

# Weber State University

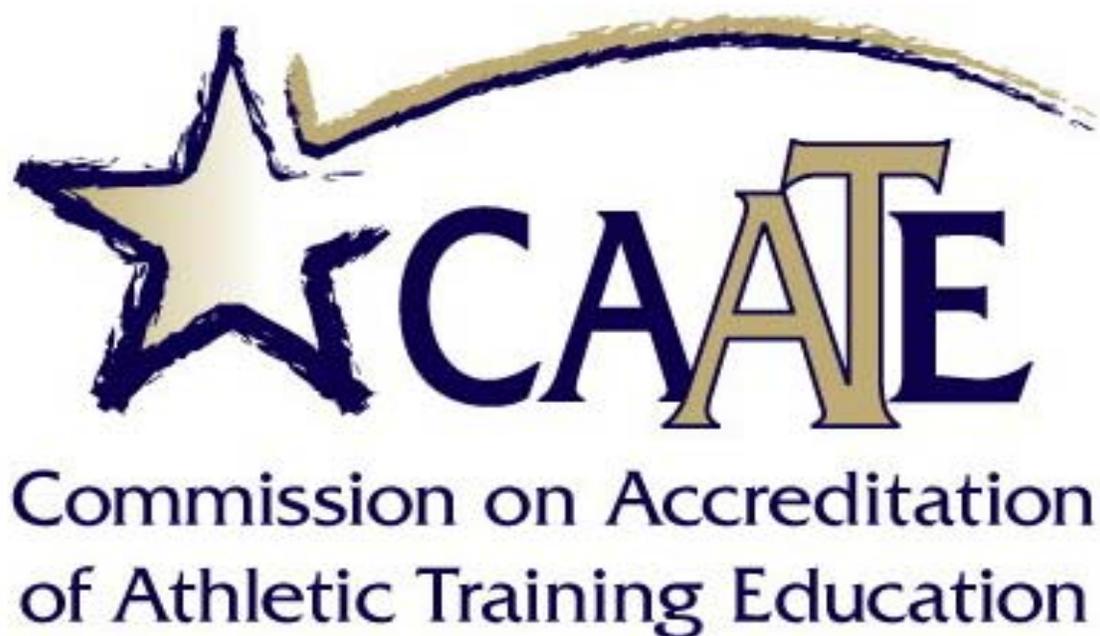


Jerry and Vickie Moyes College of Education  
Department of Health Promotion and Human Performance  
Athletic Training Education Program  
2801 University Circle  
Ogden, UT 84408-2801

## **Self-Study Report**

### Section 1

May 14, 2008



Revised 9-07

**Application for Accreditation Services**

**Initial**       **Continuing**

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum standards of quality of entry level Athletic Training education programs. CAATE is sponsored by The American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers' Association (NATA).

The *Standards for the Accreditation of Entry Level Athletic Training Education Programs (Standards)* are used to prepare entry-level athletic trainers. It is each institution's responsibility to demonstrate compliance with these *Standards* in order to obtain and maintain recognition as a CAATE-accredited Athletic Training Education Program (ATEP).

These *Standards* are to be used for the development, evaluation, analysis, and maintenance of ATEPs. Via comprehensive and annual review processes, CAATE is responsible for the evaluation of a program's compliance with the *Standards*. The Standards provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these *Standards*.

Application for accreditation services does not guarantee accreditation will be awarded. All materials submitted become the property of CAATE and will not be returned. All fees submitted are non-refundable and due at the time of application.

**Institutional Type**
 Four-Year College or University
**Institutional Control/Ownership (check one)**

- State, County or Local Government  
 For-Profit  
 Non-Profit (Private or Religious)

Weber State University

http://www.weber.edu

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 Name of Sponsoring Institution  
 applicable)

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 Sponsoring Institution Web Address (if

---

 Northwest Commission on Colleges and Universities

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 Name of regional or national accreditor recognizing the Sponsoring Institution

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 Bachelor of Science in Athletic Training

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 Name of Program to be Accredited

**Degree to be Granted:**       **Baccalaureate**       **Masters**

*(Mark only one; if the institution wishes to have two different degree programs accredited, then that institution must submit two separate self-studies, as the programs will be reviewed separately.)*

