Resume and Physician Direction Work Session

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AzATA Program Faculty Disclaimer

- The views expressed in these slides and today's discussion are mine
- My views may not be the same as the views of my company's clients or my colleagues
- Participants must use discretion when using information contained in this presentation

Objectives:

- Define physician direction per Arizona rules and statutes
- Create a physician direction form
- Discuss various physician direction templates and common examples used among Arizona ATs
- Discuss how to communicate physician direction to various stakeholders
- Define terms/parts of an employment resume
- List important tips in writing an effective cover letter
- Develop an employment resume
- Compose a cover letter

BOC Standards of Practice-Practice Standard 1

Standard 1-Direction

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

https://www.bocatc.org/system/document_versions/versions/154/original/boc-standards-of-professional-practice-2018-20180619.pdf?1529433022

BOC Domain 4 Therapeutic Intervention

"Working within their state's practice act and *BOC Standards of Professional Practice*, ATs provide services to patients under the direction of or in collaboration with a physician. ATs are aware of the legal boundaries of these practice regulations and are bound to honor them. The AT provides regular and pertinent communication with the prescribing physician and other healthcare professionals who are involved in the patient's care."

https://www.bocatc.org/system/document_versions/versions/24/original/boc-pa7-content-outline-20170612.pdf?1497279221

Physician Direction in Arizona

SB 1326, 2010:

D. A PHYSICIAN WHO PROVIDES DIRECTION TO AN ATHLETIC TRAINER THAT CONSISTS OF RECOMMENDATIONS, GUIDELINES AND INSTRUCTIONS AS TO **STANDARD PROTOCOLS** TO BE FOLLOWED IN THE GENERAL DAY-TO-DAY ACTIVITIES IN WHICH ATHLETIC TRAINERS ENGAGE IS NOT SUBJECT TO CIVIL LIABILITY FOR PROVIDING THAT DIRECTION IF THE PHYSICIAN IS NOT GUILTY OF GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT IN PROVIDING THAT DIRECTION.

https://www.azleg.gov/legtext/49leg/2r/bills/sb1326p.htm

Physician Direction in Arizona

R4-49-405. Direction of a Licensed Physician

A **licensee** shall render service or treatment under the direction of a physician licensed under A.R.S. Title 32, Chapter 13 or 17, as follows:

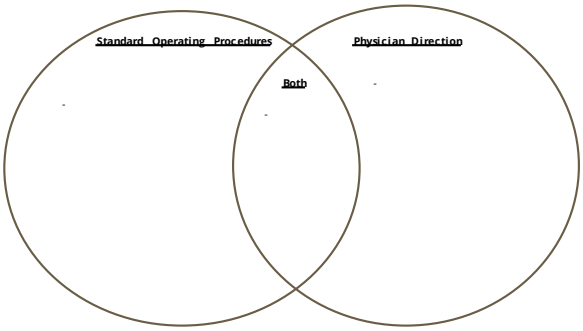
1. The licensee shall have standard, **written protocols** for common athletic training activities approved by the physician.
2. **The licensee shall have post-injury treatment guidelines that comply with A.R.S. § 32-4103(B) approved by the physician.**

https://at.az.gov/sites/default/files/media/4-49.pdf

Survey

Kahoot Survey

What is the difference between standard operating procedures and physician direction forms? Is there one?



SOP

Physician Direction

What to include in each form

Physician Direction

- Physician and AT contact information
- Term of Agreement (duration)
- EAPs
- Outlined protocols for specific injuries, typically catastrophic, life threatening or unique recovery characteristics
  - Concussion, Heat, Reductions, C-spine
- Physician Communication Protocol
- Statement of review and approval
- Signed and dated

Standard Operating Procedure

- Expanded protocols
- Specific steps AT will take
- Protocol to ensure nothing is missed and same care is provided to each patient
- Outlines what the AT can and cannot do
- Includes life-threatening and non

