

Department of Athletic Training

Assessment

5-Year Review

Introduction

The Department of Athletic Training is committed to course, instructor, and outcomes assessment. The following are categories, with functional descriptions of each, which the department utilizes when evaluating each course, instructor and the department's overall success in completing its academic goals.

Goals and Objectives

The department's "Educational Goals" are based on the twelve educational content areas of the athletic training profession. The department utilizes the 4th Edition of the *NATA Educational Competencies* for its educational objectives per each course. The BOC performs a role delineation study to determine the roles that Certified Athletic Trainers' are performing within society. Based on this information the NATA Education Council authors and modifies the competencies. CAATE requires that each program educate the student on the competencies throughout the curriculum. This cycle updates itself based on the cycle of the *BOC Role Delineation Study*. Due to the need from North Central Accreditation and the ever-changing profession of athletic training, the department chose to have the competencies be our educational objectives. Each student portfolio houses the assessment tools and results for the competencies. Due to the bulk of each portfolio, they can be viewed upon request, but the evidence is not included within the Assessment notebook.

Senior Surveys/Exit Interviews

The department utilizes the Senior Survey. The surveys are collected and compared to determine the collective perceived deficiencies within the program. The deficiencies are noted and compared to the BOC exam results. Any common areas of weaknesses within the professional domains are noted and the program is adjusted accordingly.

BOC Results

This is a report from the students' results on the BOC (Board of Certification). The BOC requires at least six students to sit for the exam during a year to receive such a report. The department anticipates receiving the report each year.

Clinical Education

The department performs an analysis of the clinical education aspect of the program. The department feels the clinical education of the student is a cornerstone in the education, skill acquisition and subsequent skill mastery of the student.

CAATE Annual Report

This is the report that is required to CAATE (Commission on Accreditation of Athletic Training Education). It is mandatory for maintaining accreditation.

CAATE requires a comprehensive (master) assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, employer and/or alumni surveys, senior exit evaluations, and BOC examination passing rates.

H2.1 The evaluation plan must include, minimally, assessments that are designed to evaluate:

H2.11 achievement outcomes relative to the educational mission and goals of the program,

H2.12 effectiveness of learning,

H2.13 quality of didactic instruction, and

H2.14 quality of clinical instruction.

H2.2 The ATEP must provide data that demonstrates effectiveness as related to:

H2.21 achievement of the programs educational mission and goals,

H2.22 effectiveness of learning,

H2.23 quality of didactic instruction, and

H2.24 quality of clinical instruction.

H2.3 The program must document an ongoing plan for obtaining the outcome data delineated in H2.2

Based on the above requirements the Department of Athletic Training author's an **Annual Assessment Report**, which is given to the Dean and the Officer of Assessment. The following are categories, with functional descriptions of each, which the Department utilizes when evaluating each course, instructor and the Department's overall success in completing its goals.

Annual Summary of Courses and Instructor

The Office of Assessment is responsible for the distribution and collection of this data. This data will begin to be collected on-line beginning this year. The Department analyzes the data via the SOAP evaluation technique.

Subjective section comments on any open-ended comments offered within any course, instructor, surveys and site evaluations.

Objective section comments on the DATA or hard numbers for the course, instructor, clinical instructor, Senior Survey/Exit Interview, CAATE annual report, and BOC exam results.

Assessment is the department's overall impression of the subjective and objective information.

Plan is the goals, changes the department is implementing to strengthen the program. This will include the next one and five year goals for the next year.

This report will NOT have the individual course results, but will comment on changes made to the program, based on feedback from students.

Department's Academic Objectives

The Academic Objectives are based on the seven domains the athletic training profession.

Goal #1: The student demonstrates appropriate knowledge and skill in the area of risk management and injury/illness prevention

Goal #2: The student demonstrates appropriate knowledge and skill in the area of pathology of injury/illness.

Goal #3: The student demonstrates appropriate knowledge and skill in the area of assessment of injury/illness.

Goal #4: The student demonstrates appropriate knowledge and skill in the area of general medical conditions and disabilities.

Goal #5: The student demonstrates appropriate knowledge and skill in the area of therapeutic exercise; rehabilitative techniques.

Goal #6: The student demonstrates appropriate knowledge and skill in the area of health care administration.

Goal #7 The student demonstrates appropriate knowledge and skill in the area of professional development and responsibilities.

