# KENT STATE UNIVERSITY
# CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **3-Sep-15** Curriculum Bulletin _____

Effective Date **Fall 2016** Approved by EPC _____

| | |
|---|---|
| Department | **Health Sciences** |
| College | **EH - Education, Health and Human Services** |
| Degree | **MS - Master of Science** |
| Program Name | **Athletic Training** Program Banner Code **ATTR** |
| Concentration(s) | Concentration(s) Banner Code(s) |
| Proposal | **Establish program** |

Description of proposal:

**The purpose of this proposal is to establish a MS in Athletic Training (Professional) degree program. This program is a 60 credit hours, 2 calendar year program that will fulfill the degree change edict delivered by the Commission on the Accreditation of Athletic Training Education (CAATE) in May 2015 that changes the Entry-Level degree for the Athletic Trainer from the BS to the MS level.**

Does proposed revision change program's total credit hours? ☒ Yes ☐ No

Current total credit hours: **0** Proposed total credit hours **60**

Describe impact on other programs, policies or procedures (e.g., duplication issues; enrollment and staffing considerations; need; audience; prerequisites; teacher education licensure):

**Kent State University currently has a BS in Athletic Training that will run concurrently as the MS program builds. It will become obsolete and will be removed from the curricular offerings once the full transition is complete to the MS degree nationally. Kent State University also has a Post-Professional MS in EXPH with a concentration in ATTR which will continue to run. It is not duplication as it is a Post-Professional Program (targeting already certified practitioners) and the new MS will be a Professional Preparation program (targeting students who wish to pursue national certification).**

Units consulted (other departments, programs or campuses affected by this proposal):

**ATTR, School of Health Sciences**

**REQUIRED ENDORSEMENTS**

Lynne E Rowan — 9/22/15
Department Chair / School Director

_____ — ___/___/___
Campus Dean (for Regional Campuses proposals)

Christine E Bach — 10/23/15
College Dean (or designee)

Melody VanKeuren — 11/2/15
Dean of Graduate Studies (for graduate proposals)

_____ — ___/___/___
Provost and Senior Vice President for Academic Affairs (or designee)

## Transmittal Memo

Date: October 23, 2015

To: Catherine Hackney, Associate Dean for Administrative Affairs and Graduate Education

From: Kimberly Peer, Athletic Training

Re: Program Development Plan

Proposal: Program Development Plan for establishing M.S. Athletic Training Professional major

Included: ccp form, proposal summary, PDP, course requirements, BOC content outline, Strategic Alliance statement

Curricular/consultative bodies that have approved this action:
Athletic Training faculty: Spring, 2015
EHHS Dean/Associate Dean/School Director: September 10, 2015
HS SCC: September 18, 2015

# Proposal Summary
# Establish Master of Science Athletic Training Professional Major

**Description of Action, Including Intended Effect**
The purpose of this proposal is to establish a new entry-level Master of Science Athletic Training Professional [MS ATTR] major to be housed within the School of Health Science [HS] in the College of Education, Health and Human Services [EH]. It is intended to create a Professional Degree program in Athletic Training in response to the recent decision by the Commission on Accreditation of Athletic Training Education (CAATE) to transition the Entry-Level Professional Degree program from the BS to the MS level.

**Impact on Other Programs, Course Offerings, Students, Faculty, Staff (e.g., duplication issues)**
Kent State University currently has a BS in Athletic Training that will run concurrently as the MS program builds. It will become obsolete and will be removed from the curricular offerings once the full transition is complete to the MS degree nationally. Kent State University also has a Post-Professional MS in EXPH with a concentration in ATTR which will continue to run. It is not duplication as it is a Post-Professional Program (targeting already certified practitioners) and the new MS will be a Professional Preparation program (targeting students who wish to pursue national certification).

**Fiscal, Enrollment, Facilities and Staffing Considerations**
The faculty has extensive experience in teaching and supervising athletic training education students. Our program currently has 1 tenured faculty, 1 tenure track faculty and 4 non-tenure track faculty of which 3 are pursuing doctoral degrees. The program also employs several adjuncts and teaching assistants to support our multiple lab sessions for the ATTR program and General Education and other departmental requirements that our faculty teach. The facilities, our classroom and competency lab, was renovated within the last few years. As this is an entry-level program and we are currently running this program at the undergraduate level, we do not anticipate an increase in need for faculty or facilities in the short-term as we will be phasing out the undergraduate program as the entry-level master's (ELM) reaches capacity.

Faculty and on-campus facilities were addressed in item number 7 above. However, off-campus facilities and staff will be addressed here. We currently have clinical site relationships with the major hospitals, high schools, emergency care facilities, physician offices, and clinics in the surrounding areas including Akron, Cleveland and Canton. We have expanded our outreach while maintaining a high level of clinical faculty expertise as our UG program has had a long, strong, and positive tradition. As the residency portion of this program is in the summer and the UG's do not complete summer clinicals, there will be no overlap even as the programs transition completely. Currently, during the academic year, we will have some overlap of undergraduates and graduate students but the number and quality of the facilities and clinical faculty with whom we have relationships will support both programs until the undergraduate program has dissolved.

