Strategic Issues in Athletic Training Lecture Series

“The Medical Model”

An Alternative in Sports Medicine Administration

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Co-Content and Presented by Tim Weston M.Ed. ATC
Colby College
Conflict of Interest

In compliance with continuing education requirements, I have no financial or other associations with companies having a direct link and/or financial relationship that is related to the topic/content of their presentation to disclose.
Questions:
1. How many of you work under the direction of a Medical Director?
2. What does that mean?
3. When was the last time you had contact with your Medical Director?
4. How are you evaluated as an AT?
5. Who does that evaluation?

- BOC Standard 1: Direction
  - The Athletic Trainer renders service or treatment under the direction of a physician.
Outline

• Medical Model vs. Traditional Model
• The Advantages and Disadvantages
  – Benefit of Medical Model to the School/College/University
• How to Move to a Medical Model
  – Collegiate Setting
  – Secondary School Setting
• Improved Patient Care with the Medical Model
• Benefits of the Medical Model to the Athletic Trainer
Medical Model vs. Traditional Model

Typical Models of Employment Relationships for Athletic Trainers and Sports Medicine Teams:

- Athletic trainer employed by athletic department
  - Athletic trainer and/or team physician employed by athletic department
- Athletic trainer employed by health services
  - Athletic trainer and/or team physician employed by school health services
- Medical care contracted with outside hospital, clinic or physician group
Medical Model vs. Traditional Model

• Traditional Model:
• Athletic Training and Sports Medicine staff employed by the Athletic Department
  – Direct report to Athletic Director, Assistant AD, Associate AD or worse Coach
    • These positions usually do NOT have Medical background!
  – Performance evaluations performed by Athletic Director, Assistant AD, Associate AD or worse Coach
    • Medical decisions being evaluated by someone who does not have medical background or training!
Medical Model vs. Traditional Model

- Medical Model:
  - Athletic Training and Sports Medicine staff employed by Student Health Services, Clinic, Hospital or it’s own Medical Services Department of the school. (Multiple options, no right answer for everyone, think outside the box)
    - Direct report to Director of the Department (Athletic Trainer or other Allied Healthcare Provider), Medical Director (Physician), Team Physician
Why Medical Model?

A Chronicle survey, sent to hundreds of athletic trainers and training-staff members from the NCAA’s 120 largest football programs, revealed that many athletic trainers feel coaches’ influence over medical decisions.

The Chronicle of Higher Education: "Coach Makes the Call";
September 2, 2013
Why Medical Model?

Out of the 101 who responded to the study:

- 11 said they reported directly to the football coach or a member of the coaching staff
- 32 said a member of the football coaching staff had influence over hiring and firing decisions for their position
- 53 said they had felt pressure from football coaches to return a student to play faster than they thought was in his best interest medically
- 42 said they had felt pressure from football coaches to return an athlete to the field even after he suffered a concussion

Why Medical Model?

According to the Same Chronicle Article:

“ATs say they've tried to resist coaches' demands, but that's not always easy. In at least 11 big-time programs, ATs or directors of sports medicine report directly to a football coach, the Chronicle has found. That arrangement could force the medical staff to choose between player safety and their own job security.

When ATs push back too hard, they often face repercussions. More than a dozen Division I ATs have been fired or demoted in recent years, the Chronicle has learned, often over questionable return-to-play calls.”

Why Medical Model?

Supervisory Relationships and Chain of Command within the Sports Medicine Team in the Secondary School and College/University Settings

• A variety of models exist for sports medicine administration. Regardless of the model utilized, there should be a clear delineation of responsibilities and supervisory roles should be documented in advance of employment with subsequent documentation as part of the employment contract.

• Some institutions may have models that vary from those presented in this paper or utilize some combination of models. Regardless of the model utilized, in no case should there be a supervisory relationship where members of the sports medicine team report to a coach due to both perceived and real conflicts of interest. The athletic trainer should report to the team or school physician.
Medical Model for Athletic Training

- Athletic Trainers are not employed by the Athletic Department. They are contracted through an outside entity (clinic or hospital), or Student Health Services, or Athletic Training Sports Medicine Department.

