

MISSION STATEMENT

The mission of the Department of Athletic Training is to develop students into competent allied healthcare professionals in the field of Athletic Training. The program will provide, through a liberal arts based education, the didactic and clinical experiences that will foster an environment of serving others while employing the principles of professional excellence, ethical leadership and social responsibility. Successful completion of this program will allow the student to sit for the BOC examination.

GOALS

1. To fulfill the competencies in athletic training as identified by the BOC Role Delineation Study
2. To graduate with a degree in athletic training (BSAT)
3. To provide students with the necessary background to successfully complete the BOC examination
4. To provide the students with the opportunity to develop the critical thinking, evidence based decision-making, and communication skills needed for a career in Athletic Training.
5. To promote acceptable standards of ethical conduct and professionalism.
6. To continually seek the highest quality in instruction, clinical experience, and professional growth.
7. To create an environment consistent with quality health care for the athletes/patients in the clinical setting.

DEPARTMENT/PROGRAM STUDENT LEARNING OUTCOMES:

1. Athletic training students will be able to demonstrate advancing clinical proficiency emphasizing sound principles of clinical research and critical thinking skills culminating into a system of quality patient care.
2. Athletic Training students and graduates will be prepared to make a difference in the world by demonstrating the common values and behaviors of the athletic training profession while employing professional excellence, ethical leadership and social responsibility.
3. Graduates will be prepared for a career in athletic training and/or graduate study or employment in related allied healthcare professions.

PROGRAM/STUDENT LEARNING OUTCOME

Outcome #1- *Athletic training students will be able to demonstrate advancing clinical proficiency emphasizing sound principles of clinical research and critical thinking skills culminating into a system of quality patient care.*

Objectives:

- 1.1 Demonstrate cognitive skills necessary to employ evidence based practice in decision making.
- 1.2 Demonstrate skill in the prevention, diagnosis, immediate care, rehabilitation and management of injuries and illness
- 1.3 Demonstrate use of technology to communicate accurately and effectively through listening, speaking, and writing
- 1.4 Apply critical thinking and evidence based decision making in creating quality healthcare patient plans
- 1.5 Demonstrate integration of prevention, diagnosis, rehabilitation and organizational skills into quality patient care
- 1.6 Obtain BOC certification

Outcome #2- *Athletic Training students and graduates will be prepared to make a difference in the world by demonstrating the common values and behaviors of the athletic training profession while employing professional excellence, ethical leadership and social responsibility.*

Objectives:


- 2.1 Employ ethical decisions within the scope of professional practice
- 2.2 Demonstrate a sense of leadership and service to others
- 2.3 Participate in local, state, regional and national athletic training professional activities
- 2.4 Work respectfully and effectively with diverse populations and work environments


Outcome #3- *Graduates will be prepared for a career in athletic training and/or graduate study or employment in related allied healthcare professions*


Objectives:

- 3.1 Successful placement in athletic training or related allied health care profession
- 3.2 Recognition of the impact that athletic training has on the community
- 3.3 Effectively communicate with all members of the sports medicine team

PROGRAM/DEPARTMENT LEVEL ASSESSMENT STRATEGIES – SETTING BENCHMARKS

Assessment Strategy & Indicators Measured  <i>Details about Assessment Strategy Methodology</i>	Assessment Strategy #1: Indicators Measured: 1.1,1.2	Assessment Strategy #2: Indicators Measured: 1.6	Assessment Strategy #3: Indicators Measured: 1.1,1.2,1.3,1.4,1.5	Assessment Strategy#4: Indicators Measured: 2.3
Description of Strategy <i>(e.g., test, rating scale, culminating assignment)</i>	<i>Exit exams in AT 101,AT102,201,202</i>	<i>ACES BOC Preparatory Workshop.</i>	<i>Foliotek portfolio proficiency scores</i>	<i>Alumni Survey</i>
Assessment Result yielded <i>(e.g. rubric score, test score means)</i>	<i>Test score means</i>	<i>Test score means</i>	<i>Rubric scores</i>	<i>Rubric scores</i>
Benchmark (Criteria for Success)	<i>100% of students score an 70% or higher on combined score</i>	<i>100% of students score avg 80 raw score or higher on tests</i>	<i>Avg score of 80% on all proficiencies</i>	<i>Scores of 4/5 or above on all survey questions</i>
Sample Size and Source	<i>100% of students enrolled in course</i>	<i>100% of senior students</i>	<i>100% of students enrolled in professional program</i>	<i>80% return</i>
Administrator	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>
Time of Administration of Assessment Strategy	<i>End of each semester</i>	<i>Beginning of spring semester/ junior standing</i>	<i>Throughout AY</i>	<i>Every May</i>
Results maintained/archived where and by whom	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>
Time of Analysis of Results	<i>Every May</i>	<i>Every May</i>	<i>Every May</i>	<i>Every May</i>
Analyzed by	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>
Feedback to Faculty/ Discussion	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>

