Athletic Training

5-Year Program Review

February 27, 2014

History, Mission, and Vision of the Program

The early history of the Athletic Training program originates in 1991 with the investigation of adopting the academic program as a major. Tom Gotsch, Coordinator of Sports Medicine, was responsible for gathering much of that information. The program was first instituted as a minor in the physical education program under the Division of Education. Students interested in the sports medicine minor during the fall of 1991 and 1992 had to take Care and Prevention of Athletic Injuries at Westminster College. In 1993 the program was adopted as a concentration in Sports Medicine, within the Physical Education major.

During the summer of 1996 William Woods University hired full-time faculty member and Program Director, Dr. John Rosene, ATC, LAT. The Sports Medicine Department was formed in 1996 and the Sports Medicine minor became a concentration in the Physical Education Department. Shortly thereafter, the degree was proposed and adopted as a Bachelors of Science in Athletic Training. Dr. Rosene continued as Program Director until the spring of 1998. Tom Stueber, M.S., ATC, LAT was hired as the Sports Medicine Program Director in July 1998 and held the position until the spring of 2006. An additional faculty position was created in 2000 and filled by Jerri Wilson, MS, ATC, LAT. Mrs. Wilson was replaced in the fall 2002 by Cindy Robb MA, ATC, LAT. Cindy Robb served as Interim Program Director for the 2006-2007 academic year and still serves as an instructor in the Division of Human Performance.

Anthony Lungstrum MS, ATC, LAT was hired as the Program Director and began in August 2007 and currently holds the position. The Sports Medicine Program applied for candidacy through the Joint Review Committee on Athletic Training in September 2000. Candidacy Status was granted in January 2001. The Department of Sports Medicine formally changed its designation to the Department of Athletic Training in the fall of 2000. Currently the program is housed as a major in the Division of Science, Mathematics & Human Performance and is titled “Athletic Training Program”. This specific title reference is an attempt by the Program Director to follow current terminology and to help designate the academic program separate from the Athletic Department’s Athletic Training Department. At this time William Woods University offers a B.S. in Athletic Training, while the Athletic Training is housed within the Division of Science, Mathematics & Human Performance is does have separate admission requirements that are above those of the University. Typically the Program Director reports directly to the Division Chair for Science, Mathematics & Human Performance. At this time that is the same individual, therefore the Program Director reports to the Academic Dean. During the tenure of Tom Steuber as Program Director, accreditation

by CAAHEP was awarded in April of 2004. Following the JRC-AT's separation from CAAHEP and subsequent creation of CAATE the accreditation was transferred accordingly. The initial accreditation expired in April 2009. During the spring/summer of 2008 the Self-Study for re-accreditation was submitted and all documents gathered. A site visit was conducted and in April 2009 the Athletic Training Program received a 10 year reaccreditation.

The Athletic Training Program helps fulfill the "Professions Oriented" component of the University's mission statement. It is an allied health professions program. Upon completion of the degree requirements students are eligible for the Board of Certification exam and upon passing, can obtain their State Medical License in Missouri and other states. The profession of Athletic Training is continuing to expand as more emphasis by the public is put on youth sports injuries and prevention. There is also growth in athletic trainers working in non-sports settings.

The courses required for the degree do not meet any General Education requirements. Throughout the courses in the degree there are many different assignments that will help to reinforce the General Education requirements. There are various research papers, additional science based courses, and statistics are covered in several courses. In addition, there are courses that discuss ethics, meaning, value and social sciences topics. We even manage to incorporate creative and esthetic sensibility into the degree.

Section 1: Student Data

A: Demographics Chart

Chart 1A: 1

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Declared Major	18	20	28	28	29
Formally Admitted to Program*	8	11	14	20	18

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Entering Freshman	5	6	9	8	3
Incoming Transfers	2	1	3	1	4
Graduating Seniors (retention# so those w began in your program	1	2	3	1 (5)	6 (5)
Graduated from WWU different program			1	4	8

On line enrollment	NA				

Reflection on the Demographic Data:

Due to the accreditation requirements of a four year course sequence, which includes two years of clinical education we must have students declare athletic training as their major before they arrive on campus. This means that any student who thinks they may want to be an athletic training major must start the sequence their first semester. After being exposed to the professional role of an athletic trainer and the harder science based courses there are students who decide to change their major. The course sequence allows up to project future course enrollments. All courses must be taught in the rotation so if a low enrollment course occurs we adjust teaching load accordingly. The use of adjuncts for some of the low enrollment courses makes this a little easier. There are a few transfer students in the program but it is difficult to accept transfer into the program as a Professional Level I (sophomore) student. One thing that must be made clear is that the Program has a separate, competitive admissions policy which occurs at the completion of the Pre-Professional Level (freshman) courses. Of those students who are formally, admitted into the Program our retention rate is almost 100%. <y goal would be a 100% retention and graduation rate for those students who are formally admitted into the Program. Most of the cause of the numbers in the chart above are those freshman who think they want to major in athletic training and change during their first year here at the University. We also have an admission maximum of 10 students per year which is set by the program. This is in part due to the availability of clinical sites in the area. The admissions maximum is adjustable.

*Students who are in the process of completing the courses required for application are considered Pre-Professional. This is typically the freshman year. There are students who are declared athletic training but never apply.

B: Placement Numbers (do not need specific student names, aggregated data on students is appropriate)

Chart 1B: 1

	2008-2009	2009-2010	2010-2011	2011-2012	2012-1013
Number of Graduates (Total not cohort)	2	2	3	4 (5)	6 (5)
Employed Within Field	1	1	2	5	3
Employed Outside of Field			1		1

Graduate School		2	2	2	3
Not known	1	1			

What types of positions are considered relevant to the "Field" of study with this program? Please define what it means for students to be employed 'within the field' of the professional discipline. (100-word limit)

The "Employed Within Field" means that the graduate is working as an athletic trainer in one of the traditional or emerging work settings. These positions would include working as an athletic trainer in a Sports Medicine/Physical Therapy clinic, orthopedic surgical center, secondary school setting, collegiate athletics, professional sports, or an outreach position. There are new emerging work settings which include the performing arts, industrial work sites and the military. I consider students working as a graduate assistant to be employed within the field. In the State of Missouri to work as an athletic trainer you must be licensed by the Board of Healing Arts. To be eligible for a state license you must first become certified by the Board of Certification.

C. Courses (chart)

Chart 1C: 1

Course	Year 2010-2011 (course enrollment)	Year 2011-2012 (course enrollment)	Year 2012-2013 (course enrollment)	Year 2013-2014 (course enrollment)
ATR 100 Personal Health	FALL (29/30) SPRING (14/30)	FALL (29/30) SPRING (14/30)	FALL (17/30) SPRING (12/30)	FALL (12/30) SPRING NA
ATR 103 Nutrition	FALL NA SPRING (21/24)	FALL NA SPRING (19/24)	FALL NA SPRING (24/24)	FALL NA SPRING NA
ATR 230 Prevention and Care of Injuries	FALL NA SPRING (25/25)	FALL (01/01) SPRING (17/26)	FALL NA SPRING (25/25)	FALL NA SPRING NA
ATR 231 Prevention and Care Lab	FALL NA SPRING (15/16)	FALL (01/01) SPRING (12/32)	FALL NA SPRING (19/16)	FALL NA SPRING NA
ATR 310 Clinical I	FALL (05/20) SPRING NA	FALL (05/20) SPRING NA	FALL (10/20) SPRING NA	FALL (02/20) SPRING NA
ATR 323 Clinical II	FALL NA SPRING (05/15)	FALL NA SPRING (04/15)	FALL NA SPRING (10/15)	FALL NA SPRING NA
ATR 325 Therapeutic Modalities	FALL NA SPRING (05/15)	FALL NA SPRING (10/15)	FALL NA SPRING (04/15)	FALL NA SPRING NA
ATR 326 Therapeutic Modalities Lab	FALL NA SPRING (05/15)	FALL NA SPRING (10/15)	FALL NA SPRING (04/15)	FALL NA SPRING NA
ATR 330 Orthopedic Assessment Upper Extremities	FALL NA SPRING (05/25)	FALL NA SPRING (10/25)	FALL NA SPRING (04/25)	FALL NA SPRING NA
ATR 331 Orthop Assess Upper Ext	FALL NA SPRING (05/25)	FALL NA SPRING (10/25)	FALL NA SPRING (04/25)	FALL NA SPRING NA