5-Year Review of the Board of Certification Reports

Objectives are ultimately measured through the Board of Certification Report. The following is an analysis of the results of the report's last five years. It is noted that not all five years are recorded. This is due to the infancy of the program. The program has only been CAATE Accredited for the past 5-years. The BOC Reports are created by the BOC, with the data generated from Castle Worldwide. In order for the program to receive an annual report of this nature, the program must have at least six students sit for the BOC exam in that perspective year.

The following is an assessment of the data from the report. This report will also offer strategic initiatives to improve performance on the BOC exam. The interpretation of the reports and initiatives were generated within multiple meetings the Department had upon receiving these reports.

The BOC exam has two different parts, the written and written simulation sections. The written exam consists of 150 multiple choice questions. The simulation exam gives the student eight different scenarios and evaluates the students decision making processes and knowledge of application within each scenario.

How AT Education Stay's Current

There following is a description of the three main groups within the AT profession responsible for how the AT Education stay's current.

Board of Certification (BOC) is responsible for administering the BOC exam, and studying what Certified Athletic Trainers' are doing within the profession, i.e. work-settings, to functional skills required for job. Based on what the ATC's are doing, the BOC authors the Role Delineation Study.

Education Council is responsible for taking the Role Delineation Study and authoring the current 4th Edition of the AT Competencies and Proficiencies document.

CAATE requires the AT program author and implement an AT curriculum that educates the current 4th Edition of the AT Competencies and Proficiencies document.

One major issue, which is up for national debate, is the lack of healthy communication between the BOC an the Education Council in regards to what exactly we need to be instructing the AT students' on in regards to the BOC Exam. This is reflected by the low national average of the first time pass rate, which is 39%.

Assessment issues on how little the BOC gives each program, include the following questions: How does each student perform on the BOC exam? How does each student perform on each domain of the BOC exam? How does each student perform on retaking the exam? , etc. It is our hope the BOC will start giving the program's better feedback on the BOC Exam results pertaining to the program, and how the program performs compared to other programs.

Department of Athletic Training BOC Reports

Introduction

The *Report for the Board of Certification (BOC) Athletic Trainers' Certification Examination* was created by the BOC, with the data generated from Castle Worldwide. Again, in order for the program to receive an annual report of this nature, the program must have at least six examinations for the BOC exam in that perspective year.

NOTE: The BOC never will report on individual outcomes of each student, nor will they report on students who sit for the exam multiple times. The national average of the 1st time pass rate for the exam is 39.1 percent. The following data is only for SBU students who sit for the exam for a the first time. Data is based on the students performance for 1st time test results. Many of the program's top students do not sit for the exam, which will be discussed in the Alumni section of the 5-Year Review.

The following is an assessment of the data from the reports. This 5-Year Review will also offer strategic initiatives to improve performance on the BOC exam. The interpretation of the report and initiatives were generated within multiple meetings the Department had upon receiving these reports.

Data:

Average Scores Per Each Domain – 2008-2009

Average Scores	Prevention	Clinical Evaluation and Diagnosis	Immediate Care	Treatment Rehab, and Recond.	Organization and Admin.	Professional Responsibility
SBU	11.1	19.4	13.8	16.6	10.0	7.4
National	12.4	21.8	15.9	18.0	10.6	7.3
Difference	-1.3	-2.4	-2.1	-1.4	-0.6	0.1

Average Scores Per Each Domain – 2008-2009

Average Scores	Prevention	Clinical Evaluation and Diagnosis	Immediate Care	Treatment Rehab, and Recond.	Organization and Admin.	Professional Responsibility
SBU	12.4	17.9	13.9	15.6	9.7	6.9
National	12.7	20.1	14.4	17.7	10.1	7.7
Difference	-0.3	-2.2	-0.5	-2.1	-0.4	-0.8

Average Scores Per Each Domain – 2007-2008

Average Scores	Prevention	Clinical Evaluation and Diagnosis	Immediate Care	Treatment Rehab, and Recond.	Organization and Admin.	Professional Responsibility
SBU	12.6	18.4	14.1	16.6	10.0	7.7
National	12.7	20.2	14.8	17.9	10.2	7.8
Difference	-0.1	-1.8	-0.7	-1.3	-0.2	-0.1

