



THE ATHLETIC TRAINING MILESTONES

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ATTRIBUTION

The Athletic Training (AT) Milestones are based on the extensive work of the Accreditation Council for Graduate Medical Education (ACGME) who developed Milestones as *“competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties”*.¹ The ACGME requires the use of specialty specific milestones in the accreditation of their medical residency and fellowship training programs. The ACGME *“... is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.”*² The mission of the ACGME is to *“improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation”*.²

The AT Milestones Project Team evaluated the process and outcomes of the ACGME Milestones³ and carefully considered the relationship between athletic training and physician practice and the supervisory relationship inherent therein. Subsequently, it was determined to build the AT Milestones based on the ACGME Milestones framework. The various medical specialties liberally adopt the structure and language in their specific Milestones from peer specialties where efficient and effective language has been previously identified. The AT Milestones Project Team took the same approach and sought to utilize the language previously developed by the various ACGME and American Board of Medical Specialties (ABMS) specialty board(s) wherever possible to maximize efficiency and alignment with the education of our physician peers. The AT Milestones Project Team has adopted ACGME Milestones language in various forms, and modified the ACGME Milestones to meet the specific needs of the athletic training profession, on a non-exclusive basis for educational purposes only. There is no intent to seek any financial gain from the AT Milestones and they have been developed solely for educational purposes.

The AT Milestones Project Team give full attribution to the ACGME and the authors of the specialty specific Milestones on which the AT Milestones were based, which are referenced below.⁴⁻¹⁰

References:

1. Accreditation Council for Graduate Medical Education. Milestones Resources, Milestones FAQs Website. <http://www.acgme.org/Portals/0/MilestonesFAQ.pdf?ver=2015-11-06-115640-040>. Accessed April 05, 2018.
2. Accreditation Council for Graduate Medical Education. About Us Website. <http://www.acgme.org/About-Us/Overview>. Accessed April 05, 2018.

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9. Accreditation Council for Graduate Medical Education. Milestones By Specialty Website. <http://www.acgme.org/Portals/0/PDFs/Milestones/SportsMedicineMilestones.pdf?ver=2015-11-06-120519-653>. Accessed May 01, 2017.
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THE ATHLETIC TRAINING MILESTONES

The AT Milestones are designed for use in evaluation of athletic trainers in the context of their participation in Commission on Accreditation of Athletic Training Education (CAATE) accredited professional education, residency, and fellowship programs. They may also be used to facilitate peer and self-evaluations for the purpose of assessing an individual's maintenance of competence (MOC). The AT Milestones provide a framework for the assessment of the development of the individual in key dimensions of the elements of athletic trainer competency in general practice, as well as within a specialty area of practice.

The AT Milestones have been developed to capture the breadth and depth of athletic training knowledge, skills, attitudes and behaviors. They are organized to assess six general competencies, adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the eight specialty areas identified by the CAATE. For every competency, there are specific sub-competencies, each with their own set of progressive milestones for measuring individual performance.

The six general competencies are:

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

The eight specialty competencies are:

- Prevention and Wellness
- Urgent and Emergent Care
- Primary Care
- Orthopaedics
- Rehabilitation
- Behavioral Health
- Pediatrics
- Performance Enhancement

The AT Milestones are structured in accordance with the belief that every athletic trainer entering general practice should demonstrate behaviors appropriate for unsupervised practice across all of the six general competencies and all of the eight specialty competencies. This structure ensures appropriate depth and breadth of knowledge across all of the competencies believed to be essential to the provision of quality health care. The AT Milestones have adopted the Institute of Medicine criteria for quality care, which involves the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

In contrast, athletic trainers pursuing specialty training should demonstrate advanced practice behaviors across all of the six general competencies, plus advanced practice behaviors only in their chosen area of specialty practice. It is not reasonable to expect that an athletic trainer exhibit advanced practice behaviors across all specialty competencies. Specialty care requires greater depth in each of the six general competencies and in the specific area of specialty practice and the AT Milestones are developed to provide guidance on how to progress from a generalist to a specialist. The AT Milestones provide a logical progress of increasingly complex and independent client and patient care services.

