



## DEPARTMENTAL PLAN FOR ASSESSMENT OF STUDENT LEARNING 2006-2007 ACADEMIC YEAR

**Department:** Family Medicine

**Program:** Athletic Training (Bachelor of Science in Athletic Training)

**Mission Statement:** Division of Sports Medicine provides academic and clinical education for the Athletic Training Program culminating in Bachelor of Science in Athletic Training degree at University of North Dakota. The program develops athletic trainers who are effective communicators among patients and family members, healthcare professionals, and associated personnel. In addition to competence in athletic training knowledge, skills, and disposition, the Program strives to develop students' medical decision making, life long learning, and effective problem solving abilities in sports medicine.

**Background Information:** University of North Dakota's Athletic Training Program is administered by the University's Division of Sports Medicine. Faculty members in the Division provide not only didactic teaching but also direct patient care to the University's student-athletes and the public. Because athletic training is a clinical science caring for relatively specific portion of the population that are physically active, the clinical education provided by these faculty members is an integral part of the student's athletic training education. The Athletic Training Program prepares its students for board certification in the discipline, and the certification establishes the level of standards for athletic trainers. The Athletic Training Program is currently accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and all board certification exam candidates must complete the accredited program in athletic training.

Accreditation process requires that each athletic training curriculum maintains a rigorous assessment process. Currently, the accreditation body for athletic training curriculum is in transition from CAAHEP to Commission on Accreditation of Athletic Training Education (CAATE). During this transition, standards and guidelines for athletic training education programs undergo changes and our Athletic Training Program will go through the accreditation review in the process. Because the athletic training student who seeks board certification must complete an accredited program before being certified, we must comply with the changing standards and guidelines in order to stay accredited. The external accrediting agency's standards and guidelines require that each curriculum exercises extensive, explicit, rigorous, and continuous assessments of student progress, education program effectiveness and curriculum changes according to the assessment results. Since we must comply with all the accreditation requirements, the assessments

implemented for accreditation is appropriate for the University assessment of the Athletic Training Program. Therefore, our Assessment Goals and Objectives are being revised because the accreditation body is undergoing changes.

### Definition of Certified Athletic Trainer

The Certified Athletic Trainer (AT) is an allied health care professional that is certified by the Board of Certification, Inc. (BOC). Certified Athletic Trainers are also sometimes referred to as sports therapists or sports medicine practitioners and are the centerpiece of the sports medicine team. They serve as a liaison to the athlete, coach, physician and other supplemental personnel providing care to athletes sustaining physical or emotional trauma. Specifically, the Certified Athletic Trainer's role delineation encompasses six domains:

- Athletic Injury Prevention and Risk Management
- Recognition, Evaluation and Assessment of Injuries and Illnesses
- Immediate Care of Injuries
- Treatment, Rehabilitation and Reconditioning
- Health Care Organization and Administration
- Professional Development and Responsibility
- As a part of the complete sports medicine team, the Certified Athletic Trainer works under the direction of a licensed physician and in cooperation with other health care professionals, athletics administrators, coaches and parents.

### Student Learning Goals & Objectives:

- Student Learning Goal 1: The student learns that the athletic trainer renders service or treatment under the direction of a physician.
- Student Learning Goal 2: The student understands and uses preventive measures to ensure the highest quality of care for every patient.
- Student Learning Goal 3: The student provides standard immediate care procedures used in emergency situations, independent of setting.
- Student Learning Goal 4: Prior to treatment, the student assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The student follows standardized clinical practice in the area of diagnostic reasoning and medical decision making
- Student Learning Goal 5: In development of a treatment program, the student determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.
- Student Learning Goal 6: The student learns that, with collaboration of the physician, the athletic trainer recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The student also learns that the athletic trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Student Learning Goal 7: The student understands that all services are documented in writing by the athletic trainer and are part of the patient's permanent records. The student realizes that the athletic trainer accepts responsibility for recording details of the patient's health status.

<p><b>Student Learning Goals &amp; Objectives</b></p>	<p>Possesses the knowledge, skills and dispositions to effectively care for physically active people in various settings while conducting: prevention, immediate care, diagnostic reasoning, medical decision making, treatment and rehabilitation strategies, discontinuation, organizational and administrative tasks.</p>
<p><b>Educational Experiences</b></p>	<p>Course work, clinical experiences, clinical competency assessments, mini-presentations, case studies, self-assessment conducted every semester, web project, internship, and senior presentation.</p> <p><u>Course work</u>: is classroom and lab activities for the student to develop knowledge, skills and dispositions.</p> <p><u>Clinical experiences</u>: happens every semester along with didactic teaching. Each student is assigned to an intercollegiate athletic team while supervised by a faculty member throughout the season. The student gains skills and integrate coursework into clinical situations.</p> <p><u>Clinical competency assessments</u>: are performed by the student and evaluated by faculty to ensure that the student has mastered a certain level of competency in skills and knowledge on certain aspects of athletic training which were already covered in course work. Different competencies are covered at different levels of students, and easy skills and/or less complicated material are introduced earlier in the program.</p> <p><u>Case studies</u>: are required each of three years and are designed to progressively pique student interest and stimulate critical reasoning ability each year.</p> <p><u>Self-assessment</u>: enables the student to evaluate the level of competence and familiarity in athletic training skills and knowledge appropriate for the level of the student. The self-assessment is shared with the clinical instructor every semester to minimize gaps in perception of competency and to stimulate discussion to improve the student's clinical experience in the coming semesters.</p> <p><u>Web project</u>: is a part of a course that enables the student to integrate all components of athletic training into one written document based on an injury from its beginning (prevention and immediate care) to the end (discharge).</p> <p><u>Internship</u>: provides the student to adapt to a different environment, to learn and grow in a new system, and to develop critical reasoning.</p> <p><u>Senior presentation</u>: affords an opportunity for the student to integrate their understanding of a subject then to present in front of the fellow students and faculty. The faculty members provide guidance in preparation as well as feedback on the final performance.</p>