- Advantages:
  - Less perception of conflict of interest
  - Can streamline continuity of care – Interprofessional Practice
  - Decreased liability on athletic department and the institution
  - Medical professionals are supervised and evaluated by other medical professionals.
  - Athletic Training positions are usually seen as full time employees (at least in our model)
  - Improved work – life balance
  - Working for a bigger organization may provide for expanded healthcare services
Medical Model for Athletic Training

• Potential Disadvantages:
  – It is critical that the staff providing AT services **MUST** understand the intricacies and demands of an athletic program; it is also necessary to teach the athletic staff and providers the arrangements for optimal patient care.
  – Difficulty in staffing matrix and possible needs of athletic training department.
  – Communication with Athletic Department may be more complex
  – Budgetary Concerns (Equipment and Supplies, who pays?)
Medical Model for Athletic Training

Colby College Health Services
Sports Medicine Department

- Comprehensive approach.
- Timely Communication with Athletic Department
- Paradigm shift –
  - Refer to the “Athletes” as your “Patients” and the athletic department as our “customer.”
Medical Model Options

Think outside the box

• Collegiate/University Level
  – Student Health Center/Services Option
  – Medical or Athletic Training Department
  – Contract with outside entity (clinic, hospital or MD office)
Medical Model Options

Collegiate/University Level

NCAA Division I

(Proposed 2017 NCAA convention DII and DIII)

- Title: NCAA MEMBERSHIP -- ACTIVE MEMBERSHIP -- INDEPENDENT MEDICAL CARE
- Bylaws: Amend 3.2.4.17, as follows:
- 3.2.4.17 Independent Medical Care. An active member institution shall establish an administrative structure that provides independent medical care and affirms the unchallengeable autonomous authority of primary athletics health care providers (team physicians and athletic trainers) to determine medical management and return-to-play decisions related to student-athletes. An active institution shall designate an athletics health care administrator to oversee the institution's athletic health care administration and delivery.
Medical Model Options
Collegiate/University Level

• Student Health Center/Services Option
  – Can be challenging to get both the Health Service and Athletic Department to agree on all aspects of AT medical services.
  – Vital to show the advantages to all the parties involved.
    • How does this benefit the athlete, school, athletic department, and the athletic trainer.
    • AAAHC (Accred Assoc for Amb Health Care) or Joint Comm

• Some Examples: Princeton, Dartmouth, University of North Carolina, Colby College, Boston University, and Northwestern (hybrid) utilize some form of this model. ("Room for Change": NATA News, March 2011)
**Athletic Trainer and/or team physician employed by the University Health Center or School Health Services:** In this model, the University Health Center is responsible for providing all healthcare services to the students, including those involved in athletics. This model requires a well-thought-out communication plan so that the relationship is seamless, and information is provided to athletic personnel in a timely fashion.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides for minimal conflict of interest in making medical decisions based solely upon the athlete’s medical needs.</td>
<td>• Athletics may perceive a lack of commitment toward its personnel and there may be greater communication challenges between the medical staff and athletics.</td>
</tr>
<tr>
<td>• Athletic trainer is considered a medical provider, and is afforded all the rights and privileges as such.</td>
<td>• The athletic department will no longer have control over the healthcare of athletes or the employment of athletic trainers, and will no longer receive insurance reimbursements from sports medicine services (when applicable).</td>
</tr>
<tr>
<td>• Typically, salaries are comparable to other medical professionals.</td>
<td>• It is critical that the staff of the Health Service understand the intricacies and demands of an athletic program; it may become necessary to teach present and new staff intricacies either at the outset or as new personnel are hired.</td>
</tr>
<tr>
<td>• Typically, separate staff members are assigned to various administrative tasks, freeing up the athletic trainer for clinical care and allowing a better work/life balance.</td>
<td>• Student health services may not employ the most expert sports medicine specialists in the area.</td>
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<tr>
<td>• Provision of medical services and related activities such as billing/reimbursement management are under the supervision of staff with the most expertise in these areas.</td>
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<td>• Medical records, referrals, and other related services are managed in one place without duplication or division of efforts.</td>
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<td>• Comprehensive care for the student-athlete is facilitated as both participation-related and other health care can be delivered through the Health Service.</td>
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Medical Model Options