Physician Direction Form: Contact info

Physician Direction Form: Term of Agreement

Physician Direction Form: Physician Communication Protocol

At all times, the licensed athletic trainer(s) listed above will act within the scope of practice of his/her/their education and training as defined in the Rules and Regulations of the (include appropriate state practice act(s)) and as further delineated in the **Athletic Training Standards of Practice** and the **Athletic Training Practice Domains** for the Athletic Trainer (BOC): www.bocatc.org The Certified Athletic Trainer will maintain communication with me, at defined intervals, via the following modes:

____X_____ phone call ____X_____ email ____X_____ other electronic means (e.g. fax)
(check all modes of communication that apply and define communication schedule)

Physician Direction Form: Statement of Review

Resumes and CVs

What is the difference?

CV vs Resume

CV

- An in-depth document that describes the whole course of your career in full detail.
- Contains details about your education, professional career, publications, awards, honors, and other achievements.
- Is used only for academic applications: academic jobs, grants, research fellowships, etc.

Resume

- A short, concise document used for job applications
- The purpose is to provide recruiters with a brief overview of the candidate's work history.
- Should be targeted at a specific job and one to two pages long

Sections of a Resume

- Applicant information (email, address, phone #, credentials, Linkedin)
- Education (high school not necessary)
- Employment (applicable to job)
- Certifications (i.e. BOC) and Continuing Education Certifications
- Skills/Technology Training (efficient in SIMS, Sportsware, Injurefree)
- Memberships
- Awards/Scholarships
- References-optional but include all or nothing
- FORMAT (PDF not word)
- Page numbers (if more than one page)

Contact Information

- Top, on multiple pages (header/footer)
- This contact section should include the following:
  - Name (should be the largest thing on the page) Nickname vslegal?
  - Full mailing address (you can list both your permanent and local addresses but be sure to include the dates that youwill be at each)
  - Phone number
  - E-mail address
    - Consider making a personal, specific email address for job applications
  - Social Media-LinkedIn, not Facebook

Objective

- Cover letter OR objective, not both
- Useful at career fair
- Emphasize your fit for a position or make clear connection between your experience and position
- Do not say what you hope to **gain** from the employer
- Focus on the skills and experience you can **contribute** to their organization.
- Compare to job description (same language)

When including an objective follow this formula:

Active Verb + Position or Type of Position and Organization or Industry + (i.e. "seeking" or "to obtain)

Education

- 1st in line after optional objective
- List places of collegiate/university degrees (recent first)
- Include:
  - Name of the institution
  - City and state where the institution is located
  - Degree you will be earning or have earned (spell it out, e.g., "Bachelor of Science in Athletic Training), including major, minor, concentration
  - Month and year
- Optional:
  - GPA (3.0 or higher based on a 4.0 scale can enhance your resume)
  - Thesis or dissertation title

Experience

- Includes:
  - FT/PT/PRN employment
  - Volunteer, internship, lab, clinical experiences
- Sections
  - Athletic Training Program Experience
  - Leadership Experience
  - Management Experience
  - Volunteer Experience
  - Per Diem Experience
- Within Sections
  - Include organization location, start and end dates (month and year), and 2-4 bullets of skills/accomplishments
  - Avoid redundant job duties

Experience Continued

- Active Skill Verb + What you did + How/Why or RESULT

  EX: Collaborated with an athletic training team of three to provide first aid, taping, and hydration during games and practices

- Quantify and Qualify (setting, number of teams, number of patients)
- Concise, yet provide enough context and detail of what you are capable of
- Verbs should be in present tense if you are still doing the activity and past tense if you are no longer doing the activity.