Average Scores Per Each Domain – 2006-2007

Average Scores	Prevention	Clinical Evaluation and Diagnosis	Immediate Care	Treatment Rehab, and Recond.	Organization and Admin.	Professional Responsibility
SBU	12.67	19.67	13.22	19.56	11.78	8.33
National	13.73	22.44	15.77	20.76	11.34	8.92
Difference	-1.06	-2.77	-2.55	-1.2	0.44	-0.59

Comparison of the Difference 2007, 2008, 2009, 2010 Scores from above charts

	Prevention	Clinical Evaluation and Diagnosis	Immediate Care	Treatment Rehab, and Recond.	Organization and Admin.	Professional Responsibility
2006-2007	-1.06	-2.77	-2.55	-1.2	0.44	-0.59
2007-2008	-0.1	-1.8	-0.7	-1.3	-0.2	-0.1
2008-2009	-0.3	-2.2	-0.5	-2.1	-0.4	-0.8
2009-2010	-1.3	-2.4	-2.1	-1.4	-0.6	0.1

Interpretation

The curriculum is designed to instruct students within Prevention, Clinical Evaluation and Diagnosis and Immediate Care their sophomore year, while Treatment, Rehabilitation and Reconditioning, Organization and Administration and Professional Responsibility are instructed their junior year. The student's senior year is spent gaining experience in the application of the newly required skills, as well as fulfilling their general medical experiences within the local physicians and physical therapy practices. Students have a tendency to compartmentalize their education, versus retaining and applying their knowledge throughout the curriculum. The program's faculty members stress the building and application of the information, but for many students they are not retaining the information.

The students do not understand the different mechanisms of injury and pathologies associated with those mechanisms. There are pathologies that carry a person's name, i.e. Jones fracture, Colles' fracture etc. Within the practicum courses the ACI's recognized the students had not retained any of this vital information that the BOC exam requires within the Clinical Evaluation and Diagnosis domain. The program will be making a curriculum change by deleting the ATH 2243 Nutrition course and replacing it with ATH 3133 General Medical and Pharmacology course. The program will move the nutrition competencies to ATH 3103 Sports Performance course. The program will move the pharmacology competencies out of ATH 3103 Sports Performance. The program will also move all the general medical competencies from ATH 3114 and ATH 3124 AT Evaluation courses to ATH 3133 General Medical and Pharmacology course. This will free time for ATH 3114 and ATH 3124 to cover the pathologies that carry a person's name, i.e. Jones fracture, Colles' fracture etc. . The program is excited about this curriculum change!

Also, the students are not retaining the application of many special tests that require the student to understand when and why to apply this test. The program feels it is doing an adequate job of teaching how to apply the test, but when it comes to the when, why and differentiation of results the students are falling short. When the student understands "how" to apply the special test, they are deemed proficient. When the student understands the when, why and differentiation of the results, then they have mastered the skill. The program does a great job on making students proficient at the skill and a poor job on teaching towards mastery of the skills, specifically the when's, whys and differentiation. The program feels this is linked to the previous compartmentalizing, as well as the lack of retaining the pathologies for specific injuries.

The graduating class of 2008 will be the programs last class of students who did NOT have any competition to get into the program. This will result in one more BOC exam results that will not be a good representation of the students who earned a spot and have put a real effort into their education, clinically and academically.

Strategic Initiatives

1. Implement curriculum changes as stated above, which should not show up in the data until 2012's BOC Report.
2. Write more case studies, scenarios and have more quizzes that challenge the students in various pathologies and injuries.
3. Stress the importance of building on their education versus compartmentalizing, by giving the students and annual comprehensive exams that test them on the courses they have taken up to that point.
4. Give the students requirements of documentation of injuries and rehabilitation notes. Have the ACI's and the students perform the evaluation and treatment cycle each time they treat an athlete. Have the students create home exercise programs for injured athletes.
5. Create an orientation on "Strategies for the ATS to engage the ACIs and Physicians", as well as an orientation on "Strategies for the ACI to engage the ATS".
6. Continue to exhort the ACI on methods and strategies to make the most of every teachable moment.
7. Create a plan on getting the senior students their general medical rotations, while maintaining their athletic training skill acquisition.
8. Give the ACI's direction and coordination with the Practicum courses.

Assessment/Analysis of Educational Goals and Objectives:

The following goals are correlated with the results of the BOC Exam Report.

Goal #1: The student demonstrates appropriate knowledge and skill in the area of risk management and injury/illness prevention.