Sponsoring Institution Officials

F. Ann Millner

EdD

President

---

**Chief Executive Officer** (please print)

---

 Degree/Credentials

---

 Working Title

---

**Signature of Chief Executive Officer**


---

 Date

Jack Rasmussen

PhD

Dean, Jerry & Vickie Moyes College  
of Education

---

**Dean or Comparable Administrator** (please print) Degree/Credentials

---

 Working Title

---

**Signature of Dean or Comparable Administrator**      Date

Valerie W. Herzog

EdD, LAT, ATC

---

**Program Director** (please print)

Degree/Credentials (PhD, EdD)

---

**Signature of Program Director**

Date

**Return this completed application with your self-study and application fee to:**

**Commission on Accreditation of Athletic Training Education (CAATE)  
2201 Double Creek Drive, Suite 5006  
Round Rock, TX 78664  
512-733-9700**

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## Introduction

The Self-Study of the Weber State University Athletic Training Education Program began in 2005. Valerie Herzog and David Berry began by conducting a critical review of the curriculum. In the 2005-06 academic year, we evaluated each course and determined areas of strengths and weaknesses. In the 2006-07 academic year, we passed a large number of changes through the curriculum approval process. Concurrently, we worked diligently to expand the number and variety of clinical sites available for athletic training student clinical rotations. We also reviewed our affiliate site contracts, program documents, and the ATEP student handbook, making substantial changes and necessary updates to each. In the fall of 2006, we also moved into our newly renovated facility, the Swenson building, and set up our new classrooms and laboratories.

In the fall of 2007, Valerie Herzog and David Berry (Clinical Coordinator) began writing the first draft of the Self-Study document, including completing the necessary tables. Valerie Herzog served as the Primary Author, chairing the Self-Study Committee, creating assignments for each member of the committee, writing the narrative portion of the document, and reviewing the completed Self-Study document. David Berry was responsible for gathering the necessary data from the affiliate clinical sites, ACI/CI data, and creating videos of each site. He also assisted in the review of the completed Self-Study document. Jeannette Johnson and Lisa Pedersen, the Department of Health Promotion and Human Performance's (HHP) administrative assistants, assisted by gathering documentation, entering data into tables, and reviewing the completed Self-Study document. Both S. Jack Loughton, the HHP Department Chair, and Jack Rasmussen, Dean of the Jerry and Vickie Moyes College of Education, reviewed the completed Self-Study document.

## Signature Page

|  |  |
|--|--|
| Valerie W. Herzog, EdD, LAT, ATC<br><b>Name, Credentials</b> | Primary Author & Reviewer<br><b>Role in Self-Study</b>   |
| <b>Signature</b>   | <b>Date</b>  |
| David Berry, PhD, LAT, ATC<br><b>Name, Credentials</b>       | Secondary Author & Reviewer<br><b>Role in Self-Study</b> |
| <b>Signature</b>   | <b>Date</b>  |
| S. Jack Loughton, PhD<br><b>Name, Credentials</b>            | Reviewer<br><b>Role in Self-Study</b>                    |
| <b>Signature</b>   | <b>Date</b>  |
| Jack Rasmussen, PhD<br><b>Name, Credentials</b>              | Reviewer<br><b>Role in Self-Study</b>                    |
| <b>Signature</b>   | <b>Date</b>  |
| Stephen Scharmann, MD<br><b>Name, Credentials</b>            | Reviewer<br><b>Role in Self-Study</b>                    |
| <b>Signature</b>   | <b>Date</b>  |
| Joel Bass, MS, LAT, ATC<br><b>Name, Credentials</b>          | Reviewer<br><b>Role in Self-Study</b>                    |
| <b>Signature</b>   | <b>Date</b>  |

|   |  |
|---|--|
| <u>Nancy Weir, MS, LAT, ATC</u><br><b>Name, Credentials</b> | <u>Reviewer</u><br><b>Role in Self-Study</b>                         |
| _____<br><b>Signature</b>                                   | _____<br><b>Date</b>   |
| <u>Jeannette Johnson</u><br><b>Name, Credentials</b>        | <u>Preparation assistance, Reviewer</u><br><b>Role in Self-Study</b> |
| _____<br><b>Signature</b>                                   | _____<br><b>Date</b>   |
| <u>Lisa Pedersen</u><br><b>Name, Credentials</b>            | <u>Preparation assistance, Reviewer</u><br><b>Role in Self-Study</b> |
| _____<br><b>Signature</b>                                   | _____<br><b>Date</b>   |

## History

In 1998, under the direction of Interim Program Director Joel Bass, administration, faculty, and staff Weber State University was given approval to offer a Bachelor of Science degree in Athletic Training. The program received its initial accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in 2003, under Roberto Herrera, the Program Director at that time.