ACTIVE SKILL VERB LIST

Achieved	Collaborated	Estimated	Maintained	Reduced
Administered	Coordinated	Enlisted	Managed	Reported
Adopted	Counselled	Experimented	Marketed	Researched
Arranged	Created	Facilitated	Measured	Reviewed
Assisted	Delegated	Formed	Motivated	Revised
Assessed	Demonstrated	Guided	Observed	Scheduled
Analysed	Designed	Handled	Operated	Served
Authored	Developed	Identified	Organized	Studied
Built	Directed	Implemented	Planned	Supervised
Calculated	Drafted	Improved	Performed	Taught
Certified	Edited	Increased	Prepared	Tested
Compiled	Educated	Initiated	Presented	Trained
Conducted	Ensured	Instructed	Published	Translated
Consulted	Established	Led	Raised	Utilized

References

- Separate sheet from the rest of the resume.
- Same contact header you have used on your resume
- Include professional references:
  - Name and Title
  - Organization they currently work for
  - Work address, phone, and email
- **ASK THEM TO BE A REFERENCE**
- Examples:
  - Past supervisors
  - Certified ATs you have worked under
  - Faculty members
- Should have 3-5 references.
- List your references either in the order you would like them to be called or alphabetically.
- DO NOT write references available upon request

What to include in CV

1. Contact Information
2. Research Objective, Professional Profile, or Personal Statement
3. Education
4. **Professional Academic Appointments**
5. **Books/Book Chapters**
6. **Peer-Reviewed Publications**
7. **Other Publications**
8. Awards and Honors
9. **Grants and Fellowships**
10. **Conferences**
11. **Teaching Experience**
12. **Research Experience / Lab Experience / Graduate Fieldwork**
13. Non-Academic Activities
14. **Languages and Skills**
15. Memberships
16. References

Cover Letter

Purpose of a Cover Letter

- Purpose:
  - Introduce yourself to the employer and to supplement and clarify the experience that you have listed on your resume
- Be specific with examples, not generalities
- Introduction, body, closing

Sections of a Cover Letter

- Intro
  - State why you are writing the letter.
  - Name the position for which you are applying.
  - Mention how you heard about the opening or organization (Indeed, networking, NATA Career Center)
  - Demonstrate your interest/enthusiasm for the position.

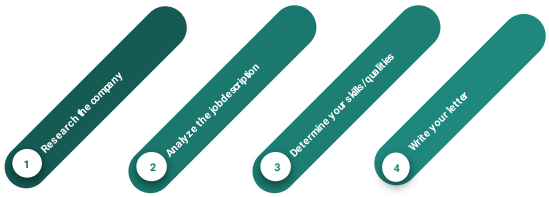
Sections Continued

- Body
  - Explain your interest in the position and/or company
  - Highlight relevant education and experience
  - **Do not repeat your entire resume**. Emphasize what you can do for the employer, not how you will personally benefit from being hired for the job.
  - Summarize your qualifications. This section can be more than one paragraph.

Sections Continued

- Closing
  - Refer the reader to your enclosed resume
  - Reiterate your interest in the position and the employer.
  - Convey excitement and that you are looking forward to speaking with the employer

Steps to Writing a Cover Letter



Pearls of Advice

- Physician direction-don't assume that your physician direction follows you to per diem work, you must have separate standing orders
- Should have post injury treatment guidelines approved by your physician
- Protocol MUST be written not mutually understood
- Make sure your references know you listed them as one
- Cover letters are your time to shine and brag about yourself

References

- https://www.nata.org/sites/default/files/ss_team_physician_contract_guidelines.pdf
- https://resumegenius.com/blog/resume-help/resume-tips
- https://careers.publichealth.iu.edu/wp-content/uploads/sites/28/2016/08/Athletic-Training-Resume-Handout.pdf

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SAMPLE
This model form is published by the National Athletic Trainers' Association. It is a sample only and was not developed to address specific needs of any particular organization or the specific facts any organization may face. The form should not be used or relied upon without the advice of retained legal counsel. The National Athletic Trainers' Association disclaims any and all responsibility or liability that may be asserted or claimed arising from reliance upon the use of this form by any person.model form is published by the National Athletic Trainers' Association. It is a sample only and was not developed to address specific needs of any particular organization or the specific facts any o

