

Canadian Athletic Therapists' Association Education Task Force Consensus Statements

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Context: A published commentary from 2 of the current authors acted as a catalyst for raising some key issues that have arisen in athletic therapy education in Canada over the years.

Objective: The purpose of this article is to report on the process followed to establish a number of consensus statements related to postsecondary athletic therapy education in Canada. The consensus statements should act as a future plan for entry-level athletic therapy education.

Design: Content validation for consensus statements.

Setting: Video-conference meetings at 7 Canadian postsecondary colleges/universities.

Patients or Other Participants: Canadian Athletic Therapists' Association (CATA) program directors and CATA leaders from education, certification, and program accreditation committees.

Main Outcome Measure(s): A Delphi method and modified Ebel procedure were used to gather opinions from participants about athletic therapy education.

Results: We created 10 consensus statements, with a series of caveats that are presented in this article. All components received at least 80% consensus from the expert validation group.

Conclusions: The final Education Task Force Report was created and content was validated by a group of experts in the topics associated with every consensus statement. The final report was presented to the CATA Board of Directors for adoption and implementation.

Key Words: Practical examination, written examination, clinical education, practical hours, competency-based learning

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Full Citation:

Lafave MR, Bergeron G, Klassen C, Parr K, Valdez D, Elliott J, Peeler J, Orecchio E, McKenzie K, Streed K, DeMont R. Canadian Athletic Therapists' Association Education Task Force consensus statements. *Athl Train Educ J*. 2016;11(1):5–9.

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INTRODUCTION, BACKGROUND, AND PURPOSE

Purposeful planning, thorough discussion, documentation of the plan, and follow-up to ensure goals and objectives are attained are key ingredients for success for a profession to grow and evolve. The Canadian Athletic Therapists' Association (CATA) has many major milestones that have yet to be documented in the public arena and thus risk being lost over time.¹ Commentary of 2 current authors (M.R.L., G.B.) acted as a catalyst for raising several key issues present in athletic therapy education in Canada.¹ This commentary outlined the chronological history of major milestones in Canadian athletic therapy professional education and certification.¹ It was notable that there had been very few milestones or evolution in professional education since introduction of the requirement for certified members in Canada to attend a CATA-accredited program after 1999.¹ The other major milestone was the introduction of the certification exam many years earlier in 1976.¹ The lack of progress, change, and evolution of professional education and CATA accreditation was significant. One recommendation in this article¹ was to strike an ad hoc committee to address the key issues raised in the commentary. In December 2012 the CATA Board of Directors commissioned a task force chaired by M.R.L. to address current issues in athletic therapy education in Canada. A charter (Appendix) was drafted and approved by the CATA Educational Strategic Planning Task Force (ETF) and planning began in May 2013. The original time frame outlined in the charter changed for logistical and financial reasons. The purpose of this article is to share the results of an evidence-based, consensus-driven planning process addressing key educational issues in the profession of athletic therapy in Canada.

METHODS

The ETF, all coauthors of this article, was composed of 7 members representing each of the CATA-accredited programs; 2 representatives of the education- and accreditation-specific standing committees of the CATA (Education Committee and Program Accreditation Committee); 1 representative of the Canadian Board of Certification for Athletic Therapy; and a CATA Board of Directors liaison. The ETF's role was to identify issues directed at the professional education and certification process for athletic therapy, create overarching consensus statements, establish caveats for each of the consensus statements, and share and review the literature for each of the consensus statements.

An initial meeting was held to set the agenda and establish a series of consensus statements. Subject matter from the commentary was used as the basis for some topics, but ETF members were encouraged to add more issues to the discussion list and propose consensus statements.¹ Preliminary consensus statements acted as the foundation for

discussion. We met monthly over 1 year via videoconference. We used a combination of a Delphi method and a modified Ebel procedure to build consensus and to ensure that discussions were anchored in concrete issues to maximize efficiency, clarity, and transparency.²⁻⁴ Both methods are intended for content validation. Briefly, the Delphi method consisted of an initial review of a statement followed by each member independently voting on agreement or disagreement. Participant voting was blinded from each other and took place in electronic format through Google Forms (Mountain View,

Figure. A visual representation of the Delphi method and study design (adapted from Jones and Hunter⁶). Abbreviation: CATA, Canadian Athletic Therapists' Association.

