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History

- Summer, 2012, proposal from RT Floyd, former D 9 Director, to BOD.
- Concerns over:
  - Hiring and firing of AT’s by coaches, mostly at the collegiate level.
  - AT’s being pressured to make medical decisions based on job security at all levels.
Incident at Texas Tech University
Other prominent firings or “non-rehires” with new coaches.
Subsequent article in the Chronicle of Higher Education (September, 2013), based on a survey the author did of over 100 HAT’s at DI level.
BOD asks Mike Goldenberg (D2 Director) and Ron Courson (Director of Sports Medicine, Univ. of Georgia), to co-Chair an Inter-Association Task Force on “Best Practices for Sports Medicine Management for Secondary Schools and Colleges”.

End result was an Inter-Association Consensus Statement.

Ron Courson, ATC, PT, NREMT-I, CSCS (Chair)*; Michael Goldenberg, MS, ATC (Chair)*; Kevin G. Adams, CAA†; Scott A. Anderson, ATC‡; Bob Colgate§; Larry Cooper, MS, LAT, ATC*; Lori Dewald, EdD, ATC, MCHES, F-AAHE | |; R. T. Floyd, EdD, ATC*; Douglas B. Gregory, MD, FAAP¶; Peter A. Indelicato, MD#; David Klossner, PhD, ATC**; Rick O’Leary, MS, ATC, AT/L*; Tracy Ray, MD††; Tim Selgo‡‡; Charlie Thompson, MS, ATC*; Gary Turbak, DHSc, ATC§§

*National Athletic Trainers’ Association; †National Interscholastic Athletic Administrators Association; ‡College Athletic Trainers’ Society; §National Federation of State High School Associations; ||American College Health Association; ¶American Academy of Pediatrics; #American Orthopaedic Society for Sports Medicine; **National Collegiate Athletic Association; ††American Medical Society for Sports Medicine; ‡‡National Association of Collegiate Directors of Athletics; §§National Association of Intercollegiate Athletics

JAT 2014; 49(1): 128-137
February, 2014
Task Force

Representation from:
- NATA- Larry Cooper and Rick O’Leary (SSATC), Charlie Thompson (CUATC), RT Floyd

- NCAA
- NFHS
- AMSSM
- AOSSM
- AAP
- NACDA
- ACHA
- CATS
- NIAA
- NIAA
Handbooks, Position Statements, Consensus Statements, Principles, Standards, journal articles, etc., from all of the represented groups, were culled and reviewed.
All AT members of the Task Force have either worked to develop their own programs by establishing themselves as experts and have gained the respect of those they work with, OR they have inherited an established program and have worked to maintain it.
Hence, we do discuss these issues from a position of strength.

During the entire process, we kept in mind that many AT’s are working in less than ideal situations, where it is very difficult to establish a position.

This is for them.
TF was divided into six work groups to examine the following:

- Duties and Responsibilities of the AT and TP.
- Selection, Renewal, Dismissal of Medical Personnel at the C/U and SS levels (2).
- Supervisory Relationships and Chain of Command w/in the Sports Medicine Team.
- Performance Appraisal Tools for the AT/TP at the C/U and SS levels (2).
Consensus #1 was that the delivery of sports medicine must always be “athlete centered”.

Very similar to the concept in the health care world related to “patient- centered care”.

- Care is focused on the individual’s needs and concerns.
This concept is intended to eliminate any and all ethical/moral dilemmas that occur when the H/WB of the athlete conflicts with the performance expectations of coaches, administrators, family members, etc.

In almost every circumstance, decisions on care, treatment, and, in the athletic world, return to participation, is the legal responsibility of the physician.
Very often, in our world, the physician designates the athletic trainer to make many of those decisions, putting the onus on the AT.

At all times, BOC Standards of Professional Practice, NATA Code of Ethics, and state medical practice regulations MUST be followed.
Four questions

- Does the athlete want to participate? Yes or no?
- Is it safe for the athlete to participate? Yes or no?
- Can the athlete be protected to participate, if necessary? Yes or no?
- Is the athlete functional enough to participate? Coach involvement at this point?
Duties and Responsibilities of the AT/ TP

- Primary focus is on the immediate and long-term health and well-being of the athlete.
  - All those involved with that process should/could be involved in the process of creating the JD’s for both of these positions.
  - Distinctions made for clinical, administrative, and academic expectations.
Duties and Responsibilities of the AT

- All members of the SM team should have JD’s which are:
  - Consistent with each other.
  - Provide clear lines of supervision.
  - It should specify that all AT’s work under the direction of the Team Physician/Medical Director.
  - It should delineate the distinction between medical duties, administrative duties, and, if appropriate, academic duties, with percentages.
Duties and Responsibilities of the AT

Specific duties for the AT include, but are not limited to the following:

- Prevention, recognition, diagnosing, referring, treating, and rehabilitating injuries.
- Maintaining accurate and up-to-date medical records, in compliance with state regulations.
- Development/implementation of EAP’s, in conjunction with appropriate institution/District personnel.
Duties and Responsibilities of the AT