Collegiate/University Level

- Medical or Athletic Training Department
  - Create a new department in your college or university
  - This department head or chair is Team Physician, Athletic Trainer or other Allied Health Care Professional.
  - All medical staff report up through this department.
  - The Head or Chair is equal to Athletic Director in organizational structure.
  - All Medical Decisions are made by this department.
  - Scheduling is Mutually Agreed upon between Chair and AD (not dictated by the athletic department).
Medical Model Options

Collegiate/University Level

- Contract with outside entity (clinic, hospital or MD office)
  - Every contract may be different
    - Full Time (how many AT’s?), Part Time, Per Diem.
    - Cost dependent on patient care needs.
    - Usually includes advertising rights.
- Look to closest Regional Healthcare Center for possible interest in outreach.
- Need to have strong business plan – including ancillary business not just contracted rate from school.
- Very helpful if you have a strong MD’s helping to champion this option!!!
**Medical care is contracted with an outside hospital or private group:** In this model the institution contracts out to a separate entity, usually a hospital, for provision of all medical services. The awarding of these contracts may be based upon bids.

<table>
<thead>
<tr>
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<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Significantly reduces the athletic department’s responsibility for and control over medical decisions and should allow for more unity among the members of the medical team.</td>
<td></td>
</tr>
<tr>
<td>• Can provide for more seamless continuity of care between the medical providers.</td>
<td>• Due to lack of medical expertise, the institution may be challenged in evaluating the competitive bids regarding the best medical care provider versus the best financial package.</td>
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<td></td>
<td>• Some outside groups may be lacking in appropriate personnel for every medical situation or the specialty needs that may arise.</td>
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<td></td>
<td>• There may be greater communication challenges between athletics and medical personnel.</td>
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<tr>
<td></td>
<td>• Difficulty may exist in determining the appropriate needs for equipment, expendable supplies, and staffing, and how this may be reconciled between the parties.</td>
</tr>
</tbody>
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Medical Model Options

- Secondary School Level:
  - Medical or Athletic Training Department
  - Contract with outside entity (clinic, hospital or MD office)
  - Hybrid model (AT evaluations done by Athletic Director AND Physician)
  - Nurse and AT could be direct report to School Physician

- No significant differences between creating these at the high school or college level.
Medical Model Options

Secondary School Level:

- Medical or Athletic Training Department

  - Will have to sell this to the School District
  - Tough sell if increase in $$$ required
  - Do not get discouraged, keep trying to prove the advantages to administration. (i.e. Liability, improved patient care, less perceived conflict of interest – especially good selling point to parents)
  - Show Return on Investment, Show Value!
  - Resources to Assist from NATA SSATC

Think Outside the Box from commons.wikimedia.org
Medical Model Options

- Secondary School Level:
  - Contract with outside entity (clinic, hospital or physicians office)
  - Again same as college level.
  - Keep contract options open when first discussing with new school.
  - May be an easier sell if you can show any cost savings to the school through subsidizing the contract.
  - Warning: Don’t give your services away
    - Undervaluing AT Services
    - Likely Stark Law issues
  - Once they take a bite……
Medical Model Options

• Secondary School Level:
  – St. James Healthcare in Montana
  – In secondary schools for almost 20 years (started our program in the Spring of 1997). They also have been in the collegiate setting now for over 10 years. (NAIA schools)
  – AT’s are full time and employed 12 months
  – No clinical aide duties during the day.
  – Community and professional education throughout the year.
  – AD’s at our secondary schools do not have any supervisory role over our medical staff.
  – Limited Per Diem AT coverage
  – The Team Physicians are under St. James umbrella and not the secondary schools. They work for St. James Healthcare when they are doing injury clinic or event coverage.
Medical Model Options

• Secondary School Level:
  – “New” FLSA law that is now under injunction
  – St. James Healthcare moved forward with increasing there AT staff to be at or above the “new” FLSA guidelines.
  – Starting pay for recent AT grads is at the “new” FLSA minimum level and salary is adjusted from there based on experience.
  – Again all of St. James Healthcare AT’s are Exempt or Salaried employees except the 1 per diem and 1 part time.
Montana Sports Medicine

