

# The Development, Implementation, and Value of the Athletic Training Milestones for Assessing Progressive Clinical Behaviors

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## Content Focus

Vitality of The Profession, Health Professions Education

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## Reference

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## Author Characteristics

Hollie Walusz currently serves as a Head Athletic Trainer for Boston University and has served as the Residency Program Director since 2016. She has been a preceptor for professional programs, faculty in a baccalaureate program and professional program, is affiliate faculty in a DAT program, affiliate faculty in a Neurology fellowship program, and is core faculty and program director for a Commission on Accreditation of Athletic Training Education (CAATE)-accredited Orthopedic residency program. She has seen the impact of the AT Milestones first-hand across all levels of AT education as well as use for professional growth. Hollie speaks nationally regarding the use of the AT Milestones in athletic training. Additionally, Hollie speaks nationally regarding residency and fellowship training as a catalyst to advance the profession. She serves as the Chair of the Residency and Fellowship Council for the CAATE and was previously the Chair of the Residency and Fellowship Standards Committee for the CAATE.

Dr. Eric L. Sauers is a tenured Full Professor and Dean of the College for Healthy Communities at A. T. Still University in Santa Maria, California. He served the CAATE for 11 years in numerous roles, including as President, Vice President, and Commissioner. Dr. Sauers has published numerous peer-reviewed scientific articles and given numerous state, regional, national, and international presentations related to his research and scholarship.

Mark Laursen currently serves as the Residency and Fellowship Director for the CAATE and as an Adjunct Clinical Associate Professor at Boston University. From 2008 until 2022, Mark served Boston University as the Director of Athletic Training Services and as a Clinical Associate Professor in Boston University's Sargent College of Health and Rehabilitation Sciences.

Forrest Pecha serves as the Clinical Outreach Director at Steamboat Orthopaedic and Spine Institute in Steamboat Springs, Colorado, and Medical Coordinator for Steamboat Springs Winter Sports Club. Previously, he was the Program Director for the Athletic Training Residency at both St. Luke's Sports Medicine in Boise, ID and at Emory Sports Medicine in Atlanta, GA. Forrest has served the profession through the CAATE, BOC, and NATA for over 20 years. He was one of the founders of Athletic Trainers in the Physician Practice Society (ATPPS), past President of the ATPPS Board of Directors, and past commissioner for the CAATE.

## COMMENTARY

### Background

The development of the Athletic Training Milestones (AT Milestones) <sup>©1</sup> (**Appendix 1**) began as an effort to enhance and facilitate the assessment of learners in athletic training residency programs. However, during the development process, it became apparent that they could have much greater utility for the profession if they were developed to assess progressive clinical behaviors of learners, throughout the continuum of learning, from professional-level training through specialist and subspecialist training. The AT Milestones were developed to facilitate the observation and assessment of clinical behaviors across the six general core competencies adapted from the Accreditation Council for Graduate Medical Education (ACGME)<sup>2,3</sup> and the

eight specialty areas identified by the Commission on Accreditation of Athletic Training Education (CAATE).<sup>4</sup> The authors designed the AT Milestones based closely upon the ACGME Milestones to provide a mechanism to allow mentors, peers, and other healthcare providers to assess an individual's clinical behavior in one, more, or all of the competency areas. To date, the authors have completed the AT Milestones for all six ACGME core competencies and five of the eight specialty areas. The specialty areas were developed in collaboration with clinicians who have specialty content expertise in one or more of the respective specialty areas.

## Development

The AT Milestones levels of progression were derived from the Dreyfus model of skill acquisition. The Dreyfus model is a five-stage model of skill acquisition frequently cited in the healthcare education literature that plots one's progression through a series of five levels: novice, advanced beginner, competent, proficient, and expert.<sup>5</sup> Specifically, the model suggests that learners progress from rigid adherence to rules and procedures (novice) to a largely intuitive mode of operation that relies heavily on deep, implicit knowledge (expert). The ACGME recommends this model for curriculum planning for residency training programs.<sup>6</sup> The AT Milestones have adopted the Institute of Medicine criteria for quality care, which involves delivering safe, timely, effective, efficient, equitable, and patient-centered care (STEEP).<sup>7</sup> The authors utilized the theoretical framework outlined by Dreyfus and the ACGME general competencies model, in which specific milestones have been developed for all medical specialties. In completing this work, the authors looked specifically at milestones from Family Medicine, Internal Medicine, Physical Medicine and Rehabilitation, Orthopaedic Surgery, Emergency Medicine, and both Orthopaedic Sports and Sports Medicine specialties to develop and adapt specific milestone narratives for athletic training practice.<sup>8-14</sup>

This framework, in combination with the vision towards competency-based education (CBE) in medicine and competency-based developmental outcomes, led to the completion of the AT Milestones. CBE is a fundamentally flexible and outcome-centric educational framework that removes time-based constraints and focuses on the learner.<sup>15,16</sup> CBE is an innovative advance in higher education that organizes content or delivery according to competencies, what a learner knows and can manage, and allows one to use experiences, skills, and knowledge to complete the training needed to pursue their goals.<sup>13</sup> CBE in medical education, was an approach to designed to prepare physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs.<sup>16</sup>

The AT Milestones expand on these efforts to identify and achieve outcomes for teaching and learning in athletic training. Competency-based assessment is formative, aiming to monitor how one is learning, thinking, and applying knowledge.<sup>15</sup> It is important to remember that competence is not fixed, and anyone can move forward or slide backward on the continuum based on how intentional the learner is in integrating the competencies into practice. One intentional addition to the AT Milestones was the inclusion of 'Critical Deficiencies.' Not all medical specialties include this anchor in their Milestones, but Internal Medicine does, and the authors considered their inclusion important for communicating to a learner what behaviors may negatively impact patient safety or represent unacceptable practice.<sup>17</sup>

Perhaps one of the most valuable and unique features of the AT Milestones, compared to those developed in medicine and other healthcare professions, is the inclusion of milestones (observed behaviors) consistent with an early learner (Levels 1 and 2), someone ready for unsupervised practice (Level 3), someone who has completed specialty training (Level 4), and aspirational behaviors emblematic of a clinical expert (Level 5), which should represent the continuum of an athletic trainer's career (**Table 1**). Significant time was spent

discussing what observed patient care behaviors were necessary for someone to complete a professional program and practice athletic training unsupervised (Level 3). Similarly, significant time was spent discussing the progression from generalist to specialist and how those behaviors should change with additional education and training (Level 4). These discussions were not based on formal documents such as the CAATE Standards or the BOC Practice Analysis, but rather on the author's significant combined expertise in athletic training, healthcare, and education to represent a 'preferred state.' Instead, they are independent of other prescribed expectations and seek to articulate a shared vision for highly competent athletic training practice to which we hope all educators and clinicians aspire. Each competency and sub-competency, along with every milestone at every one of the five levels, is subject to scrutiny. Over time, we hope that researchers and clinical specialists in each area may debate and challenge the assumptions within the AT Milestones and they will be iteratively enhanced through ongoing analysis.

## Implementation

Formative and summative assessment alongside clear and constructive feedback are essential to a learner's growth and development. Traditional exams and checklists often miss the integral behaviors and assessment of skills encompassed within a comprehensive competency-based tool. Kak, et al. found that written tests are probably the furthest from, and the weakest predictor of, actual job performance, whereas job samples are among the best predictors of job performance in healthcare.<sup>18</sup> Job samples, with periodic appraisals by supervisors, peers, and self, require both observation and evaluation and are used to infer competence.<sup>18</sup>

The goal of a formative assessment is to monitor learning and provide feedback that can be used to improve performance. Studies have shown that programs that deeply invest in training, simulation, supervision, and frequent feedback may result in a marked shortening of training.<sup>19,20</sup> The AT Milestones can be used in this manner via multiple established time points throughout a program and, subsequently, the clinical performance across the span of the clinician's education or training, encompassing the entire continuum of learning. In our own use, we have found more meaningful assessments and subsequent debriefing sessions open a dialogue for forward progression and opportunities for the individual user. Through the programmatic quality improvement process, feedback from faculty and learners alike have denoted the AT Milestones improve in the quality of formative feedback, establish transparent criteria that limits bias or confusion in scores because of established benchmarks, and provide a more accurate way to capture the totality of the learner's transfer of knowledge, skills, and abilities to patient care and working within a healthcare system. In our experience, the AT Milestones have offered the faculty and learners easily identifiable criteria and thresholds for a given score, allowing for consistency of grading amongst users, and allows the program to tailor teaching and learning to the needs of each learner. Leach described the treatment of the patient as an art, denoting the importance of finding harmony between biomedical knowledge, technology, and a patient-facing approach to healthcare to improve patient care.<sup>21</sup> The AT Milestones allow for the assessment of clinical behaviors in an ongoing and consistent basis and allow for the development of individualized learner plans with specific examples of what one does well and areas of opportunity for growth as it relates to patient care across a broad spectrum of healthcare competencies.