This document presents the AT Milestones designed for programs to use in ongoing review of individual (student, resident, fellow) performance. Milestones are knowledge, skills, attitudes, and other attributes for each of the six general competencies (e.g., patient-care and procedural skills, medical knowledge) and eight specialty competencies (e.g., Prevention and Wellness, Orthopedics) that describe the development of competence from an early learner up to and beyond that expected for unsupervised, advanced, and aspirational practice. Programs should determine the frequency with which they use the AT Milestones to assess individual performance. For each general and specialty competency domain, programs should seek to provide a summative evaluation of an individual's learning trajectory over time. More information about the AT Milestones is available on the AT Milestones web page: www.atmilestones.com

INTEGRATED MODEL OF PROGRESSIVE ATHLETIC TRAINING EDUCATION

The AT Milestones are developed to measure an individual's progressive acquisition of increasingly independent and sophisticated client and patient care behaviors. The figure below presents the relationships between the AT Milestones levels (x-axis), the corresponding goal for the individual learner (arrow), and the five-stages of skill acquisition described using the Dreyfus Model of Knowledge Development (y-axis).¹ The Dreyfus Model provides a theoretical framework for describing the movement from advanced beginners to competent clinicians working without supervision after completion of their education program with further progression towards proficient advanced practice providers in a specialty area with aspirational progression to become an expert.

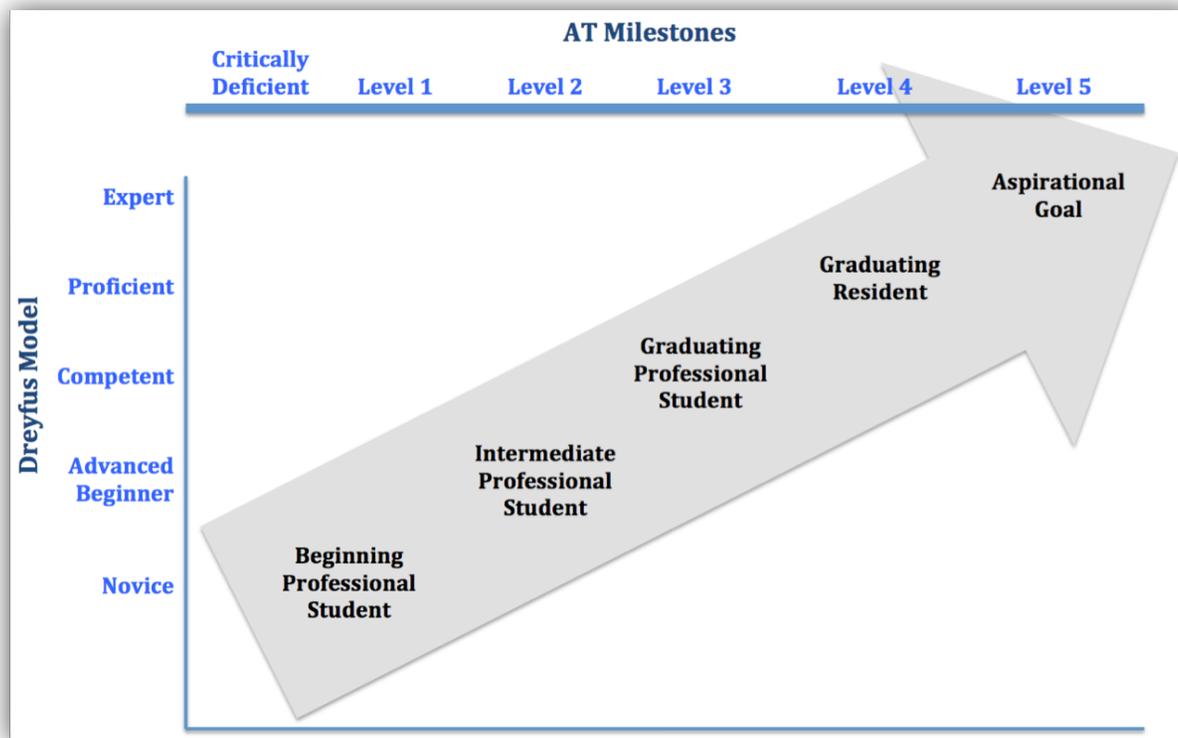


Figure 1: Progressive education and training programs are developed to build progressively independent knowledge, skill, and behaviors that can be assessed using different levels of milestones.

¹Paul Batalden, David Leach, Susan Swing, Hubert Dreyfus and Stuart Dreyfus. General Competencies And Accreditation In Graduate Medical Education. *Health Affairs* 21, no.5 (2002):103-

Athletic Training Milestones Evaluation

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

General Competency (e.g., Medical Knowledge): Sub-Competency Stated (Reference to corresponding ACGME milestone)					
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
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"/>
Comments:					

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).