Senior Director

Manager, Orthopedic and Therapy Services
   Head Athletic Trainer

Sports Medicine
   Medical Director
   General Medicine Team Physician

Athletic Trainer
   Butte Central
      1 Full Time

Athletic Trainer’s
   Butte High
      2 Full Time

Athletic Trainer’s
   Montana Tech
      3 Full Time

Athletic Trainer
   Twin Bridges
      1 Full Time

Athletic Trainer
   Anaconda
      1 Full Time
Medical Model Options

• This Model can work in both rural and urban settings.

• Seattle Children’s Hospital – Athletic Trainer Program
  – Started approximately 8 years ago with 7 AT’s – Now has 28 full time AT’s.
  – Contracts with multiple schools in the region
  – Competes with other area hospitals for the contracts
  – Treats their AT’s as Healthcare providers both in compensation and respect!
    • AT’s are paid hourly – every hour they work they get paid!!

Phone interview with Manager, Phillip Heywood and info from http://www.seattlechildrens.org/clinics-programs/orthopedics/services/athletic-trainers-program/
Guidelines

• When a hospital or clinic supplies an AT to a school in exchange for referrals from that AT for follow-up care that situation generates concern related to health care fraud.
  – Federal Anti-Kickback Statute
    • Protects patients from HC practitioners who refer to entities with whom they have a financial relationship
    • Require careful structure to avoid kickbacks
Guidelines

Do’s
• Pay fair market value
• Specific and current contract
• Refer for legitimate needs
• Seek legal consultation in the design of the program
• Report issues to appropriate agencies

Don’ts
• Refer exclusively to your employer
• Salary cannot be based on referrals
• Accept perks for referrals
• Arrange for unnecessary services
Improved Patient Care through the Medical Model

- On Site injury clinics at Secondary Schools by Ortho and physicians – Part of contract or structure of the department
  - Physicians leave openings in their schedule on specific days that can only be filled by AT staff referrals
  - This improves communication – with the Athletes, Coaches and Parents

- Improved ability to provide patient care when another AT has time off (pool of AT’s)
Question:

• What are the issues that are most important to you as an Athletic Trainer?
  – Salary and Benefits?
  – Work - Life Balance?
  – Patient outcomes?
  – Professional Respect?
Improved Patient Care through the Medical Model

• Improved team approach to athlete centered medical care.
• Easier access to MD’s of different specialties, to other allied healthcare personnel
• Unchallenged authority of sports medicine staff to make medical decisions in the best interest of the athlete
• Improved job satisfaction/less burn out of AT (work life balance) will provide more consistent care
• AT’s patient care effectiveness is performed by someone with a medical background (Team Physician or other AT) ensures medical practices are up to date. Most normal AD’s would not know if current standard of care or medical policies are being followed or not!

• Opportunity for Health Care Accreditation
• Opportunity for Quality Management / Assurance
Benefits of the Medical Model for the AT’s Professional Health and Well-being

• Depending on type of Medical Model the benefits to the AT could differ

• Including:
  – Working for a healthcare setting – it is easier to get those individuals (team physicians, other allied healthcare professional, hospital admin, clinic admin) to understand that ATs are HEALTHCARE PROFESSIONALS!
  – We are not just someone who knows how to tape!
  – Sometimes it is harder to get someone who has no medical background (most AD’s, coaches) to fully understand our profession.
  – Inter-professional interactions and AT professional development….the Health Care Team we crave!
Comparison of Athletic Trainer Stress and Job Satisfaction with Different Models of Care Delivery
Colleen B. Hamman, MS, ATC; Sarah D. Giles, MS, ATC; Gary B. Wilkerson, EdD, ATC; Carrie S. Baker, PhD, ATC

BACKGROUND AND PURPOSE
- Athletic training services are typically delivered by personnel administratively assigned to an athletic department.
- Role of the team physician and/or athletic trainer (AT) may be influenced by athletic program priorities (Table 2).
- Job satisfaction, work-family conflict, job burnout, and intent to leave an organization are interrelated.
- 58% of ATs consider leaving profession due to poor salary, heavy workload, and lack of time for family.
- Some institutions have replaced the traditional athletic program model with a "medical" model of service delivery.
- The purpose of this study was to assess any differences in AT stress and job satisfaction between the traditional model (TM) and the medical model (MM) for delivery of athletic training services.

