

## **Health Professions Recommendations: Considerations for Athletic Training Education & Practice**

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As health care professionals, it is incumbent upon all athletic training educators and clinicians to be cognizant of the broader issues of health care in the United States. The Institute of Medicine (IOM) and the Pew Health Professions Commission have published influential recommendations for health professionals. These recommendations have implications for athletic training education and practice that should be given serious consideration. This article is intended to make athletic training educators and clinicians aware of these standard-setting reports and to highlight their key recommendations.

In 1996 the IOM launched a quality initiative that has resulted in the publication of numerous reports. The IOM defines quality as, “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” The first two reports, *“To Err is Human: Building a Safer Health System”*, and *“Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century”*, led them to conclude that, “the collective impact of all of our health care quality problems is staggering” and sought to, “close the chasm between what we know to be good quality care and what actually exists in practice”. Next, the IOM’s Health Professions Education Summit resulted in their 2003 report, *“Health Professions Education. A Bridge to Quality”* which “makes the case that reform of health professions education is critical to enhancing the quality of health care in the United States”. This report recommends “a set of five core competencies that all clinicians should possess, regardless of their discipline, to meet the needs of the 21<sup>st</sup>-century health system”. The core competencies proposed by the IOM are:

1. Provide patient-centered care: Identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
2. Work in interdisciplinary teams: Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
3. Employ evidence-based practice: Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
4. Apply quality improvement: Identify errors and hazards in care; understand and implement basic safety design principals, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

5. Utilize informatics: Communicate, manage knowledge, mitigate error, and support decision-making using information technology.

The Pew Charitable Trust Health Professions Commission published a four part series of reports with recommendations for the delivery of health care services and health professions education. In their 1991 report, *“Healthy America: Practitioners for 2005”* they identified a set of competencies for all health care practitioners. Two years later they identified characteristics of the emerging health care system in their report, *“Health Professions Education for the Future: Schools in Service to the Nation”*. In 1995 they published their third report, *“Critical Challenges: Revitalizing the Health Professions for the 21<sup>st</sup> Century”* that contains excellent recommendations for health professions education. In 1998 they published a fourth and final report, *“Recreating Health Professional Practice for a New Century. The Fourth Report of the Pew Health Professions Commission.”* This report “offers recommendations that affect the scope and training of all health professional groups, as well as a new set of competencies for the 21st Century”. The final Pew report makes five recommendations for all health professional groups:

1. Change professional training to meet the demands of the new health care system.
2. Ensure that the health profession workforce reflects the diversity of the nation’s population.
3. Require interdisciplinary competence in all health professionals.
4. Continue to move education into ambulatory practice.
5. Encourage public service of all health professional students and graduates.

The fourth and final Pew report also recommends twenty-one competencies for the twenty-first century:

1. Embrace a personal ethic of social responsibility and service.
2. Exhibit ethical behavior in all professional activities.
3. Provide evidence-based, clinically competent care.
4. Incorporate the multiple determinants of health in clinical care.
5. Apply knowledge of the new sciences.
6. Demonstrate critical thinking, reflection, and problem-solving skills.
7. Understand the role of primary care.
8. Rigorously practice preventive health care.
9. Integrate population-based care and services into practice.
10. Improve access to health care for those with unmet health needs.
11. Practice relationship-centered care with individuals and families.
12. Provide culturally sensitive care to a diverse society.
13. Partner with communities in health care decisions.
14. Use communication and information technology effectively and appropriately.
15. Work in interdisciplinary teams.
16. Ensure care that balances individual, professional, system and societal needs.

17. Practice leadership.
18. Take responsibility for quality of care and health outcomes at all levels.
19. Contribute to continuous improvement of the health care system.
20. Advocate for public policy that promotes and protects the health of the public.
21. Continue to learn and help others learn.

In Addition, three specific recommendations for allied health are provided:

1. Create incentives for public and private employers of allied health services to support outcomes-based research on allied health practices.
  - Combine funds from state, education, and industry partnerships.
  - Ensure that the process is competitive and peer reviewed.
2. Create partnerships of educators, employers, and workers to identify and standardize auxiliary health competencies that are learned on the job.
  - Establish a core set of competencies that cut across the auxiliary occupations, such as knowledge of basic medical terminology, ability to communicate in a health care setting, and an understanding of health workplace safety.
  - Build upon this core by delineating more specific guidelines for different auxiliary health occupations and tie these definitions to career ladders.
3. Facilitate the continuous retraining of allied health professionals.
  - Create links across different practice arenas within allied health.
  - Create local education-health delivery partnerships for articulations and linkages.
  - Connect continuous competencies with relicensing processes.

Collectively, the IOM core competencies and the Pew Health Professions Commission recommendations have prompted changes in health care delivery and health professions education. A wealth of information regarding the health care system in the United States, health care delivery, and health professions education, is available from these reports. Therefore, the athletic training profession should utilize these reports as they consider and develop future philosophies and policies of athletic training education and practice. The Institute of Medicine Reports are available on-line at: <http://www.iom.edu> and the Pew Health Professions Commission reports are available on-line at: <http://www.futurehealth.ucsf.edu/compubs.html>

## **References**

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