How can I strengthen safeguarding in sports as team physio and team doctor?

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Abstract

Operating as physiotherapist and doctor in the field of sports requires deepened knowledge and clinical skills in sports physiotherapy and sports medicine, specific information on the field being supported, a clear commitment to the duty of care and social skills. It is furthermore indispensable to clarify and be aware of the role of team physio and team doctor as well as to invest in good preparation. The article highlights these points and provides a suggested list of recommendations about do’s and don’ts for team physios and team doctors.

Zusammenfassung


Schlüsselwörter: Safeguarding, Fürsorgepflicht, Sozialkompetenz, Rolle des Teamphysio, Rolle des Teamarztes, Prävention von Missbrauch

Introduction

Our principal role as healthcare practitioners in sport is to preserve the health of the athlete, both physically and mentally. We have a duty of care to manage this effectively in the often challenging environment that we work in.

Despite the obvious diagnosis and injury or illness management, as well as an advocacy role if onward referral is needed, there are a variety of other contexts where both doctors and physiotherapists become involved. These could vary from chaperoning for doping control, inputting into fitness to travel or compete decisions, to observing behaviours amongst coaches or parents.

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Knowledge and clinical skills in sports physiotherapy and sports medicine

A solid education as a sport physiotherapist or sport physician is the first part of the foundation to professionalism. Subsequent development lies in the specific knowledge and skills acquired by broad and deep professional experience in the field of sports.
Part of this education integrates knowledge about safeguarding in order to prevent maltreatment. Maltreatment in sport can take many forms and can be experienced by any athlete at any time. Furthermore certain athlete groups are at a higher risk: the child athlete [1], the elite athlete, athletes with a disability, and athletes who identify as LGBTQ (lesbian, gay, bisexual, trans-sexual, queer) [2]. The responsibility of safeguarding athletes is the task of everyone involved in athletes’ lives, including parents, teammates, coaches, physicians, physiotherapists, psychologists, nutritionists and other allied health professionals including sport scientists, organisations, and governments [3].

Specific information on the field of sports and expectations of the different actors

Expectations of clinicians when working in sport are similar to mainstream practice but the context and therefore the focus is different. Sport disciplines all have their own course of events, procedures, standing orders, often even practising their own language with technical terminology. This is characteristic for each sport discipline, very clear for all insiders but outside typical language and behaviours. This sport specificity extends to typical injury patterns due to the needed repetitive movement in training and competition in order to be successful.

In sport an athlete centred focus is fostered and often all efforts are focussed towards a specific goal, such as, finals or major events. The ability to ensure ethical practice in such environments of time constraints and other performance pressures, is highly demanding. Although this is challenging, it remains a critical skill to develop as a sports physician or physiotherapist.

Duty of care and social skills

Part of our duty of care is not only to provide the best possible treatment for athletes we support but also to speak up if observing any negative behaviours. This could involve potentially dangerous coaching practices but also suspected abuse of any kind, whether physical, sexual, emotional or neglect. This ability to speak up and withstand possible pressure and not to fear possible repercussions also needs training [4,5].

Another part of our duty of care is to foster an open and empathetic communication with athletes and coaches. This can sometimes create conflict, as we need to protect the medical confidentiality and provide privacy where possible, both visual and auditory, which can again be challenging in a sporting environment. It can be particularly challenging in sporting environments that involve children [1], or where the culture of that sport discourages challenging the status quo by speaking up [6].

Role of the team physio and team doctor

As health professionals with a strict code of conduct as part of a licence to practise, doctors and physiotherapists are a trusted member in a sport/team. They are there for athlete well-being first and foremost and considered “neutral” regarding implications of injury decisions in a
competition situation. Doctors and physiotherapists see athletes at their peak of confidence following achievement but also at their most vulnerable. This places a high level of responsibility that reaches further than a focussed treatment of specific conditions. Although involved in performance and recovery, the overriding rule is “to do no harm”. This can sometimes be challenging in a sporting context at any level but particularly in a high performance environment. It is important to be aware of these possible conflicting loyalties or conflicts of interest when supporting athletes. A blind loyalty towards sport bodies or federations, ignorance, protectionism, and denial, could lead to intentional or unintentional complicity and perpetuation of maltreatment [2].

Preparation is crucial
Preparation prior to working within a team includes planning across a range of requirements, from ensuring the appropriate equipment is available to managing clinical spaces, as well as managing accessible times linked to training and competition schedules. Identifying the medical services provided by the event organisers, as well as local emergency medical facilities is an important aspect of this preparation. Where possible, meeting the people responsible improves readiness for emergencies. Consideration of expectations of the sport and the environment allows practitioners to anticipate likely challenges and manage identified risks. This requires an element of self-organisation, which facilitates the ability to improve the safety and accessibility of the environment for athletes, as well as manage their own well-being.

Do’s for safeguarding in sports
The table below highlights some key tips to consider when embarking on any work with a sports team or national governing body. They are derived from discussion at workshops held at the SEM Switzerland Annual Conference, Interlaken, November 2023.
**Short term/Immediately**

+ Consider how you plan the treatment area in your set up. Is there a space that allows both visual and auditory privacy, in addition to the general team space?
+ Get to know all persons in the field by name: athletes, coaches, officials, parents, other medical team members.
+ Listen carefully to athletes, coaches and parents.
+ Take enough time for history taking, clinical examination and further exams in order to have the right diagnosis in a reasonable time frame.
+ Communicate the diagnosis in an easy-to-understand way to athletes, in children to their parents, and coaches.
+ Establish an accurate Return-to-Sports-plan. We propose having this plan written, as milestones are then clear to everybody and a written plan may be used by all members of the medical team.
+ If you observe psychological or other forms of abuse, speak up. Find the right time and occasion to talk. An excellent opportunity to share observations within the medical team first.

**General behaviour/planning**

+ Be close to athletes and coaches. Visit the training area from time to time, show up at important championships etc. Observing team interactions and behaviours will help you spot any potential issues.
+ In training camps and competitions be ready for your medical job by knowing the emergency plan, medical service provided by the organiser, nearest hospital etc. and actively help the team where needed.
+ Consider how to protect privacy in vulnerable situations – particularly around serious injury on the field of play or in public spaces.

**Long term**

+ Address prevention in an interdisciplinary athlete centred approach (physio, sportmed physician, psychologist, nutritionist, sport scientist) – but also being aware that not all in the multidisciplinary team in sport have rules of professional conduct similar to doctors and physiotherapists.
+ Be part of the medical team doing the yearly sports medical exam (SPU). This helps to establish a climate of trust and mutual respect with athletes, parents, coaches and officials.
+ Take up mentoring opportunities and use your community of practice peers to develop communication skills to withstand pressures to compromise your ethics.
Don’ts for safeguarding in sports

- Don’t be pressurised into performance related practices if they compromise ethical boundaries for your duty of care.
- Don’t fall into the trap of false friendship. Be open to others, but if you receive plenty of compliments without knowing really why, be careful as there’s a hidden agenda.
- Don’t try to impress by ignoring medical issues. If medical issues are neglected this needs to be addressed on a higher level.
- Don’t let your work be impaired by busy behaviour of coaches and officials.
- Don’t accept a job as “physio responsible” or “sportsmed doctor” if you don’t have time. As your name but the lack of your presence and lack of your instructions may allow abuse.
- Don’t let yourself be stuck in a situation where you might be unchaperoned /witnessed when treating if at all possible (eg if using hotel room as treatment space when travelling).

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References