The student's received an average score of 11.1 with the national average being 12.4. In order to improve these scores the faculty responsible for ATH 3013 Athletic Training Techniques I course, has modified the course to emphasize sports trauma, which should increase these scores.

Goal #2: The student demonstrates appropriate knowledge and skill in the area of pathology of injury/illness.

The student's received a 19.4, with the national average being 21.8. In order to improve the student's assessment skills and recognition of various pathologies, the faculty are going to modify ATH 3114 Athletic Training Evaluation: Above Diaphragm, ATH 3124 Athletic Training Evaluation: Below Diaphragm, ATH 3123 Athletic Training Practicum II, and ATH 4023 Athletic Training Practicum III courses. They are going to create additional scenarios to improve the students understanding of various pathologies, and improve their application and differentiation of assessment skills.

Goal #3: The student demonstrates appropriate knowledge and skill in the area of assessment of injury/illness.

The student's received a 13.8, with the national average being 15.9. In order to improve the student's assessment skills and recognition of various pathologies, the faculty are going to modify ATH 3114 Athletic Training Evaluation: Above Diaphragm, ATH 3124 Athletic Training Evaluation: Below Diaphragm, ATH 3123 Athletic Training Practicum II, and ATH 4023 Athletic Training Practicum III courses. They are going to create additional scenarios to improve the students understanding of various pathologies, and improve their application and differentiation of assessment skills.

The program made the curriculum change by deleting the ATH 2243 Nutrition course and replacing it with ATH 3133 General Medical and Pharmacology course. The program will move the nutrition competencies to ATH 3103 Sports Performance course. The program will move the pharmacology competencies out of ATH 3103 Sports Performance. The program will also move all the general medical competencies from ATH 3114 and ATH 3124 AT Evaluation courses to ATH 3133 General Medical and Pharmacology course. This will free time for ATH 3114 and ATH 3124 to cover the pathologies that carry a person's name, i.e. Jones fracture, Colles' fracture etc. . The program is excited about this curriculum change! This should not impact the exam results until 2012.

Goal #4: The student demonstrates appropriate knowledge and skill in the area of general medical conditions and disabilities.

The general medical conditions are incorporated within the clinical evaluation and diagnosis section of the BOC exam report. These should improve with the modifications taking place within Goal #2 and #3 of this section of the report. The program will be adding ATH 3133 General Medical and Pharmacology course. This should improve the students recognition and treatment of general medical conditions.

Goal #5: The student demonstrates appropriate knowledge and skill in the area of therapeutic exercise; rehabilitative techniques.

The student's received a 16.6, with the national average being 18.0. In order to improve the student's therapeutic exercise, treatment and rehabilitation of injuries of various pathologies, the faculty are going to; modify ATH 4014 Therapeutic Modalities course is going to change text books; stress the importance of rehabilitation and documentation of rehabilitation within the athletic training lab in creating more home exercise programs and rehabilitation programs for the injured athlete.

The program also added Citizens Memorial Healthcare Sports Medicine Center as a formal clinical site. We added Morgan Simpson, ATC/L as an Approved Clinical Instructor. The students will have a formal rotation through the Sports Medicine Center. These modifications should improve the scores within this domain. The program is excited about this addition.

Goal #6: The student demonstrates appropriate knowledge and skill in the area of health care administration.

The student's received a score of 10.0, with the national average being 10.6. The program plans on having the student take on more documentation and charting responsibilities within the athletic training lab. This should have an improvement on the student's scores within Goal #2, #3, and #5, as well as this particular goal.

Goal #7 The student demonstrates appropriate knowledge and skill in the area of professional development and responsibilities.

The student's received a 7.4, with the national average being 7.3. The factors that impact these scores are ATH 4133 Professional Seminar, the student's clinical education experience, and the student's interaction with the AT faculty.

Clinical Education Analysis

Weakness

1. Having the students understand pathologies and specific injuries, their various mechanisms and names.
2. Making the most of every teachable moment. The ACI must give the student opportunities to acquire and master skills necessary to become a competent entry-level professional, and yet maintain quality health care delivery to the patient. This requires the ACI to obtain a deep level of understanding the athletic training curriculum, while assessing the each individual student's capabilities.
3. Engaging the student in the documentation of assessments and rehabilitation.
4. Motivating and educating the students on the importance of building on their education, not just memorize information and move on, but rather apply and retain the information and skills in a continuum.
5. The senior students required general medical rotations conflicting with their mastery of entry-level skill mastery within the athletic training setting. We are implementing a new rotation cycle this 09-10 year need to get the senior students the required general medical rotations, while continuing to engage the student in the athletic training setting.