It is essential to use a summative assessment mechanism to evaluate learning so the program can feel confident that the learner has met the threshold expectation for the type of program they are progressing through (professional, residency, fellowship, doctoral) or for the time and space they are in relative to continuing professional development. By tying together foundational knowledge both scientifically and in the practice of athletic training, the AT Milestones allow for evaluation of one's ability to apply all they have learned to the patient, quantify readiness to practice, and ultimately produce highly competent/proficient clinicians to meet the healthcare needs of the public. In addition, the capacity of the AT Milestones to facilitate

this summative assessment in athletic training education further implicates their use in both professional and post-professional athletic training education. We have also found that the AT Milestones can be used as a summative evaluation, providing both the learner and the program (or other relevant parties) clarity in expectations upon program completion. Additionally, evidence supports the tool as having excellent content validity for the general competency milestones, indicating the AT Milestones can be used to assess an athletic trainer's or athletic training student's progression of independent knowledge, skill, and behavior acquisition.<sup>22</sup>

When implementing the AT Milestones, consideration should be given to how to best analyze, synthesize, and deliver information garnered from the tool in addition to training on how to use the tool, frequency of use, and selection of individuals performing the assessment. In physician education, Milestones are typically used every 3-6 months,<sup>2,3</sup> so it is important to use the tool in conjunction with other measures to supplement multisource feedback. The orthopedic residency and neurology fellowship programs at Boston University use the tool in multiple ways across four time points. It first serves as a training tool on expectations of foundational core competencies and specialty competencies within the residency and fellowship programs upon hire. It is then used for self-assessment as a mode of exposure to and training of the tool early in the program for formative discussions. This is followed by self-assessment, peer assessment, and clinical faculty assessment at both mid-experience (for formative feedback) and end of the experience as a summative assessment tool. The final element is to determine who is doing the assessment. It is important to develop a Clinical Competency Committee (CCC) made up of those who mentor and observe the learner's practice and behaviors in a clinical capacity on an ongoing and consistent basis.<sup>23</sup> Depending on the size of the learner groups being assessed, the literature suggests the CCC be a minimum of 3 individuals, but ideally made up of 5 to 7 people.<sup>23</sup> The role of the members of the CCC is to create accountability that graduates will provide safe, high-quality care to patients and maintain the standards of the healthcare system.

## Value

Detailed and immediate feedback to healthcare providers about their competence helps them learn and improve performance.<sup>18</sup> The primary authors of the AT Milestones believe that they are a valuable tool to assess and provide feedback about progressive clinical behaviors to ensure competence at graduation from a professional program and upon completion of specialty or subspecialty training. Regardless of where an individual is within their professional development, the AT Milestones provide explicit examples of clinical competence at increasing levels, including aspirational milestones, for every competency area. In this way, the authors have also found that the AT Milestones are useful to practicing athletic trainers for self-assessment and reflection on one's growth and continued professional development.

The AT Milestones have been found to have content validity<sup>22</sup> and serve as a feasible assessment<sup>24</sup> across a broad spectrum of education. The AT Milestones have also recently been used to assess didactic components of a Doctor of Athletic Training (DAT) program, for learning activities such as quality improvement projects and case presentations. There is also preliminary evidence of the use of the AT Milestones in professional education.<sup>24</sup> Future work examining the value of the AT Milestones in different types of programs and for various purposes is warranted. However, a significant benefit of the AT Milestones is that they are based on the same theoretical model as the medical milestones, which have a rich and growing research base to support their use.<sup>25</sup>

Perhaps more importantly, the AT Milestones serve as a reflective tool that can help capture where the athletic trainer has started and identify their current depth and breadth of knowledge, skills, attitudes, and behaviors in each of the respective competencies and sub-competencies. In this sense, the tool can subsequently provide a map of what the learner needs to continue to grow and develop in a particular

area. The narrative descriptors within each performance level outline a framework of observable behaviors and other attributes required to build individualized professional growth plans. These narratives can help guide planning and continuing development along the continuum and progression of learning throughout one's career. Multiple studies cite the importance of self-reflection,<sup>26-28</sup> so using that in conjunction with valid feedback is a sound approach to building a plan for continued professional growth and to amplify learning.

By providing a tool for assessing progress and defining global athletic training competencies within the healthcare system, we believe that educators can be aided in producing competent and proficient clinicians who can better treat the public and subsequently advance the athletic training profession. We, as clinical educators, should all strive to be lifelong learners who are able to ensure we, too, are continually developing our clinical expertise. The AT Milestones provide added value to the profession in the form of a valid instrument to assess competence and growth both within athletic training education and across the continuum of professional practice, ultimately advancing and promoting growth and change in the profession.

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**Appendix 1: Athletic Training Milestones Template.**

The diagram below presents the standardized structure for each competency, sub-competency, and milestone with interpretations for each of the six levels of performance. In addition, each sub-competency is cross-referenced back to a specific ACGME sub-competency in parentheses after the sub-competency is stated. For each assessment period (defined by the end-user), an individual’s performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the individual’s performance in relation to the milestones or,
- selecting the “Critical Deficiencies” option

<b>General Competency (e.g., Medical Knowledge): Sub-Competency Stated (Reference to corresponding ACGME milestone)</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
Behaviors are not within the spectrum of developing competence  Significant deficiency in learner performance	What are the expectations for a beginning learner?	What are the milestones for a learner who has advanced beyond beginner, but is not performing at a level sufficient for unsupervised practice?  What should the learner be able to do well at this point in their training?	What does a graduate of a professional program look like?  What additional knowledge, skills, and attitudes have they obtained?  Are they ready for BOC certification?	What does a graduating resident look like?  What additional knowledge, skills, and attitudes have they obtained?  Are they ready for specialty certification?	What does clinical expertise look like?  What are stretch goals to encourage continued progression towards mastery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).