Although nominal in scope, there are a few additional costs projected from this program. First, we will need to market the program aggressively to facilitate enrollment during the first critical years. With the support of existing university mechanisms for marketing programs, this cost should be nominal. An additional cost anticipated with this program change is the addition of adjunct and/or NTT's to support the UG program and/or the General Education requirements in our program as the FT faculty focus on the core courses in the UG and Graduate programs. We currently have a UG and Graduate Coordinator; however, additional duties in the summer for the ELM program may necessitate supervisory load for faculty that will be offset by the tuition generated from the enrollment. Lastly, the program will work collaboratively with CPM to secure cadavers for the Cadaver Anatomy course which will be offset by tuition generated. Ideally, the program would likely function within the financial limits it currently sustains with the exception of potentially NTT and/or adjuncts to support non-ELM courses as they expand.

**Evidence of Need and Sustainability if Establishing**

The need for a new degree program is quite clear if Kent State University wants to continue to offer athletic training as an academic program. In May 2015, the Strategic Partners governing the athletic training profession declared that the new degree program for the Entry-level professional would be the Masters program only. Following extensive review by various constituents in the profession yielded several reports: Health Care Economist Report, CAATE Open Comment Report, and NATA Focus Group Final Report. The announcement from the Athletic Training Strategic Alliance for the transition in degree level was announced publically May 2015. The deadline for this change has not yet been formalized, but the CAATE has indicated that it will not be any sooner than 7 years.

There are currently 24 Entry-Level Undergraduate Programs in the state of Ohio, including Kent State University. Of these Entry-Level Undergraduate programs, there are none pending transition into the ELM program as of this date as evidenced on the CAATE website. Only two, one in California and one in South Florida, are documented as transitioning at this time on the official CAATE website.

There is currently only one ELM program in the state of Ohio – University of Findlay which is located in NW Ohio. Additionally, there are only 41 ELM programs nationally. As a national organization, the NATA is organized be geographic regions. Ohio is within District IV of the NATA that is comprised of Ohio, Indiana, Illinois, Michigan, Minnesota, and Wisconsin. Within District IV of the NATA, there are only 5 ELM programs (1 each in MI, WI, IN, MN, OH). Of the surrounding states of West Virginia and Pennsylvania, there are only 2 additional ELM programs (2 in PA).

At this current time, KSU is highly competitive in athletic training education at the undergraduate level. As a stellar program in the state and a program that currently has the faculty and staff to pursue the change to the MS level, we would anticipate being one of the first to transition. Since there is only one other program at the ELM level in Ohio, we would be competitive for students in the state as well as in the district. Duplication regionally would be hard to predict as most programs are currently evaluating the feasibility of transitioning (due to the recent announcement), yet few are acting to transition through formal proposals within the state and district/region as of yet. As a doctoral granting university, our program will also likely be attractive to those who would like to pursue a PhD after graduation.

Relative to employment opportunities, athletic training is one of the fastest growing health care fields through 2018 according to Job Outlook 2022. As a profession, we have many expanding opportunities for athletic training professionals including military, surgical, emergency medicine, and industry evolving. Moreover, KSU has had a strong history of nearly 100% employment or post-graduate education following graduation from our UG ATTR program for nearly a decade. We anticipate this trend will continue with the ELM program. Employer surveys generated from the UG program has yielded positive feedback regarding our graduates. According to the NATA Career Center, there were 2193 new job postings in 2014 for athletic training positions.

As a selective admission program, we will admit approximately 20–30 students per year in each cohort. There will be no stipulation regarding admission regarding numbers of students from either route to the ELM – all students will be considered identically. 20–30 students per year will keep the total program number at approximately 40-60 students which is the capacity for our didactic and clinical sites. This will ensure optimal exposure during clinical rotations. This is important as we anticipate smaller classes while we phase out the Entry-Level ATTR UG program as the ultimate date for closing UG programs approaches.

**Timetable and Actions Required:** The proposal will go through the required curriculum approval process with changes to take effect fall 2016. The following is the anticipated schedule:

ATTR program approval: Spring, 2015
HS SCC approval: September 18, 2015
presented to EHHS for approval: October 23, 2015
presented to EPC for approval: November 16, 2015

# New Graduate Degree Program Development Plan
# Master of Science in Athletic Training (Professional Degree)

*This document should be no more than five pages.*

1. Designation of the new degree program, rationale for that designation, definition of the focus of the program and a brief description of its disciplinary purpose and significance.