Strengths

1. The ACI's are faculty providing athletic training services to the athletes versus staff athletic trainers providing their expertise to the student. The ACI within the department has a vested interest in and duty to educate the student.
2. Positive attitude of the faculty within the department.
3. Leadership skills and educational skills of the ACI's. Their clinical experience and ability to provide quality health care is excellent.
4. The ACI's care for and love the students. They view the students as a blessing, not a burden.
5. The ACI's work ethic is tremendous; their willingness to go above and beyond is excellent.
6. The interpersonal skills of the ACI's are excellent. They have the ability to properly engage the student and relate to their trials and successes.
7. The addition of CMHSMC to the program as a formal clinical rotation.
8. The addition of Morgan Simpson, Director of CMHSMC to the program as an adjunct ACI.

Action Plan

1. Write more case studies, scenarios and have more quizzes that challenge the students in various pathologies and injuries.
2. Give the students requirements of documentation of injuries and rehabilitation notes. Have the ACI's and the students perform the evaluation and treatment cycle each time they treat an athlete. Have the students create home exercise programs for injured athletes.
3. Create an orientation on "Strategies for the ATS to engage the ACIs and Physicians", as well as an orientation on "Strategies for the ACI to engage the ATS".
4. Continue to exhort the ACI on methods and strategies to make the most of every teachable moment.
5. Create a plan on getting the senior students their general medical rotations, while maintaining their athletic training skill acquisition.
6. Give the ACI's direction and coordination with the Practicum courses.

One and Five Year Goals and Objectives

One year goals:

1. Maintain CAATE Accreditation.
2. Improve educational involvement of team physician(s).
3. Continue/Improve Retention and Recruitment Plan.
4. Maintain the program's human resources. (Specifically, address Burn-out issues with the ATC/ACI)
5. Bring ACI's on the same page with syllabi, evaluations, professional expectations of students, clinical education of the student etc.
6. Stress to the students – motivation and learning over time.

Five year goals:

1. Maintain CAATE accreditation
2. 50% 1st time pass on BOC – current national pass rate is 30%
3. Maintain student capacity in program.
4. Have a successful CAATE Site visit (This was completed on October 18-19. The Department had one minor non-compliance regarding a policy)

Alumni

2008	2007	2006	2005
Danielle Bragg Clint Carroz, ATC Stephanie Horton, ATC Matt Jacobs Stephanie Lilly Sarah Meyer, ATC Sean Tatro	Abigail Aycock, ATC Tony Harris, ATC Dana Raynard, ATC Elizabeth Wilkins Emily Yates Lindsey Yellman, ATC Beth Miller	Courtney Anding Kristen Bailey Bekah Caldwell Niki Kicklighter Ashley Perkins Caleb Wooderson, ATC	Kianna Barnum Chrissie Gliedt, ATC Stephanie Smiley
2012	2011	2010	2009
		Jolee Cook, ATC Melissa Stephens Kelsey Ledford Danny Yocum, ATC Erin Blake Ashley Wilson Susan Bowman Molly Bryan Malinda Heinz	Chara Hoffman, ATC Cortney Shoemaker, ATC Andrea Capel Zarah McPike Carla Graves Jeffrey Horton Ashley Combs Elizabeth Duncon

The Alumni of the program typically go on to the DPT program at SBU, or other medical professions. There is a small percentage of students who pursue solely the AT Profession. This is common for most undergraduate AT programs and is a key debate nationally. The debate being the ATEP's across the US being more of a pre-med stepping stone to other programs versus being an entry into the profession of athletic training. The question most programs struggle with, "Is graduate school in PT, or PA school considered a poor outcome?", which is a different question of, "Is graduate school in PT, or PA school considered a poor AT education outcome?"

This being said, there are many students who are considered top of their class, who never sit for the BOC exam. The program has started accepting students who have a strong interest into the profession, but who may not quite be the top of the entry pool academically. The program will not see the outcomes of this change until the 2013-2013 academic year.