RESULTS
- Mean TMAT stress score (43.65) significantly greater than mean MMAT score (22.43), t(42) = 2.96, P = 0.005
- Stress score ≥ 38: TMAT 14% (17/22), MMAT 29% (6/21), TM more likely for TMAT than MMAT (Figure 1).
- Response values for 5 survey items demonstrated significant difference in professional satisfaction (Table 1).
- ICSM reports an average stress score of 47.70 at comparable institutions without model specification (Figure 2).
- Maximum proportion of TMAT-reported job dissatisfaction compared to MMAT (Figure 3).
- Maximum frequency of fatigue, stress, and burnout was greater for TMAT than MMAT (Table 2).
- Years of experience responses were more evenly distributed within TMAT than MMAT (Table 4).

PARTICIPANTS AND PROCEDURES
- Entire full-time AT staff of 8 NCAA Division I institutions with comparable athletic programs (i.e., competition level).
- 78% (44/56) completed Institute for Collegiate Sports Medicine (ICSM) College/University AT Stress Survey.
- 29 items with 5-level response option (1-25), high score associated with high stress and/or low job satisfaction.
- Survey electronically administered through Research Electronic Data Capture System (REDCap).
- Responses categorized according to type of administrative model employed by participant's institution.
- Traditional model (TM) n = 21; Medical model (MM) n = 21.
- Responses analyzed to identify differences in AT stress and job satisfaction between models of care delivery.

Table 1: Survey Items

<table>
<thead>
<tr>
<th>Survey Items</th>
<th>TM</th>
<th>MM</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too little pay</td>
<td>2</td>
<td>2</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Rapid program changes, time, schedule</td>
<td>3</td>
<td>2</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Denied break, lunch, sick leave, vacation</td>
<td>2</td>
<td>1</td>
<td>0.032</td>
</tr>
<tr>
<td>Angry clients or disrespectful supervisors</td>
<td>2</td>
<td>1</td>
<td>0.040</td>
</tr>
<tr>
<td>Feel unappreciated or used</td>
<td>2</td>
<td>2</td>
<td>0.14</td>
</tr>
<tr>
<td>Would not try</td>
<td>3</td>
<td>1</td>
<td>0.17</td>
</tr>
<tr>
<td>Lack access to assistive outlet</td>
<td>2</td>
<td>0</td>
<td>0.091</td>
</tr>
<tr>
<td>Conflict with coaches</td>
<td>1</td>
<td>1</td>
<td>0.107</td>
</tr>
<tr>
<td>Lack funds to accomplish objectives</td>
<td>2</td>
<td>1</td>
<td>0.136</td>
</tr>
<tr>
<td>Feel tired even when you feel</td>
<td>2</td>
<td>2</td>
<td>0.180</td>
</tr>
<tr>
<td>Counting down to quitting time</td>
<td>2</td>
<td>1</td>
<td>0.195</td>
</tr>
<tr>
<td>Feel less competent than you to feel</td>
<td>2</td>
<td>1</td>
<td>0.088</td>
</tr>
<tr>
<td>Job requires monotonous repetitive tasks</td>
<td>2</td>
<td>1</td>
<td>0.404</td>
</tr>
<tr>
<td>Applying rules with no considerations</td>
<td>1</td>
<td>1</td>
<td>0.426</td>
</tr>
<tr>
<td>Feel overwhelmed</td>
<td>2</td>
<td>2</td>
<td>0.488</td>
</tr>
<tr>
<td>Required to wear many hats</td>
<td>2</td>
<td>2</td>
<td>0.488</td>
</tr>
<tr>
<td>Unreliable job funding sources</td>
<td>1</td>
<td>0</td>
<td>0.808</td>
</tr>
<tr>
<td>Get angry or irritated easily</td>
<td>2</td>
<td>1</td>
<td>0.646</td>
</tr>
<tr>
<td>Chronically fatigued</td>
<td>2</td>
<td>1</td>
<td>0.715</td>
</tr>
<tr>
<td>Using alcohol/drugs unhealthy</td>
<td>0</td>
<td>0</td>
<td>0.732</td>
</tr>
<tr>
<td>Worry or trouble sleeping at night</td>
<td>2</td>
<td>1</td>
<td>0.767</td>
</tr>
<tr>
<td>Overweight</td>
<td>2</td>
<td>2</td>
<td>0.772</td>
</tr>
<tr>
<td>Job lacks clear guidelines or objectives</td>
<td>1</td>
<td>1</td>
<td>0.784</td>
</tr>
<tr>
<td>Returning from injury, etc.</td>
<td>1</td>
<td>1</td>
<td>0.554</td>
</tr>
<tr>
<td>Job overload you have with work</td>
<td>2</td>
<td>2</td>
<td>0.963</td>
</tr>
</tbody>
</table>