- Operation of appropriate facilities, in compliance with national, state, and local standards/ building codes.
- Establishing criteria for safe RTP:
  - Refer back to the four questions.
- Determine which activities/ sites require on-site medical care.
Athletic Trainer/ MD on-site

Athletic Trainer/ MD available in ATR

Athletic Trainer/ MD not required
Duties and Responsibilities of the AT

• Monitoring of environmental conditions.
• Communication with coaches, administrators when appropriate, and parents/family when appropriate, within the rules that apply.
  • HIPAA (Health Insurance Portability and Accountability Act)?
  • FERPA (Family Education Rights and Privacy Act)?
    • Which one applies at your workplace?
Duties and Responsibilities of the AT

- Other duties that may apply include:
  - Equipment fitting/maintenance program.
  - Activity venue safety programs/review.
  - Strength and conditioning program development.
Duties and Responsibilities of the TP

- Establish and demonstrate ultimate authority for all medical decisions regarding RTP.
  - Provide guidance to designated staff, i.e. AT’s.
- Integrate medical expertise with other medical experts, including specialists, allied health professionals, and certainly, AT’s.
Duties and Responsibilities of the TP

Specific duties include, but are not limited to:

• Developing the chain of command for medical issues.
• Coordinate PPPE’s, including establishment of required criteria.
  • SCT status? EKG? Cardiology exam? Medical records for prior injuries/illnesses?
• Provide medical management criteria for on-field injuries.
Duties and Responsibilities of the TP

- Provide education and guidance in areas including nutrition, ergogenic aids, substance abuse, certain medical issues, and mental health concerns.
- Provide guidance for medical record expectations.
- Participate in the development and implementation of EAP’s.
Duties and Responsibilities of the TP

- Communicate with administrators, coaches, parents, and the athletes, as necessary.
- Advocate with administrators and others for maximizing the abilities of the SM staff.
Selection, Renewal, Dismissal of Medical Personnel at the C/U and SS Levels

- Administrative responsibility for hiring of TP, HAT, staff AT’s.
  - Best Practice is always medical personnel making decisions on hiring of all medical staff.
  - The opportunity for a coach to make the selection, renewal decisions, and dismissal decisions is a red flag.
Selection of Medical Personnel at the C/U and SS Levels

- Responsibility for creating the job description, posting criteria, candidate selection process, and final selection criteria, should be clear and specific.

- The job posting should contain as much information as possible, including, but not limited to:
Selection of Medical Personnel at the C/U and SS Levels

- Position title;
- Salary grade/ range;
- Reporting/ supervisory lines;
- Education level, experience level, and credential expectation(s);
- Basic description of responsibilities;
- Percentages of split appointments.
The renewal process should be based on comprehensive, fair, and equitable process;
Should be based on appropriate HR procedures established by the institution/district;
Should be an on-going process.
Renewal of Medical Personnel at the C/U and SS Levels

- As mentioned and as necessary, each particular area of the position should be evaluated by the appropriate person (clinical, administrative, academic).
- The process should be spelled out at the time of the initial hire.
- Recommended that the process is “on-going” throughout the time period.
Dismissal procedures should be followed closely, again, adhering to all institution/district policies.

Very important to have a “paper trail” when trying to dismiss staff.

This subject is what makes the delineation of duties mentioned earlier so important.
Supervisory Relationships/ Chain of Command

- **Athletic Model**
  - AT and TP hired by the AD.
  - AT only hired by the AD; TP paid as consultant.

- **Medical Model**
  - AT/ TP hired by health services/ hospital.
  - AT only hired by health service/ hospital; TP paid as consultant.

- AT hired by AD; TP hired by health service/ hospital.
Supervisory Relationships/ Chain of Command

- Whichever model is utilized, AT always reports to a/the physician.
- Whichever model is utilized, it must be clear that the medical staff has the unchallengeable authority when it comes to medical issues.
- AT’s hired by AD should be hired as a senior-level administrator in the department.
Whichever model is utilized, it is important to have written and disseminated policies regarding:

- Unchallengeable authority for the medical staff in regard to return to play.
- Outside physician clearance for participation.
- Role(s) of coaches, administrators, and parents in regard to return to play decisions.
As previously mentioned, Performance Appraisals (PA) are crucial processes that should be followed on a regular basis, with once per year being the minimum. The PA can be a template obtained from HR sources and modified to fit the expected behaviors.
The PA should have separate sections for clinical expectations, administrative tasks, academic performance, and other areas as indicated by the job description.
Our number one priority is to protect our athletes.

By doing so, we are also protecting our employer.

The two are not mutually exclusive.

- The difficulty is convincing others that what you are doing is the best thing for all involved.
If you come at it from that angle, and avoid the notion that this is primarily about you and your needs, people will have a hard time fighting you.

It’s like using the word “liability”.

Priorities
Once again, I will refer you to the Consensus Statement which was printed in the February, 2014, JAT.

It is also available on the NATA web site.

The document is not only for people struggling to establish their program; it can help in a number of ways.
Conclusion

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- Or contact any of the authors of the document.
- Thank you!