The AT Milestones are arranged in columns of progressive stages of competence. For each assessment period, determined by and for the program, programs will need to review the milestones and identify those milestones that best describe an individual's current performance and ultimately select a box that best represents the summary performance for that sub-competency. Selecting a response box in the middle of a column implies that the individual has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for the AT Milestones is as follows:

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in an individual's performance.

Level 1: Describes behaviors of an early learner.

Level 2: Describes behaviors of a learner who is advancing and demonstrating improvement in performance related to milestones.

Level 3 (Ready for Unsupervised Practice): Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a Commission on Accreditation of Athletic Training Education (CAATE) accredited professional program and is ready for unsupervised practice. This column is designed as the graduation target for professional programs, but an individual may display these milestones at any point during their education.

Level 4 (Ready for Advanced Practice): Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a CAATE accredited residency program in specialty area of practice and exhibits performance consistent with an advanced practice clinician. This column is designed as the graduation target for residency programs, but an individual may display these milestones at any point during their education and training.

Level 5 (Aspirational): Describes behaviors of an individual who has advanced beyond those milestones that describe advanced practice. These milestones reflect the competence of an expert or role model and can be used by programs, personnel supervisors, and individuals to facilitate further professional growth. It is expected that only a few exceptional individuals will demonstrate these milestones behaviors.

The “Ready for Unsupervised Practice” and “Ready for Advanced Practice” milestones are designed as the graduation target for accredited professional and residency programs, respectively, but do not represent a graduation requirement. Making decisions about readiness for graduation is the purview of the program faculty. Programs are encouraged to study the use of AT Milestone performance data to help determine whether the “Ready for Unsupervised Practice” and “Ready for Advanced Practice” milestones, and all other milestones, are in the appropriate stage within the developmental framework, and whether milestone data are of sufficient quality to be used for high stakes decisions.

Accreditation and the Athletic Training Milestones

The AT Milestones are not a required element of the Commission on Accreditation of Athletic Training Education (CAATE) standards for professional, post-professional, or residency programs. In fact, the AT Milestones were not developed for the purpose of mapping directly to the educational content required in CAATE accredited education programs. However, the AT Milestones can be used to help provide evidence of compliance with various standards across all levels of CAATE accreditation. The AT Milestones can be of great value throughout clinical education including communication with preceptors, and the assessment of a logical progression of increasingly complex and independent patient and client experiences.

Most notably, however, the AT Milestones can be used to provide evidence for compliance with the CAATE core competencies that are vital components of the new 2020 Standards for Professional Masters Programs and have been embedded within the post-professional and residency program standards for years. The table below provides a general cross-reference of the six CAATE identified ‘core competencies’ with the corresponding AT Milestones general competencies and sub-competencies.

CAATE Core Competencies	AT Milestones General Competencies & Sub-Competencies
Patient-centered care	Patient-Care and Procedural Skills (PC-1,2) Interpersonal and Communication Skills (ICS-1,2)
Evidence-Based Practice	Practice-Based Learning and Improvement (PBLI-1) Medical Knowledge (MK-3)
Health Care Informatics	Interpersonal and Communication Skills (ICS-4) Systems-Based Practice (SBP-6)
Interprofessional Practice and Education	Patient-Care and Procedural Skills (PC-7) Interpersonal and Communication Skills (ICS-3) Professionalism (PROF-2) Systems-Based Practice (SBP-1,2,3,4)
Quality Improvement	Practice-Based Learning and Improvement (PBLI-2,3,4) Systems-Based Practice (SBP-1,2,3,4)
Professionalism	Professionalism (PROF-1,2,3,4)

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.

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

Patient-Care and Procedural Skills (PC-2): Patient-Centered Care: Demonstrates humanism and cultural competency (Family Medicine PROF-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 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"/>	<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-3): Diagnosis and Management: Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s). (Internal Medicine PC-1)

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

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)						
<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"/>	<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-5): Diagnosis and Management: Diagnostic Evaluation. (Physical Medicine and Rehabilitation PC-3) This includes:

- Differential diagnosis of primary and secondary conditions
- Appropriate studies (e.g., laboratory, imaging, neuropsychological)
- Functional assessments