Figure 1: Stress Score (0-100) Comparison

Figure 2: Average Stress Score

Figure 3: Frequency of "Satisfied" Response

Table 2: Annual Salary ($)

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30-49K</td>
<td>43%</td>
<td>54%</td>
</tr>
<tr>
<td>$50-69K</td>
<td>46%</td>
<td>33%</td>
</tr>
<tr>
<td>$70-89K</td>
<td>45%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Table 3: Hours Worked/Week

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-60</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>61-70</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>71-80</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Table 4: Years in the Profession

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>11-15</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>16-20</td>
<td>35%</td>
<td>25%</td>
</tr>
</tbody>
</table>

REFERENCES
Benefits of the Medical Model for the AT’s Professional Health and Well-being

The purpose of this study was to assess differences in AT stress and job satisfaction by comparing the Traditional Model and the Medical Model of patient care delivery.
Benefits of the Medical Model for the AT’s Professional Health and Well-being

Background and Purpose of Study:

- **In the Traditional Model** – AT services typically delivered by personnel assigned to athletic department
  - The roles of AT and MD may be influenced by athletic program priorities. (AT’s being fired by Coaches)
  - Job Satisfaction, work-family conflict, burnout, and retention are interrelated
  - 68% of AT’s in the study considered leaving the profession due to poor salary, heavy workload and lack of family time.

"Comparison of Athletic Trainer Stress and Job Satisfaction with Different Models of Care Delivery"; Hamman, Giles, Wilkerson, and Baker; The University of Tennessee - Chattanooga
Benefits of the Medical Model for the AT’s Professional Health and Well-being

- **In the Medical Model** – AT services are delivered as an extension of a health services administrative unit
  - Minimized conflict of interest – patient care decisions based upon athlete’s medical needs
  - Increases in compensation for AT’s, elevates quality of patient care and improves work-life balance

“Comparison of Athletic Trainer Stress and Job Satisfaction with Different Models of Care Delivery”; Hamman, Giles, Wilkerson, and Baker; The University of Tennessee - Chattanooga
Benefits of the Medical Model for the AT’s Professional Health and Well-being

- **Participants and Procedures:**
- The study utilizes full time staff of 8 comparable DI institutions
  - 76% (44/58) completed Institute for Collegiate Sports Medicine (ICSM) College/University AT Stress Survey
  - 25 items with 5-level response option (0-4); high score associated with high stress and/or low satisfaction
- The responses were broken down into Traditional Model vs. Medical Model

"Comparison of Athletic Trainer Stress and Job Satisfaction with Different Models of Care Delivery"; Hamman, Giles, Wilkerson, and Baker; The University of Tennessee - Chattanooga
Benefits of the Medical Model for the AT’s Professional Health and Well-being

• **Results:**

• Mean Traditional Model-AT stress score of 43.65 significantly greater than mean Medical Model-AT score of 32.43
  
  – A stress score of greater than 39 was 7x more likely for TM-AT than MM-AT (Figure 1)