   This program would be designated as an MS in Athletic Training – Professional with the caveat declaring it an Entry-Level Master's (ELM) degree program as specified by the Commission on Accreditation of Athletic Training Education (CAATE). A major shift in athletic training education occurred in May 2015 in which a formal declaration by the strategic alliance partners in the professional organizations governing Athletic Training that specified that the new entry-level degree for Athletic Training will be the Master's degree program. There are three degree designations from the Commission on Accreditation of Athletic Training Education: Professional Programs (prepare students to challenge the Board of Certification (BOC) examination at BS and ELM levels); Post-Professional Programs (post certified, advanced track degrees); and Post-Professional Residency Programs (Advanced training). Kent currently has the BS Professional Degree and we are seeking an Entry-Level Masters' Professional degree.

   The focus of the program is to build upon foundational knowledge from undergraduate degree programs to prepare students to fill the many positions available to the certified athletic trainer. There will be a combined BS MS option or direct admission into the two-year MS program. This curriculum will focus on building clinical and didactic knowledge and skills while developing strong research skills. This program will focus on developing the student's skills and knowledge in the domains specified in the Board of Certification's Role Delineation and Practice Analysis (currently in the 6$^{th}$ edition) to allow them to transition directly to practice in the field after successfully challenging the Board of Certification's national credentialing exam. These domains that prepare the student to practice as a safe and competent Entry-Level Athletic Trainer include Injury/Illness Prevention and Wellness Protection; Clinical Evaluation and Diagnosis; Immediate and Emergency Care; Treatment and Rehabilitation; and Organizational and Professional Health and Well-Being (*See Appendix 1: Role Delineation Study/Practice Analysis, Sixth Edition Content Outline Domain Descriptions and Task Statements*).

   The program will include the CAATE's competencies as based on the development of the current knowledge, skills, and abilities, as determined by the Commission (currently the 5th Edition of the NATA Athletic Training Education Competencies). The knowledge and skills identified in the Competencies consist of 8 Content Areas:

   1. Evidence-Based Practice
   2. Prevention and Health Promotion
   3. Clinical Examination and Diagnosis
   4. Acute Care of Injury and Illness
   5. Therapeutic Interventions
   6. Psychosocial Strategies and Referral
   7. Healthcare Administration

8. Professional Development and Responsibility

See more at: http://caate.net/professional-programs/#sthash.j9mlxRoS.dpuf

The disciplinary purpose of this degree program is to challenge the students to consider the domains in light of contemporary health care environments to prepare them for the dynamic career they are about to enter. Through a rigorous yet supportive program, the students will be exposed to and actively engage with state-of-the-art equipment and professionals at world-class facilities and highly recognized professionals. The secondary purpose of this program is to encourage inter-professional collaboration to promote professional development for the students who will be practicing in inter-disciplinary teams.

2. Description of the proposed curriculum.

The proposed curriculum is a two-calendar year program with 60 total credit hours. The program of study consists of a series of prerequisite admission content areas (9 content areas) and a 3.0 cumulative grade point average for consideration. The curriculum involves summer academic work for both semesters. The first summer is to prepare the student with intensive content knowledge and cadaver anatomy which will be collaborative with the College of Podiatric Medicine. The second summer is to allow for an "immersion" experience through a clinical residency as recommended by the CAATE. The remaining semesters will involve 9 CH's each semester which will include didactic and clinical courses. *(See Appendix 2: Proposed Curriculum for the ELM ATTR Program).*

3. Administrative arrangements for the proposed program: department and school or college involved.

Admission into the program is selective. Beginning in September, applications will be accepted. Applications will close on November 15. Students must have completed the prerequisite courses and must have a 3.0 cumulative GPA at the time of application. All prerequisite courses must have a grade of C or better to be considered. Students can apply in two different tracks: 1.) Undergraduate degree completed and applying for consideration into the MS program or 2.) Combined BS MS program where the student has completed 3 years of an undergraduate program including all prerequisite courses and will then continue with the MS program where 12 credit hours will apply towards completion of the UG degree. These courses will be slashed courses (UG/Grad) courses and will be delivered at the graduate level requirement for the student.

Standard admission criteria and processes at the College of Education Health and Human Services level (EHHS) and School of Health Sciences (SHS) will be relevant for the MS applicants and the Combined program applicants. Departmental arrangements will involve the graduate coordinator considering applications for admission as is currently done. There is no change in administrative arrangements with this new program.

4. Evidence of need for the new degree program, including the opportunities for employment of graduates. This section should also address other similar programs in the state addressing this need and potential duplication of programs in the state and region.