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"/>

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"/>	<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)
<p>Cannot advance beyond the need for direct supervision in the delivery of patient care</p> <p>Cannot manage patients who require urgent or emergent care</p> <p>Does not assume responsibility for patient management decisions</p>	<p>Requires direct supervision to ensure patient safety and quality care</p> <p>Provides inconsistent preventative care</p> <p>Inconsistently provides comprehensive care for single or multiple diagnoses</p>	<p>Requires indirect supervision to ensure safety and quality care</p> <p>Provides appropriate preventative care</p> <p>Provides comprehensive care for single or multiple diagnoses</p> <p>Under supervision, provides appropriate care for medically complex patients</p> <p>Initiates management plans for urgent or emergent care</p>	<p>Independently manages patients who have a broad spectrum of clinical disorders including undifferentiated syndromes</p> <p>Seeks additional guidance and/or consultation as appropriate</p> <p>Appropriately manages situations requiring urgent or emergent care</p>	<p>Manages unusual, rare or complex disorders</p> <p>Effectively supervises the management decisions of the athletic health care team</p> <p>Serves as a preceptor capable of recognizing and assessing milestone achievement in athletic training students and residents</p> <p>Recognizes and promotes clinical expertise in peers and implements policy to ensure patients are seen by appropriate members of the team</p>	<p>Serves as a clinical care leader supervising multiple clinicians in a coordinated, team-based manner</p> <p>Contributes to the development and refinement of models of education that promote progressive responsibility and independence</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

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.

Medical Knowledge (MK-1): Demonstrates medical knowledge of sufficient breadth and depth to practice athletic training. (Family Medicine MK-2)										
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<p>Fails to demonstrate the capacity for medical knowledge improvement</p> <p>Fails to self-reflect and recognize personal limitations in medical knowledge</p>	Demonstrates the capacity to improve medical knowledge through targeted study	<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"/>				
Comments:										

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)					
<p>Lacks foundational knowledge to apply diagnostic testing and procedures to patient care</p> <p>Chooses inappropriate diagnostic tests or procedures that place the patient at risk or pose a safety hazard</p>	<p>Uncertain of which diagnostic tests and procedures are appropriate</p> <p>Understands which diagnostic tests and procedures to perform, but can not adequately explain why</p> <p>Does not understand the concepts of pre-test probability and test performance characteristics</p>	<p>Inconsistently interprets basic diagnostic test accurately</p> <p>Needs assistance to understand the concepts of pre-test probability and test performance characteristics</p> <p>Minimally understands the rationale and risks associated with common procedures</p>	<p>Consistently interprets basic diagnostic tests accurately</p> <p>Understands the concepts of pre-test probability and test performance characteristics</p> <p>Fully understand the rationale and risks associated with common procedures</p>	<p>Interprets complex diagnostic tests accurately</p> <p>Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures</p> <p>Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures</p>	<p>Introduces innovation in diagnostic testing and procedures in athletic training</p> <p>Pursues knowledge of new and emerging diagnostic tests and procedures</p>					
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<p>Comments:</p>										

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)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 Aspirational
<p>Lacks appropriate foundational knowledge in the basic sciences</p> <p>Knowledge is limited to traditional athletic populations (e.g. college and secondary school aged) without appropriate understanding of anatomy and physiology across the lifespan</p>	<p>Demonstrates knowledge of the basic sciences of athletic training</p> <p>Demonstrates knowledge of anatomy and physiology related to growth, development, and aging</p>	<p>Demonstrates knowledge of basic sciences applied to athletic training in patients of all ages</p> <p>Demonstrates basic science knowledge foundational to prevention, rehabilitation, and management</p>	<p>Synthesizes scientific knowledge in managing common medical conditions</p> <p>Integrates basic and clinical science knowledge of pathophysiology, tissue healing, and treatment interventions in return-to-activity decisions</p> <p>Demonstrates knowledge of factors associated with risk of injury, including age, gender, and disability</p> <p>Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan in selecting treatment options</p>	<p>Synthesizes and applies scientific knowledge in complex medical conditions</p> <p>Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and complex conditions</p>	<p>Generates and disseminates new basic science knowledge</p> <p>Introduces innovation from the basic sciences to advance athletic training</p> <p>Possesses the scientific socioeconomic and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and complex conditions</p>

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Comments:

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

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>					
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Comments:										

Practice-Based Learning and Improvement (PBLI-3): Quality Improvement: Learns and improves via performance audit. (Internal Medicine PBLI-2)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<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>					
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Comments:										

**Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement.
(Internal 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>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>Roles 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>						
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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>	
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Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public. (Family Medicine C-2)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<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>					
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Comments:										

Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams. (Internal Medicine ICS-2)										
Critical Deficiencies	Level 1		Level 2		Level 3 (Ready for Unsupervised Practice)		Level 4 (Ready for Advanced Practice)		Level 5 (Aspirational)	
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	
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Comments:										

Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records. (Internal Medicine ICS-3)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)						
<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>						
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Comments:											

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.

