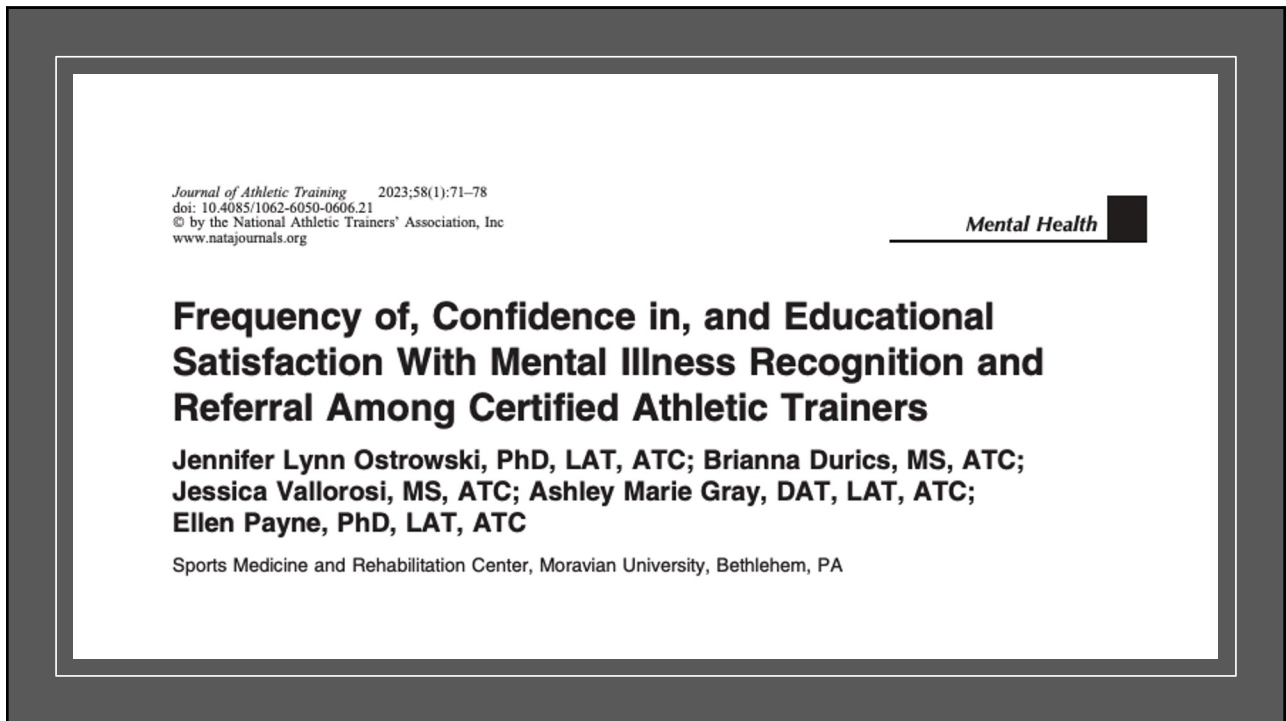


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WHAT WE DID:

- Surveyed Certified Athletic Trainers on their frequency, confidence, and educational satisfaction related to:
 - Mental Health/Psychosocial Skills
 - Emergency Care Skills
 - Examples:
 - Spine boarding
 - CPR
 - Tourniquet application
- N=226
 - Age=35.5±9.9,
 - Years of practice=11.9±9.0
 - 86 males and 140 female

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- Although many EC skills are not used frequently, it is important ATs are familiar with and comfortable administering them in a timely (and correct) manner when an emergency arises.
- With more ATs working in non-traditional settings, they need to be prepared for potential accidents and injuries that are not seen with traditional sports.
- New NATA Position Statement on EAP coming summer 2024
 - Geared towards traditional setting

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- Sample frequency question:
 - On average, with REAL PATIENTS how many times PER YEAR do you use a spine board?
- Sample confidence question:
 - How confident would you be using a spine board with a REAL PATIENT today?
- Sample satisfaction question:
 - How satisfied are you with your professional education (athletic training program) related to using a spine board?