Assessment Strategy & Indicators Measured  <i>Details about Assessment Strategy Methodology</i>	Assessment Strategy #5: Indicators Measured: 2.1,2.2,2.3,2.4	Assessment Strategy #6: Indicators Measured:	Assessment Strategy #7: Indicators Measured: 1.6	Assessment Strategy #8:Indicators Measured:
Description of Strategy <i>(e.g., test, rating scale, culminating assignment)</i>	<i>Employers Survey</i>	<i>Senior Exit Evaluation</i>	<i>BOC examination</i>	<i>Instructional Course Evaluations</i>
Assessment Result yielded <i>(e.g. rubric score, test score means)</i>	<i>Rubric scores</i>	<i>Rubric scores</i>	<i>BOC first time pass rate</i>	<i>Question Mean Score</i>
Benchmark (Criteria for Success)	<i>Scores of 2 or better on a scale of 5 to 1 on all survey questions</i>	<i>Scores of 4/5 or above on all survey questions</i>	<i>Score at or above required 3 year aggregate of 70% first-time pass rate.</i>	<i>90% of questions have a Mean score of 3 or above</i>
Sample Size and Source	<i>80% return</i>	<i>100% of senior students</i>	<i>100% of senior students</i>	<i>80% return</i>
Administrator	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>Provost Office- Online</i>
Time of Administration of Assessment Strategy	<i>Every May</i>	<i>Every April of AY</i>	<i>Feb, April, June, Aug</i>	<i>Every May</i>
Results maintained/archived where and by whom	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>
Time of Analysis of Results	<i>Every May</i>	<i>Every May</i>	<i>Every May</i>	<i>Every May</i>
Analyzed by	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>
Feedback to Faculty/ Discussion	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>

Assessment Strategy & Indicators Measured  <i>Details about Assessment Strategy Methodology</i>	Assessment Strategy #9: Indicators Measured: Program Goals 1-7	Assessment Strategy #10: Indicators Measured: Program Goals 1-7	Assessment Strategy #11: Indicators Measured: 1.4	Assessment Strategy #12: Indicators Measured:
Description of Strategy <i>(e.g., test, rating scale, culminating assignment)</i>	<i>Clinical Site Evaluations</i>	<i>Preceptor Evaluations</i>	Critical Thinking Value Rubric from AAC&U to Foliotek	
Assessment Result yielded <i>(e.g. rubric score, test score means)</i>	<i>Rubric scores</i>	<i>Rubric scores</i>	<i>Rubric Scores</i>	
Benchmark (Criteria for Success)	<i>Scores of 2 or better on a scale of 5 to 1 on all survey questions</i>	<i>Scores of 4/5 or above on all survey questions</i>	<i>Scores of 2 or 3 on all criteria.</i>	
Sample Size and Source	<i>80% of students</i>	<i>80% of students</i>	<i>Random selection</i>	
Administrator	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	
Time of Administration of Assessment Strategy	<i>Every May</i>	<i>Every April of AY</i>	<i>Every May</i>	
Results maintained/archived where and by whom	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	
Time of Analysis of Results	<i>Every May</i>	<i>Every May</i>	<i>Every May</i>	
Analyzed by	<i>AT Program Director</i>	<i>AT Program Director</i>	<i>AT Program Director</i>	
Feedback to Faculty/ Discussion	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>	<i>Departmental meeting (end of spring)</i>	

SUMMARY: *The chart below provides a brief glimpse at how the learning outcome was assessed, what the results indicate and a brief plan on how the results will be utilized.*