The Athletic Training Program is housed in the Department of Health Promotion and Human Performance (HPHP) along with other majors including Physical Education, Human Performance Management, and Health Promotion. Minors in the department include Physical Education/Coaching, Coaching Sports, Nutrition Education, Health Promotion, and Recreation. The HPHP department is housed in the Jerry and Vickie Moyes College of Education. Other departments in the college include Child and Family Studies, and Teacher Education.

ATHLETIC TRAINING SELF-STUDY REPORT  
PROGRAM INSTITUTIONAL DATA FORM

**SPONSORSHIP**

1. Sponsoring Institution **Weber State University**
2. Type and Name of Degree (e.g. BS in Athletic Training) **Bachelor of Science in Athletic Training**
3. In the box below, please provide the number of Clinical Education and Clinical Affiliated Sites, including the host institution, currently used by the Program.  

28

 - Current Clinical Education and Clinical Affiliated Sites

4. Department Chair
  - a. Name with Professional Credentials  
**S. Jack Loughton, PhD**
  - b. Office Address (Provide complete address including city, state and zip code)  
**2801 University Circle, Ogden, UT 84408-2801**
  - c. Office Phone **801-626-7960**
  - d. Office Fax **801-626-6228**
  - e. E-mail address **Jloughton@weber.edu**

5. Dean
  - a. Name with Professional Credentials  
**Jack Rasmussen, PhD**
  - b. Office Address (Provide complete address including city, state and zip code)  
**1302 University Circle, Ogden, UT 84408-1302**
  - c. Office Phone **801-626-6273**
  - d. Office Fax **801-626-7427**
  - e. E-mail address **jrasmussen@weber.edu**

6. President / Chief Executive Officer (CEO)
  - a. Name with Professional Credentials  
**F. Ann Millner, EdD**
  - b. Office Address (Provide complete address including city, state and zip code)  
**3850 University Circle, Ogden, UT 84408-3850**

- c. Office Phone **801-626-6001**  
 d. Office Fax **801-626-8021**  
 e. E-mail address **amillner@weber.edu**

### **PROGRAM DIRECTOR**

#### 1. Program Director

- a. Name with Professional Credentials  
**Valerie W. Herzog, EdD, LAT, ATC**
- b. Office Address (Provide complete address including city, state and zip code)  
**2801 University Circle, Ogden, UT 84408-2801**
- c. Office Phone **801-626-7656**  
 d. Office Fax **801-626-6228**  
 e. E-mail address **ValerieHerzog@weber.edu**
- f. Academic Rank and Title **Assistant Professor/Athletic Training Program Director**
- g. BOC# **089302558** Year Certified **1993**
- h. Type of State Athletic Training Credential (license, certification, registration, exempt, NA)  
**License**  
 Current State Athletic Training Credential Number  
**AT-6354400-4810**

- 2-6. Check either the **YES** or **NO** box to respond to each statement below as the statement relates to the current Program Director.

| <b>Program Director Qualifications</b>   | <b>YES</b>                          | <b>NO</b>                           |
|--|-------------------------------------|-------------------------------------|
| <b>2. Full-time Employee of Host Institution</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3. Faculty Member of Host Institution with all faculty rights</b><br>(including voting on faculty issues) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>4. Tenure-Track Academic Appointment</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5. Non-tenure Track Academic Appointment</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6. Tenured Faculty Member at Host Institution</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## Programmatic Overview

The Self-Study process allowed us to critically evaluate each and every aspect of our Athletic Training Education Program. We learned a great deal about what the strengths and weaknesses of the program are. Initially, we noted several issues with the curriculum. We felt that there was insufficient class time for some material (therapeutic modalities, taping/splinting), and that the program's content was not delivered in the most appropriate progression. As mentioned previously, a large number of curriculum changes were made in 2006-07 to rectify these issues.