**Table 2: Athletic Training Milestones.**

**GENERAL COMPETENCIES:**

**Patient-Care and Procedural Skills**

Athletic trainers must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

<b>Patient-Care and Procedural Skills (PC-1): Patient-Centered Care: Responds to each patient’s unique characteristics, needs, and goals. (Internal Medicine PROF-3)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 Aspirational</b>	
Is insensitive to differences related to culture, ethnicity, gender identify, race, age, and religion in the patient/caregiver encounter	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender identify, race, age, and religion in the patient/caregiver encounter		Seeks to fully understand each patients unique characteristics, needs and goals based upon culture, ethnicity, gender identify, religion, and personal preference		Recognizes and accounts for the unique characteristics and needs of the patient/caregiver		Role models professional interactions to negotiate differences related to a patient’s unique characteristics or needs		Develops best practice guidelines for professional interactions to negotiate differences related to a patient’s unique characteristics, needs, and goals	
Is unwilling to modify care plan to account for a patient’s unique characteristics, needs, and goals	Requires assistance to modify care plan to account for a patient’s unique characteristics, needs, and goals		Modifies care plan to account for a patient’s unique characteristics, needs, and goals with partial success		Appropriately modifies care plan to account for patient’s unique characteristics, needs, and goals		Role models consistent respect for patient’s unique characteristics, needs, and goals		Develops organizational policies and education to support respect for patient’s unique characteristics, needs, and goals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Patient-Care and Procedural Skills (PC-2): Patient-Centered Care: Demonstrates humanism and cultural competency. (Family Medicine PROF-3)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 Aspirational</b>					
<p>Fails to demonstrate appropriate compassion, respect, and empathy</p> <p>Has difficulty recognizing the impact of culture on health and health behaviors</p> <p>Exhibits resistance to improving cultural competence</p>	<p>Consistently demonstrates compassion, respect, and empathy</p> <p>Recognizes impact of culture on health and health behaviors</p>	<p>Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups, including diversity in gender, age, culture, race, religion, disabilities, sexual orientation, and gender identity</p> <p>Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocial model</p> <p>Identifies own cultural framework that may impact patient interactions and decision-making</p>	<p>Incorporates patients' beliefs, values, and cultural practices in patient care plans</p> <p>Identifies health inequities and social determinants of health and their impact on individual and family health</p> <p>Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs</p>	<p>Demonstrates leadership in cultural competence, understanding of health disparities, and social determinants of health</p> <p>Advocates for the rights of vulnerable patients / patient populations</p> <p>Recognizes and addresses lack of patient-centeredness in colleagues/peers</p>	<p>Develops organizational policies and education to support the application of these principles in the practice of athletic training</p> <p>Generates and disseminates new knowledge in humanism and cultural competence</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Patient-Care and Procedural Skills (PC-3): Diagnosis and Management: Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s). (Internal Medicine PC-1)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
Does not collect accurate historical data	Inconsistently able to acquire accurate historical information in an organized fashion		Consistently acquires accurate and relevant histories from patients		Acquires accurate histories from patients in an efficient, prioritized and hypothesis-driven fashion		Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis		Publishes clinical case reports on unique clinical problems	
Does not use physical exam to confirm history	Does not perform an appropriately thorough physical exam or misses key physical exam findings		Seeks and obtains data from secondary sources when needed		Performs accurate physical exams that are targeted to the patient’s complaints		Identifies subtle or unusual physical exam findings		Collaborates in practice-based research efforts to gather, aggregate, and synthesize patient data to enhance diagnostic and management efforts	
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not seek or is overly reliant on secondary data		Consistently performs accurate and appropriately thorough physical exams		Synthesizes data to generate a prioritized differential diagnosis and problem list		Efficiently utilizes all sources of secondary data to inform differential diagnosis		Generates and disseminates new knowledge pertaining to diagnoses and management	
Fails to recognize patients’ central clinical problems	Inconsistently recognizes patients’ central clinical problem or differential diagnoses		Uses collected data to define a patient’s central clinical problem(s)		Effectively uses history and physical examination skills to minimize the need for further diagnostic testing		Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing			
Fails to recognize potentially life threatening problems										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Patient-Care and Procedural Skills (PC-4): Diagnosis and Management: Physical Examination (systems-based examination adapted for health condition and contextual factors). (Physical Medicine and Rehabilitation PC-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>					
<p>Fails to perform a thorough physical examination</p> <p>Fails to seek feedback or guidance on the accuracy and thoroughness of physical examination</p> <p>Performs physical examination procedures that are contraindicated and create increased patient discomfort or risk</p>	<p>Performs a general physical exam</p> <p>Requires prompting to perform a thorough physical examination including all necessary elements (e.g., medical, neurologic)</p>	<p>Performs a physical exam that assists in functional assessment (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments)</p> <p>Performs excessive physical examination using unwarranted techniques</p> <p>Begins to identify normal and pathologic findings</p>	<p>Performs a relevant, accurate comprehensive disorder-specific physical exam</p> <p>Modifies exam to accommodate the patient’s impairments and minimize discomfort</p> <p>Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making across a spectrum of ages, impairments, and clinical settings</p>	<p>Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making for complex cases</p> <p>Identifies and correctly interprets subtle or atypical physical findings</p> <p>Rapidly focuses on the presenting problem and elicits key information from the exam in a prioritized and efficient fashion</p> <p>Models and teaches exam skills in complex patients</p>	<p>Efficiently produces a focused and prioritized physical examination accounting for rare conditions</p> <p>Streamlines physical examination for maximal cost-effectiveness and minimal patient burden</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Patient-Care and Procedural Skills (PC-5): Diagnosis and Management: Diagnostic Evaluation. (Physical Medicine and Rehabilitation PC-3) This includes:</b> <ul style="list-style-type: none"> <li>• Differential diagnosis of primary and secondary conditions</li> <li>• Appropriate studies (e.g., laboratory, imaging, neuropsychological)</li> <li>• Functional assessments</li> </ul>										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
<p>Fails to develop an appropriate list of differential diagnoses</p> <p>Uncertain of which diagnostic studies are appropriate for common medical conditions</p> <p>Fails to recognize when medical referral is necessary</p>	<p>Identifies appropriate diagnostic studies for common medical conditions</p> <p>Identifies reasonable diagnosis for common medical conditions</p>		<p>Produces a differential diagnosis for common medical conditions</p> <p>Recommends appropriate diagnostic studies for common medical conditions</p> <p>Inconsistently interprets diagnostic study results</p>		<p>Develops a comprehensive differential diagnosis, including less common conditions</p> <p>Orders appropriate diagnostic studies for common medical conditions</p> <p>Appropriately prioritizes the sequence and urgency of diagnostic testing</p> <p>Correctly interprets diagnostic study results and appropriately pursues further testing or specialist input</p> <p>Appropriately integrates functional assessment measures into overall evaluation</p>		<p>Efficiently produces a focused and prioritized differential diagnosis across a spectrum of ages and impairments and for complex conditions</p> <p>Orders diagnostic testing based on cost effectiveness and likelihood that results will influence clinical management</p>		<p>Efficiently produces a focused and prioritized differential diagnosis accounting for rare conditions</p> <p>Streamlines testing for maximal cost-effectiveness and minimal patient burden</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**Patient-Care and Procedural Skills (PC-6): Diagnosis and Management: Develops and implements comprehensive management plan for each patient. (Internal Medicine PC-2)**

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<p>Care plans are consistently inappropriate or inaccurate</p> <p>Does not react to situations that require urgent or emergent care</p> <p>Does not seek additional guidance when needed</p>	<p>Inconsistently develops an appropriate care plan</p> <p>Inconsistently seeks additional guidance when needed</p>	<p>Recognizes patients requiring urgent or emergent care</p> <p>Seeks additional guidance and/or consultation as appropriate</p>	<p>Consistently develops and implements appropriate care plan</p> <p>Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences</p>	<p>Recognizes patient presentations that deviate from common patterns and require complex decision-making</p> <p>Manages complex acute and chronic patients</p> <p>Role models and teaches complex and patient-centered care</p>	<p>Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles</p> <p>Serves as a regional consultant for complex patients</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Patient-Care and Procedural Skills (PC-7): Diagnosis and Management: Manages patients with progressive responsibility and independence. (Internal Medicine PC-3)										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
Cannot advance beyond the need for direct supervision in the delivery of patient care	Requires direct supervision to ensure patient safety and quality care		Requires indirect supervision to ensure safety and quality care		Independently manages patients who have a broad spectrum of clinical disorders including undifferentiated syndromes		Manages unusual, rare or complex disorders		Serves as a clinical care leader supervising multiple clinicians in a coordinated, team-based manner	
Cannot manage patients who require urgent or emergent care	Provides inconsistent preventative care		Provides appropriate preventative care		Seeks additional guidance and/or consultation as appropriate		Effectively supervises the management decisions of the athletic health care team		Contributes to the development and refinement of models of education that promote progressive responsibility and independence	
Does not assume responsibility for patient management decisions	Inconsistently provides comprehensive care for single or multiple diagnoses		Provides comprehensive care for single or multiple diagnoses		Under supervision, provides appropriate care for medically complex patients		Serves as a preceptor capable of recognizing and assessing milestone achievement in athletic training students and residents			
			Initiates management plans for urgent or emergent care				Recognizes and promotes clinical expertise in peers and implements policy to ensure patients are seen by appropriate members of the team			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

## Patient Care and Procedural Skills

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. This individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement



## Medical Knowledge

Athletic trainers must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social- behavioral sciences, as well as the application of this knowledge to patient care.

<b>Medical Knowledge (MK-1): Demonstrates medical knowledge of sufficient breadth and depth to practice athletic training. (Family Medicine MK-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>			
<p>Fails to demonstrate the capacity for medical knowledge improvement</p> <p>Fails to self-reflect and recognize personal limitations in medical knowledge</p>	<p>Demonstrates the capacity to improve medical knowledge through targeted study</p>	<p>Uses the Commission on Accreditation of Athletic Training Education (CAATE) curricular content and Board of Certification (BOC) Maintenance of Competence framework to further guide his or her education</p> <p>Demonstrates capacity to assess and act on personal learning needs</p>	<p>Demonstrates appropriate medical knowledge to care for both individual patients and patient populations</p> <p>Recognizes the limitations of their medical knowledge and a willingness to continue to advance their medical knowledge across their career</p> <p>Passes the BOC examination</p>	<p>Successfully completes a CAATE accredited residency program</p> <p>Passes a Board of Athletic Training Specialties (BATS) specialty examination</p> <p>Collaborates to produce clinical pathways and engage in practice-based research to inform best practices for patient care</p> <p>Demonstrates life-long learning through continual self-assessment and continuing education focused on maintenance of contemporary medical knowledge</p>	<p>Generates and disseminates new medical knowledge</p> <p>Leads the development of clinical pathways for the delivery of high quality, affordable health care</p> <p>Coordinates practice-based research to inform best practices for patient care</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

Medical Knowledge (MK-2): Knowledge of diagnostic testing and procedures. (Internal Medicine MK-1)										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care  Chooses inappropriate diagnostic tests or procedures that place the patient at risk or pose a safety hazard	Uncertain of which diagnostic tests and procedures are appropriate		Inconsistently interprets basic diagnostic test accurately		Consistently interprets basic diagnostic tests accurately		Interprets complex diagnostic tests accurately		Introduces innovation in diagnostic testing and procedures in athletic training	
	Understands which diagnostic tests and procedures to perform, but can not adequately explain why		Needs assistance to understand the concepts of pre-test probability and test performance characteristics		Understands the concepts of pre-test probability and test performance characteristics		Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures		Pursues knowledge of new and emerging diagnostic tests and procedures	
	Does not understand the concepts of pre-test probability and test performance characteristics		Minimally understands the rationale and risks associated with common procedures		Fully understand the rationale and risks associated with common procedures		Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Medical Knowledge (MK-3): Basic Sciences of Athletic Training, including Biology, Chemistry, Physics, Psychology, Anatomy, Physiology, Statistics, Research Design, Epidemiology, Pathophysiology, Biomechanics and Pathomechanics, Exercise Physiology, Nutrition, Pharmacology. (Sports Medicine MK-1)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 Aspirational</b>					
Lacks appropriate foundational knowledge in the basic sciences  Knowledge is limited to traditional athletic populations (e.g., college and secondary school aged) without appropriate understanding of anatomy and physiology across the lifespan	Demonstrates knowledge of the basic sciences of athletic training  Demonstrates knowledge of anatomy and physiology related to growth, development, and aging	Demonstrates knowledge of basic sciences applied to athletic training in patients of all ages  Demonstrates basic science knowledge foundational to prevention, rehabilitation, and management	Synthesizes scientific knowledge in managing common medical conditions  Integrates basic and clinical science knowledge of pathophysiology, tissue healing, and treatment interventions in return-to-activity decisions  Demonstrates knowledge of factors associated with risk of injury, including age, gender, and disability  Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan in selecting treatment options	Synthesizes and applies scientific knowledge in complex medical conditions  Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and complex conditions	Generates and disseminates new basic science knowledge  Introduces innovation from the basic sciences to advance athletic training  Possesses the scientific socioeconomic and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and complex conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