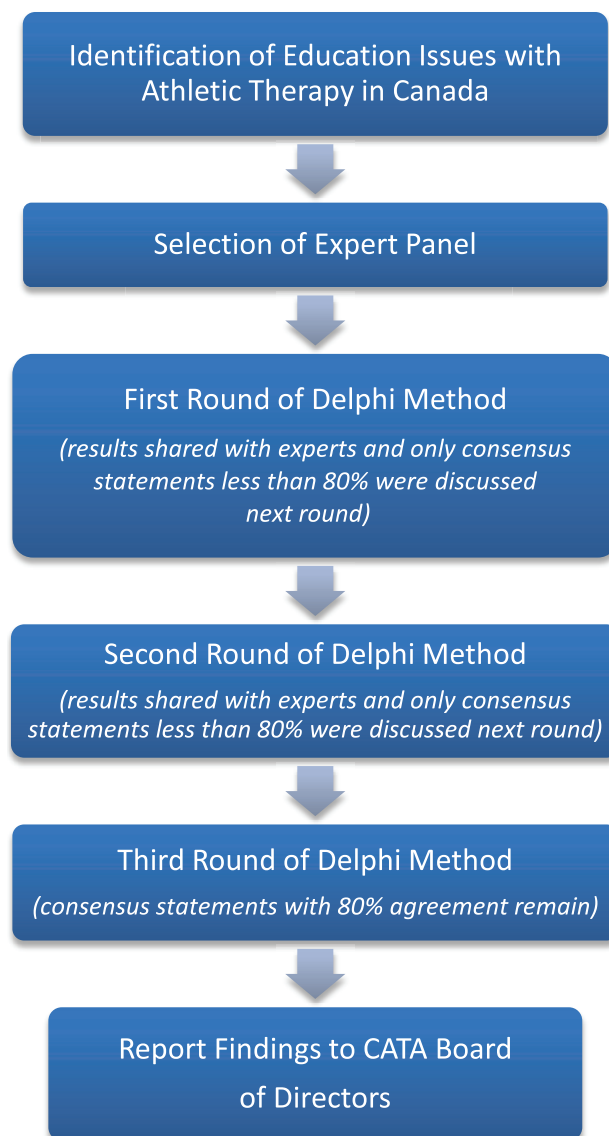


Table. Canadian Athletic Therapists' Association (CATA) Educational Strategic Planning Task Force (ETF) Consensus Statements

1. In principle, the ETF agrees that there should be a national certification process. This includes the consensus statements and their caveats for the written and practical examinations (ie, consensus statements 2 and 3).
2. There is support to continue with a national written exam as part of the national certification process.
3. There is support to continue with a national practical exam as part of the national certification process.
4. Competency-based programming will be implemented over a 5-year period for all programs. By the year 2020, all CATA-accredited programs will have a plan to move their program to competency-based education.
5. The CATA will no longer require practical hours as an external requirement to apply for the national certification exam (by 2020).
6. The Supervisory Athletic Therapist program will be phased out by 2020.
7. A research and scholarship agenda will be created and shared with scholars across Canada and internationally.
8. Globalization of athletic therapy is highly valued, particularly from an educational perspective. The CATA will continue to work with the WFATT members to ensure there are high educational standards for all WFATT members.
9. There needs to be encouragement of students and certified members to enter postgraduate studies to increase the capacity of athletic therapy scholars in accredited programs and other universities, thus contributing to the health care industry research pool. Graduate studies could be in basic and applied sciences.
10. Postgraduate degrees as a basic entry level to practice are more complex than originally thought. There is little information available to make a final, decisive statement one way or the other in the time frame this task force had to complete its task. Therefore, since there is little information to make an evidence-based decision with the current time constraints, the CATA ETF recommends that the CATA Board of Directors strike an ad hoc committee to study the issue in greater depth and make a recommendation to the CATA membership.