The program has many strengths. One of its strongest features is the number and variety of clinical sites available for athletic training student clinical rotations. We have a large variety of on-campus clinical sites, both with varsity and club sports. Students have the opportunity to gain experience with competitive men's and women's teams, high and low risk sports, and sports rarely seen on college campuses such as rodeo and rugby. Off-campus sites include several different high schools, several which are near campus. The clinics with which we have affiliation agreements serve a variety of patient populations including youth, general public, and geriatrics. Our general medical sites give students the opportunity to work with medical doctors and/or physician assistants. Students not only get with work with a large variety of sports and patient populations, but also with a large variety of highly qualified, approved clinical instructors. Program data also indicates that our students are highly satisfied with the quality of their approved clinical instructors and clinical education experiences.

The academic curriculum is extremely rigorous and offers students extensive exposure to the theories and application of therapeutic modalities and therapeutic exercise, emergency medical care, and taping, bracing, wrapping, and splinting. This is largely due to the changes to curriculum over the past several years.

Another strength of the program is the extensive involvement of physicians and other allied health care professionals in the classroom instruction of our students. The AT 4550 (General Medical Conditions and Advances in Athletic Training) and other classes utilize many guest speakers including medical doctors, an optometrist, a dentist, a registered dietician, a pharmacist, an orthopedic surgeon, an EMT, a physical therapist, and a marriage and family therapist. In addition, many of the required courses for the program are taught in other colleges including the College of Science (Human Anatomy & Human Physiology), the College of Social & Behavioral Sciences (Introduction to Psychology), and the Dr. Ezekiel R. Dumke College of Health Professions (Introduction to Pharmacology). Several courses are taught within the Department of Health Promotion and Human Performance, but by faculty in other programs (Exercise Physiology, Kinesiology, Healthy Lifestyles, Foundations in Nutrition, Measurement for Evaluation and Research, Teaching Neuromuscular Conditioning). This exposes the students to a wide variety of specialty areas and different points of view on similar areas.

The athletic training classroom/laboratory is another strength of this program. The classroom is approximately 1,000 ft<sup>2</sup> containing approximately \$50,000 worth of new athletic training equipment including modalities, rehabilitation equipment, taping and splinting materials, anatomical models, and general medical assessment tools. It contains a research office for students and faculty to enter and store data. The classroom is equipped with the latest technology for teaching including a computer, overhead projector, wireless and wired internet, speakers, and a document camera. Adjacent to the classroom/lab is another 500 ft<sup>2</sup> hydrotherapy room which houses a \$70,000 SwimEx hydrotherapy pool, a full-sized refrigerator/freezer, and a small whirlpool. Students have the opportunity to gain first-hand experience

with all of the tools and equipment prior to their clinical experiences. In addition, our student: clinical instructor ratios are typically much lower than the 8:1 maximum. At most clinical sites, especially the off-campus sites, the ratios are 2:1 or 1:1, allowing for more instruction and interaction.

The Weber State University ATEP is also very fortunate to have strong staff support. The Department of Health Promotion and Human Performance (HPHP) has two administrative assistants, one which is full-time and one which is part-time. Both are immensely helpful and supportive in handling the administrative tasks associated with the ATEP. The department also has a full-time academic advisor, who serves as a resource for students. Athletic Training faculty members still advise students regarding coursework in the major, but the advisor provides consultations regarding the general education coursework and transfer credits, and handles graduation clearances for students. In addition, the Jerry & Vickie Moyes College of Education employs a full-time academic recruiter, who recruits students for all programs in the college, including the athletic training major. She also develops marketing materials, assembles information packets for any recruiting need, and attends recruiting events and high schools and junior colleges. Overall, the staff support significantly alleviates the administrative load on the Program Director.

The Scientific Track of the Athletic Training major has been identified as a non-compliance. Students in this track complete most of the didactic courses in the major, but do not take any of the Clinical Application courses and do not apply for formal admission. These students do not gain eligibility for certification, but typically go on to professional graduate programs such as physical therapy and physician's assistant following graduation. The faculty are working towards converting the Scientific Track to a stand-alone major called Athletic Therapy. At the present time, the new major proposal has received approval from the Department of Health Promotion and Human Performance (HPHP), the College of Education Curriculum Committee, the University Curriculum Committee, Faculty Senate, and the Weber State University Board of Trustees. It is anticipated to receive its final approval from the State of Utah Board of Regents in July 2008. The Scientific Track will be officially eliminated beginning in the Spring 2009 semester, the same semester in which the Athletic Therapy major will begin.