Lab				
ATR 340 Orthop Assess Lower Ext	FALL (07/20) SPRING NA	FALL (10/20) SPRING NA	FALL (05/20) SPRING NA	FALL (05/20) SPRING NA
ATR 341 Orthop Assess Lower Ext Lab	FALL (07/20) SPRING NA	FALL (10/20) SPRING NA	FALL (05/20) SPRING NA	FALL (05/20) SPRING NA
ATR 350 Therapeutic Exercise/Rehab	FALL (05/20) SPRING NA	FALL (05/20) SPRING NA	FALL (10/20) SPRING NA	FALL (02/20) SPRING NA
ATR 351 therapeutic Exercise/Rehab lab	FALL (05/20) SPRING NA	FALL (05/20) SPRING NA	FALL (10/20) SPRING NA	FALL (02/20) SPRING NA
ATR 420 Clinical III	FALL (04/25) SPRING NA	FALL (05/25) SPRING NA	FALL (04/25) SPRING NA	FALL (10/20) SPRING NA
ATR 423 Clinical IV	FALL NA SPRING (04/15)	FALL NA SPRING (05/15)	FALL NA SPRING (04/15)	FALL NA SPRING NA
ATR 433 Admin in Athletic Training	FALL NA SPRING NA	FALL (10/40) SPRING NA	FALL NA SPRING NA	FALL (12/20) SPRING NA
ATR 443 Gen Med Conditions & Pharm	FALL (09/20) SPRING NA	FALL NA SPRING NA	FALL (14/20) SPRING NA	FALL NA SPRING NA
EXS 315 Exercise Techniques and Prescription	FALL NA SPRING (09/16)	FALL NA SPRING (14/20)	FALL NA SPRING (17/20)	FALL NA SPRING NA
PED 104 First Aid and CPR	FALL (44/48) SPRING (34/48)	FALL (31/32) SPRING (25/36)	FALL (27/32) SPRING (32/32)	FALL (26/48) SPRING NA
PED 205 Intro to Anatomy/Physiology	FALL (52/55) SPRING NA	FALL (26/24) SPRING (20/24)	FALL (26/24) SPRING (19/25)	FALL (18/24) SPRING NA
PED 245	FALL NA	FALL NA	FALL NA	FALL NA

Anatomy/Physiology II	SPRING	(19/25)	SPRING	(12/25)	SPRING	(19/25)	SPRING	NA
PED 221 Physiology of Exercise	FALL SPRING	NA (31/30)	FALL SPRING	(11/24) (26/26)	FALL SPRING	(15/26) (25/26)	FALL SPRING	(14/26) NA
PED 321 Kinesiology	FALL SPRING	(19/25) NA	FALL SPRING	(27/25) NA	FALL SPRING	(27/25) NA	FALL SPRING	(24/25) NA
PED 405 Measurement & Evaluation	FALL SPRING	(11/25) NA	FALL SPRING	(15/25) NA	FALL SPRING	(10/25) NA	FALL SPRING	(16/25) NA

Registered: The total number of students enrolled in the course for the designated term, if there are multiple sections, provide the sum of students registered for all sections.
Class Cap: The total possible numbers of students in a course for the designated term, if there are multiple sections, provide the sum of possible seats.

Identify courses that support other major programs each year (on campus, cohort, or on line). Report from registrar office identifying courses that are required in other programs). Please double check these numbers

Chart 1C: 2

Course offered	Supported Programs
ATR 100 Personal Health	Physical Education
ATR 103 Nutrition	Exercise Science
ATR 230 Prevention and Care of Injuries	Coaching Physical Education
ATR231 Lab	Coaching

What is the impact of the supported program? How are course impacted? Does your program need to modify course offerings to adjust?

At this time there is not a huge impact on these courses from the other programs. Whether or not the Athletic Training Program existed these courses would have to still be taught. At this time we do not have to modify the courses to any great extent for the non-Athletic Training majors in them. If anything, having the mix of students from the different majors actually benefits the non-Athletic Training majors. It helps prepare all of the students to be able to work with different professionals from different fields after graduation.

Section 2. Faculty and Resources

A. Physical Facilities

1. In the fall of 2002 William Woods University opened a 12,000 sq. ft. facility called the Center for Human Performance. While this facility serves several purposes its main role is that of an academic building for the Division of Science, Mathematics & Human Performance's 4 different human performance programs including athletic training, sports management, exercise science and physical education. The facility houses 3 classrooms: each one approximately 756 sq. ft with up-to-date educational technology, a 3,000 sq. ft Athletic Training Room, faculty and staff offices of 162 sq. ft, and a human performance laboratory of 644 sq. ft. This facility is one of the newest academic facilities on campus. The classrooms are network/internet accessible, have computers with permanent projectors, a smart board, a TV with VCR and a visualizer. The classrooms also have adequate seating capacity, lighting, heating/cooling and ventilation. When needed the Human Performance Laboratory has a conference table which can be used for confidential counseling of athletic training students when the Athletic Training Program faculty offices are not capable of holding all individuals involved. The Program Director's office houses all athletic training student

records and has the capability for secure, private storage of those records.

The Athletic Training Room consists of a separate 377 sq. ft hydrotherapy room, storage room, lavatory with shower, treatment area, rehabilitation area, and first aid and taping areas. There is adequate cabinetry for storage which is shared by the Athletic Training Department and the Athletic Training Program. The Athletic Training Room is used as a laboratory for certain Athletic Training Program classes.

Also on campus is the 2,900 sq. ft Weider Fitness Center which is available to the Athletic Training Program for instruction and evaluation of competencies and psychomotor skills related to strengthening and reconditioning. All of the off-campus clinical sites provide an atmosphere conducive to learning while providing adequate functioning for the sites primary purpose. Off campus clinical sites include the Atlas Physical Therapy and Sports Medicine clinic in Fulton which is approximately 2,400 sq. ft. The ATEP utilizes 4 Peak Performance Physical Therapy and Sports Medicine clinics one in Columbia which is approximately 4,800 sq. ft., the Fulton clinic is approximately 2,500 sq. ft., the Ashland clinic is approximately 1,800 sq, ft. The Westminster College Athletic Training Room is approximately 2,500 sq. ft. The Audrain Medical Center has a full Emergency Room and an in-house Physical Therapy clinic. At this time the Audrain Medical Center PT Clinic is not one of our clinical sites, just the Emergency Department. The Columbia Orthopedic Group clinic where the General Medical Internship students also complete part of their clinical requirements with the Medical Director is approximately 4,000 sq. ft.

2. One ultrasound/electrical stimulation combo unit was purchased in 2011 for use in the therapeutic modalities lab. A creative grant was used to purchase a new CPR mannequin which allows for the insertion of oral and nasal airways. This was part of the new competencies requiring those skills to be taught.