## Medical Knowledge

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

### Practice-Based Learning and Improvement

Athletic trainers must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems. (Family Medicine PBLI-1)										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
<p>Unable to locate appropriate evidence related to the patients' health problems to help direct care</p> <p>Unable to categorize and interpret the strength of a research study</p>	<p>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning</p> <p>Categorizes the design of a research study</p>		<p>Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes</p> <p>Formulates a searchable question from a clinical question</p> <p>Evaluates evidence-based point-of-care resources</p>		<p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines</p> <p>Critically evaluates information from others, including colleagues, experts, and sales representatives, as well as patient-delivered information</p> <p>Incorporates principles of evidence-based care and information mastery into clinical practice</p>		<p>Roles models evidence-based practice and information mastery techniques</p> <p>Holds peers accountable to practice in an evidence-based manner</p> <p>Identify important clinical questions and information gaps</p>		<p>Engages in implementation science to support the rapid dissemination and adoption of evidence into clinical practice</p> <p>Develops and/or implements evidence-based practice guidelines to improve system performance</p> <p>Develops organizational policies and education to support the implementation of evidence-based practice</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

Practice-Based Learning and Improvement (PBLI-2): Quality Improvement: Improves systems in which the athletic trainer provides care. (Family Medicine PBLI-3)										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
<p>Fails to recognize the key STEEEP (safe, timely, effective, efficient, equitable, patient-centered) elements of quality health care</p> <p>Unable to accurately describe the system of care in which they are working</p> <p>Unable to identify quality gaps in their own health systems</p>	<p>Understands the key elements of quality health care (STEEEP)</p> <p>Recognizes the importance of measuring the end results of health care in order to adequately assess health care quality</p> <p>Begins to identify potential gaps in quality care</p>		<p>Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery</p> <p>Identifies potential gaps in quality care and identifies potential contributing factors within the system</p> <p>Recognizes the importance of developing quality improvement teams</p>		<p>Assesses available health care outcomes data to compare their results to expected results within the system</p> <p>Uses a systematic improvement method (e.g., Plan-Do-Study-Act [PDSA] cycle) to address an identified area of improvement</p> <p>Compares care provided by self and practice to internal and external standards, identifies areas for improvement, and implements change in their practice.</p>		<p>Establishes protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement</p> <p>Uses an organized method, such as a registry, to assess and manage population health</p> <p>Performs multi-cycle quality improvement initiatives to improve health care quality</p>		<p>Role models continuous quality improvement of personal practice, as well as larger health systems or complex projects, using advanced methodologies and skill sets</p> <p>Generates and disseminates new knowledge to advance effective strategies for improving systems in which athletic trainers provide care</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Practice-Based Learning and Improvement (PBLI-3): Quality Improvement: Learns and improves via performance audit. (Internal Medicine PBLI-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>			
<p>Disregards own clinical performance data</p> <p>Demonstrates no inclination to participate in or even consider the results of quality improvement efforts</p>	<p>Limited awareness of or desire to analyze own clinical performance data</p> <p>Nominally participates in a quality improvement projects</p> <p>Not familiar with the principles, techniques, or importance of quality improvement</p>	<p>Analyzes own clinical performance data and identifies opportunities for improvement</p> <p>Participates in a quality improvement project</p> <p>Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care</p>	<p>Analyzes own clinical performance data and actively works to improve performance</p> <p>Actively engages in quality improvement initiatives</p> <p>Demonstrates the ability to apply common principles and techniques of quality improvement to improve care</p>	<p>Actively monitors clinical performance through various data sources</p> <p>Leads quality improvement projects</p> <p>Utilizes common principles and techniques of quality improvement to continuously improve care</p>	<p>Demonstrates professional leadership in promoting performance audits for quality improvement using clinical data monitoring</p> <p>Generates and disseminates new knowledge to advance performance audits for quality improvement using clinical data monitoring</p>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement. (Internal Medicine PBLI-1)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Unwilling to self-reflect upon one’s practice or performance</p> <p>Not concerned with opportunities for learning and self-improvement</p>	<p>Inconsistently self-reflects upon one’s practice or performance and inconsistently acts upon those reflections</p> <p>Misses opportunities for learning and self-improvement</p>		<p>Regularly self-reflects upon one’s practice or performance and identifies areas to improve practice</p> <p>Inconsistently acts upon opportunities for learning and self-improvement</p> <p>Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self-improvement</p>		<p>Regularly self-reflects upon one’s practice or performance and maximizes practice improvement</p> <p>Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement</p> <p>Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others</p>		<p>Role models self-reflective practice and monitoring practice improvement</p> <p>Holds peers accountable for failures to recognize opportunities for improvement</p> <p>Leads critical reviews and morbidity and mortality conferences (M and Ms) to support learning and self-improvement in others</p>		<p>Demonstrates professional leadership regarding self-reflective practice and monitoring practice performance</p> <p>Generates and disseminates new knowledge to advance self-reflective practice and monitoring practice performance</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										



## Practice-Based Learning and Improvement

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

## Interpersonal and Communication Skills

Athletic trainers must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers. (Internal Medicine ICS-1)									
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)				
<p> Ignores patient preferences for plan of care</p> <p> Makes no attempt to engage patient in shared decision-making</p> <p> Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers</p>	<p> Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences</p> <p> Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful</p> <p> Defers difficult or ambiguous conversations to others</p>	<p> Engages patients in shared decision making in uncomplicated conversations</p> <p> Requires assistance facilitating discussions in difficult or ambiguous conversations</p> <p> Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</p>	<p> Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations</p> <p> Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</p> <p> Incorporates patient-specific preferences into plan of care</p>	<p> Role models effective communication and development of therapeutic relationships in both routine and challenging situations</p> <p> Models culturally competent communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds</p>	<p> Demonstrates professional leadership in promoting effective communication with patients and caregivers</p> <p> Generates and disseminates new knowledge to advance effective communication with patients and caregivers</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>									

<b>Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Demonstrates disrespectful communication with patients, families, stakeholders, or the public</p> <p>Fails to recognize physical, cultural, psychological, and social barriers to communication</p> <p>Unable to establish rapport and facilitate patient-centered information exchange</p>	<p>Recognizes that respectful communication is important to quality care</p> <p>Identifies physical, cultural, psychological, and social barriers to communication</p> <p>Uses the medical interview to establish rapport and facilitate patient-centered information exchange</p>		<p>Matches modality of communication to patient needs, health literacy, and context</p> <p>Organizes information to be shared with patients and families</p> <p>Participates in life-altering discussions and delivery of bad news</p> <p>Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit</p>		<p>Educates and counsels patients and families in disease management and health promotion skills</p> <p>Engages patients' perspectives in shared decision making</p> <p>Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters</p> <p>Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis</p>		<p>Role models patient-centeredness and integrates all aspects of patient care to meet patients' needs</p> <p>Role models effective communication with patients, families, stakeholders, and the public</p> <p>Engages community partners to educate the public</p>		<p>Demonstrates professional leadership in promoting effective communication with patients, families, stakeholders, and the public</p> <p>Generates and disseminates new knowledge to advance effective communication with patients, families, stakeholders, and the public</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams. (Internal Medicine ICS-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
Utilizes communication strategies that hamper collaboration and teamwork  Verbal and/or non-verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of the team  Resists offers of collaborative input  Exhibits defensive behaviors within the health care team		Inconsistently engages in collaborative communication with appropriate members of the team  Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care		Consistently and actively engages in collaborative communication with all members of the team  Verbal, non-verbal, and written communication consistently acts to facilitate collaboration with the team to enhance patient care		Role models and teaches collaborative communication with the health care team to enhance patient care, even in challenging settings and with conflicting team member options		Demonstrates professional leadership in promoting effective communication in interprofessional teams  Generates and disseminates new knowledge to advance effective communication in interprofessional teams	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Health records are absent or missing significant portions of important clinical data</p> <p>Health records are disorganized and inaccurate</p> <p>Health records are not completed in a timely manner</p> <p>Privacy of health records is not adequately maintained</p> <p>Fails to recognize the criticality of appropriate utilization and completion of health records</p>	<p>Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning</p> <p>Health records are completed in a timely manner</p> <p>Privacy of health records is of prime importance</p>		<p>Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning</p> <p>Health records are succinct, relevant, and patient specific</p>		<p>Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary</p> <p>Health records capture patient-rated outcomes</p> <p>Health records adhere to all state and federal guidelines</p>		<p>Health records serve as a primary means of data collection and aggregation for the ongoing assessment of quality of care</p> <p>Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific</p>		<p>Demonstrates professional leadership in promoting the appropriate utilization and completion of health records</p> <p>Generates and disseminates new knowledge to advance appropriate utilization and completion of health records</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