Abbreviation: WFATT, World Federation of Athletic Training and Therapy.

CA). The results of the voting were shared with participants in the meetings.

Upon analysis, if the statement achieved 80% consensus, then the statement was officially adopted.⁵ The next phase involved a series of required caveats to ensure the consensus statement was appropriately obtained. Both the consensus statements and their associated caveats needed 80% consensus to be included in the final report. If there was no consensus for the overarching consensus statements or their caveats (ie, either did not have at least 80% agreement), then discussion ensued during the videoconference meetings. The face-to-face (virtual) discussion component is consistent with what occurs with the later stages of a modified Ebel procedure.^{3,4} If no agreement could be achieved, the consensus statement and its associated caveats were removed completely. In general, the process followed in the videoconference meetings was to determine if there was disagreement with the spirit of the consensus statement or merely the wording. Language used in the consensus statements was critical to obtain consensus. There was significant discussion to ensure that the spirit of the language used in the statements and/or caveats matched what we wished to convey. Typically, the Delphi method calls for a number of rounds of voting to reach consensus. In our investigation, consensus statements went through a maximum of 3 rounds of voting and discussion (modified Ebel procedure) before the final version was approved (less than 3 for some consensus statements). A visual representation of the Delphi method used is outlined in the Figure.⁶

RESULTS

Ten consensus statements and their associated caveats are listed in the Table. All consensus statements and their caveats achieved at least 80% consensus. There were initially 9 consensus statements, until the end of the process, when the ETF thought it was important to add another statement that captured the essence of the national certification process. Consensus statements were all well researched and discussed,

but it became apparent that there were divergent perspectives in the literature.⁷⁻⁹ The national certification process occupied a great deal of time and discussion, and thus it led to the addition of an overarching consensus statement (consensus statement 1) that was strategically placed before the presentation of the national written and practical examinations.

Consensus statement number 10 did not follow the same procedure as other consensus statements. Originally, there was consensus that the CATA not pursue a professional master's degree as a basic level of entry to practice. However, the vote was 8 months before preparation of the final report. Some participants discovered and shared more literature on the topic and convinced the rest of the participants it was important to revisit.⁷⁻⁹ This literature swayed the group to change this consensus statement as it is now presented in the Table.

DISCUSSION

Benjamin Franklin once said, "By failing to plan, you are preparing to fail."¹⁰ It is critical to chart out a future and follow a plan for athletic therapy education in Canada. There have been many athletic therapy education plans and strategies adopted by the CATA over the years, but none have been communicated in a public forum.¹ It is critical that these plans be shared with the national and international communities in a public forum for historical record and to ensure that the plan is transparent and inclusive, involving stakeholders from both inside and outside of the CATA. Just as the CATA learns from what the National Athletic Trainers' Association¹¹ or medical education^{12,13} has accomplished, so too can our international community learn from the CATA experience. It is hoped that these statements, their caveats, and the process followed will facilitate positive growth for the athletic therapy profession in Canada. Moreover, this project would be deemed a success if the quality of athletic therapy postsecondary education, testing, and continuing competence is improved because of this article.

Discussion using the Delphi method and modified Ebel procedures (ie, the process outlined in this article) sparked ideas that have begun to facilitate changes. Our opinions are the result of the ETF commissioned by the CATA to explore the education parameters surrounding the athletic therapy profession in Canada. The content of this article was shared in written and oral reports by the ETF chair with the CATA Board of Directors in May 2014. Subsequent to the sharing of the oral and written reports, the CATA Board of Directors approved the report, in principle to enhance its educational infrastructure. It is our hope that the process and recommendations outlined in this article will help facilitate change and improvement to the CATA's educational processes. Representatives from the CATA standing committees tasked with educational concerns were part of the process and thus may be able to more easily facilitate the execution of the consensus statements and their caveats. However, the future will determine if the process was a successful strategy in creating the change and evolution of the profession of athletic therapy.