B. Library Holdings

William Woods University - Dulany Library
COLLECTION ANALYSIS
March 2014

In Support of the Following Academic Program: Athletic training

I. **MOBIUS Holdings** (Subject Search):
Physical education and training – 4,460 catalog entries
Sports medicine – 865 catalog entries
Sports injuries – 961 catalog entries

II. **William Woods University Holdings**:

Woods OneSearch

Academic Journal Articles – 31,596
Magazine Articles – 26,347
News Articles – 8,027
Reviews – 579
Trade publications – 546
Reports – 1,641
Dissertations/Theses – 628

Books, Visual Materials, Electronic Books

By Publication Date

Subject	Totals	1930-1939	1960-1969	1970-1979	1980-1989	1990-1999	2000-2004	2005-2009	2010	2011
Human Anatomy Totals	34	1	1	3	3	12	6	3	4	1
Human Anatomy	14	0	0	1	1	7	4	1	0	0
Anatomy - Study & Teaching, Research	1	0	0	0	0	0	0	0	0	1
Musculoskeletal System	11	0	0	2	1	4	0	1	3	0
Vascular System	1	0	0	0	0	0	0	1	0	0
Respiratory System	1	0	0	0	0	0	0	0	1	0
Digestive System	1	0	0	0	0	0	1	0	0	0
Nervous System	1	0	0	0	0	0	1	0	0	0
Human & Comparative Histology - General	2	0	1	0	0	1	0	0	0	0
Human Embryology - General	2	1	0	0	1	0	0	0	0	0

Subject	Totals	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2004	2005-2009	2010	2011
Musculoskeletal System Totals	31	1	6	6	4	10	2	1	0	1
Musculoskeletal System	1	0	0	0	0	1	0	0		0
Equipment and Supplies	1	0	0	0	0	1	0	0		0
Movement. Locomotion. Posture. Exertion	16	1	5	6	1	2	1	0		0
Diseases (General)	1	0	0	0	1	0	0	0		0
Examination. Diagnosis. Diagnostic Methods, etc.	1	0	0	0	1	0	0	0		0

Orthopedics (General)	3	0	0	0	1	2	0	0		0
Bone and Bones (General)	1	0	1	0	0	0	0	0		0
Bone Diseases	1	0	0	0	0	1	0	0		0
Joints. Ligaments. Synovial Membranes and Fluid	3	0	0	0	0	2	0	0		1
Muscles. Fascia	1	0	0	0	0	1	0	0		0
Muscular Diseases. Neuromuscular Diseases	1	0	0	0	0	0	1	0		0
Back	1	0	0	0	0	0	0	1		0

Subject	Totals	1950-1959	1970-1979	1980-1989	1990-1999
Cardiovascular System Totals	7	1	2	3	1
General Works	1	0	1	0	0
Popular Works	3	0	1	1	1
Cardiac Physiology. Mechanism of the Heart Beat	1	0	0	1	0
Blood Vessels - General Work, Radiography	1	0	0	1	0
Arteriosclerosis and Related Disorders	1	1	0	0	0

Subject	Totals	1930-1939	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2004	2005-2009	2010	2011	2012	2013	Undefined
Physical Training Totals	187	3	2	29	47	30	34	19	10	5	4	2	1	1
Physical Training	42	3	1	6	14	4	6	6	2	0	0	0	0	0
History	7	0	0	1	1	2	2	0	0	0	0	1	0	0
Biography	1	0	0	0	1	0	0	0	0	0	0	0	0	0
College Athletics	8	0	0	0	0	2	1	2	2	0	0	0	0	1
Teaching, Research	32	0	0	7	2	7	6	4	1	2	2	0	1	0
Physical Education Facilities	9	0	0	2	1	1	2	3	0	0	0	0	0	0
Training for Special Classes of People	49	0	1	8	13	8	7	3	5	1	2	1	0	0
Gymnastics, Calisthenics, Heavy Exercises	39	0	0	5	15	6	10	1	0	2	0	0	0	0

By Format

Subject	Totals	Books	Computer Files	Internet Resources	Visual Materials
Human Anatomy Totals	34				
Human Anatomy	14	10	2	2	0
Anatomy - Study & Teaching, Research	1	1	0	0	0
Musculoskeletal System	11	6	0	1	4
Vascular System	1	0	0	1	0
Respiratory System	1	0	0	0	1
Digestive System	1	0	0	0	1
Nervous System	1	0	0	1	0
Human & Comparative Histology - General	2	2	0	0	0
Human Embryology - General	2	2	0	0	0

Subject	Totals	Books	Internet Resources
Musculoskeletal System	1	1	0
Equipment and Supplies	1	1	0
Movement. Locomotion. Posture. Exertion	16	16	0
Diseases (General)	1	0	1
Examination. Diagnosis. Diagnostic Methods, etc.	1	1	0
Orthopedics (General)	3	3	0
Bone and Bones (General)	1	1	0
Bone Diseases	1	1	0
Joints. Ligaments. Synovial Membranes and Fluid	3	3	0
Muscles. Fascia	1	1	0
Muscular Diseases. Neuromuscular Diseases	1	1	0
Back	1	1	0

Subject	Totals	Books
Cardiovascular System Totals	7	7
General Works	1	1
Popular Works	3	3
Cardiac Physiology. Mechanism of the Heart Beat	1	1
Blood Vessels - General Work, Radiography	1	1

Arteriosclerosis and Related Disorders	1	1

Subject	Totals	Books	Serial Publications	Internet Resources	Visual Materials
Physical Training Totals	187	159	10	14	4
Physical Training	42	29	8	5	0
History	7	6	0	1	0
Biography	1	1	0	0	0
College Athletics	8	7	1	0	0
Teaching, Research	32	30	1	1	0
Physical Education Facilities	9	6	0	3	0
Training for Special Classes of People	49	45	0	0	4
Gymnastics, Calisthenics, Heavy Exercises	39	35	0	4	0

C. Faculty

1. Present full-time faculty teaching specifically for this program.
    a. Anthony Lungstrum – Assistant Professor in Athletic Training; Program Director
    b. Cindy Robb – Assistant Professor in Athletic Training; Clinical Coordinator

Chart 2C: 1

Name of Faculty	***Highest Degree Earned (Concentration)***	***Degree Granting Institution***	***Years Full-time Teaching in Higher Ed***	***Contracted Course Load***
Anthony Lungstrum	***Master of Science in College Teaching w/ emphasis in Health & Human Performance***	***Northeastern State University – Tahlequah, OK***	***8***	***9***
Cindy Robb	***Master of Arts***	***University of Denver***	***9***	***9***
Amy Hines	***Master Education*** ***Master Business Administration (Health Admin)***	***Central Methodist College*** ***William Woods University***	***4***	***Adjunct***
Michael	***Master of Science***	***West Virginia***	***3***	***Adjunct***

McElhinney	***(Athletic Training and Health Promotion)***	***University***		
Phillip Threat	***Master of Education (Secondary Guidance Counseling)***	***Clemson University***	***3***	***Adjunct***

Do you feel your program is adequately staffed in order to meet the goals of the program? Do you feel that your faculty are qualified for the program: yes/no/why?

Yes. Cindy and I are both able to teach the upper level courses with the help of the adjuncts when needed. We are both certified athletic trainers with several years of teaching experience. I have several years of part-time teaching experience as well before moving into a faculty position.

How many staff are designated to support the program? Do you feel your program is provided adequate administrative (full time/part time) staff to meet the needs of the program? Why/why not?

The Division of Science, Mathematics & Human Performance has always shared an administrative assistant with another department on campus. With the right administrative assistant this part-time position is adequate to meet the needs.

D. Internship Experiences

1. What if any placements outside of the university are used for internship/practicum/student teaching/clinical experience? If so, explain.

