

# **Annual Report for Assessment**

## **Department of Athletic Training**

### **Academic Year 2007-2008**

#### **1. List the departmental objectives being assessed this year.**

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.

#### **2. List assessment tools implemented this year and the findings from each. (Attach samples of any non-standardized tools that you used.)**

Please refer to the work-samples for each course in the ATH Course Data Notebook. The work samples will only include a sample of exams presented within each course. The "Assessment" notebook also contains a SOAP assessment of the course and instructor evaluations performed by the Office of Assessment.

#### **3. Analyze the assessment results.**

**Assessment/Analysis of Courses/Instructor by the student:** Please refer to the ATH Course Data notebook for the SOAP analysis of the data from this tool.

#### **4. Do the findings indicate that your departmental objectives are being met?**

### **Department of Athletic Training 2007 BOC Report**

#### **Introduction:**

The Individual *Report for the 2007-08 Board of Certification (BOC) Athletic Trainers' Certification Examination* document was created by the BOC, with the data generated from Castle Worldwide. This document can be viewed in the tabbed section named *BOC Results* within the *Assessment 2007-2008* notebook. 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.

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 report and initiatives were generated within multiple meetings the Department had upon receiving this report.

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.

## Data:

### 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 vs. 2008 Scores from above charts

	Prevention	Clinical Evaluation and Diagnosis	Immediate Care	Treatment Rehab, and Recond.	Organization and Admin.	Professional Responsibility
<b>2006-2007</b>	-1.06	-2.77	-2.55	-1.2	0.44	-0.59
<b>2007-2008</b>	-0.1	-1.8	-0.7	-1.3	-0.2	-0.1
<b>Difference</b>	<b>0.96</b>	<b>0.97</b>	<b>1.85</b>	<b>-0.1</b>	<b>-0.64</b>	<b>-0.41</b>

## 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. The program is excited to see the results of the 2009-2010 students and beyond.

**First Time Candidates Passing 2007-2008**

	Number passing the 1 <sup>st</sup> Time	Percent of Candidates
SBU	3	50%
National	584	39.1%

**First Time Candidates Passing All 3 Parts**

	Number passing the 1 <sup>st</sup> Time	Percent of Candidates
SBU	1	20%
National	1041	46.91%

**Interpretation**

The program is excited to see the students that choose to take the exam do well with passing the 1<sup>st</sup> time. The program believes the students passing the 1<sup>st</sup> time vs. the other students holds a wide margin in scoring. The class of students these results apply to, the students were either great students or not-so great students. The program believes the “not-so great” students decreased the average scores within the domains. Because of this the program will stay the course and hope for better students.

The program continues to have difficulty in getting the students to sit for the exam immediately after their graduation. The program believes that this will begin to not be an issue starting with the 2009-2010 classes and beyond. The program urges students to sit for the BOC exam immediately after and retake it (if needed) each time it is offered. The program has approximately 80% of its students seeking the DPT (Doctorate in Physical Therapy) after their graduation. They either choose never to take the exam, or they are going to take it later in their academic/professional career. The program believes the pass rates will rise because of this, but is not relying on the DPT as a route to further educate the student in athletic training.

**Strategic Initiatives:**

1. Modify the curriculum as stated above.
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 administrative control over the Practicum courses, while monitoring the courses for FERPA and CAATE compliance.

## **Assessment/Analysis of Educational Goals and Objectives:**

**Each course has an assigned set of competencies (objectives) assigned to them. Please refer to the ATH Course Data notebook tabbed sections to view the competencies, course evaluations, and a sampling of the evaluation tools utilized by the various instructors in the program.**

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 12.6 with the national average being 12.7. In order to improve these scores the faculty responsible for ATH 3103 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 18.4, with the national average being 20.2. 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 18.4, with the national average being 20.2. 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 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!

*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 17.9. 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 10.2. 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 an 7.7, with the national average being 7.8. 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 need to come up with a way to get the senior students the required general medical rotations, while continuing to engage the student in the athletic training setting.
6. This year the program failed to conduct consistent meetings with the Clinical Coordinator, PD and ACI's.

## 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. This year Nikki Rogers left the program to attend a physician's assistant program in Iowa. Her leadership will create a significant leadership loss to the program.
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.