## Interpersonal and Communication Skills

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

## Professionalism

Athletic trainers must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

<b>Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>			<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>
Demonstrates lack of professionalism  Places personal values ahead of professional values  Fails to exhibit appropriate honesty, integrity, and respect to patients and team members	Defines professionalism  Knows the basic principles of medical ethics  Recognizes that conflicting personal and professional values exist  Demonstrates honesty, integrity, and respect to patients and team members			Recognizes own conflicting personal and professional values  Knows institutional and governmental regulations for the practice of athletic training		Recognizes that athletic trainers have an obligation to self-discipline and to self-regulate  Engages in self-initiated pursuit of excellence  Embraces the professional responsibilities of being an athletic trainer  Practices to the full scope of education and training and formal privileging within a health system		Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team  Develops institutional and organizational strategies to protect and maintain these principles		Demonstrates professional leadership in promoting professionalism with patients and caregivers  Generates and disseminates new knowledge to advance effective strategies for instilling professionalization in others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)</b>										
<b>Critical Deficiencies</b>		<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>
Lacks empathy and compassion for patients and caregivers		Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers		Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations		Demonstrates empathy, compassion, and respect to patients and caregivers in all situations		Role models compassion, empathy, and respect for patients and caregivers		Demonstrates professional leadership in promoting professionalism with patients, caregivers, members of the interprofessional team, and stakeholders
Disrespectful in interactions with patients, caregivers, members of the interprofessional team, and stakeholders		Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion		Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective care		Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers		Role models appropriate anticipation and advocacy for patient and caregiver needs		Generates and disseminates new knowledge to advance effective strategies for professionalism with patients, caregivers, members of the interprofessional team, and stakeholders
Sacrifices patient needs in favor of own self-interest		Inconsistently considers patient privacy and autonomy		Emphasizes patient privacy and autonomy in all interactions		Demonstrates a responsiveness to patient needs that supersedes self-interest		Fosters collegiality that promotes a high-functioning interprofessional team		
Blatantly disregards respect for patient privacy and autonomy						Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate		Teaches others regarding maintaining patient privacy and respecting patient autonomy		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										



<b>Professionalism (PROF-3): Demonstrates professional conduct and accountability. (Internal Medicine PROF-2 and Family Medicine PROF-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Is unreliable in completing patient care responsibilities or assigned administrative tasks</p> <p>Shuns responsibilities expected of an athletic training professional</p>	<p>Completes most assigned tasks in a timely manner but may need multiple reminders or other support</p> <p>Accepts professional responsibility only when assigned or mandatory</p> <p>Documents and reports clinical and administrative information truthfully</p> <p>Maintains patient confidentiality</p>		<p>Attends to responsibilities and completes duties as required</p> <p>Identifies appropriate channels to report unprofessional behavior</p> <p>Recognizes professionalism lapses in self and others</p> <p>Completes assigned professional responsibilities without the need for reminders</p> <p>Consistently recognizes limits of knowledge and asks for assistance</p>		<p>Presents themselves in a respectful and professional manner</p> <p>Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy</p> <p>Reports professionalism lapses using appropriate reporting procedures</p> <p>Willingness to assume professional responsibility regardless of the situation or consequences</p> <p>Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</p>		<p>Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</p> <p>Assists others to improve their ability to prioritize multiple, competing tasks</p> <p>Negotiates professional lapses of the athletic health care team</p> <p>Exhibits self-awareness, self-management, social awareness, and relationship management</p> <p>Helps implement organizational policies to sustain athletic training as a profession</p>		<p>Models professional conduct placing the needs of each patient above self-interest</p> <p>Demonstrates the highest degree of professional conduct and accountability that others seek to emulate</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										



**Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct. (Internal Medicine PROF-4 - Modified)**

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<p>Dishonest in clinical interactions, documentation, research, or scholarly activity</p> <p>Refuses to be accountable for personal actions</p> <p>Does not adhere to basic ethical principles</p> <p>Blatantly disregards formal policies or procedures</p>	<p>Honest in clinical interactions, documentation, research, and scholarly activity.</p> <p>Requires oversight for professional actions</p> <p>Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them</p>	<p>Demonstrates accountability for the care of patients</p> <p>Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity</p> <p>Begins to reflect on personal professional conduct</p>	<p>Honest and forthright in clinical interactions, documentation, research, and scholarly activity</p> <p>Demonstrates integrity, honesty, and accountability to patients, society and the profession</p> <p>Identifies and responds appropriately to lapses of professional conduct among peer group</p>	<p>Actively manages challenging ethical dilemmas and conflicts of interest</p> <p>Regularly reflects on personal professional conduct</p> <p>Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility</p>	<p>Role models integrity, honesty, accountability, and professional conduct in all aspects of professional life</p> <p>Demonstrates professional leadership in promoting integrity and ethical behavior in professional conduct</p> <p>Generates and disseminates new knowledge to advance integrity and ethical behavior in professional conduct</p>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Comments:**

## Professionalism

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

### Systems-Based Practice

Athletic trainers must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Systems-Based Practice (SBP-1): Patient Safety: Recognizes system error and advocates for system improvement. (Internal Medicine SPB-2)										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
<p> Ignores a risk for error within the system that may impact the care of a patient</p> <p> Ignores feedback and is unwilling to change behavior in order to reduce the risk for error</p>	<p> Does not recognize the potential for system error</p> <p> Makes decisions that could lead to error which are otherwise corrected by the system or supervision</p> <p> Resistant to feedback about decisions that may lead to error or otherwise cause harm</p>		<p> Recognizes the potential for error within the system</p> <p> Identifies obvious or critical causes of error and notifies supervisor accordingly</p> <p> Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</p> <p> Willing to receive feedback about decisions that may lead to error or otherwise cause harm</p>		<p> Identifies systemic causes of medical error and navigates them to provide safe patient care</p> <p> Activates formal system resources to investigate and mitigate real or potential medical error</p> <p> Reflects upon and learns from own critical incidents that may lead to medical error</p>		<p> Advocates for system leadership to formally engage in quality assurance and quality improvement activities</p> <p> Advocates for safe patient care and optimal patient care systems</p> <p> Teaches others regarding the importance of recognizing and mitigating system error</p>		<p> Demonstrates professional leadership in promoting patient safety</p> <p> Generates and disseminates new knowledge to advance effective strategies for promoting patient safety</p> <p> Viewed as a leader in identifying and advocating for the prevention of medical error</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Systems-Based Practice (SBP-2): Patient Safety: Emphasizes patient safety. (Family Medicine SPB-2)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Ignores medical errors</p> <p>Fails to understand that medical errors vary widely across settings and between providers</p> <p>Ignores the importance of team-based care in ensuring patient safety</p>	<p>Understands that medical errors affect patient health and safety and that their occurrence varies across settings and between providers</p> <p>Understands that effective team-based care plays a role in patient safety</p>		<p>Recognizes medical errors when they occur, including those that do not have adverse outcomes</p> <p>Understands the mechanisms that cause medical errors</p> <p>Understands and follows protocols to promote patient safety and prevent medical error</p> <p>Participates in effective and safe hand-offs and transitions of care</p>		<p>Uses current methods of analysis to identify individual and system causes of medical errors common to athletic training</p> <p>Develops individual improvement plan and participates in system improvement plans that promote patient safety and prevent medical errors</p> <p>Performs effective and safe hand-offs and transitions of care</p>		<p>Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice</p> <p>Fosters adherence to patient care protocols amongst team members that enhance patient safety and prevent medical errors</p>		<p>Leads self-directed and system improvement activities that seek to continuously anticipate, identify, and prevent medical errors to improve patient safety in all practice settings, including the development, use, and promotion of patient care protocols and other tools</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Systems-Based Practice (SBP-3): Cost-Effectiveness: Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (Internal Medicine SBP-3)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Ignores cost issues in the provision of care</p> <p>Demonstrates no effort to overcome barriers to cost-effective care</p>	<p>Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g., providers, suppliers, financiers, purchasers) have on the cost of care</p> <p>Recognizes the costs associated with the provision of athletic training services, even when they aren't being billed for / reimbursed</p>		<p>Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care</p> <p>Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., screening tests)</p> <p>Does not consider limited health care resources regarding diagnostic or therapeutic interventions</p>		<p>Consistently works to address patient specific barriers to cost-effective care</p> <p>Advocates for cost-conscious utilization of resources</p> <p>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests</p> <p>Minimizes costs associated with unnecessary diagnostic and therapeutic tests</p>		<p>Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources</p> <p>Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care</p>		<p>Demonstrates professional leadership in promoting cost-effective athletic training services</p> <p>Generates and disseminates new knowledge to advance cost-effective athletic training services</p> <p>Develops best practice guidelines for the provision of cost-effective care</p> <p>Develops organizational policies and education to support cost-effective care</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Refuses to recognize the contributions of other interprofessional team members</p> <p>Frustrates team members with inefficiency and errors</p> <p>Disregards need for communication at time of transition</p> <p>Does not respond to request of caregivers in other delivery systems</p>	<p>Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member</p> <p>Identifies roles of other team members but does not recognize how/when to utilize them as resources</p> <p>Frequently requires reminders from team to complete athletic training responsibilities</p> <p>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests, reinjury)</p>		<p>Understands the roles and responsibilities of all team members but uses them ineffectively</p> <p>Participates in team discussions when required but does not actively seek input from other team members</p> <p>Communication with future caregivers is present but with lapses in pertinent or timely information</p>		<p>Understands the roles and responsibilities of and effectively partners with, all members of the team</p> <p>Actively engages in team meetings and collaborative decision-making</p> <p>Proactively communicates with past and future care givers to ensure continuity of care</p>		<p>Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient</p> <p>Viewed by other team members as a leader in the delivery of high quality care</p> <p>Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high quality patient outcomes</p> <p>Anticipates needs of patient, caregivers, and future care providers and takes appropriate steps to address those needs</p>		<p>Demonstrates professional leadership in promoting safe and effective transitions of care within and across health delivery systems as part an interprofessional team</p> <p>Generates and disseminates new knowledge to advance interprofessional team-based care</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