Student Learning Outcome	Objectives	Assessment Strategy and benchmark	Assessment Results Summarize the results found for each indicator.	Use of Results Summarize the actions planned to improve student learning.
<p>Outcome #1- Athletic training students will be able to demonstrate advancing clinical proficiency emphasizing sound principles of clinical research and critical thinking skills culminating into a system of quality patient care.</p>	<p>1.1 Demonstrate cognitive skills necessary to employ evidence based practice in decision making.</p> <p>1.2 Demonstrate skill in the prevention, diagnosis, immediate care, rehabilitation and management of injuries and illness.</p> <p>1.3 Demonstrate use of technology to communicate accurately and effectively through listening, speaking, and writing</p> <p>1.4 Apply critical thinking and evidence based decision making in creating quality healthcare patient plans</p> <p>1.5 Demonstrate integration of prevention, diagnosis, rehabilitation and organizational skill into quality patient care</p>	<p>Exit exams in AT101 and AT102,201,202, Test score Avg. 100% of students score a 70% or higher.</p> <p><i>Foliotek Proficiency scores. 80 % of students score a 2(above expected) or above on each proficiency</i></p> <p>Foliotek Usage Statistics- 100% compliance</p> <p>Critical Thinking Rubric-foliotek.</p> <p><i>80 % of students score a 2(above expected) or above on each proficiency</i></p>	<p>Test score Avg for AT 102 and 201. 60.7% of students scored an average score of 70% on combined tests.</p> <p>80% of students scored a 2 or above on 27/34 proficiencies for 14-15AY.</p> <p>100% usage due to Foliotek requirement</p> <p>Added Critical Thinking Value Rubric from AAC&U to Foliotek to assess body of work on random selection of students. Have assessed this in the past using Employer Surveys. Return rate is very low.</p> <p>80% of students scored a 2 or above on 27/34 proficiencies for 14-15 AY.</p>	<p>Will continue to monitor scores and refine exit exams to ensure reliability.</p> <p>Will look at documentation and review syllabus to ensure expectations.</p> <p>Discontinue this strategy. Will look to implement a communication value rubric from the AAC&U</p> <p>Will assess for 15-16 AY</p> <p>Review syllabus to ensure expectations are clearly stated. Syllabus have been re-designed for 15-16.</p>

	<p>1.6 Obtain BOC certification</p>	<p>BOC first time pass rate. Score at or above national average for 3 year aggregate.</p> <p>ACES BOC Preparatory Workshop. Test Raw score. 100% of students score avg 80 or higher on tests.</p>	<p>CMU BOC three year aggregate for first time pass rate is 57.89%.</p> <p>Implemented for 14/15 AY, The ACES workshop was taken by all juniors and seniors in the program The ACES BOC workshop is hosted by CMUAT. The date of aces will remain the same (Jan of spring semester). In order to be endorsed to take the BOC exam, students will have to obtain an avg. raw score of 80 on the aces workshop. This is tied to the AT 202 clinical course. Students who don't obtain the required score will receive an incomplete for the clinical until they show proof of remediation and obtain the needed score. Remediation is obtained by completing a series of review tests and outlines. He/she must show proof of improvement by taking a 3rd or 4th ACES BOC test on-line and must score an 80 or above to complete the clinical course and thus be eligible for BOC endorsement.</p>	<p>For the AY 14-15, 14 out of 15 students have met the required ACES raw score of 80.</p> <p>7 students met the criteria during the on campus ACES. 8 students met the criteria after remediation. As of 5-20-2015, 6 students have taken the BOC and all have passed.</p> <p>Will monitor the ACT and sub scores.</p>
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			<p>The required ACT or SAT equivalent has from 21 to 22 for pre-students entering CMU in the fall 2015.</p> <p>Data on the ACES over the past 9 years suggests that CMU students who had a raw score of 80-89 had a first time pass rate of 84.8%. CMU students who had a raw score of 70-79 had a first time pass rate of 36%. CMU students who had a raw score of 50-69 had a first time pass rate of 11%. Although ACES is not yet a predictive indicator we have seen those who score an avg of 80 or above pass at a much higher rate.</p>	<p>Will continue to monitor the ACES scores and BOC pass rate as we have witnessed success with the standard set.</p>
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<p>Outcome #2- <i>Athletic Training students and graduates will be prepared to make a difference in the world by demonstrating the common values and behaviors of the athletic training profession while employing professional excellence, ethical leadership and social responsibility.</i></p>	<p>2.1 Employ ethical decisions within the scope of professional practice</p> <p>2.2 Demonstrate a sense of leadership and service to others</p> <p>2.3 Participate in local, state, regional and national athletic training professional activities</p> <p>2.4 Work respectfully and effectively with diverse populations and work environments</p>	<p>Alumni Survey- Scores of 4/5 on all survey questions.</p> <p>Employers Survey. Rubric scores Scores of 2 or better on a scale of 5 to 1 on all survey questions.</p>	<p>Very positive responses to all survey questions. Graduates feel that they were well prepared.</p> <p>Responses from all employers surveys were positive with scores of 1 (very much) or 2 (somewhat)</p>	<p>Continue to monitor</p> <p>Continue to monitor</p>
<p>Outcome #3- <i>Graduates will be prepared for a career in athletic training and/or graduate study or employment in related allied healthcare professions</i></p>	<p>3.1 Successful placement in athletic training or related allied health care profession</p>	<p>Senior Exit Evaluation Rubric scores. 80% of students rate survey questions at good (3) to excellent (5).</p>	<p>40% of respondents rated survey questions good to excellent. Most lower responses centered around clinical experiences and wanting more responsibility.</p>	<p>Will investigate this to see how students can have more hands- on application during clinical rotations. Have added clinical workbook to clinical rotations to work on skill development during clinical time.</p>