   The need for a new degree program is quite clear if Kent State University wants to continue to offer athletic training as an academic program. In May 2015, the Strategic Partners governing the athletic training profession declared that the new degree program for the Entry-level professional would be the Masters program only. Following extensive review by various constituents in the profession yielded several reports: Health Care Economist Report, CAATE Open Comment Report, and National Athletic Trainers' Association (NATA) Focus Group Final Report. The announcement from the Athletic Training Strategic Alliance for the transition in degree level was announced publically May 2015. The deadline for this change has not yet been formalized, but the CAATE has indicated that it will not be any sooner than 7 years. *(See Appendix 3: Joint Statement from the Strategic Alliance).*

   There are currently 24 Entry-Level Undergraduate Programs in the state of Ohio, including Kent State University. Of these Entry-Level Undergraduate programs, there are none pending transition into the ELM program as of this date as evidenced on the CAATE website. Only two, one in California and one in South Florida, are documented as transitioning at this time on the official CAATE website.

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   *(See Appendix 4 for the CAATE program statistics for the EL Undergraduate programs in Ohio, ELM Programs in Ohio, and ELM programs nationwide, respectively)*

   At this current time, KSU is highly competitive in athletic training education at the undergraduate level. As a stellar program in the state and a program that currently has the faculty and staff to pursue the change to the MS level, we would anticipate being one of the first to transition. Since there is only one other program at the ELM level in Ohio, we would be competitive for students in the state as well as in the district. Duplication regionally would be hard to predict as most programs are currently evaluating the feasibility of transitioning (due to the recent announcement), yet few are acting to transition through formal proposals within the state and district/region as of yet. As a doctoral granting university, our program will also likely be attractive to those who would like to pursue a PhD after graduation.

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5. Prospective enrollment.

As a selective admission program, we will admit approximately 20 – 30 students per year in each cohort. There will be no stipulation regarding admission regarding numbers of students from either route to the ELM – all students will be considered identically. 20 – 30 students per year will keep the total program number at approximately 40- 60 students which is the capacity for our didactic and clinical sites. This will ensure optimal exposure during clinical rotations. This is important as we anticipate smaller classes while we phase out the Entry-Level ATTR UG program as the ultimate date for closing UG programs approaches.

6. Special efforts to enroll and retain underrepresented groups in the given discipline.

The minority representation in the National Athletic Trainers' Association is relatively low despite efforts to promote diversity recruitment and retention in the profession. For the purposes of potential students to recruit and retain, the numbers are encouraging. There was an increase in student membership in 2014 trending upward by 6.5% in national membership to just over 8000 students. When looking at the categories, approximately 1300 of those 8000 are already certified. As an ELM program, we would then have a potential total pool of approximately 6700 students nationwide. Nationally, there are approximately 1500 ethnically diverse students in the national organization. As reflected in the numbers listed below, there is a slight increase in diversity in the student population from the past years. At Kent State University, we have the potential to actively recruit and retain for several reasons. First, we have been awarded two national grants (Ethnic Diversity Enhancement Grants) over the past decade to help support our initiatives to recruit diverse students into our program. Second, the distinguished reputation of the faculty and through many national and international presentations and publications, students of all ethnicities will be intrigued to collaborate with our faculty throughout their educational program. Third, as an undergraduate program, we have maintained a strong tradition in retaining and recruiting ethnically diverse students and boast a current student enrollment of at least 10%.

**Total Members by Category**

| Member Type | Members (2014) | | Change from 2013 | |
|---|---|---|---|---|
| | Count | % | Count +/- | % Change |
| Certified | 32651 | 78.8% | 32236 | 1.3% |
| Associate | 672 | 1.6% | 618 | 8.7% |
| **Student** | **8057** | **19.5%** | **7568** | **6.5%** |
| International | 40 | 0.1% | 45 | -11.1% |
| Total | 41420 | 100.0% | 40467 | 2.4% |

**Certified Members by Category**

| Member Type | Members (2014) | | Change from 2013 | |
|---|---|---|---|---|
| | Count | % | Count +/- | % Change |
| Certified Regular | 27714 | 84.9% | 27325 | 1.4% |
| Career Starter | 2347 | 7.2% | 2281 | 2.9% |
| **Student Certified** | **1309** | **4.0%** | **1428** | **-8.3%** |
| Retired Certified | 855 | 2.6% | 763 | 12.1% |

| | | | | |
|---|---|---|---|---|
| International Certified | 426 | 1.3% | 439 | -3.0% |
| Total | 32651 | 100.0% | 32236 | 1.3% |

**Ethnicity 2011-2014 Membership Trend**

| | 2014 | | 2013 | | 2012 | |
|---|---|---|---|---|---|---|
| | # of Minority Members | % of Total | # of Minority Members | % of Total | # of Minority Members | % of Total |
| **Student Members*** | **1571** | **19.1%** | **1444** | **19.1%** | **1150** | **17.0%** |
| Certified Members | 4063 | 12.4% | 3924 | 12.2% | 3512 | 11.7% |
| All Members** | 5634 | 17.2% | 5481 | 13.5% | 4771 | 12.7% |

***5.0% of Students do not provide ethnicity data**
** 5.6% of All Members do not provide ethnicity data
**Accessed at:**
**http://members.nata.org/members1/documents/membstats/2014EOYstats.htm**

7. Availability and adequacy of the faculty and facilities available for the new degree program.

   The faculty has extensive experience in teaching and supervising athletic training education students. Our program currently has 1 tenured faculty, 1 tenure track faculty and 4 non-tenure track faculty of which 3 are pursuing doctoral degrees. The program also employs several adjuncts and teaching assistants to support our multiple lab sessions for the ATTR program and General Education and other departmental requirements that our faculty teach. The facilities, our classroom and competency lab, was renovated within the last few years. As this is an entry-level program and we are currently running this program at the UG level, we do not anticipate an increase in need for faculty or facilities in the short-term as we will be phasing out the UG program as the ELM reaches capacity.