   The Athletic Training Program is required to offer two years of clinical education experience. This is done by 4 clinical courses taken over the course of 4 semesters. As required by the ATP's accreditation affiliated site agreements have been develop with local athletic training/allied health settings. This allows the athletic training students' access to various work settings to gain clinical experience. The affiliated sites also allow students access to their equipment and supplies to allow students to practice the required psychomotor skills and clinical proficiencies. The current affiliated clinical sites include: William Woods University's Athletic Training Room, Audrain Family Medical Offices, Westminster College's Athletic Training Room; Atlas Physical Therapy & Sports Medicine in Fulton, Audrain Medical Center in Mexico, Columbia Orthopedic Group, and the Peak Performance Physical Therapy & Sports Medicine Clinics in Fulton, Ashland and one of the Columbia clinics. Each student is supervised at the affiliated site by a Preceptor. There are many allied health professionals that can supervise the athletic training students during heir clinical experience as long as they are one of the designated health care professions and have completed a Preceptor workshop through the Program.

Section 3: Financial Analysis of Program (data from Academic Dean and Comptroller)

Chart 3A: 1

Program	Total Cost (Personnel, budget and special expenses)	Total Income (Course Fees, tickets, sales)	Number of majors (2013)	Cost per Major
Athletic Training	$107,063	$3,600	33	$3,135

* the data on the finance chart differs from the data provided from the Registrar's office. The demographic information from the Registrar's office stated that 2013 had 29 majors.

1. Discussion of Additional expenses related to instruction. i.e. Internship, clinical, practicums…

At this time the Athletic Training Program compensates some of the Preceptors. Typically it is those who supervise students for a full semester. The compensation is $300 for each Preceptor for the semester. It is not per student.

2. Description of Non-Instructional Expenses: Expenses that are included in the budget but not part of the instructional aspect of the program, not all programs will have this.

Each spring during Student Performance Review days we pay for seniors to take an online practice exam which is scored. We also pay for the initial and the renewal of our athletic training students Professional Rescuer Certification.

Section 4: Objectives and Assessment

Athletic Training Education Program

Annual Assessment Report

May 2013

PROFILE

Number of majors: 4 Professional Level III, 10 Professional Level II (lost one), 4 Professional Level 1, and 6 Pre-Professional students *

Number of EDU majors: 0 * (not a certification area, but we occasionally have students who will seek an degree in athletic training and typically PE teaching certification)

Number of faculty: 2 full-time 3 part-time (There are many athletic trainers in the area that serve as an Approved Clinical Instructor

*If your discipline has a **secondary education certification component**, you will need to indicate that in the title of this report unless you are submitting a separate report for the education component. If the report is a combination, then indicate the number of students who are majors in the discipline only and those seeking secondary ed. certification. You will also need to indicate the two sets of objectives (many content areas in education have their own objectives).

The Athletic Training Education Program continues to have good solid enrollment numbers. This trend should continue with good marketing and recruitment. The ATEP's policy of allowing student-athletes to major in athletic training sets us apart from some of the larger programs in the state. There is a potentially large change that could be coming in the near future to Athletic Training Education. On a national level there is talk of moving the minimum educational requirement for eligibility to take the Board of Certification exam to a master's degree. There is a group currently working on a white paper. This white paper is scheduled to be released sometime in June. While this will not be an immediate change, if the decision to move to a master's degree requirement is made the University will have to make a decision whether or not to continue the Athletic Training Education Program and move it to a Master's in Athletic Training. There is a good history of graduates finding graduates assistant positions in athletic training. Of the four, spring 2013 graduates 2 have accepted graduate assistantship positions, one is planning on finishing pre-requisite courses and applying to a physician assistant program, the fourth is currently looking for a position.

PROGRAM OBJECTIVES

The Athletic Training Education Program Objectives have been updated to meet the Athletic Training Educational Competencies 5th edition content areas. Historically, the Program Objectives have always been aligned with the Educational Competency Domains. The 12 content areas (domains) were reorganized into 8 to eliminate redundancies and better reflect current practice. Therefore the Program Objectives have been re-written. These new content areas are:

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

Upon completion of the program, the student will

1. ***Develop an understanding of evidence-based practice concepts and that their application is essential to sound clinical decision-making and the critical examination of athletic training practice.***
2. ***Demonstrate the ability to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health can quality of life.***
3. ***Apply clinical-reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.***
4. ***Possess the knowledge and skills in the evaluation and immediate management of acute injuries and illnesses.***
5. ***Design a therapeutic intervention to maximize the patient's participation and health-related quality of life.***
6. ***Recognize clients/patients exhibiting abnormal social, emotional and mental behaviors and intervene and refer these individuals as necessary.***
7. ***Develop an understanding of healthcare administration issues.***
8. ***Maintain current competence in the constantly changing world of healthcare.***

COURSE MATRIX

course	1	2	3	4	5	6	7	8
ATR 100	I	I			I	I	I	
ATR 103		I				I		
ATR 230/231	I	R	I	I	I	R		I
ATR 310	M	M		R				
ATR 323	M	M		R				
ATR 325/326	R				R			
ATR 330/331	R		R					
ATR 340/341	R		R					
ATR 350/351	R				R			
ATR 420			M	M	M			
ATR 423			M	M	M	M	M	M
ATR 433		R	R	R	R	R	R	I/R
ATR 443		R			R	R		
PED 104		I		I/R	I	I	I	
EXS 315		R						
PED 205		I	I					
PED 245			I					
PED 221	I							
PED 321	I		I					
PED 405	M	M						

Athletic Training

MAJOR/MINOR ASSESSMENT

May 2013

Program Outcome or Objective	Method of Measurement	Criteria for and Threshold Level of Success	Data/Results Collected	Program Changes Based on Assessment Data (Empirical & Non-Empirical) (DO NOT fill in for EVERY objective---please provide an overview).
Include objective or learning outcome.	The method or instrument of measurement can be developed by you such as a rubric that measures the components in a portfolio or a student presentation, or the instrument can be national standardized exams such as PRAXIS or ETS. Ideally, you will have multiple methods of measurement. The instrument needs to be specific to the objective. Thus, an exam question(s) that addresses the objective may be used. However, a course grade has too many variables to be an acceptable method of measurement for a program objective, i.e., more than one program objective, course objectives, attendance, etc. You need to know how your students did on each, individual objective.	At what level should students be operating for you to be satisfied with your program's success? For example, to measure the objective, you create a 4 point rubric for an essay that students are assigned to write for a required course. You think the program is successful when 80% of the sophomores score a 2.5; 80% of the juniors score a 3.0; and 80% of the seniors score a 3.5 on the criteria measuring the objective. Or, during assessment day you have juniors complete an exam that has them apply theory to a case study. You believe your program is successful when 70% of the students select the appropriate theory and apply it to the case study	If you have a large enough sample of students, indicating the range, mean, and mode of the scores may help you better understand where the students performed in relation to the benchmark you set. Using the examples to the left, the outcome for the rubric was "60% of the sophomores scored a 2.5 or higher; 60% of the juniors scored a 3.0 or higher; and 90% of the seniors scored a 3.5 or higher. For the exam that juniors sat, only 72% successfully selected and applied the appropriate theory. Your results take you to the column on the right.	Based on the results of data collection, what changes have you made to the curriculum? What needs to be done to improve student learning? What is the deadline for the change? Who is responsible for making the change? If you have made changes to the curriculum outside data collection, what were they and why were they made (based on what)? What information from Student Performance Days or Senior Achievement Days have you reviewed for any changes to the program? (Keep in mind: Student Performance Days or Senior Achievement Days should

