qualified; capable

Competency
Competencies are knowledge and skills that serve as instructional goals for a curriculum
Bases of the Athletic Training Educational Competencies

Provides athletic training program personnel and others with the knowledge, skills and clinical abilities to be mastered by students enrolled in related professional preparation programs.

Mastery of these competencies provides the entry-level AT with the capacity to provide athletic training services to clients and patients of varying ages, lifestyles and needs.

Serve as instructional goals that should be used to structure the curriculum.

Developed by the PEC of the NATA.
Role Delineation Study

Performed by the BOC as a means to define the minimal knowledge, skills and behaviors necessary for BOC certification as an AT

Educational competencies encompass the Role Delineation Study but are broader and more specific

Ensures the growth of our profession and heightened abilities of future athletic training professionals
What is the Structure of the Educational Competencies?

Competencies are categorized according to eight content areas comprising the knowledge and skill set of the entry-level AT.

Additionally the competencies contain the clinical integration proficiencies that are used to structure the clinical component of an AT’s athletic training education.
Content Areas

- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injuries and Illnesses
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility
Additionally, the competencies contain Foundational Behaviors of Professional Practice

Permeate every aspect of professional practice and represent the common values of the athletic training profession

Seven foundational behaviors are:

• Primacy of the Patient
• Teamed Approach to Practice
• Legal Practice
• Ethical Practice
• Advancing Knowledge
• Cultural Competence
• Professionalism
Caveat to Educational Competencies

Clinical Integration Proficiencies (CIPs) have become more global in nature with a greater emphasis on the evaluation of clinical integration instead of isolated skills seen in the previous iterations of the clinical proficiencies.

Proficient
To perform with expert correctness and facility

Proficiency
The synthesis and integration of knowledge, skills and clinical decision making into actual patient/client care
Clinical Integration Proficiencies and the Clinical Preceptor

Clinical evaluations should become more global in nature, allowing the preceptor to more easily evaluate the student as a clinician.

The student can easily be evaluated multiple times on his/her clinical proficiencies throughout the academic program.

Less simulated evaluations and testing; more ‘real world’ evaluations over the course of the student’s clinical responsibilities.
PREVENTION & HEALTH PROMOTION

The student can administer testing procedures to obtain baseline data regarding a patient’s/client’s level of general health (including nutritional habits, physical activity status and body composition).

Use this data to design, implement, evaluate and modify a program specific to the performance and health goals of the patient; this will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur and explaining the role of exercise in maintaining overall health and the prevention of diseases.

Incorporate contemporary behavioral change theory when educating patients/clients and associated individuals to effect health-related change; refer to other medical and health professionals when appropriate.
PREVENTION & HEALTH PROMOTION

The student can select, apply, evaluate and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.
PREVENTION & HEALTH PROMOTION

The student can develop, implement and monitor prevention strategies for at-risk individuals (e.g., persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions.

This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (e.g., blood glucose, peak expiratory flow, hydration status) and making the appropriate recommendations for individual safety and activity status.
Clinical Integration Proficiency 4

CLINICAL ASSESSMENT & DIAGNOSIS / ACUTE CARE / THERAPEUTIC INTERVENTION

The student can perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax and/or spine injury or condition.

This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments and identify activity limitations and participation restrictions.

Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals.

Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary) and rehabilitative techniques and procedures.

Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions and maximize patient outcomes and progress in the treatment plan.
The student can perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis.

Based on the history, physical examination and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary).

Determine whether patient referral is needed and identify potential restrictions in activities and participation.

Formulate and communicate the appropriate return to activity protocol.
The student can clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis and provision of the appropriate emergency care (e.g., CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).
PSYCHOSOCIAL STRATEGIES & REFERRAL

The student can select and integrate appropriate psychosocial techniques into a patient’s treatment or rehabilitation program to enhance rehabilitation adherence, return to play and overall outcomes.

This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk and/or relaxation.
PSYCHOSOCIAL STRATEGIES & REFERRAL

The student can demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies.

As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the AT’s role of informed patient advocate in a manner consistent with current practice guidelines.
HEALTH CARE ADMINISTRATION

The student can utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records.

This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes and billing.
Clinical Skill Development

After initially learning how to perform the skill, more learning must take place.

Necessities for mastery of a skill:

- Continued practice of skill in lab settings and in clinical practice settings.
- Integration of particular skill with other related skills (e.g. Lachman’s test with comprehensive knee evaluation).
- Decision-making in clinical context.