8. Need for additional facilities and staff and the plans to meet this need.

   Faculty and on-campus facilities were addressed in item number 7 above. However, off-campus facilities and staff will be addressed here. We currently have clinical site relationships with the major hospitals, high schools, emergency care facilities, physician offices, and clinics in the surrounding areas including Akron, Cleveland and Canton. We have expanded our outreach while maintaining a high level of clinical faculty expertise as our UG program has had a long, strong, and positive tradition. As the residency portion of this program is in the summer and the UG's do not complete summer clinicals, there will be no overlap even as the programs transition completely. Currently, during the academic year, we will have some overlap of undergraduates and graduate students but the number and quality of the facilities and clinical faculty with whom we have relationships will support both programs until the undergraduate program has dissolved.

9. Projected additional costs associated with the program and evidence of institutional commitment and capacity to meet these costs.

   Although nominal in scope, there are a few additional costs projected from this program. First, we will need to market the program aggressively to facilitate enrollment during the first critical years. With the support of existing university mechanisms for marketing programs, this cost

should be nominal. An additional cost anticipated with this program change is the addition of adjunct and/or Non-Tenure Track(NTT) faculty to support the UG program and/or the General Education requirements in our program as the Full-Time faculty focus on the core courses in the UG and Graduate programs. We currently have a UG and Graduate Coordinator; however, additional duties in the summer for the ELM program may necessitate supervisory load for faculty that will be offset by the tuition generated from the enrollment. Lastly, the program will work collaboratively with College of Podiatric Medicine to secure cadavers for the Cadaver Anatomy course which will be offset by tuition generated. Ideally, the program would likely function within the financial limits it currently sustains with the exception of potentially NTT and/or adjuncts to support non-ELM courses as they expand.

# PROPOSED ENTRY-LEVEL MASTERS' ATHLETIC TRAINING PROGRAM

***PREREQUISITES***

| | |
|---|---|
| Biological Principles | Cellular Bio |
| Principles of ATTR | Basic ATTR Skills |
| Biomechanics | Analysis of Human Movement/Kinesiology |
| Anatomy and Phys I/II | With Labs |
| Chemistry I and II w Labs | Chemistry ! And II with Lab |
| Research/Stats | Basic Stats/Methods |
| Physics I with Lab | General Physics Minimally |
| Exercise Physiology | General Exercise Physiology Course |
| Human Nutrition | Basic Nutritional Components |

| | | | |
|---|---|---|---|
| **Summer Year One** | | | |
| Cadaver Anatomy & Applied Assessment | ATTR 60000 | New Course | 6 hours |
| Ther Modalities | ATTR 65037 | New Course | 3 hours |
| Acute Injury Dx/Tx/Mgmt | ATTR 61000 | New Course | 3 hours |
| **Fall Year One** | | | |
| Clinical Pract I - Prevention and Wellness | ATTR 65001 | New Course | 3 hours |
| Ther Rehab | ATTR 55039 | | 3 hours |
| Clin Inquiry/EBP | ATTR 62016 | | 3 hours |
| **Spring Year One** | | | |
| Clin Practice II - Adv H/N/Ortho | ATTR 65002 | New Course | 3 hours |
| Neurological Processes | ATTR 55050 | New Slash | 3 hours |
| Quant and Research Methods in ATTR/ExPH | EXPH 65031 | | 3 hours |

| | | | |
|---|---|---|---|
| **Summer Year 2** | | | |
| Research | ATTR 63098 | | 3 hours |
| Ethics For AHCP | ATTR 63018 | | 3 hours |
| Clinical Residency | ATTR 69999 | New Course | 6 hours |
| **Fall Year 2** | | | |
| Clinical Practice III - Gen Med | ATTR 65003 | New Course | 3 hours |
| Adv Ther interventions | ATTR 55041 | New Slash | 3 hours |
| O and A | ATTR 55038 | | 3 hours |
| **Spring Year 2** | | | |
| Clinical Practice IV - Advanced Comps | ATTR 65004 | New Course | 3 hours |
| Path and Pharm | ATTR 55040 | | 3 hours |
| Contemporary Issues | ATTR 62010 | | 3 hours |

| | |
|---|---|
| TOTAL Credit Hours | 60 Credit Hours |
| Required Residency | |
| Admission Criteria | C or Better in All Prereq Courses |
| 3.0 Cumulative GPA | |
| Letters of Reference* | |
| GRE* | |