		components.		contribute to what we know and how students' are doing in our programs).
1. Develop an understanding of evidence-based practice concepts and that their application is essential to sound clinical decision-making and the critical examination of athletic training practice.	A. BOC Examination B. Orthopedic Assessment courses C. Competency Skill Evaluations D. Clinical experience evaluations	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better D. Receive an 80% or better evaluation from their Preceptor.	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of 'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.
2. Demonstrate the ability to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health can quality of life.	A. BOC Examination B. Personal Health, Care & Prevention, Exercise Prescription and Testing courses C. Competency Skill Evaluations D. Clinical experience evaluations	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better D. Receive an 80% or better evaluation from their Preceptor.	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of 'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.
3. Apply clinical-reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests, and formulate a differential	A. BOC Examination B. Orthopedic Assessment, Therapeutic Rehabilitation, Therapeutic Modalities, Exercise prescription and Testing, General Medical	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop

diagnosis.	Conditions courses C. Competency Skill Evaluations D. Clinical experience evaluations	D. Receive an 80% or better evaluation from their Preceptor.	'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.
4. Possess the knowledge and skills in the evaluation and immediate management of acute injuries and illnesses.	A. BOC Examination B. First Aid/CPR, Care & Prevention, Orthopedic Assessment courses C. Competency Skill Evaluations D. Clinical experience evaluations	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better D. Receive an 80% or better evaluation from their Preceptor.	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of 'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.
5. Design a therapeutic intervention to maximize the patient's participation and health-related quality of life.	A. BOC Examination B. Therapeutic Rehabilitation, Therapeutic Modalities courses C. Competency Skill Evaluations D. Clinical experience evaluations	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better D. Receive an 80% or better evaluation from their Preceptor.	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of 'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program

			from their Preceptor.	objectives and identify specific items/questions for each objective.
6. *Recognize clients/patients exhibiting abnormal social, emotional and mental behaviors and intervene and refer these individuals as necessary.*	A. BOC Examination B. Personal Health, General Medical courses C. Competency Skill Evaluations D. Clinical experience evaluations	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better D. Receive an 80% or better evaluation from their Preceptor.	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of 'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.
7. *Develop an understanding of healthcare administration issues.*	A. BOC Examination B. Administration of Athletic Training course C. Competency Skill Evaluations D. Clinical experience evaluations	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better D. Receive an 80% or better evaluation from their Preceptor.	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of 'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.
8. Maintain current competence in the constantly changing world of healthcare.	A. BOC Examination B. Administration of Athletic Training course C. Competency Skill Evaluations D. Clinical experience	A. Pass BOC exam B. Pass specific course work with a 'C' or better C. Completion of Competency Skill Evaluation with an 80% or better	A. During the 2012-2013 academic year 3/5 students passed the BOC on the first attempt. B. During the fall 2012 all students received a grade of	A. Overall BOC exam pass rate for those students who attempt the test is 74% at this time. B. Need to designate/develop

	evaluations	D. Receive an 80% or better evaluation from their Preceptor.	'C' or better. During the spring 2013 two students received grades of 'D' in their respective clinical course. C. Not all students achieved 80% or better on their Competency Skill Evaluations. D. Not all students received an evaluation of 80% or better from their Preceptor.	specific assignments in courses to measure whether or not students have met the objective. C. Modify Student Performance Review days so that current tools are measuring new program objectives and identify specific items/questions for each objective.

Program Changes Based on Assessment

(Closing the Loop)

Improvements in the Assessment Process

The Athletic Training Education Program's (ATEP) Assessment Process appears to be working well. The program uses a variety of tools to assess the performance of the students throughout the academic year. The information gathered is used to evaluate the courses to determine if changes are necessary. In looking at ways that the ATEP could improve the annual assessment even further, and after the Program Director attended a Division Chairs Conference in which one of the workshops focused on Program Assessment, it has been determined that more focused assessment data is needed. Specific assignments, projects, activities, and/or Student Performance Review Day activities need to be designed/identified as being used to evaluate student's ability to meet a specific objective. A more detailed, data collection process will help to improve Program Objective specific data to ensure that students are meeting each objective. The ATEP is also exploring the creation of an Advisory Board. This Advisory Board will help to provide feedback on the progress of each student and with the continual development of the program. The Advisory Board will also help with Student Performance Review Day activities by providing evaluation of students.

Program Changes Based on Assessment Data (Empirical & Non-Empirical)

There were no major changes made to the ATEP assessment last year. Program objectives were updated to match the Educational Competencies, 5th edition. A more specific data collection will be used during the next academic year to collect better assessment data. The new Advisory Board will help provide feedback and will serve as evaluators during the Student Performance Review Day activities for Professional Level II students. They (Advisory Board) will also conduct mock interviews during Student Performance Review Day activities for Professional Level III students.

Assessment Days Data Collection

The current Assessment Report uses a variety of tools to assess program performance based off of student performance in broad categories. The tools that are used during the Student Performance Review days include:

1. Pre-Professional level students take an in-house exam which covers the Pre-Professional year courses.

2. Professional Level I students take an in-house exam which covers the Professional Level I courses and a review of the Pre-Professional Level courses.
3. Professional Level II students take an in-house exam which covers the Professional Level II courses and a review of the Pre-Professional and Professional Level I courses. These students also complete 2 skill based activities. The skill based activities include a randomly selected orthopedic special test and a randomly selected preventative tapping. The orthopedic special test and the preventative taping are evaluated by current ATEP Preceptors.
4. Professional Level III students complete 2 online practice exams. These online practice exams are available on the Board of Certification website. The 1st exam taken is a free, practice exam and is not scored but the 2nd test is scored. Students are not charged for the 1st exam but it allows the students to become familiar with the format and computer based testing system. The ATEP pays for the 2nd/scored exam. This process allows the student to become familiar with the computerized testing format that will be used for the Board of Certification exam.

Level One (N=6) 50 Multiple Choice Question Exam

Cabrera	58%
Frabotta	66%
Fudge-McGrath	62%
Severino	56%
Strickland	44%
Wideman	52%
Average:	56.33%

Level Two (N=4)

100 Multiple Choice Question Exam

Burrow	59%
Gusewelle	68%
O'Mara	48%
Struemph	55%
Average:	57.5%

	Ligmentous Stress Test	Taping/ Wrapping	Individual Average
Burrow	57%	61%	59%
Gusewelle	59%	71%	65%
O'Mara	83%	39%	61%

Struemph	64%	64%	64%
Average:	65.75%	58.75%	62.25%

Level Three (N=10)

100 Multiple Choice Question Exam

Bogucki	58%
Butler	40%
DePew	59%
Koningsberg	51%
Owen	68%
Pacholewski	60%
Perkins	55%
Schuermann	51%
Varner	54%
Vocks	50%
Average:	54.6%

Performance Evaluations (NOTE: Students were discovered to be sharing information on what skill was being required. When discovered, students were then given different skills to perform)

Students were given 2 random skills test to perform. Their average is reflected in the following scores

Bogucki	40%
Butler	79%
DePew	81%
Koningsberg	94%
Owen	71%
Pacholewski	78%
Perkins	47%
Schuermann	70%
Varner	73%
Vocks	43%
Average:	67.6%

Level 4 (N=4)

BOC Practice Test

The average of 5 areas of focus are presented below

Coker	55%
Gangloff	57%

Miller	63%
Roewe	48%
Average:	55.75%

Budget/Support

At this time there are no budget/support needs for the Athletic Training Education Program. One of the new Standards for Accreditation included the creation of a designated Clinical Coordinator, with assigned release time. This has been put in place for the next Academic year. The Clinical Coordinator will be partly responsible for collecting and tracking the new assessment data. Through the Division's budget the ATEP is capable of paying for the scored online practice exams through the Board of Certification website for the Professional Level III students.