Changes over the past 5 years

Our assessment plan has elicited some curriculum changes over the past 5 years. Changes made, were based on the following

1. Student results on the BOC Report's
2. Student feedback from courses, exit interviews, etc.
3. Faculty feedback from both didactic and clinical education
4. Moving from the 3rd Edition of the Competencies and Proficiencies to the 4th Edition of the Competencies and Proficiencies
5. Faculty discussions on student's strengths and weaknesses
6. Faculty discussions on the programs strengths and weaknesses

The one curriculum change over the past five years was to eliminate ATH 2243 Nutrition, and add ATH 3133 General Medical and Pharmacology. Nutrition competencies were shifted to ATH 3103 Sports Performance and the General Medical and Pharmacology competencies were shifted from ATH 3114 AT Above Diaphragm Assessment and ATH 3124 Below Diaphragm Assessment to ATH 3133 General Medical and Pharmacology course. This allowed the student to have a better educational experience in learning General Medical and Pharmacology competencies, as well as expand their understanding of orthopedic pathologies within the ATH 3114 and ATH 3124 courses.

Other changes which impacted the education of the athletic training students included,

1. The addition of Dr. Nathan Melton, who spent approximately 2 years, and has subsequently left. The program is dependent on CMH to supply the orthopedic surgeon to interact with the athletic training student. It is difficult to find an sports medicine orthopedic surgeon to live in Bolivar and take a strong interest in the program. CMH has since added Dr. Hicks and Dr. Rogers to supply sports medicine services to the athletes, as well as interact with the athletic training student.
2. The addition of Dr. Juris Simanis, a family practice sports medicine trained physician. CMH added Dr. Simanis to be SBU's Team Physician, and come to the Athletic Training Room every Monday afternoon to evaluate SBU athletes, and educate the student in those teachable moments. Dr. Siminas has been a great addition to the program.
3. The addition of CMH Sports Medicine Center as a patient care clinical site. The addition of Morgan Simpson as an ACI and the clinical setting, where students are able to provide care to the athletes has greatly enhanced the education of the student. This addition has also enabled the program to increase the enrollment of 10 students per class to 12 students per class.
4. The program still has to make modifications based on changes within the athletic realm. Coaching changes always impacts the clinical education of the student. The students have seen some of the best and worse coaches and have gained an understanding of how to communicate and interact with the coach. These changes are very fluid. It is the program's hope that the hiring of Mike Pitts as the Athletics Director will bring stability to the Athletics Department.
5. The instability of the Athletics Department caused the restructuring of the Department of Athletic Training. The Head and Assistant Athletic Trainers were 60% responsible to Athletics, and 40% responsible to Academics. The poor leadership within the Athletics Department causes had the negative impact of ATC/ACI's leaving the program. The Athletic Training Education Program (ATEP) is dependent on these ATC/ACI's to be clinical instructors to the students. CAATE requires a ratio of 8 students per 1 ACI. When the program would lose an ATC/ACI due to athletics poor management and/or treatment of the ATC/ACI, the academic program would be jeopardized of being non-compliant on this 8:1 ratio. Therefore, the Department is now working with athletics to provide athletic health care, but is no longer evaluated and/or contracted by athletics. This structural change brought stability to the AT Department, and prevented the continual loss of quality ATC/ACI's.
6. The restructuring of the program added the position of Head Athletic Trainer. This position is the communication liaison between Athletics and the Department Chair. The Department has recently modified this structure to make the Director of Sports Medicine (TJ John) to be the point of access for Athletic Training Services. This role is designed to eliminate the go-

between role of the Head Athletic Trainer. Going between the Athletics Director and the Department Chair.

7. The University has supplied the program with \$40k of money to hire part-time ATC's, who are typically Doctorate of Physical Therapy students. These ATC's become Clinical Instructors to the program, thus enhancing the education of the student. This revolving door of clinical instructors brings a diverse group of professionals, which bring various experiences to enrich the education of the student. These part-time ATC's provide athletic health care to Athletics. This is challenging for the Department and Athletics, because the continual change brings many communication and relationship challenges for the coaches and faculty ATC's.
8. The remodeling of the primary AT classroom has enabled the AT students to have the proper amount of learning space. This has added the ability to teach a subject matter, and demonstrate it within the classroom.
9. The program moving from the Wheeler Building to the Meyer Center has been the appropriate change to enhance the education of the student. However, it is a challenge to schedule the appropriate classroom space for the athletic training courses. These courses must take place in the morning, due to the clinical education of the student taking place in athletic practices and games, which occur in the afternoon and evenings.