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Skill	Frequency (1 year)	Confidence	Education Satisfaction
Emergency Inhaler	<1 time: 31 1-2 times: 46.5 3-5 times: 14.8 6+ times: 7.7	Extremely confident: 65.2 Moderately confident: 24.5 Slightly confident: 7.7 Neutral: 1.9 Extremely unconfident: 0.6	Extremely satisfied: 37.4 Moderately satisfied: 29.7 Slightly satisfied: 13.5 Neutral: 5.8 Slightly dissatisfied: 4.5 Moderately dissatisfied: 1.3 Not learned: 7.7
Narcan / Naloxone	<1 time: 100	Extremely confident: 6.5 Moderately confident: 8.4 Slightly confident: 12.9 Neutral: 17.4 Slightly unconfident: 14.8 Moderately unconfident: 12.3 Extremely unconfident: 27.7	Extremely satisfied: 2.6 Moderately satisfied: 1.9 Slightly satisfied: 5.2 Neutral: 15.5 Slightly dissatisfied: 5.8 Moderately dissatisfied: 1.9 Not learned: 67.1

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WHAT WE FOUND ...

That are interesting to me:

- Many of the skills have never been used.
 - Most used: Emergency inhaler, non-tourniquet emergency bleeding control, and SAM splint
- Varied by job setting
 - Performing Arts
 - Rehab Clinic
 - Secondary Schools
- Narcan never used

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Confidence

- Least confident in Narcan, pelvic binder, OPA/NPA use
 - Newer skills to AT curriculum
 - Not commonly used
- Extremely confident with CPR/AED skills even though they are infrequent skill
 - Lots of practice with CPR

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Satisfaction

- Satisfied with what they have learned
 - But didn't learn everything
- There were no significant associations between confidence and education-level, number of CEUs, or years of clinical practice for any skills.




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More they use the skill, more confidence (duh!)

- There were strong, significant, positive correlations between frequency of skill use and confidence in skill use | 3/20 skills in that higher frequency of skill use was correlated with higher levels of confidence.

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WHAT WE LEARNED:

-  Need to ensure professional education on all emergency care skills
-  ATs should look for continuing education related to skills they did not learn or are not confident in performing
-  Frequent practice builds confidence

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Conclusions:

- Majority of ATs were extremely or moderately satisfied with their professional EC education
- Program type and number of courses did not significantly impact educational satisfaction
- Programs should consider educating students going into certain practice settings about increased frequency of certain skills
- Clinicians should seek out CEUs related to skills not previously learned

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WHAT'S NEXT:



Perceived knowledge and actual knowledge don't always align, so where does frequency and confident play in?



Comparison to mental health skills?

They are more confident in emergency care skills than mental health

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References

- Morin GE, Misasi S, Davis C, Hannah C, Rothbard M. Entry-level athletic trainers' self-confidence in clinical skill preparedness for treating athletic and emergent settings populations. *Athl Train Educ J*. 2014;9(4):166–173. doi: 10.4085/0904166
- Neil ER, Eberman LE, Games KE, Kahanov L. Emergency health care providers lack knowledge about managing the spine-injured athlete. *Athl Train Educ J*. 2018;13(3):219–226. doi: 10.4085/1303219
- Hirschhorn RM, Kerr ZY, Wasserman EB, et al. Epidemiology of injuries requiring emergency transport among collegiate and high school student-athletes. *J Athl Train*. 2018;53(9):906–914. doi:10.4085/1062-6050-340-17
- Mazerolle SM, Scruggs IC, Casa DJ, et al. Current knowledge, attitudes, and practices of certified athletic trainers regarding recognition and treatment of exertional heat stroke. *J Athl Train*. 2010;45(2):170–180. doi:10.4085/1062-6050-45.2.170
- Edler JR, Eberman LE, Kahanov L, Roman C, Mata HL. Athletic trainers' knowledge regarding airway adjuncts. *Athl Train Educ J*. 2015;10(2):164–169. doi: 10.4085/1002164

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