Section 5: External Review

Guide for External Reviewers of Major Programs

Name of Reviewer(s) Karla Bruntzel, PhD, ATC, LAT

Program Reviewed Athletic Training Program

Date of Review & Campus Visit March 11, 2014

Introduction

Your role as an outside reviewer is to verify the information provided by the on-campus program review team. Your evaluation helps identify the program's strengths and recommend ways to address areas of concern.

The following guide is intended to facilitate your work as a reviewer. The questions provide a quality rating of 5 to 1 (high to poor or not evident). Please provide a justification for your rating immediately following the question. Use as much space as necessary for your response. At the conclusion of the questionnaire please provide a summary that addresses overall aspects of the program.

Submit your completed evaluation to the Academic Dean, copied to the division chair and program review team.

1. At what level is the program's curriculum framework aligned with the mission and vision of William Woods University?

1 Not Evident	2	3 Somewhat Aligned	4	5 Completely Aligned

Response:

The WWU Athletic Training Program is a professions-oriented program that prepares its graduates for careers in Athletic Training. The program provides and individualized educational program embedded within a liberal arts foundation of critical thinking and lifelong learning.

2. At what level has the program clearly articulated its educational goals and objectives for majors/minors in its self-study document?

1 not-evident	2	3 somewhat	4	5 completely

Response:
The Program objectives align with the current CAATE competencies (5th edition) that *identify the 8 specific educational domains for athletic training programs. This is well documented in the reports. However, in discussions with Mr. Lungstrum, it was suggested that the program might wish to align with the 5 domains outlined by the Board of Certification in the Role Delineation Study. These Domains have been identified as necessary skills and knowledge that are tested/measured when students are taking their Board of Certification national exam.*

3. At what level has the program articulated its assessment plan for student learning?

1 not-evident	2	3 somewhat	4	5 completely

Response:
It appears that student assessment is being communicated to the students. Conversations with the students indicated that they are aware of the grading criteria for classes and clinical rotations. They are also aware that students must strive to pass the BOC exam on their first attempt. Failure to do so can result in the program being non-compliant with CAATE Standard 11 and could negatively impact the program.

With that said, I feel that the annual assessment days, conducted in the spring of each academic year, can provide a wealth of information to the students and to the program. The purpose of the testing need to be better communicated to the students and the results need to be better utilized by the program. By using the results to set benchmarks for continuation in the program it would put a little more "weight" to the assessment and allow the program to either counsel unsuccessful students out of the program or provide a more individualized educational program to ensure academic success.

4. To what degree are the student learning objectives sufficient for the discipline?

1 Inadequate	2	3 Adequte	4	5 Superior

Response:
As outlined in item 2, the learning objectives are well outlined and can be tied to the

national accrediting body.

5. At what level are the students performing in regards to benchmarks established for each objective?

1 Below	2	3 Average	4	5 Exceeding

Response:
According to the assessment report, the same methods of assessment and evaluation are being used in all areas. As reported, not all students are successful in obtaining a "C" or better in some coursework, or obtained an 80% or better on their skill evaluations or preceptor evaluations. On the plus side, the program has obtained the 70% 3-year aggregate pass rate on the BOC exam and meets the national CAATE Standard.

As mentioned in item 3, I feel that the campus-wide assessment days can provide a wealth of information and provide additional program benchmarks to help gauge student success.

6. How do the students compare to the performance at comparable institutions?

1 Well Below	2	3 Comparable	4	5 Well Above

Response:
Based upon the BOC results as well as the other assessment criteria, I feel that the students are performing at an equal to or above level. Utilizing the BOC pass rates alone as a gauge, WWU students are performing in the upper 2/3 of all CAATE accredited programs.

7. How quickly does the program make changes to address student needs, i.e., when students do not perform at expected levels?

1 Not Reactive	2	3 Somewhat Reactive	4	5 Highly Reactive

Response:
It appears that the program is given a great deal of autonomy with program and curricular changes. Most changes can occur at the division level rather than going through all the institutional channels.

8. How reasonable is the program's projected growth in light of the current student population in the major?

1 Unreasonable	2	3 Somewhat	4	5 Reasonable

Response:
The number of students in the program is comparable to those programs at other similar sized schools.

9. Is the retention of students within the program comparable to other programs in the discipline?

1 Below	2	3 Standard	4	5 Exceeding

Response:
The retention of students in the program is comparable to those programs at other similar sized schools. It is common among athletic training students (at all levels) to self-select out of the program because of the time expectations and academic rigor. National statistics support this trend.

10. At what level have courses been offered regularly and in a manner that students are able to take all courses in a two-year period?

1 Inadequate	2	3 Adequate	4	5 Excellent

Response:
It appears that all classes are available to students on a regular rotation to ensure that students can take all of the necessary classes.

11. To what degree is the nature and quality of program offerings adequate for the number of majors in the program?

1 Inadequate	2	3 Adequate	4	5 Excellent

Response:
The academic curriculum provides both the necessary classes and the required academic competencies in the didactic, clinical, or combined setting. Most courses are of a reasonable size and enrollment to ensure academic quality and individualized attention. However, due to the limited faculty and expertise in a specific subject area, the quality of some classes may be greater than others.

12. To what degree are there adequate offerings of internships, practicums, student teaching, or other workplace experiences to prepare the student for a profession?

1 Inadequate	2	3 Adequate	4	5 Superior

Response:
The program offers a wide variety of clinical and experiential learning for the students in the program, but in conversation with the students, it appears that some experiences are better than others. The emphasis seems to be on number of hours completed rather than the quality of those hours. By the nature of the rotations, some do provide more experiences than others. Another problem seems to be scheduling of the required hours. There are so many factors involved, that the program might want to consider reducing the number of required hours at specific locations.

Another concern was/is the number of required contact hours per 1 credit hour of

clinical. Students are required to do 250 hours with their preceptor each semester during the last two years of their program and yet only receive 1 hour of credit each semester. This seems to be a disproportionately high number of contact hours in relation to the credits received. In contrast, Exercise Science internships only require 120 contact hours for 3 hours of credit. For those students double-majoring, in a single semester they may be required to do 370 hours of work off-campus, plus maintain all their other activities and classes. I think it would be beneficial to do an analysis of all WWU programs that require experiential learning and establish an equitable scale of hours per credit. A good comparison would be the Education program (i.e. student teaching).

13. To what degree does the program provide employment resources to the student? [or How important to the discipline is it that the program provide employment resources to the student?]

1 Not Evident	2	3 Somewhat	4	5 Substantial

Response:

There are several resources available to students to assist with resume preparation and employment resources. Students and faculty alike reported that the career center has been extremely helpful. Program faculty also assist students with job placements and recommendations. Some students indicated that they would like to have more of this job counseling and career advising earlier in their academic program (i.e., freshman or sophomore years) so that they could better prepare themselves to pursue postgraduate educational programs.

14. To what degree does the faculty appear to have expertise in the subject areas they teach?

1 Inadequate	2	3 Adequate	4	5 Superior

Response:

Program faculty appear to be well-trained within their specific subject areas, but like most smaller schools, sometimes faculty are required to teach subjects out of their "comfort zones." Students also commented that they had noticed this in several of their classes as well. In their words "some classes are great, some, not so much." Another criticism was that sometimes lecture and lab sections have been taught by different faculty and that the two instructors were not necessarily on the same page.