<b>Systems-Based Practice (SBP-5): Advocates for individual and community health. (Family Medicine SBP-3)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Refuses to recognize social context and environmental impact on individual and community health</p> <p>Ignores how a community's public policy decisions affect individual and community health</p>	<p>Recognizes social context and environment, and how a community's public policy decisions affect individual and community health</p>		<p>Recognizes that athletic trainers can impact community health</p> <p>Lists ways in which community characteristics and resources affect the health of patients and communities</p>		<p>Identifies specific community characteristic that impact specific patients' health</p> <p>Understands the process of conducting a community strengths and needs assessment</p>		<p>Collaborates with other athletic training practices/systems, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives</p> <p>Role models active involvement in community education and policy change to improve health of patient and communities</p>		<p>Demonstrates professional leadership in community education and policy change to improve health of patient and communities</p> <p>Generates and disseminates new knowledge in community education and policy change to improve health of patient and communities</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										



<b>Systems-Based Practice (SBP-6): Health Information Technology: Utilizes technology to optimize communication. (Family Medicine C-4)</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Fails to recognize the effects of technology on information exchange and the athletic trainer/patient relationship</p> <p>Ignores the ethical and legal implications of using technology to communicate in health care</p>	<p>Recognizes effects of technology on information exchange and the athletic trainer/patient relationship</p> <p>Recognizes the ethical and legal implications of using technology to communicate in health care</p>		<p>Ensures that clinical and administrative documentation is timely, complete, and accurate</p> <p>Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries</p>		<p>Effectively and ethically uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient</p> <p>Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care</p> <p>Stays current with technology to improve communication with patients, other providers, and systems</p>		<p>Uses comprehensive multi-media communication strategies to enhance patient care</p> <p>Uses technology to optimize continuity care of patients and transitions of care</p> <p>Uses technology to adapt systems for improving communication with patients, other providers, and systems</p>		<p>Demonstrates professional leadership in utilizing technology to optimize communication</p> <p>Generates and disseminates new knowledge in utilizing technology to optimize communication</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

## Systems-Based Practice

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

**SPECIALTY COMPETENCIES:**

**Orthopaedics**

Athletic trainers must demonstrate the ability to conduct an appropriate diagnostic evaluation to define each patient’s clinical problem and to effectively manage increasingly complex patient problems.

<b>Orthopaedics (Ortho-1): Diagnostic Evaluation: Gathers and synthesizes essential and accurate information (history, physical exam, lab work, imaging studies, neuropsychological testing, functional assessment measures, etc.) to define each patient’s clinical problem(s).</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
Fails to identify appropriate diagnostic tests  Fails to accurately identify appropriate differential diagnoses  Fails to identify deviations from the normal course of orthopaedic conditions	Perform a relevant patient history  Performs a basic physical examination  Recognizes normal movement patterns  Demonstrates knowledge of common orthopaedic conditions	Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan  Performs a regional orthopaedic exam with appropriate diagnostic selective tissue tests  Recognize source of abnormal movement patterns and structures  Applies clinical rules for diagnostics (such as Ottawa Ankle, Canadian C-spine)	Demonstrates knowledge of factors associated with risk of injury, including, age, gender, and disability  Accurately and efficiently diagnoses common, non-complex, orthopaedic conditions  Recognizes the need for and recommends appropriate plain films/radiographs  Accurately interprets plain films/radiographs	Appropriately prioritizes the urgency and sequencing of diagnostic testing  Utilizes clusters of diagnostic tests and evaluates complex conditions with or without co-morbidities and recognizes atypical presentations  Recognizes appropriate differentials that include non-orthopaedic conditions that present as orthopaedic conditions  Recommends and interprets advanced orthopaedic imaging, such as MSUS, MRI, and CT  Educates others to improve their orthopaedic diagnostic evaluation knowledge and skills	Efficiently produces a focused and prioritized orthopaedic examination accounting for rare conditions  Serves as a consultant for rare and/or complex orthopaedic patients  Demonstrates professional leadership in orthopaedic diagnostic evaluation  Generates and disseminates new knowledge to advance orthopaedic diagnostic evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>Orthopaedics (Ortho-2): Management: Effectively manages patients with increasingly complex orthopaedic conditions.</b>										
<b>Critical Deficiencies</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3 (Ready for Unsupervised Practice)</b>		<b>Level 4 (Ready for Advanced Practice)</b>		<b>Level 5 (Aspirational)</b>	
<p>Inappropriate management places patient at risk</p> <p>Care plans are consistently inappropriate or inaccurate</p> <p>Fails to refer when appropriate</p> <p>Fails to measure the end-results of care</p> <p>Fails to inform patient of long-term health consequences</p>	Participates in patient management being conducted by other appropriately qualified providers		Synthesizes information gathered to guide patient care		Effectively manages common, non-complex orthopaedic conditions		Effectively manages complex orthopaedic conditions with or without co-morbidities		Effectively manages rare conditions	
	Demonstrates knowledge of basic care plans for common orthopaedic conditions		Consistently develops appropriate care plan		Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences		Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles		Serves as a consultant for rare and/or complex orthopaedic patients	
	Inconsistently develops an appropriate care plan		Protects patient from further injury and understands the implications of activity on recovery time		Performs patient education regarding long-term consequences of orthopaedic conditions		Patient advocate for maximizing long-term health-related quality of life (HRQOL)		Demonstrates professional leadership in orthopaedic management	
	Participates in patient education regarding the nature of their condition and corresponding care plan		Performs patient education regarding their condition and corresponding care plan		Appropriately applies criteria for safe return to activity and participation		Care plan extends beyond return to safe activity to maximize participation		Generates and disseminates new knowledge to advance orthopaedic management	
			Initiates management plans for urgent or emergent care		Appropriately manages situations requiring urgent or emergent care		Educates others to improve their orthopaedic management knowledge and skills		Develops best practice guidelines for developing orthopaedic care plans	

Comments:

### Orthopaedics

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

## Behavioral Health

Athletic trainers must demonstrate the ability to appropriately assess and recognize each patient’s clinical problem and to effectively manage behavioral health problems.

<b>Behavioral Health (BH-1): Assessment and recognition of conditions, that include, but are not limited to, suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
<p>Fails to recognize behavioral health concerns in patients</p> <p>Fails to recognize an at-risk or in crisis patient</p> <p>Fails to intervene on behalf of an at-risk or in crisis patient</p> <p>Fails to identify appropriate assessment measures</p> <p>Fails to identify deviations from the normal course of behavioral health conditions</p>	<p>Demonstrates knowledge of common behavioral health conditions</p> <p>Performs a relevant patient history</p> <p>Identifies common characteristics of at risk or in crisis patients</p> <p>Inconsistently seeks additional guidance when needed</p>	<p>Identifies common behavioral health conditions</p> <p>Identifies at risk patients and populations</p> <p>Recognizes appropriate behavioral responses to life events</p> <p>Recognizes the need to intervene on behalf of an at-risk or in crisis patient</p> <p>Seeks additional guidance, consultation and/or referral as appropriate</p>	<p>Recognizes the need for and recommends appropriate behavioral health assessments</p> <p>Demonstrates both basic science and clinical knowledge of behavioral health conditions</p> <p>Accurately interprets behavioral health assessments</p> <p>Accurately identifies common, non-complex, behavioral health conditions</p> <p>Establishes a network of behavioral health professionals</p>	<p>Recognizes complex conditions with or without co-morbidities, and atypical presentations</p> <p>Accurately identifies at-risk populations and is able to intervene early in the process</p> <p>Recognizes different presentations, sequelae, and prognoses of behavioral health conditions across the lifespan</p> <p>Appropriately prioritizes the urgency and sequencing of behavioral health assessments</p> <p>Educates others to improve their behavioral health knowledge and skills</p>	<p>Serves as a consultant for complex behavioral health patients</p> <p>Demonstrates professional leadership in behavioral health</p> <p>Generates and disseminates new knowledge to advance behavioral health</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					