BOARD OF CERTIFICATION
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# *Role Delineation Study/Practice Analysis, Sixth Edition*
# Content Outline
## Domain Descriptions and Task Statements

| Domain | Title | Description |
|---|---|---|
| **1** | **Injury/Illness Prevention and Wellness Protection** | **Educating participants and managing risk for safe performance and function.** |
| A key aspect of the athletic trainer's (AT) education and training is in the area of prevention and risk management. The AT is the front-line professional charged with this duty. Many individuals come to activity in less than ideal condition. They may suffer from disorders such as sickle-cell trait, diabetes or have other conditions predisposing them to injury or illness. Pre-participation screenings are critical to identifying risks and putting prevention plans into action. Additional prevention and risk management strategies undertaken by the AT range from on-site reviews for hazards, monitoring environmental conditions and educating participants on nutrition and performance enhancing drugs to monitoring for overtraining, maintenance of clinical and treatment areas, and development of emergency action plans. | | |
| **Task** | **Description** | |
| 0101 | Minimize risk of injury and illness of individuals and groups impacted by or involved in a specific activity through awareness, education, and intervention. | |
| 0102 | Interpret individual and group pre-participation and other relevant screening information (e.g., verbal, observed, written) in accordance with accepted and applicable guidelines to minimize the risk of injury and illness. | |
| 0103 | Identify and educate individual(s) and groups through appropriate communication methods (e.g., verbal, written) about the appropriate use of personal equipment (e.g., clothing, shoes, protective gear, and braces) by following accepted procedures and guidelines. | |
| 0104 | Maintain physical activity, clinical treatment, and rehabilitation areas by complying with regulatory standards to minimize the risk of injury and illness. | |
| 0105 | Monitor environmental conditions (e.g., weather, surfaces, client work-setting) using appropriate methods and guidelines to facilitate individual and group safety. | |
| 0106 | Maintain or improve physical conditioning for the individual or group by designing and implementing programs (e.g., strength, flexibility, CV fitness) to minimize the risk of injury and illness. | |
| 0107 | Promote healthy lifestyle behaviors using appropriate education and communication strategies to enhance wellness and minimize the risk of injury and illness. | |

| Domain | Title | Description |
|---|---|---|
| 2 | **Clinical Evaluation and Diagnosis** | **Implementing standard evaluation techniques and formulating a clinical impression for the determination of a course of action.** |

An AT may be asked to perform in one or more distinct evaluation areas: 1) the pre-participation examination which assists in determining the readiness of an individual to participate in physical activities, 2) an on-field evaluation for acute conditions that had occurred during activity using the primary and secondary survey models, 3) a clinical evaluation , often occurring in a clinical or athletic training facility and 4) the ongoing evaluation of progress of an injury or illness assisting the AT in advancing or modifying current care and making return to play decisions.
Through the use of a sequential evaluation process and with the understanding of the injury pathology and any co-morbidities of the affected individual the AT provides a clinical diagnosis, determine appropriate immediate care, and establish short and long term goals for the affected individual.

| Task | Description |
|---|---|
| 0201 | Obtain an individual's history through observation, interview, and/or review of relevant records to assess current or potential injury, illness, or health-related condition. |
| 0202 | Examine by appropriate visual and palpation techniques the involved area(s) of an individual's body to determine the type and extent of the injury, illness, or health related condition. |
| 0203 | Examine by appropriate and specific tests (e.g., ROM, special tests, neurological tests) the involved area(s) of an individual's body to determine the type and extent of the injury, illness, or health-related condition. |
| 0204 | Formulate a clinical diagnosis by interpreting the signs, symptoms, and predisposing factors of the injury, illness, or health-related condition to determine the appropriate course of action. |
| 0205 | Educate the appropriate individual(s) about the clinical evaluation by communicating information about the current or potential injury, illness, or health-related condition to encourage compliance with recommended care. |

| Domain | Title | Description |
|---|---|---|
| 3 | **Immediate and Emergency Care** | **Employing standard care procedures and communicating outcomes for efficient and appropriate care of the injured.** |

The profession of athletic training is unique in that the athletic trainer may be present at the time of an injury or emergency. This requires the clinician be prepared and proficient in all aspects of emergency care. Preparation includes writing, rehearsing and executing emergency action plans for every venue for which the AT is responsible. The AT must demonstrate excellent communication skills, both verbal and/or written, in order to transfer vital assessment information to the healthcare provider, parent, supervisors and others that are involved in the healthcare of the individual.