15. To what degree are the teaching loads equitably and reasonably determined?

1 Inadequate	2	3 Adequate	4	5 Superior

Response:

Looking at teaching loads for the two primary athletic training instructors, it appears that both are extremely overloaded with classes and additional responsibilities. The Program Director/Dean was teaching 6 hours overload, while the CEC was teaching 7 hours overload. This combined with advising and administrative duties does not allow

for adequate class preparation and good job performance. It is my understanding that an additional faculty member has been hired to teach some of the Exercise Science courses and this should help considerable with teaching loads.

16. Please rate the faculty to student ratio?

1 Too High	2	3 Satisfactory	4	5 Too Low

Response:
The faculty to student ratio seems to be a strength for the program. ALL students made this comment and indicated that they really appreciated the individualized attention and interaction both inside and outside of the classroom.

17. To what degree are the library holdings appropriate for the size of the program?

1 Inadequate	2	3 Adequate	4	5 Superior

Response:
Library holdings appear to be adequate. Interlibrary loan and online databases provide access to an abundance of materials.

18. How does the faculty's use of current technology, practices, or trends to facilitate instruction compare with other programs in the discipline?

1 Insufficient	2	3 Average	4	5 Superior

Response:
The faculty seems to have embraced many of the changes that keep coming our way in regards to technology, skills and knowledge. In discussion with both students and faculty, a variety of teaching strategies are being utilized and incorporated into both the didactic and clinical settings.

19. At what level are the physical resources, such as facilities and equipment appropriate for the program?

1 Inadequate	2	3 Adequate	4	5 Superior

Response:
The athletic training facility, classrooms, and lab are all newer and equipped with the latest technology. My only concern is that the programs seem to have already outgrown much of the space available. There is a lack of office space for additional faculty and the administrative assistant, and not much room for future growth. A computer lab was identified as an immediate need since many classes and labs have computer based programs.

20. Is the support staff adequate for the program?

1 Inadequate	2	3 Adequate	4	5 Superior

Response:

The program has access to a part time administrative assistant that has been recently hired. This position has helped to reduce some of the workload for the department staff and faculty. All have voiced that they feel that there is adequate support at this time.

Summary

The Athletic Training Program can and should be considered a strength for William Woods University and the Fulton community. As the athletic training profession continues to grow and evolve, WWU must be prepared to evolve as well. The biggest hurdle may be yet to come—the evolution of the Entry-Level-Masters requirement for all athletic training programs. The recommendation and subsequent discussion is now taking place and it appear that this is all but a done deal.

Program Strengths:

1. *Small class size and faculty interaction with students.*
2. *Clinical sites and preceptor availability. Fulton provides several clinical sites and local health professionals are involved in both supervising students as well as teaching some classes. WWU's location within 30 minutes of Columbia, Jefferson City, and other sites provide many opportunities for students.*
3. *Program Director and Clinical Education Coordinator. Both full-time program faculty are devoted to the success of the program and are involved in the university community.*
4. *Rigorous academic program which is highly respected by the general WWU administration.*
5. *Facilities are new and updated with the latest technology.*

Program Weaknesses:

1. *The global requirements placed on the faculty members is extraordinarily high ; the UUW ATP director, is also the Division Dean and taught 11 hours per semester, advised students, and is responsible for the other majors within the sports sciences. The CEC was teaching 16 hours per semester in addition to her administrative duties. Faculty are also required to do all counseling and advising for students from all of the sports sciences.*
2. *Reliance upon adjunct to teach several critical courses. While adjunct may be knowledgeable within their respective fields of study, as a general rule, these individuals are not readily available to students who might have questions or need additional assistance.*
3. *Clinical hour to credit hour ratio (already discussed).*

Opportunities:

1. *Increase alumni involvement in the current program.*
2. *Continue to recruit highly qualified faculty and students.*

3. *More student involvement at the state, district, and national level.*
4. *Utilize the data collected during the annual assessment period. Use the data look at BOC pass rates and set program benchmarks.*

Threats:

1. *Global workloads and requirements placed on all members of the athletic training faculty are extraordinarily high.*
2. *The rising cost of fuel and transportation. Many of the clinical sites of the are located 30 minutes away from Fulton. This places an increased annual financial burden on the athletic training students in traveling to their hands-on sites. There may be a time in the future where some clinical sites may not be utilized because students financially cannot afford to travel to them 2-3 days per week. This would decrease the athletic training students' ability to learn from a varied group of instructors.*
3. *The high number of CAATE accredited programs in the state of Missouri, plus those in candidacy makes it difficult to recruit and retain highly qualified and motivated students.*
4. *The establishment of an accredited program at the University of Missouri-Columbia. This has been a work in progress for the past couple of years and due to UM's reputation and location, it can result in a direct competition for students, clinical sites, and preceptors.*
5. *The future of Athletic Training entry-level requirements. As the NATA and CAATE continue to research and develop an action plan, programs must start to consider making the transition to an Entry-Level master's program if it fits within the institution's mission, vision, and goals.*

The ATP fits very well with the Mission, Vision, and Goals of William Woods University. Based on available facilities, faculty, classes, and clinical opportunities, the current trends, and growth are appropriate for the institution. It is my recommendation to keep the program at its optimal size of no more than 10 students per cohort. As BOC pass rates are such an important measure of program success by CAATE, I urge the program to only accept and retain the most qualified students. Quality over quantity.

Section 6: Conclusions and Recommendations

Athletic Training Program Faculty Response to External Reviewer Report

Below is the response to the External Reviewer report for the 5 year Athletic Training Program Review. I went item by item with a response for each.

1. **At what level is the program's curriculum framework aligned with the mission and vision of William Woods University?**
   Agree.

2. **At what level has the program clearly articulated its educational goals and objectives for majors/minors in its self-study document?**
   Agree. We will hold a discussion as a Program and with some of the members of our soon to be Advisory Board regarding changing our Program objectives from the current CAATE Competencies to the Board of Certification domains. In the discussion with Dr. Bruntzel this could allow a better assessment data collection.

3. **At what level has the program articulated its assessment plan for student learning?**
   Agree. We need to do a better job of analyzing our Student Performance Review Day (SPRD) data. The next step would be to set benchmarks for the SPRD activities. These benchmarks should be based upon those students who have passed the Board of Certification (BOC) exam on the first attempt. This would then give the current and future students goals to strive for on the SPRD activities at each level.

4. **To what degree are the student learning objectives sufficient for the discipline?**
   Agree.

5. **At what level are the students performing in regards to benchmarks established for each objective?**
   Agree. See #4. Better benchmarks for the SPRD activities which are based upon the students who have passed the BOC on the first attempt would provide a better assessment process.

6. **How do the students compare to the performance at comparable institutions?**
   Agree.

7. **How quickly does the program make changes to address student needs, i.e., when students do not perform at expected levels?**
   Agree.

8. **How reasonable is the program's projected growth in light of the current student population in the major?**
   Agree. At this time there are potentially 8 students who will be applying to the program this spring semester to start our Clinical portion in the fall. This is a good number for the program to matriculate through to graduation.

9. **Is the retention of students within the program comparable to other programs in the discipline?**
   Agree.

10. **At what level have courses been offered regularly and in a manner that students are able to take all courses in a two-year period?**
    Agree.

11. **To what degree is the nature and quality of program offerings adequate for the number of majors in the program?**
    Agree. With the teaching load that we are trying to cover in the Human Performance area we have to use adjuncts to cover several courses. This can be a challenge at times.