• Response values for 5 survey items demonstrated significant difference in professional satisfaction

• Greater proportion of Traditional Model-AT reported job dissatisfaction (Figure 3)

“Comparison of Athletic Trainer Stress and Job Satisfaction with Different Models of Care Delivery”; Hamman, Giles, Wilkerson, and Baker; The University of Tennessee - Chattanooga
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Benefits of the Medical Model for the AT’s Professional Health and Well-being

- **Results:**
- Most frequent **salary range** response (unadjusted for cost of living) was lower for Traditional Model-AT than Medical Model-AT (Table 2)
- Most frequent **hours/week** was greater for TM-AT than MM-AT (Table 3)
- Years of experience responses were more evenly distributed within TM-AT than MM-AT (Table 4)
Benefits of the Medical Model for the AT’s Professional Health and Well-being

"Comparison of Athletic Trainer Stress and Job Satisfaction with Different Models of Care Delivery"; Hamman, Giles, Wilkerson, and Baker; The University of Tennessee - Chattanooga

<table>
<thead>
<tr>
<th>Annual Salary ($)</th>
<th>Traditional</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-49K</td>
<td>65% (15/23)</td>
<td>5% (1/21)</td>
</tr>
<tr>
<td>50-69K</td>
<td>26% (6/23)</td>
<td>52% (11/21)</td>
</tr>
<tr>
<td>70-89K</td>
<td>4% (1/23)</td>
<td>29% (6/21)</td>
</tr>
<tr>
<td>≥90K</td>
<td>4% (1/23)</td>
<td>14% (3/21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours Worked/Week</th>
<th>Traditional</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤50</td>
<td>9% (2/23)</td>
<td>62% (13/21)</td>
</tr>
<tr>
<td>51-60</td>
<td>39% (9/23)</td>
<td>29% (6/21)</td>
</tr>
<tr>
<td>61-70</td>
<td>30% (7/23)</td>
<td>10% (2/21)</td>
</tr>
<tr>
<td>≥71</td>
<td>22% (5/23)</td>
<td>0% (0/21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years in the Profession</th>
<th>Traditional</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5</td>
<td>22% (5/23)</td>
<td>33% (7/21)</td>
</tr>
<tr>
<td>6 to 10</td>
<td>26% (6/23)</td>
<td>24% (5/21)</td>
</tr>
<tr>
<td>11 to 15</td>
<td>26% (6/23)</td>
<td>5% (1/21)</td>
</tr>
<tr>
<td>≥16</td>
<td>26% (6/23)</td>
<td>38% (8/21)</td>
</tr>
</tbody>
</table>
Benefits of the Medical Model for the AT’s Professional Health and Well-being

• What does it all mean??

• Clinical Relevance of this Study:
  – AT’s in the Traditional Model are less likely to report job satisfaction
    • TM-AT’s reported greater work-related stress
      – May be due to long hours and lower salaries

• Survey responses suggest greater professional respect and more work-life balance among Medical Model-AT’s.

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Benefits of the Medical Model for the AT’s Professional Health and Well-being

• The results strongly support a transition from Traditional Model to Medical Model for improved job satisfaction
  – Sharing of clinical duties may decrease working hours, improve quality of life, and improve patient care
  – AT role and job security would less likely depend on coaches and athletic program admin.

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Benefits of the Medical Model for the AT’s Professional Health and Well-being

• The CSM and SJH sports medicine model:
  – Strive for life balance.
    • Flex Schedules
    • Cross Coverage
    • Family is important
  – Strive for above average pay.
    • Yearly market analysis for pay – not just when asked by staff.
    • AT’s benefits are excellent due to being part of a larger organization!
Benefits of the Medical Model for the AT’s Professional Health and Well-being

• The CSM and SJH sports medicine model:
  – Strive for excellence in our delivery of care
    • High standards from the team physician/medical director
    • AAAHC Accreditation Standards met
    • Peer and community education/outreach
  – Insist all AT’s are treated as Healthcare Professionals:
    • Do not work in clinic as an Aide
    • Being an AT is a full time job
    • Inter-professional integration
THANK YOU!