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

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

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<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>

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Comments:

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"/>
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"/>
Comments:										

Systems-Based Practice (SBP-2): Patient Safety: Emphasizes patient safety. (Family 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 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>

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Comments:

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)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<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"/>
Comments:										

Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<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"/>
Comments:										

Systems-Based Practice (SBP-5): Advocates for individual and community health. (Family Medicine SBP-3)

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<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"/>

Comments:

Systems-Based Practice (SBP-6): Health Information Technology: Utilizes technology to optimize communication. (Family Medicine C-4)

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 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"/>
Comments:										

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

ATHLETIC TRAINING MILESTONES

SPECIALTY COMPETENCIES

The specialty competencies, sub-competencies, and milestones are being developed based upon the eight ‘areas of focus’ (specialty areas) developed by the CAATE (<https://caate.net/caate-establishes-residency-focus-areas/>). These areas represent core areas of athletic training practice, but present opportunity for athletic trainers to develop advanced practice behaviors consistent with specialty practice. Because the AT Milestones originally developed based on a need within the specialty of orthopaedics, this was the first specialty area that was developed. Work is underway to develop each of the subsequent specialty competencies, sub-competencies, and milestones, and this document will be updated regularly to reflect these additions. The development of competencies, sub-competencies, and milestones for additional future specialty and sub-specialty areas (e.g., geriatrics, sport neurology) are currently being considered.

Prevention and Wellness – IN DEVELOPMENT

Urgent and Emergent Care – IN DEVELOPMENT

Primary Care – IN DEVELOPMENT

Orthopaedics – SEE BELOW

Rehabilitation – IN DEVELOPMENT

Behavioral Health – SEE BELOW

Pediatrics – SEE BELOW

Performance Enhancement – IN DEVELOPMENT

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.

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).										
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practices)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)					
<p>Fails to identify appropriate diagnostic tests</p> <p>Fails to accurately identify appropriate differential diagnoses</p> <p>Fails to identify deviations from the normal course of orthopaedic conditions</p>	<p>Perform a relevant patient history</p> <p>Performs a basic physical examination</p> <p>Recognizes normal movement patterns</p> <p>Demonstrates knowledge of common orthopaedic conditions</p>	<p>Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan</p> <p>Performs a regional orthopaedic exam with appropriate diagnostic selective tissue tests</p> <p>Recognize source of abnormal movement patterns and structures</p> <p>Applies clinical rules for diagnostics (such as Ottawa Ankle, Canadian C-spine)</p>	<p>Demonstrates knowledge of factors associated with risk of injury, including, age, gender and disability</p> <p>Accurately and efficiently diagnoses common, non-complex, orthopaedic conditions</p> <p>Recognizes the need for and recommends appropriate plain films/radiographs</p> <p>Accurately interprets plain films/radiographs</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</p> <p>Recommends and interprets advanced orthopaedic imaging, such as MSUS, MRI, and CT</p> <p>Educates others to improve their orthopaedic diagnostic evaluation knowledge and skills</p>	<p>Efficiently produces a focused and prioritized orthopaedic examination accounting for rare conditions</p> <p>Serves as a consultant for rare and/or complex orthopaedic patients</p> <p>Demonstrates professional leadership in orthopaedic diagnostic evaluation</p> <p>Generates and disseminates new knowledge to advance orthopaedic diagnostic evaluation</p>	<input type="checkbox"/>				
Comments:										

Orthopaedics (Ortho-2): Management: Effectively manages patients with increasingly complex orthopaedic conditions.											
Critical Deficiencies	Level 1			Level 2		Level 3 (Ready for Unsupervised Practices)		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 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	
				Demonstrates knowledge of treatment options of operative and non-operative management of orthopaedic conditions		Recognizes complications in operative and non-operative management of orthopaedic conditions		Demonstrates knowledge of controversies in operative and non-operative management of orthopaedic conditions			
<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"/>	<input type="checkbox"/>
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.

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.					
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practices)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<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"/>
Comments:					

Behavioral Health (BH-2): Management: Effectively manages patients with behavioral health conditions.

Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practices)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<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</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>

				conditions						
				Develops and implements behavioral health EAP and other policies governing behavioral health conditions						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Comments:										

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.

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).					
Critical Deficiencies	Level 1	Level 2	Level 3 (Ready for Unsupervised Practice)	Level 4 (Ready for Advanced Practice)	Level 5 (Aspirational)
<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 Practices)	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 physis 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"/>

Comments:

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