<b>Behavioral Health (BH-2): Management: Effectively manages patients with behavioral health conditions.</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
<p>Fails to recognize need for referral</p> <p>Fails to refer when appropriate</p> <p>Inappropriate management places patient at further risk or in crisis</p>	<p>Activates emergency action plan in a suspected behavioral health crisis</p> <p>Participates in patient management being conducted by other appropriately qualified providers</p> <p>Adheres to all institutional/facility behavioral health policies</p>	<p>Demonstrates knowledge of basic care plans for common behavioral health conditions</p> <p>Recognizes when referral is needed and when a situation is emergent/non-emergent</p> <p>Understands when an individualized behavioral health care team needs to be developed</p> <p>Performs patient education regarding behavioral health conditions</p> <p>Initiates and recommends appropriate management plans for urgent or emergent care of behavioral health conditions</p>	<p>Is an active member of the behavioral health care team</p> <p>Synthesizes information gathered to guide patient care</p> <p>Effectively manages common, non-complex behavioral health conditions</p> <p>Communicates with care team and participates in the implementation of the care plan</p> <p>Appropriately manages situations requiring urgent or emergent care</p> <p>Recognizes common complications in behavioral health conditions</p> <p>Able to educate patients and stakeholders of at-risk populations on prevention and long-term consequences of behavioral health conditions</p> <p>Develops and implements behavioral health EAP and other policies governing behavioral health conditions</p>	<p>Demonstrates knowledge of the use of psychotropic medications and their interactions and side effects</p> <p>Manages day-to-day considerations for behavioral health patients</p> <p>Patient advocate for maximizing long-term health-related quality of life (HRQOL)</p> <p>Educates others to improve their knowledge and skills in managing behavioral health conditions</p> <p>Within a patient population, identify individual and group behavioral health needs and develops more advanced behavioral health policies (e.g., team policy, individual contracts)</p>	<p>Serves as a consultant for management of behavioral health conditions</p> <p>Demonstrates professional leadership in management of behavioral health conditions</p> <p>Generates and disseminates new knowledge to advance the management of behavioral health conditions</p> <p>Develops best practice guidelines for the management of behavioral health conditions</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					

## Behavioral Health

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

## Pediatrics

Athletic trainers must demonstrate the ability to conduct an appropriate diagnostic evaluation to define each pediatric patient’s clinical problem and to effectively manage increasingly complex pediatric patient problems.

<b>Pediatrics (Peds-1): Diagnostic Evaluation: Gathers and synthesizes essential and accurate information (history, physical exam, lab work, imaging studies, neuropsychological testing, and functional assessments) to define each pediatric patient’s clinical problem(s).</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
<p>Fails to identify conditions unique to the pediatric patient</p> <p>Fails to identify appropriate pediatric diagnostic tests</p> <p>Fails to accurately identify appropriate differential diagnoses for the pediatric patient</p> <p>Fails to identify deviations from the normal course of pediatric conditions</p>	<p>Perform a relevant patient history including growth and developmental milestones</p> <p>Performs a basic physical examination</p> <p>Demonstrates knowledge of common pediatric conditions</p>	<p>Demonstrates clinical knowledge of pediatric growth and development</p> <p>Demonstrates knowledge of basic science of tissue healing, cellular physiology, and physis physiology in pediatrics</p> <p>Applies clinical rules for diagnostics (such as Pediatric Ottawa Ankle, PECARN Head Trauma Rules, Canadian C-spine)</p>	<p>Demonstrates knowledge of factors associated with risk of injury, including, age, gender, and disability</p> <p>Performs a regional pediatric orthopaedic exam with knowledge of the growth plate locations and appropriate diagnostic tests</p> <p>Accurately diagnoses common, non-complex, pediatric conditions</p> <p>Accurately recommends and interprets appropriate plain films/radiographs, recognizing the importance of comparison views to evaluate physis injury</p> <p>Recognizes appropriate pediatric differentials that include asthma, Diabetes (Type 1 and 2), anaphylaxis, syncope, congenital and acquired heart disease, exercise, dehydration, supplements, and medication side effects</p>	<p>Appropriately prioritizes the urgency and sequencing of diagnostic testing</p> <p>Utilizes clusters of diagnostic tests and evaluates complex conditions with or without co-morbidities, and recognizes atypical presentations</p> <p>Recognizes appropriate differentials that include non-orthopaedic conditions that present as orthopaedic conditions in the pediatric patient</p> <p>Respects cumulative radiation effects in pediatric patients and recommends and interprets advanced pediatric orthopaedic imaging, such as MSK US, MRI, and CT</p> <p>Educates others to improve their pediatric diagnostic evaluation knowledge and skills</p>	<p>Efficiently produces a focused and prioritized pediatric examination accounting for rare conditions</p> <p>Serves as a consultant for rare and/or complex pediatric patients</p> <p>Demonstrates professional leadership in pediatric diagnostic evaluation</p> <p>Generates and disseminates new knowledge to advance pediatric diagnostic evaluation</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**Pediatrics (Peds-2): Management: Effectively manages pediatric patients with increasingly complex conditions.**

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<p>Inappropriate management places patient at risk</p> <p>Care plans are consistently inappropriate or inaccurate</p> <p>Fails to refer when appropriate</p> <p>Fails to measure the end-results of care</p> <p>Fails to inform patient and family/caregiver of long-term health consequences</p>	<p>Participates in pediatric patient management being conducted by other appropriately qualified providers</p> <p>Demonstrates knowledge of basic care plans for common pediatric conditions</p> <p>Inconsistently develops an appropriate care plan</p> <p>Participates in pediatric patient and family/caregiver education regarding the nature of their condition and corresponding care plan</p>	<p>Synthesizes information gathered to guide pediatric patient care</p> <p>Consistently develops appropriate care plan</p> <p>Protects pediatric patient from further injury and understands the implications of activity, overuse injury, and physiotherapy injury on recovery time</p> <p>Performs pediatric patient and family/caregiver education regarding their condition and corresponding care plan</p> <p>Demonstrates knowledge of treatment options of operative and non-operative management of pediatric conditions</p>	<p>Effectively manages common, non-complex pediatric conditions</p> <p>Appropriately modifies care plans based on patient's clinical course, additional data, and patient and family/caregiver preferences</p> <p>Educates family and patient regarding long-term consequences of pediatric conditions</p> <p>Appropriately applies criteria for safe return to activity and participation</p> <p>Appropriately manages situations requiring urgent or emergent care</p> <p>Recognizes complications in operative and non-operative management of pediatric conditions</p> <p>Educates patient and family regarding medication side effects (prescribed, OTC, and supplements).</p>	<p>Effectively manages complex pediatric conditions with or without co-morbidities such as asthma, allergy, diabetes, heart disease, seizures etc.</p> <p>Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles</p> <p>Care plan extends beyond return to safe activity to maximize participation and long term health</p> <p>Educates others to improve their pediatric patient management knowledge and skills</p> <p>Demonstrates knowledge of controversies in operative and non-operative management of pediatric conditions</p>	<p>Effectively manages rare conditions</p> <p>Serves as a consultant for rare and/or complex pediatric patients</p> <p>Demonstrates professional leadership in pediatric condition management</p> <p>Generates and disseminates new knowledge to advance pediatric condition management</p> <p>Develops best practice guidelines for developing pediatric condition care plans</p>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>										

### **Pediatrics**

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

## Primary Care

Athletic trainers must demonstrate the ability to conduct an appropriate diagnostic evaluation to define each patient’s clinical problem and to manage increasingly complex primary care problems.