The recognition of signs and symptoms of life-threatening conditions is the cornerstone of effective management of emergencies. ATs have a vast knowledge of medical conditions that can quickly become emergencies and because the AT is often on-site, they are the primary healthcare professional able to intervene. There are times that injuries require care that warrant referrals. It is the ATs who recognizes these conditions and selects the most effective and safest method to transport the individual to the appropriate healthcare professional.

| Task | Description |
|---|---|
| 0301 | Coordinate care of individual(s) through appropriate communication (e.g., verbal, written, demonstrative) of assessment findings to pertinent individual(s). |
| 0302 | Apply the appropriate immediate and emergency care procedures to prevent the exacerbation of non-life-threatening and life-threatening health conditions to reduce the risk factors for morbidity and mortality. |
| 0303 | Implement appropriate referral strategies, which stabilize and/or prevent exacerbation of the condition(s), to facilitate the timely transfer of care for conditions beyond the scope of practice of the Athletic Trainer. |
| 0304 | Demonstrate how to implement and direct immediate care strategies (e.g., first aid, Emergency Action Plan) using established communication and administrative practices to provide effective care. |

| Domain | Title | Description |
|---|---|---|
| 4 | **Treatment and Rehabilitation** | **Reconditioning participants for optimal performance and function.** |

Following injury, the AT serves as the clinician who designs, administers and executes a plan of care. Included within this plan of care is the implementation of appropriate techniques, procedures, practices and methods that are designed to provide the patient with optimal outcomes. Acting under the direction of a physician and within the scope of practice acts and/or BOC Standards of Professional Practice, the athletic trainer provides a plan of care that is realized through the evaluation of the patient.

Protection from additional insult and appropriate steps toward optimal recovery are included in the ATs plan and execution of care. Effective and clear communication to the patient and appropriate individuals concerned with the patient's care is critical to achieving full return to activity. Treatment objectives are outlined using short and long-term goals. These goals are achieved using appropriate treatment/rehabilitation methods available to the AT. Selection of various treatment/rehabilitation modes is based on sound rationale, appropriate standards of health care, reliable clinical judgment and when available, evidence based medicine.

| Task | Description |
|---|---|
| 0401 | Administer therapeutic and conditioning exercise(s) using appropriate techniques and procedures in order to aid recovery and restoration of function. |
| 0402 | Administer therapeutic modalities (e.g., electromagnetic, manual, mechanical) using appropriate techniques and procedures based on the individual's phase of recovery to restore functioning. |
| 0403 | Apply braces, splints, or other assistive devices according to appropriate practices in order to facilitate injury protection to achieve optimal functioning for the individual. |
| 0404 | Administer treatment for injury, illness, and/or health-related conditions using appropriate methods to facilitate injury protection, recovery, and/or optimal functioning for individual(s). |
| 0405 | Reassess the status of injuries, illnesses, and/or conditions using appropriate techniques and documentation strategies to determine appropriate treatment, rehabilitation, and/or reconditioning and to evaluate readiness to return to a desired level of activity. |
| 0406 | Provide guidance and/or referral to specialist for individual(s) and groups through appropriate communication strategies (e.g., oral and education materials) to restore an individual(s) optimal functioning. |

| Domain | Title | Description |
|---|---|---|
| 5 | **Organizational and Professional Health and Well-being** | **Understanding and adhering to approved organizational and professional practices and guidelines to ensure individual and organizational well-being.** |

ATs are charged with many responsibilities including: (1) injury/illness prevention and wellness protection, (2) clinical evaluation and diagnosis, (3) immediate and emergency are, and (4) treatment and rehabilitation. However, in order to properly implement any type of comprehensive athletic training services, an organization must demonstrate and support an appropriate level of organizational and professional health and well-being. Together, organizational and professional health and well-being is defined as an organization's or professional association's ability to function effectively, to cope adequately, to change appropriately, and to grow from within. It is also the process by which the AT empowers patients and employees in the improvement of their health-related physical, mental and social well-being as well has physical and professional well-being of the institution and/or organization.

Whether covering a youth soccer tournament, working in one of several hospital satellite clinics, or running a collegiate athletic training program, the AT relies on these practices, standards, and guidelines. Maintenance of records and accurate documentation is mandatory for communication, reimbursement, risk management, and determining best practices. Emergency action plans with consideration for staffing, coordination of resources, liability, and equipment reduce the risk to the individual and organization. When organizing a health care team or making referrals related to injuries, illness and unhealthy lifestyle behaviors, the AT must be knowledgeable of their scope of practice and the state statutes that regulate their profession and the health professionals with whom they work. Additionally the AT engages in ongoing professional education to ensure the care provided by the organization and healthcare professionals adheres to best practices .For organizations and professions to maintain financial health, the AT must demonstrate the ability to utilize basic internal business skills including, strategic planning, human resource management, budgeting, and facility design. They must be able to apply external business skills, such as marketing and public relations to support organizational sustainability, growth, and development.