STANDARD PROCEDURES FOR INJURY or ILLNESS
for Licensed Athletic Trainer(s)

1. Immediate Evaluation of Injury or Illness of ALL student-athletes.
   - A. Rule out head and neck injury:
     1. Ambulance transport if necessary for loss of consciousness, severe or worsening concussive symptoms, or suspected neck injury.
     2. Athlete must be referred to a licensed healthcare professional if in a stable condition.
   - B. Rule out use of Epi-pens for severe allergic reactions:
     1. If administered, athlete must be transported or treated as directed by individual management plan.
   - C. Rule out a Sudden Cardiac Arrest event:
     1. Immediate referral if athlete is in stable condition. If unstable, immediate ambulance transport.
   - D. Provide Emergency First Aid as needed as per Emergency Action Plan.
2. Evaluation of an Injury or Illness for ALL student-athletes.
   - A. History: Mechanism of injury
   - B. Inspection/Observation- check for swelling, discoloration, deformities
   - C. Palpation- pinpoint tenderness
   - D. Special testing
   - E. R.O.M- check range of motion
3. Immediate Treatment of an Orthopedic Injury for ALL student-athletes.
   - A. PRICE's (Protection, Rest, Ice, Compression, Elevation)
   - B. Record injury or illness assessments
   - C. Referral for further medical treatment as needed
4. Notify Parent(s) or Guardian(s) of the extent of the Injury or Illness.
5. Immediate Follow-up Treatment (next 24-48 hours).
   - A. Re-evaluation of injury or illness status
   - B. Monitor signs, symptoms, orthopedic screening results, head injury management
   - C. Seek further medical treatment (optional)
6. Post Injury Care.
   - A. Treatments including modalities as indicated.
   - B. Rehabilitation Program for orthopedic injuries:
     1. Short-term goals: protection, decrease swelling, increase range of motion, etc.
     2. Long-term goals: 90% strength and full pain-free range of motion with functioning testing as determined by the school medical director's designee(s).
   - C. Supportive techniques:
     1. Taping, Bracing, pad fabrications, etc as determined by school medical director and/or designee(s).
7. Functional Testing.
   - A. Determine the level of activity for returning to participation:
     1. Out, limited, or full participation as determined by the attending physician and/or the school medical director's designee(s).
   - B. 5 Phase Return to Participation program for concussions: If required by a licensed healthcare professional trained in the evaluation and management of concussions.
8. Return to Participation.
   - A. Continue rehabilitation until long-term goals are met as determined by the school medical director's designee(s).
   - B. Full participation for Orthopedic injuries if 90% strength and full pain-free ROM with functional testing as determined by the school medical director and/or designee(s).
   - C. Concussions: release from a licensed healthcare provider trained in the evaluation and management of concussions. Completion of a RTP program, if designated by above healthcare provider.
   - D. Release from licensed medical professional, school medical director, and/or designee(s).

_____ _____ _____

School Medical Director Signature | PA Medical License # | Date

Sample Standing Operating Procedures
2014-2015

The following are general treatment Standing Operating Procedures (SOP) for injuries/illnesses as seen by the following Licensed Athletic Trainer(s) for School:

NAME: **State Licensure #:**

These general treatment orders are as outlined by the American Orthopedic Society for Sports Medicine:

1. Evaluate and initiate first aid care for all injuries to all student-athletes.
2. Carry out an appropriate rehabilitation program to increase range of motion, strength, and agility using those indicated modalities.
3. Clear the student-athlete to return to full or partial activities as the student-athlete progresses. If a student-athlete sees a physician the student-athlete will secure appropriate medical clearance before they can return to participation. The student-athlete must meet the following criterion to be able to safely return to participation:
    a. 90% strength, full pain-free range of motion, & normal gait pattern (if applicable).
4. HEAD: An appropriate healthcare professional trained in the evaluation and management of concussions must evaluate all cases of a suspected concussion, including but not limited to unconsciousness and/or memory loss. All student-athletes with a suspected concussion must follow the Concussion Management Plan for School before they return to participation. Student-athletes may compete a 5 Phase Return to Participation program with the Licensed Athletic Trainer(s) if designated by the licensed healthcare professional trained in the evaluation and management of concussions. The School Medical Director allocates the Licensed Athletic Trainers to determine if a concussion is suspected. If no concussion is suspected, the School Medial Director designates the Licensed Athletic Trainers the responsibility to return an athlete to participation.
5. NECK: A physician must evaluate brachial plexus injuries with motor weakness.
6. UPPER EXTREMITY: Suspected fractures and dislocations are to be immobilized and referred to a physician for immediate evaluation.
7. ABDOMEN: Evaluate, treat and refer to a physician as indicated.
8. CHEST: Evaluate and treat to rule out a Sudden Cardiac Arrest event and refer to a physician as indicated.
9. PELVIS/BACK: Evaluate, treat and refer to a physician as indicated.
10. LOWER EXTREMITIES: Suspected fractures and dislocations are to be immobilized and referred to a physician for immediate evaluation.
11. General Physician Referral: In addition to the specific cases previously mentioned, the Licensed Athletic Trainer(s) shall communicate their assessment and management of those non-referred cases in a prompt manner to the Team Physician or Physician designated by parent/guardian.
12. Licensed Athletic Trainer(s) will communicate with Team Physician on a weekly basis regarding athletes, injuries, rehabilitation, and return-to-participation status.
13. Please refer to the *Standard Procedures for Injury and Illness for Licensed Athletic Trainer(s)* document for further information.

_____, MD _____ _____

Medical Director Signature Medical License # Date

LICENSED ATHLETIC TRAINER(S)
WRITTEN PHYSICIAN SUPERVISING AGREEMENT

_____

(1) Name of Licensed Athletic Trainer **State Certification #**

_____

(2) Name of Licensed Athletic Trainer **State Certification #**

_____

(3) Name of Licensed Athletic Trainer **State Certification #**

_____

Name of Organization/ Employer of Athletic Trainer

_____ _____

Physician's Name and credentials **Medical License #**

I, _____as team physician/consulting physician, supervise the licensed athletic trainer(s) named in their/his/her provision of athletic training services under my direction* while employed by/working at:

_____HIGH SCHOOL_____ (location).

Direction is defined by the **(include reference to appropriate state medical acts)** as……

At all times, the licensed athletic trainer(s) listed above will act within the scope of practice of his/her/their education and training as defined in the Rules and Regulations of the (include appropriate state practice act(s)) and as further delineated in the **Athletic Training Standards of Practice** and the **Athletic Training Practice Domains** for the Athletic Trainer (BOC): www.bocatc.org The Certified Athletic Trainer will maintain communication with me, at defined intervals, via the following modes:

____X_____ phone call ____X_____ email ____X_____ other electronic means (e.g. fax)
(check all modes of communication that apply and define communication schedule)

Further delineation of responsibilities or expectations will include:

*See Policy & Procedure Manual for High School

This Document is only valid only Date to Date. This document is nullified if either the licensed athletic trainer(s) or physician change employer, relationship, or has his/her/their license/certification revoked during the length of this contract.

_____ _____

LICENSED ATHLETIC TRAINER'S SIGNATURE DATE

_____ _____

LICENSED ATHLETIC TRAINER'S SIGNATURE DATE

_____ _____

LICENSED ATHLETIC TRAINER'S SIGNATURE DATE

_____ _____

TEAM OR CONSULTING PHYSICIAN'S SIGNATURE DATE

_____ _____

TEAM OR CONSULTING PHYSICIAN'S SIGNATURE DATE

TEAM OR CONSULTING PHYSICIAN'S:

Business Address: _____

_____ _____

Phone Number: _____ Fax Number: _____

Email Address: ____ _____

Enclosures: -BOC for the Athletic Trainer – Standards of Practice
-[Appropriate state practice act]