<p>Goal 1-7</p> <ol style="list-style-type: none"> 1. To fulfill the competencies in athletic training as identified by the BOC Role Delineation Study 2. To graduate with a degree in athletic training (BSAT) 3. To provide students with the necessary background to successfully complete the BOC examination 4. To provide the students with the opportunity to develop the critical thinking, evidence based decision-making, and communication skills needed for a career in Athletic Training. 	<p>3.2 Recognition of the impact that athletic training has on the community</p> <p>3.3 Effectively communicate with all members of the sports medicine team</p>	<p>Alumni Survey- 100% of alumni Score of 4 or 5 on all survey questions.</p> <p><i>Student Evaluation of Instruction (SEI's). Question Mean Score. 90% of questions have a Mean score of 3 or above.</i></p>	<p>Very positive responses to all survey questions. Graduates feel that they were well prepared.</p> <p>95% of the questions had a response of 3 or above.</p>	<p>Continue to monitor</p> <p>Comments suggest a review of syllabus to be more specific with portfolio requirements and assignments within clinical rotations. Syllabus have been re-designed for 15-16.</p> <p>Course credit for clinical courses was approved for Fall 2015. Credit for AT101 and 102 increased from 1 to 2. Credit for AT201 and 202 increased from 1 to 3.</p> <p>AT345- General Medical Assessment was added to the curriculum for the spring 2015 semester</p>
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<p>5. To promote acceptable standards of ethical conduct and professionalism.</p> <p>6. To continually seek the highest quality in instruction, clinical experience, and professional growth.</p> <p>7. To create an environment consistent with quality health care for the athletes/patients in the clinical setting.</p>		<p><i>Clinical Site Evaluations.</i> <i>80% of responses receive 3 or better.</i></p> <p><i>Preceptor Evaluations.</i> <i>80% of responses receive 3 or better.</i></p>	<p>85% of responses received a 3 or better. One clinic site received poor marks and all others were positive.</p> <p>78% of responses received a 3 or better. Overall positive responses. Low responses related to engagement during clinical rotations</p>	<p>Will continue to monitor both evaluations. Need to consider new clinical site if trend continues. Have visited with clinic personnel once already.</p> <p>Will evaluate over the next few semesters to see if the addition of the clinical workbook will allow students and preceptors to become more engaged during clinical rotations.</p>
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Written Summary: *This should be a concise summary of the major changes to the current Student Learning Assessment Plan. A brief rationale should be provided (e.g., reference to the previous year's Results Report where changes were proposed due to assessment results OR attempts to integrate feedback provided on previous plans, etc.).*