| Task | Description |
|---|---|
| 0501 | Apply basic internal business functions (e.g., business planning, financial operations, staffing) to support individual and organizational growth and development. |
| 0502 | Apply basic external business functions (e.g., marketing and public relations) to support organizational sustainability, growth, and development. |
| 0503 | Maintain records and documentation that comply with organizational, association, and regulatory standards to provide quality of care and to enable internal surveillance for program validation and evidence-based interventions. |
| 0504 | Demonstrate appropriate planning for coordination of resources (e.g., personnel, equipment, liability, scope of service) in event medical management and emergency action plans. |
| 0505 | Demonstrate an understanding of statutory and regulatory provisions and professional standards of the practice of Athletic Training in order to provide for the safety and welfare of individual(s) and groups. |
| 0506 | Develop a support/referral process for interventions to address unhealthy lifestyle behaviors. |



Suggested Citation: Board of Certification. (2010). *The 2009 Athletic Trainer Role Delineation Study*. Omaha, NE: Stephen B. Johnson.


## Joint Statement from the Strategic Alliance
BOC, CAATE, NATA and NATA Foundation

# After 2.5 Years of Diligent Analysis, Leaders of the Key Athletic Training Organizations Have Decided to Change the AT Degree Level to a Master's

Decision affecting future ATs was made with the best interests of the profession in mind to ensure a vital place for ATs in the evolving health care arena. Work now begins on the next steps.

Over the past two and a half years the AT Strategic Alliance (BOC, CAATE, NATA and NATA Foundation), under the lead of NATA and CAATE, have been actively engaged in a critical examination of what the appropriate professional degree level should be to best prepare athletic trainers for an integral role in the evolving health care system.

This past weekend a special meeting was held to hear final presentations and to deliberate. The NATA Board of Directors and the Commissioners of the CAATE, with the full support of the Board of Certification and the NATA Research & Education Foundation, have agreed to establish the professional degree in athletic training at the master's level.

Among the data considered in this decision was work produced by the NATA Executive Committee for Education (ECE). This included the *Professional Degree White Paper*, focus groups with existing professional programs at the master's degree level, a health care economist's study specific to athletic training education and numerous open-discussion sessions at state, district and national meetings. Among the CAATE's significant contributions included their knowledge of the accreditation landscape, and the changing higher education environment. They presented expert opinions from Commission physician and administrative members and provided an analysis developed from the CAATE's call for open comments.

The CAATE *Standards for Accreditation of Professional Athletic Training Programs* will be changed to include a requirement that professional programs be at the master's degree level with a specific implementation deadline of no less than seven years. This does not require currently certified ATs to obtain an additional degree. The deadline to require a master's degree to sit for the BOC examination will affect students who are not yet in high school.

A decision of this magnitude requires significant discussion, planning and communication. Over the next several weeks, the alliance will launch a website that will provide more information on the implementation as well as an opportunity for members of the profession to ask questions. The site will also provide a synopsis of the research that went into this decision and responses to questions raised during the months of gathering feedback. An in-person session will be held at the NATA 2015 convention to address "what's next" questions. The presentation will be recorded and posted online so that all ATs have access to the dialogue. As the process moves forward, there will be several additional opportunities for conversations about next steps. Given the current state of higher education and health care, change is not only inevitable, but necessary. The Strategic Alliance has a responsibility to be the visionaries for the growth of the profession. This decision is not about today. It is about the future and longevity of the AT profession. The decision was not made lightly, and the approach to implementation will be treated with the same seriousness as the decision.

The CAATE anticipates releasing information about the implementation timeline after its August 2015 Commission meeting and looks forward to working with institutions and professional programs as they transition to the master's degree. NATA and the CAATE will provide tools, resources and best practices to assist with the process, as well as ongoing updates on the implementation and timeline. The goal is to make this transition as simple as possible for all involved.

Athletic trainers have historically played a major role in the provision of health care for life and sport. The AT's role and scope of practice continues to evolve in response to the dynamic nature of health care. As a result, ATs are considered by physicians to be integral members of the interprofessional health care team.

A critical link to acceptance in the broader health care arena is the ATs level of professional preparation. This decision to shift the degree level is essential to ensuring our future ability to meet the expectations of the health care team, to continuing to improve patient outcomes, and to keeping our profession sustainable for generations to come.

## About the Strategic Alliance

The Strategic Alliance is a group of four leading organizations committed to the athletic training profession and to the delivery of quality healthcare to the public. The four member organizations are the Board of Certification, Inc. (BOC), the Commission on Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers' Association (NATA) and the NATA Research & Education Foundation (NATA Foundation).

Each member of the Strategic Alliance serves a distinct group of stakeholders, yet all members have a shared interest in advancing the athletic training profession. Members collaborate to research and deliberate current topics of interest to the profession; solicit feedback from the public; and communicate findings and positions to all stakeholders. The Strategic Alliance offers its joint statements in an informed manner based upon what is best for students, patients and the profession.