There were a number of limitations to this study. The group that formulated, discussed, and presented the consensus statements is a convenience sample and representative of members' personal viewpoints. We attempted to be as inclusive as possible with contemporary issues, but it should be noted that the final consensus statements are the only issues that were deemed important to this group of ETF members at the time of this process. It is possible there are other important issues that were not addressed as part of this process. We attempted to make recommendations based on evidence in the literature. However, the literature review was not exhaustive.

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Appendix. Canadian Athletic Therapists' Association Educational Strategic Planning Task Force Charter

Task Force Name

The Canadian Athletic Therapists' Association (CATA) Educational Strategic Planning Task Force (ETF)

Task Force Mandate

Background: There have been a number of recurrent issues that arise in the CATA from an educational, certification, and accreditation perspective over the years. There has been tremendous growth in the CATA from the inception of the first examination in 1975 and the commencement of a formal program accreditation in 1999. The CATA committees are caught up in day-to-day issues, and are rarely given the opportunity to plan at a high level by themselves, with other committees, or with the addition of postsecondary educational partners.

The mandate of this task force is to identify, at a high level, the issues, trends, and future direction of educational initiatives that cross the boundaries of 3 committees in the CATA (Education, Canadian Board of Certification, and Program Accreditation) and athletic therapy accredited programs in Canada.

Task Force Membership (11 Voting Members, 1 Board of Directors Ex Officio)

- CATA Education Committee Chair or designate—Dennis Valdez
- CATA Program Accreditation Committee Chair or designate—Jason Peeler
- Canadian Board of Certification for Athletic Therapy Director or designate—Kristin Streed
- 1 member from each of the accredited programs in Canada (6 total because of Mount Royal University membership elsewhere)

(Connie Klassen, Camosun College; Glen Bergeron, University of Winnipeg; Jackie Elliott, University of Manitoba; Kirsty McKenzie, Sheridan College; Kelly Parr, York University; Richard DeMont, Concordia University)

- 1 Chairperson appointed by the CATA Board of Directors (BOD)—Mark Lafave, Mount Royal University
- 1 CATA BOD member as a liaison—Elsa Orecchio

Task Force Powers

The CATA Education Strategic Planning Task Force (CESPTF) will have advisory powers to the CATA BOD. It will not have any decision-making power.

Task Force Timeline

There will be 3 meetings in total:

1. Agenda setting meeting—May 23 during the Accredited Institutions meeting.
2. A virtual face-to-face meeting through video conferencing on July 2, 3, 4, or 5 (Doodle will be circulated to finalize the date).
3. An ACTUAL face-to-face meeting will take place at the CATA BOD and Committee meeting in August or September 2013.
4. There will be other electronic meetings as deemed necessary by the Chair to facilitate discussion.
5. January 2014,^a a working paper/report will be circulated to the CATA BOD for consideration.

Task Force Deliverables

The CESPTF will provide a report to the CATA BOD by January 2014. The report will consist of a list of priorities that are common amongst the stakeholders in this group and it will identify the committee that will take the lead for each of the issues identified.

Task Force Budget

The CATA will pay for virtual connection costs associated with the July 2013 meeting. The CATA will cover the costs of committee members to the CATA meetings in August or September 2013.

^a It should be noted that the original time frame for this task force was approved in this document as laid out here. However, through ongoing discussion, it was decided to extend the discussion and meet monthly via videoconference for 4 hours rather than face to face. This had a positive impact in a couple of ways: (1) the budget for this committee ended up being a fraction of the original plan and (2) the time between meetings gave the task force time to read literature and prepare to vote for or against a consensus statement armed with more information and evidence.