<p><b>Assessment Methods</b></p>	<p>Courses are sequences to provide the student with progressively more complex knowledge, skills, and disposition of various aspects of athletic training throughout the student's time in the curriculum. Many of the courses have prerequisites to each other so that the student must successfully complete one course before enrolling in another. This approach ensures that the student has gained a certain level of competence before moving onto the next level of skill and knowledge acquisition. Disposition is assessed during clinical experiences under faculty members and during self-assessment each semester. Necessary data will be shared with Assessment Committee for interpretation and evaluation.</p> <p>Clinical experiences: feedback from faculty on the student's clinical performance and needs are communicated to the Program Director who changes clinical assignments for the next semester reflecting each student's needs.</p> <p>Clinical competency assessments: evaluation of competency by faculty member. For sophomores, 100% accuracy is required (due to relatively easy level of skills and knowledge). For juniors and seniors, 85% accuracy is required to pass each competency.</p> <p>Self-assessment: each item deemed appropriate for the level of the student will be used. For instance, a sophomore student may learn about importance of sphygmomanometer and its use while a junior will be asked to assess the ability to understand and operate an electrical therapeutic modality and a senior will answer about how well a head/neck injury can be assessed. Student assesses the level of competency in each item considered essential for the level. Student narrative and faculty feedback will be kept on student file.</p> <p>Senior presentation: at least three faculty members are present at each senior presentation, and it is evaluated using a grading sheet. Free-form feedback on each aspect of the presentation by faculty is encouraged. Copies of the feedback/grading sheets are available to the student and faculty for future review.</p> <p>ATEX: Athletic Training Clinical Experience recorded by students via handheld computer. The student's experience at or immediately after the experience is recorded in handheld computer by the student. The results are synchronized with the server and results are available in simple statistical analyses every two weeks for the faculty. ATEX is not a tool to assess knowledge, skill, or disposition. It is a complementary tool to ensure that each student is experiencing what s/he needs. Because this system is in its initial year, only baseline data have been obtained. However, the baseline data will be useful in future years as the data will illuminate what should be considered substandard clinical involvement.</p> <p>Outcome assessment by graduates: recent graduates will be surveyed to find out if they found what they learned in the Athletic Training</p>
----------------------------------	--

	<p>Program to be useful in their current work setting. The plans are ongoing regarding on-line data collection and subsequent analysis.</p>
<b>Timeline</b>	<p>Most items are collected every semester. ATEEx clinical experience is updated every two weeks. Senior presentation feedback is collected once a year. Online assessment by graduates will be collected this summer and analyzed later in the summer.</p>
<b>Responsibilities</b>	<p>Each faculty member will collect data regarding course work and forward them to the Program Director. The Program Director presents the data to the Athletic Training Program Assessment Committee for analysis, interpretation and reporting of results. ATEEx clinical experience reports will be compiled by the ATEEx administrator and forwarded to the Program Director. The Program Director presents the data to the Athletic Training Assessment Committee. The results of online assessment by graduates will be compiled by the project coordinator who will forward the results to the Assessment Committee. The Assessment Committee will interpret the results, develops recommendations, and reports to the Program Director and the faculty.</p>
<b>Use of Results And Process for Documentation &amp; Decision-Making</b>	<p>Based on the data and committee recommendations, the Program Director and the faculty determines what changes should occur. Changes may occur on demand and at any time based on evidence, but program changes will be discussed and determined by all faculty in early summer for the next academic year's implementation.</p>

## BOC Standards of Professional Practice Implemented January 1, 2006

### Introduction

The mission of the National Athletic Trainers' Association Board of Certification Inc. (BOC) is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of athletic trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC<sup>®</sup> credential and establishes requirements for maintaining status as a certified athletic trainer, ATC<sup>®</sup> (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:

I. Practice Standards

II. Code of Professional Responsibility

## The BOC Standards of Professional Practice

### Practice Standards

#### Standard 1: Direction

The athletic trainer renders service or treatment under the direction of a physician.

#### Standard 2: Prevention

The athletic trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

#### Standard 3: Immediate Care

The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

#### Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the athletic trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The athletic trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

#### Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

#### Standard 6: Program Discontinuation

The athletic trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The athletic trainer, at the time of discontinuation, notes the final assessment of the patient's status.

#### Standard 7: Organization & Administration

All services are documented in writing by the athletic trainer and are part of the patient's permanent records. The athletic trainer accepts responsibility for recording details of the patient's health status.