12. **To what degree are there adequate offerings of internships, practicums, student teaching, or other workplace experiences to prepare the student for a profession?**
    Agree. We have some affiliated clinical sites that are better than others. Depending on the clinical course that the students are taking there are limited opportunities in Fulton. One of the bigger issues is with our Clinical IV General Medical course. The students have difficulty scheduling clinical hours due in large part to the facilities/practitioners schedules and the student's schedules not coordinating. We also lost 2 affiliated clinical sites in Mexico this semester. We had to add a new site in Fulton (Fulton Medical Center) at the beginning of the semester but to work with a medical facility to set up an affiliation agreement can take a longer amount of time then I would have liked. Next year we will have a smaller number of students to rotate through the general medical clinical sites. This will make things work much better. We are also going to work more in the fall to ensure that everything is set for the spring semester. Regarding the clinical hour requirement. The students receive 2 credits per clinical course and are required to obtain 250 clinical hours. We have a grading breakdown that if a student doesn't obtain the 250 it will result in a lower grade for that portion. After talking with the graduating seniors and in discussion with the previous graduating seniors we have decided to reduce the number of clinical hours required. We are dropping the hour requirement from 250 down to 200. This is an attempt to find quality over quantity. Lastly, any student who double majors in ATR and EXS or

SMG are not allowed/advised to register for a Clinical course and an internship at the same time. The EXS/SMG internships are completed during the summer instead.

13. **To what degree does the program provide employment resources to the student? [or How important to the discipline is it that the program provide employment resources to the student?]**
    Agree.

14. **To what degree does the faculty appear to have expertise in the subject areas they teach?**
    Agree. It is a challenge to be able to cover everything with who we have. There are times that quality adjuncts are not available.

15. **To what degree are the teaching loads equitably and reasonably determined?**
    Agree. I think there was some misunderstanding on the new EXS position. This was what the AC recommended, no one has been hired for the EXS program.

16. **Please rate the faculty to student ratio?**
    Agree.

17. **To what degree are the library holdings appropriate for the size of the program?**
    Agree.

18. **How does the faculty's use of current technology, practices, or trends to facilitate instruction compare with other programs in the discipline?**
    Agree. Athletic Training Education and the Profession has moved to an evidence based practice method which we have started incorporating into the classroom.

19. **At what level are the physical resources, such as facilities and equipment appropriate for the program?**
    Agree.

20. **Is the support staff adequate for the program?**
    Agree.

Overall the external reviewer process was very helpful and informative. Dr. Bruntzel and I had several good discussions on assessment ideas. Her summary was very thorough and I agree with everything that she listed.

Academic Council Response:

Program Review Response
Completed by Academic Council

Program Athletic Training **Faculty** Anthony & Cindy **Date:** 4/9/14

1. Does the program support the mission of the University?

It is an allied health professions program. Upon completion of the degree requirements students are eligible for the Board of Certification exam and upon passing, can obtain their State Medical License in Missouri and other states.

2. Is this a primary program or secondary (does it depend on another major)?

Primary

3. What outside review was done and what were those recommendations?

Karla Bruntzel, PhD, ATC, LAT Missouri Valley

4. What are the areas of strength?

Facilities Equipment
Certification Program
Two Faculty

5. What are the areas of concern?

Movement to a Master's Program
Load of faculty and responsibilities

6. What are Academic Council's recommendations for action?

Continue program: X Revise Program: _____ Discontinue program: ____
May look at situating program where we could make it a MATR in five years.

(This determination will be made after report is edited.)

Recommendations for Action	Person Responsible

6. If recommendations impact the budget, prioritize below:

Recommendation # (See above)	High Priority	For Consideration	Low Priority
1.			
2.			
3.			

Program Review Response
Completed by Academic Council

Program ATR **Faculty** McCray **Date:** 4-10-14

1. Does the program support the mission of the University?

   Yes

2. Is this a primary program or secondary (does it depend on another major)?

3. What outside review was done and what were those recommendations?

   Carla Bruntzel MO Valley

4. What are the areas of strength?

   facility equipment fac exp
   faculty Qualities

5. What are the areas of concern?

   overloads - movement to Masters Program
   assessment

6. What are Academic Council's recommendations for action?

Continue program: X Revise Program:_____ Discontinue program:____

(This determination will be made after report is edited.)

Recommendations for Action	Person Responsible
Look at masters in 5	
Revision of Assessment Plan	

6. If recommendations impact the budget, prioritize below:

Recommendation # (See above)	High Priority	For Consideration	Low Priority
1.			
2.			
3.			

7. Additional comments:

? Dev. of 5yr Masters - Support courses could be online to open up availability and faculty

Program Review Response
Completed by Academic Council

Program ~~Athletic training~~ athletic training **Faculty** _____ **Date:** _____

1. Does the program support the mission of the University?
   yes
2. Is this a primary program or secondary (does it depend on another major)?
   primary
3. What outside review was done and what were those recommendations?
4. What are the areas of strength?
   facilities, certification, accredited field
   faculty experience, internships
   wide variety of experiences
   no Westminster program
5. What are the areas of concern?
   fac. load
6. What are Academic Council's recommendations for action?

Continue program: X Revise Program: _____ Discontinue program: ____

(This determination will be made after report is edited.)

Recommendations for Action	Person Responsible

6. If recommendations impact the budget, prioritize below:

Recommendation # (See above)	High Priority	For Consideration	Low Priority
1.			
2.			
3.			

7. Additional comments:

Program Review Response
Completed by Academic Council

Program Athletic Training **Faculty** S Hull **Date** 4/10/14

1. Does the program support the mission of the University? Yes
2. Is this a primary program or secondary (does it depend on another major)?
   Primary
3. What outside review was done and what were those recommendations?
4. What are the areas of strength?
   Facilities 2 full-time faculty
   equipment
5. What are the areas of concern?
   availability of internships in Fulton
6. What are Academic Council's recommendations for action?

Continue program: X Revise Program: X Discontinue program: ___

(This determination will be made after report is edited.)

Recommendations for Action	Person Responsible

6. If recommendations impact the budget, prioritize below:

Recommendation # (See above)	High Priority	For Consideration	Low Priority
1.			
2.			
3.			

7. Additional comments:

Program Review Response
Completed by Academic Council

Program Athletic Training **Faculty** Popp **Date:** 4/10/14

1. Does the program support the mission of the University? Yes
2. Is this a primary program or secondary (does it depend on another major)? UO
3. What outside review was done and what were those recommendations? Missouri Valley
4. What are the areas of strength? - faculty, certified, 2 faculty qualified, & experience of faculty, enrollment numbers
5. What are the areas of concern? - load of faculty, (overloads), some clinicals/internships may not adequately support the program
6. What are Academic Council's recommendations for action?
   Relook at next year if it should continue and include a masters program.

Continue program:_____ Revise Program: X Discontinue program:____

(This determination will be made after report is edited.)

Recommendations for Action	Person Responsible

6. If recommendations impact the budget, prioritize below:

Recommendation # (See above)	High Priority	For Consideration	Low Priority
1.			
2.			
3.			

7. Additional comments:

Program Review Response
Completed by Academic Council

Program Athletic Training **Faculty** Petterson **Date:** _____

1. Does the program support the mission of the University?

yes

2. Is this a primary program or secondary (does it depend on another major)?

No but more and more of the majors in this department are intertwined

3. What outside review was done and what were those recommendations?

Noted below

4. What are the areas of strength?

Facilities and equipment
Somehow the faculty are making it work in spite of large overloads.

5. What are the areas of concern?

Difficulty with transfer students is an area of concern or a weakness, but not sure with accreditation requirements if there is a solution. Looks like some classes over full and some very small.
External reviewer comments about credit hours/outside of class clinic hours was valid.

6. What are Academic Council's recommendations for action?

Continue program:_____ Revise Program:_____ Discontinue program:____

(This determination will be made after report is edited.)

Recommendations for Action	Person Responsible

6. If recommendations impact the budget, prioritize below:

Recommendation # (See above)	High Priority	For Consideration	Low Priority
1.			
2.			
3.			

7. Additional comments: