



UNDERSTANDING CONSENSUS STATEMENTS

Best practices offer guidance, can be tailored to your situation

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If you've ever searched the Internet for best-practices and consensus statements regarding a specific issue, such as concussions, the results can be overwhelming.

With so much information available, it can be difficult to know what to do, and even more challenging differentiating between what is mandatory and what is advised. Randy Cohen, ATC, associate athletics director for medical services at the University of Arizona and NATA College/University Athletic Trainers' Committee chair, said confusion often arises when athletic trainers think they have to follow new consensus statements word for word as soon as they're published.

"Some think that if you have a consensus paper, that makes it the standard of care in the community, and there is a difference between standard of care and a consensus statement or best-practice statement," he

said. "A standard of care is what likeminded people in a like situation do. ... That may not meet what's in the best practice, but it's the standard for that community."

Consensus statements, Cohen said, are formed by groups of specialists in that particular area and entail what they determine to be the best practice in that situation.

"You don't have to follow exactly what a statement says, but you have to have a thought out process of how you're going to handle those situations and why you're deviating from what this paper says," Cohen said.

An example of this is using a rectal thermometer to measure core temperature, which is stated in the inter-association task force exertional heat illness consensus statement.

"There is no doubt that is the best way to measure core temperature to determine if someone has heat stroke. No doubt about

it, the data show it again and again," Cohen said. "But in certain situations, in certain environments, that may not be the appropriate way to do it."

In this example, Cohen said if it is decided that a rectal thermometer isn't an appropriate way to determine heat stroke in your specific situation, it would then be the entity's responsibility to come up with another course of action, such as recognizing all other signs and symptoms then immersing anyone suspected of suffering from heat stroke in a cold tub and calling 911.

"You have a plan in place of how you'd manage it and you acknowledge that 'We have a consensus that, in our environment, doing a rectal temperature is not how we would handle this,'" he said.

To help clear up confusion, Cohen said when a statement is published, an athletic trainer should:

1. Review the statement.



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-Randy Cohen, ATC, DPT

2. Examine the current policy and procedure on the topic and update with the new recommendations, when applicable.
3. If there are recommendations that are not feasible in your situation, address how those situations are going to be handled.

“What you have to do, as a health care provider, is stay up to date on the latest information that’s out there, look at the individual situation you’re in – your environment, your setting, your location, the people you work with, the type of resources you have, all of those things, you have to evaluate those – then you have to develop a plan that best fits your situation,” Cohen said.

When reviewing a consensus statement and formalizing a plan, all parties affected must be brought into the decision-making process. This can include – depending on the

setting – athletic trainers, team physicians, risk management experts, legal counsel, administration and the school board.

“You have to let everyone know what your plan of action is going to be for certain things, especially the big things that have consensus statements and best-practice documents,” Cohen said.

After a plan is formed, one of two things must happen: 1. Policy and procedure on the basic outline of how to handle a particular situation should be developed. 2. Education module should be created to inform all involved of what their roles will be and how they should handle that particular situation.

“If you’re not following exactly what a consensus statement says, you need to acknowledge that it’s an option of a way to manage it, but with your situation, your collective decision-making process of

everyone involved decided we need to do it this way, not that way,” Cohen said. “Because, if a bad outcome occurs in a situation ... it’s significantly better to defend your plan than it is to defend your individual actions as an athletic trainer.”

Read the inter-association consensus statements spearheaded by NATA at www.nata.org/access-read/public/consensus-statements.

In addition to reviewing consensus statements produced within the profession, athletic trainers must also be aware of those created by other health care groups and associations, since they’re held to those standards as well. This includes state and federal regulating bodies (Centers for Disease Control and Prevention) as well as overseeing associations (NCAA and National Federation of State High School Associations) and team physician associations (American Medical Society for Sports Medicine, American College of Sports Medicine and American Orthopaedic Society for Sports Medicine).

To stay up to date, Cohen suggests ATs follow these groups and associations on social media; look for continuing education opportunities related to hot topics such as concussion, heat illness and prevention of cardiac death; read *NATA News* and Range of Motion e-blast, which will mention new statements or recommendations; and set up a RSS reader.

KNOW YOUR STATEMENTS

- **Position statement:** A scientifically based, peer-reviewed research statement with a team of authors who are experts on the subject.
- **Official statement:** A brief statement from an organization on timely topics.
- **Consensus statement:** A statement created by an inter-association task force on the best practices of care surrounding an issue.
- **Support statement:** A statement by an organization supporting another organization’s stance on a particular topic.