

## It's Time for Intraprofessional Practice

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## EDITORIAL

By now we have all heard about interprofessional and collaborative practice (IPCP), also called interprofessional practice (IPP) or interprofessional education (IPE). What about *intraprofessional* practice? When was the last time that you effectively practiced in a team-based setting with other athletic trainers? I am not just talking about sharing patients. I am talking about deliberately and intentionally co-facilitating patient care using each individual athletic trainer's strengths to create a "super provider" capable of delivering the best patient care possible to the populations we treat. Are you pausing...thinking this seems impossible? It is already being done in other healthcare professions. Nursing has been engaging in intraprofessional practice for years and currently has multiple iterations of best practice guidelines for intraprofessional collaborative practice.<sup>1</sup> Through a framework to create a collaborative workplace, nursing has effectively created a system that maximizes health and wellness for nursing and delivers the best possible outcomes for patients.<sup>1</sup> I see a future where we, as athletic trainers, fundamentally shift our practice models to create environments of intraprofessional collaboration, and that future is closer than you think!

I know what you may be thinking... "This will never work" or "Athletic training is different" or even "It may work in some settings, but not all." If these are your initial reactions, you aren't alone. This radical shift requires new ways of thinking and framing our work in ways we have rarely done in the past. Intraprofessional practice can work in any setting. To demonstrate this, imagine with me as I describe an alternative reality than that which currently exists in most secondary school settings. Imagine a world where athletic trainers from "rival" high schools provided care to patients at both schools collaboratively based on each athletic trainer's specialty areas. The athletic trainer from high school A is a specialist in orthopedics, while the athletic trainer from high school B is a specialist in neurotrauma, and both residency trained in their respective areas. A patient from high school A comes into the athletic training facility reporting the signs and symptoms of a concussion. After appropriate evaluation and diagnosis of a concussion, the athletic trainer from high school A determines that intraprofessional referral is necessary and refers the patient to the athletic trainer at high school B for treatment and rehabilitation from the concussion. Both athletic trainers keep the patient at the center of the care team and keep their egos out of the health, safety, and wellness of patients. They seamlessly exchange documentation in accordance with Federal regulations and together, return the patient to activity with better short, medium, and life-long outcomes. This could be as simple as practitioner to practitioner consultation, as traditional as the patient receiving care at the rival high school, or as advanced as telemedicine to reduce the burden on the patient and provider.

Try to hold off on that instinct... "Well, that's not MY team!" Remember that the BOC Standards of

Professional Practice indicate that the athletic trainer “takes no action that leads to or may lead to improper influence of the outcome or score of an athletic contest or event” (Code of Professional Responsibility, Professional Responsibility 3.10).<sup>2</sup> The Standards also state that the athletic trainer “practices in collaboration and cooperation with others involved in a patient’s care when warranted; respecting the expertise and medico-legal responsibility of all parties” (Code of Professional Responsibility, Professional Responsibility 3.3).<sup>2</sup> Just consider...this is possible now!

Are there some structural barriers we must overcome? Yes. Are their going to be unexpected setbacks? Absolutely. But we must start to shift our mindset to be ready to take advantage of opportunities for change when they come. Too often, and by too often I mean almost always, the biggest barrier to substantial change and progress in anything (including athletic training) is ourselves. We can no longer believe that we are healthcare providers within the sport and physical activity industry. We are healthcare providers in the healthcare industry providing services to the sport and physical activity industry. This foundational shift in mindset is the first step in opening up a world where intraprofessional collaborative practice becomes the norm, not the exception.

The benefits of intraprofessional practice may include the benefits we see with team-based care across healthcare such as improved communication and partnerships among providers and patients;<sup>3,4</sup> better response processes in addressing the determinants of health;<sup>4</sup> improved coordination of care;<sup>3</sup> high levels of satisfaction on healthcare delivery;<sup>3,5</sup> and the effective use of resources.<sup>6</sup> There could even be more benefits of effective intraprofessional practice in athletic training than we can imagine, due to our unique role in the healthcare industry, but we must take the first step in this change.

I’m asking each and every athletic trainer to take a moment and imagine a future of intraprofessional practice in their individual setting. What opportunities do you see? What challenges can you expect? What beliefs that you have about athletic training and your role in healthcare are limiting you AND your patients? What will you do to overcome those limiting beliefs? The responsibility is on us. To change the industry we serve, we must change our practice, and before we change our practice, we must shift our mindset. Let’s shift our mindset and start imagining and have conversations about intraprofessional practice in athletic training today.

## REFERENCES:

1. Registered Nurses’ Association of Ontario (RNAO). Intra-professional collaborative practice among nurses: Second edition. Registered Nurses’ Association of Ontario. Toronto, Ontario. 2016.
2. Board of Certification (BOC). BOC standards of professional practice: Version 3.1. Board of Certification, Inc. 2017.
3. Kates N, Ackerman S, eds. Shared mental healthcare in Canada: A compendium of current projects. Ottawa: Canadian Psychiatric Association; and Mississauga: College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health. 2002.
4. Nolte J. Enhancing interdisciplinary collaboration in primary healthcare in Canada. Ottawa: Enhancing Interdisciplinary Collaboration in Primary Health Initiative. 2005.
5. Marriott A, Marble J. Sharing the learning: The health transition fund synthesis series: Primary healthcare. Ottawa: Health Canada. 2002.
6. Task Force Two. A physician human resource strategy for Canada: Innovation service

models in Canada database. Ottawa:  
Government of Canada. 2005.