<b>Primary Care (PC-1): Diagnostics: Medical Issues across all systems (e.g., circulatory, pulmonary, nervous, psychologic, digestive, endocrine, musculoskeletal, immune, reproductive, integumentary, lymphatic, urinary). (Sports Medicine MK-2)</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
<p>Failure to understand patients personal healthcare needs (comprehensive medicine)</p> <p>Fails to identify knowledge of systems involved based on patient presentation</p> <p>Fails to identify deviations from the normal course of systems functioning</p>	<p>Demonstrates general knowledge of personal healthcare needs across all systems</p> <p>Able to identify pertinent information to guide patient care</p> <p>Demonstrates knowledge of pathophysiology of common medical conditions</p>	<p>Identifies appropriate history and symptomatology of common conditions</p> <p>Identifies relationships between involved systems in common medical conditions</p> <p>Demonstrates knowledge of diagnostic testing to evaluate medical conditions</p> <p>Demonstrates both basic science and clinical knowledge of the details of disease process and natural course of illness</p>	<p>Recognizes the need and selects appropriate diagnostic studies used to evaluate common medical conditions (e.g., EKG, pulmonary function test, laboratory results, PHQ2, radiographs, vestibular oculomotor motor screen)</p> <p>Correctly interprets diagnostic study results and appropriately pursues further testing or specialist input</p> <p>Synthesizes knowledge of condition(s) and effect on system(s), and vice versa, to develop differential diagnoses.</p> <p>Accurately and efficiently diagnoses common, non-complex, medical conditions</p>	<p>Appropriately prioritizes the urgency and sequencing of diagnostic testing</p> <p>Recommends and interprets advanced diagnostic studies used to evaluate common and complex medical conditions</p> <p>Utilizes clusters of diagnostic tests and evaluates complex conditions with or without co-morbidities, and recognizes atypical presentations</p> <p>Integrates knowledge of conditions (common and complex), systems, and interactions to arrive at diagnosis</p> <p>Educates others to improve their primary care diagnostic evaluation, knowledge, and skills</p>	<p>Publishes peer-reviewed scientific work related to medical issues</p> <p>Possesses the scientific, socioeconomic, and behavioral knowledge required to diagnose and treat uncommon, ambiguous, and complex medical conditions</p> <p>Efficiently produces a focused and prioritized general medical examination accounting for rare conditions</p> <p>Serves as a consultant for rare and/or complex primary care patients</p> <p>Generates and disseminates new knowledge to advance primary care diagnostic evaluation</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					

<b>Primary Care (PC-2): Management: Effectively manages patients with increasingly complex medical conditions.</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practice)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
<p>Fails to intervene correctly with patients personal healthcare needs</p> <p>Inappropriate management places patient at risk</p> <p>Care plans are consistently inappropriate or inaccurate</p> <p>Fails to refer when appropriate</p> <p>Fails to measure the end-results of care</p> <p>Fails to inform patient of long-term health consequences</p>	<p>Participates in patient management being conducted by other appropriately qualified providers</p> <p>Demonstrates knowledge of basic care plans for common general medical conditions</p> <p>Inconsistently develops an appropriate care plan</p> <p>Participates in patient education regarding the nature of their condition and corresponding care plan</p> <p>Demonstrates knowledge of the role of medications and substances</p>	<p>Recognizes the need for urgent care</p> <p>Synthesizes information gathered to guide patient care</p> <p>Develops appropriate care plans</p> <p>Protects patient from further injury and understands the implications of activity on recovery time</p> <p>Performs patient education regarding their condition and corresponding care</p> <p>Demonstrates knowledge of treatment options of operative and non-operative management of medical conditions</p> <p>Identifies common medication and substance use and misuse</p>	<p>Appropriately manages situations requiring urgent care</p> <p>Accurately and efficiently manages patients with common, non-complex, medical conditions</p> <p>Identifies and recommends appropriate consultation and/or referral of patients with medical conditions</p> <p>Demonstrates knowledge of activity and participation guidelines for common medical conditions</p> <p>Appropriately modifies plan of care based on clinical course and individual risk factors</p> <p>Recognizes complication in operative and non-operative management of medical conditions</p> <p>Recognizes appropriate medication and substance use for specific conditions and identifies multiple drug interactions</p>	<p>Implements advanced interventions for situations requiring urgent care</p> <p>Effectively manages uncommon and/or complex medical conditions with or without co-morbidities</p> <p>Demonstrates knowledge of activity and participation guidelines for complex medical conditions</p> <p>Recommends appropriate medication(s) based on clinical course and individual risk factors</p> <p>Identifies common signs and symptoms of medication and/or substance abuse</p> <p>Educates others to improve their medical management knowledge and skills</p>	<p>Effectively manages rare medical conditions</p> <p>Serves as a consultant for rare and/or complex primary care patients</p> <p>Collaborates with other experts to advance medical management</p> <p>Demonstrates professional leadership in primary care management</p> <p>Generates and disseminates new knowledge to advance primary care management</p> <p>Develops best practice guidelines for developing primary care plans</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### Primary Care

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

### Rehabilitation

Athletic trainers must demonstrate the ability to conduct an appropriate assessment to define each patient's clinical problem and to implement



effective rehabilitation strategies for increasingly complex patient problems.

<b>Rehabilitation (R-1): Diagnostic Evaluation: Gathers and synthesizes essential and accurate information (history, physical exam, lab work, imaging studies, neuropsychological testing, functional assessment measures, etc.) to define each patient’s clinical problem(s).</b>					
<b>Critical Deficiencies</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3 (Ready for Unsupervised Practices)</b>	<b>Level 4 (Ready for Advanced Practice)</b>	<b>Level 5 (Aspirational)</b>
<p>Fails to identify appropriate diagnostic tests</p> <p>Fails to accurately identify appropriate differential diagnoses</p> <p>Fails to re-assess at appropriate intervals</p> <p>Fails to identify deviations from the normal course of care</p>	<p>Perform a relevant patient history</p> <p>Performs a basic physical examination</p> <p>Assesses the patient perspective including goals &amp; values</p> <p>Recognizes normal movement patterns</p> <p>Demonstrates knowledge of body systems and basic pathology</p>	<p>Demonstrates both basic science and clinical knowledge of tissue healing and cellular physiology across the lifespan</p> <p>Identifies precautions and contraindications to rehabilitation</p> <p>Assesses patient’s overall health-related quality of life</p> <p>Identifies abnormal and adaptive movement patterns</p> <p>Recognizes need to re-assess based on healing and function</p>	<p>Demonstrates knowledge of factors associated with risk of injury and disease, including age, gender and disability</p> <p>Recognizes the need for and recommends appropriate diagnostic tests (e.g., labs, imaging)</p> <p>Accurately interprets diagnostic tests</p> <p>Recognizes the impact of specific conditions on the whole person (e.g., psychologic, physiologic)</p> <p>Recognize source of abnormal and adaptive movement patterns and structures</p>	<p>Appropriately prioritizes the urgency and sequencing of diagnostic testing</p> <p>Utilizes clusters of diagnostic tests and evaluates complex conditions with or without co- morbidities, and recognizes atypical presentations</p> <p>Demonstrates ability to analyze abnormal movement patterns and identify causation</p> <p>Educates others to improve their rehabilitation diagnostic evaluation knowledge and skills</p>	<p>Efficiently produces a focused and prioritized rehabilitative examination accounting for rare conditions</p> <p>Serves as a consultant for rare and/or complex rehabilitation patients</p> <p>Demonstrates professional leadership in rehabilitative diagnostic evaluation</p> <p>Generates and disseminates new knowledge to advance rehabilitative diagnostic evaluation</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					

Rehabilitation (R-2): Management: Effectively manages the rehabilitation of patients with increasingly complex conditions.					
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<p>Inappropriate management places patient at risk</p> <p>Care plans are consistently inappropriate or inaccurate</p> <p>Fails to identify appropriate patient progress</p> <p>Fails to refer when appropriate</p> <p>Fails to measure the end-results of care</p> <p>Fails to inform patient of long-term health consequences</p>	<p>Participates in patient management being conducted by other appropriately qualified providers</p> <p>Demonstrates knowledge of basic rehabilitation principles</p> <p>Participates in patient education regarding the nature of their condition and corresponding care plan</p> <p>Describes basic impairments, activity limitations, and participation restrictions resulting from disease or injury</p>	<p>Synthesizes information gathered to guide patient care</p> <p>Consistently develops appropriate care plan</p> <p>Protects patient from further injury and understands the implications of activity on recovery time</p> <p>Addresses foundational movement dysfunction as part of intervention</p> <p>Implements systems-based rehabilitation strategies</p> <p>Identify when referral to others will expedite care</p> <p>Performs patient education regarding their condition and corresponding care plan</p>	<p>Effectively manages common, non-complex conditions</p> <p>Appropriately modifies care plans based on patient's clinical course, additional data (e.g., PROs, CROs), and patient preferences</p> <p>Performs patient education regarding long-term consequences of injury or disease</p> <p>Appropriately applies criteria for safe return to activity and participation</p> <p>Prescribes commonly used assistive and adaptive devices and strategies</p> <p>Considers the whole person (e.g., psychologic, physiologic) in the care plan</p>	<p>Effectively manages uncommon and/or complex patient conditions with or without co-morbidities</p> <p>Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles</p> <p>Patient advocate for maximizing long-term health-related quality of life (HRQOL)</p> <p>Care plan extends beyond return to safe activity to maximize participation</p> <p>Effectively manages the whole person (e.g., psychologic, physiologic)</p> <p>Effectively leads or directs interdisciplinary care team</p> <p>Educates others to improve their rehabilitation management, knowledge and skills</p>	<p>Effectively manages patients with rare conditions</p> <p>Serves as a consultant for rare and/or complex rehabilitation cases</p> <p>Demonstrates professional leadership in rehabilitation management</p> <p>Generates and disseminates new knowledge to advance rehabilitation management</p> <p>Develops best practice guidelines for developing rehabilitation care plans</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## Rehabilitation

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