In summary, the following modifications have been made to the assessment plan:

1. Data on the ACES over the past 9 years suggests that CMU students who had a raw score of 80-89 had a first time pass rate of 84.8%. CMU students who had a raw score of 70-79 had a first time pass rate of 36%. CMU students who had a raw score of 50-69 had a first time pass rate of 11%. In light of this data, we have implemented a BOC review process that started in the spring semester of the student's junior year. For the 14/15 AY, The ACES workshop was taken by all juniors and seniors in the program. The ACES BOC workshop is hosted by CMUATP and is a clinical requirement. The date of ACES will remain the same (January of spring semester). In order to be endorsed to take the BOC exam, students have to obtain an average raw score of 80 on the ACES workshop. This is tied to the AT 202 clinical course. Students who don't obtain the required score will receive an incomplete for the clinical until they show proof of remediation and obtain the required score. Remediation is obtained by completing a series of review scenario tests and NATA Position Statement outlines. The review tests and outlines are included as part of the senior clinical requirements for AT301 and AT302. Students who don't obtain the required score must show proof of improvement by taking a 3rd or 4th ACES BOC test on-line and must score a raw score of 80 or above to complete the clinical course. Students will then be able to graduate and thus be eligible for BOC endorsement. Full implementation occurred in the fall 2014 semester. Six students that were eligible by these standards took the BOC in February and April and all passed. Eight additional students have met the requirements and will take the test in July/August test dates. We will continue to look at the correlation between ACES scores and first time BOC pass rates.
2. In addition, we implemented a series of exit exams in order to track competency throughout the program. We implemented an exit exam at the end of each semester starting with the fall of sophomore year and ending with the spring of junior year. Focus will be on domain specific material based on course work from previous year/semester and BOC study materials. Each student will have two chances to attain the required score. A 70 % pass will be considered to be a passing grade and part of the student's clinical grade. The senior year is comprised of a series of review tests and outlines as mentioned above. Implementation was in the fall 2014. We will track this to see if pass rates on exit exams have any effect on first time BOC pass rates.

3. Currently, the ACT requirement for the Pre- AT program is a 21. We will move from a 21 ACT to a 22 ACT beginning with incoming freshman in the fall 2015 AY. We will track this as a predictor of success in the AT program and first time BOC pass rates. We will also examine the ACT subscores as a way to identify students who might need extra academic preparation and compare those various subscores on BOC first time pass rates. In addition, students must maintain a residential grade point average of 3.0, and earn a "C" or above in Human Anatomy, Chemistry, Biology 101 and 102, Human Physiology, Exercise Physiology, Medical Terminology and Anatomy /Kinesiology. Students must also earn a grade of "B" in all Athletic Training (AT) courses. Failure to comply with the guidelines is grounds for probation or dismissal from the program. Should a student receive a grade of less than B for any one AT course, s/he must present a petition to the Athletic Training Admissions Committee for permission to repeat the course in the next available offering. Should the student receive any second grade of less than B for any AT course, the second grade of less than a B will result in the student's dismissal from the athletic training program.
4. Comments on the Alumni, course, and Senior Exit Surveys indicated a need to put more specific focus on general medical issues and a need to increase the amount of credit hours for our clinical course work to be more in line with required clinical requirements. A General Medical course was approved in the fall of 2014 and offered in the spring 2015 semester. Faculty approved the increase of course credit hours from 1 to 2 hours for clinical courses AT101 and 102 and from 1 to 3 hours for clinical courses AT201, 202, 301, and 302. This was approved in spring 2015 for fall 2015.
5. Feedback from students from senior exit evaluations and course evaluations have indicated needing more time spent doing hands-on learning during clinical rotations. In the fall 2014, we implemented a clinical workbook to enhance hands-on learning during clinical rotations.
6. Critical thinking skills were being evaluated by looking at Employer and Alumni Surveys. Although, all alumni rate this favorably as agree (4) or strongly agree (5), we felt that we needed to have a better tool to evaluate the progress of critical thinking. For the fall 2015/16 AY, we will add a critical thinking value rubric from the AAC&U to the Foliotek Portfolio to evaluate student submitted work throughout their academic career. We will track this and report next year.