## Action Plan

1. Write more case studies, scenarios and have more quizzes that challenge the students in various pathologies and injuries.
2. Make a curriculum change by deleting the ATH 2243 Nutrition course and replacing it with ATH 3133 General Medical and Pharmacology course. Move the nutrition competencies to ATH 3103 Sports Performance course. Move the pharmacology competencies out of ATH 3103 Sports Performance. 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. .
3. Add CMH Sports Medicine Center as a formal clinical education rotation, which will add Morgan Simpson, ATC/L as an Approved Clinical Instructor.
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 administrative control over the Practicum courses, while monitoring the courses for FERPA and CAATE compliance.
9. Retrain the ACI's and train the new ACI's.

## **One and Five Year Goals and Objectives 2008-2009:**

### **One year goals:**

1. Maintain CAATE Accreditation. (Impact on operations budget will occur with the addition of "Outside Services" Line and the maintenance of dues/memberships required by Accreditation)
2. Improve educational involvement of team physician(s). (Operations budget may be impacted, but not likely)
3. Continue/Improve Retention and Recruitment Plan.
4. Maintain the program's human resources (2008-2009 we have replaced one ACI and added another)
5. Maintain equipment (Calibration line-item in budget) (As per accreditation standards and OSHA standards to maintain the medical equipment and properly dispose of biohazard waste.)
6. Bring ACI's on the same page with syllabi, evaluations, professional expectations of students, clinical education of the student etc. (Maintain our weekly ACI training meetings)
7. Stress to the students – motivation and learning over time.

### **Five year goals:**

1. Maintain CAATE accreditation
2. 50% 1<sup>st</sup> time pass on BOC – current national pass rate is 30%
3. Maintain student capacity in program = 30 students
4. Have a successful CAATE Site visit

## **5. Identify changes or new strategies that were implemented this past academic year.**

### **Plan/Strategic Initiatives**

To adhere to the following strategic initiatives to improving the program...

1. Conduct weekly ACI training meeting with the purposes of implementing different motivational strategies to better engage the student and keep the student focused on making the best of fall clinical education time and expertise.
2. Incorporate more scenarios during the student's clinical educational experience to give the student more experience in assessing different pathologies.
3. Motivate the senior students to be involved in the ATL and sports during their field experiences. Review assessment, rehabilitation and modality applications.
4. Make CMHSMC a mandatory rotation in the clinical education of the student to increase the amount of student experiences in the therapeutic exercise and therapeutic modality educational goals. (Morgan Simpson to be trained as an ACI)
5. Look at the information within ATH 3013 Athletic Training Techniques I to see if there needs to be any additional or modification of the information to include more emergency trauma and pathologies.
6. Maintain a professional environment.
7. Maintain healthy relationships with the Orthopedic "Sports Medicine" trained surgeon. Dr. Melton has agreed to come and lecture in the classroom, open his office and surgical suite to the program.
8. Maintain a healthy relationship with the Family Practice "Sports Medicine" trained physician, who visits campus once a week to look at athletes with the students taking part in this experience. Dr. Simantis also lectures and opens his office to the students and come to campus once a week to provide physician and educational services to SBU.
9. Maintain good working relationships with athletics, physician offices, team physicians, CMHSMC and each other.
10. Maintain an environment that is positive and Christ-centered.

## **6. Do your findings indicate that the changes implemented during the last academic year were effective? What strengths are evident from your findings?**

It is difficult to say, because the students have not progressed completely through the program and taken the BOC exam. The Department continues to assess multiple aspects of the program and the students performance within the program and on the BOC exam. It will take the junior class to matriculate through the program and sit for the BOC exam, before we will know and understand if the changes we are currently making or have made are effective.

- 7. What areas need to be changed to improve student learning? What actions will you take to make the changes?**

Please refer to number 5 of this report.

- 8. How were the findings in this report shared with department faculty?**

We held a departmental meeting and reviewed the 2007-2008 Annual Assessment Report. The faculty shared feedback, concerns and plans to help complete the strategic initiatives for the 2008-2009 academic year.

- 9. Identify the ways in which the following have been made public for your students:**

- 1. Program Goals and Objectives**
- 2. Assessment Requirements**
- 3. Assessment Results**

Program Goals and Objectives <http://www.sbuniv.edu/cosm/at/assessgoals.html>

Assessment Requirements <http://www.sbuniv.edu/cosm/at/assess.html>

Assessment <http://www.sbuniv.edu/cosm/at/Microsoft%20Word%20-%20AnnualReport2006-2007.pdf>

- 10. Send two copies of your completed report to the Office of Institutional Research and Assessment and one completed copy to your dean.**