## Self-Study Standards and Criteria

### Section A: Sponsorship

**A1.** The sponsoring institution must be accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation.

| Criteria for Review: - Reference to Appendix A            | Appendix A: Document   |
|---|--|
| <b>Page Reference in Appendix A:</b><br><b>A1: Page 1</b> | <b>A1</b> Letter of notification or certificate of accreditation by regional accreditor recognized by US Department of Education and/or the Council on Higher Education Accreditation. |

**A2.** Sponsoring institutions must submit documentation that it is authorized, under applicable law or other acceptable authority, to provide a program of postsecondary education. Institutions outside of the United States must submit documentation that the institution is recognized and authorized by a national or international authority to provide a program of postsecondary education.

| Criteria for Review: - Reference to Appendix A            | Appendix A: Document  |
|---|---|
| <b>Page Reference in Appendix A:</b><br><b>A2: Page 3</b> | <b>A2</b> Copy of institution document or letter to verify recognition by the state department of education |

**A3.** Current formal affiliation agreement(s) or memorandum(s) of understanding must be developed and endorsed by appropriate administrative personnel from all institutions (i.e., bearing signature authority). The agreement must delineate responsibilities for:

- A3.1** program administration,
- A3.2** instruction,
- A3.3** supervision, and
- A3.4** other functions as deemed appropriate by the sponsoring institution or the affiliate institution.

| Criteria for Review: - Reference to Appendix A            | Appendix A: Document(s)  |
|---|--|
| <b>Page Reference in Appendix A:</b><br><b>A3: Page 9</b> | <b>A3</b> Sample of a completed formal affiliation agreement. If more than one version of the document exists, provide a complete copy of each of the different forms of the agreements. |

**A4.** Each affiliated clinical setting where students are assigned to a clinical instructor for student learning and/or clinical practice (excluding the ATEP sponsoring institution) must have an affiliation

agreement. In the case where the administrative oversight of the clinical instructor differs from the affiliate site, formal agreements must be obtained from both parties.

| Criteria for Review: - References to Appendix A  | Appendix A: Table & Documents  |
|--|--|
| <p><b>Page References in Appendix A:</b><br/> <b>A4a: Page 22</b><br/> <b>A4b: Page 24</b></p> | <p><b>A4a</b> Clinical Education Site Table (Table A4a) for all clinical sites used during the last academic year.</p> <p><b>A4b</b> Completed and dated signature pages of all same format contracts for each clinical affiliated site, listed on Table A4a, that is incorporated separately from the host institution; documents must include all appropriate signatures, with delineation by title or position of signature authority, for each site. If a clinical site is staffed by a third party, affiliation agreements must be secured from both the site and the staffing organizations.</p> |

Section B: Personnel

**B1. Program Director**

**B1.1 Requirements of the Position**

The program director must:

- B1.11** be a full-time position of the sponsoring institution,
- B1.12** have full faculty status, rights, responsibilities, and privileges as defined by institution policy and be consistent with other similar positions at the institution,
- B1.13** have programmatic administrative and supervisory responsibility recognized as a department assignment consistent with other similar assignments at the institution, and
- B1.14** have an amount of released/reassigned workload that is necessary to meet the administrative responsibilities of this assignment. This released/reassigned workload must be consistent with similar assignments at the institution.

| Criteria for Review: - References to Appendix B<br>- Narrative   | Appendix B: Documents  |
|--|--|
| <p><b>Page References in Appendix B:</b><br/> <b>B1.1a: Page 61</b><br/> <b>B1.1b: Page 63</b></p> <p><b>B1.13 and 1.14. Narrative:</b> Explanation of administrative and supervisory responsibilities and release time.</p> <p><b>The Weber State University (WSU) Program Director is a full-time, tenure-track faculty member in the Department of Health Promotion and Human Performance, with full faculty status, rights, responsibilities, and privileges, in comparison with other similar positions at WSU. The PD is responsible for the administration of the program and supervises the Clinical Coordinator.</b></p> <p><b>The WSU Program Director regularly teaches 12 credit hours per semester for a total of 24 credit hours per academic year. This is considered a full load based on the WSU Policies and Procedures Manual Section 4-6, A. During the Spring 2008 semester, the Program Director was granted 25% release time (3 credit hours) to prepare the Self-Study document.</b></p> <p><b>Beginning in the Fall 2008 semester, the Program Director will have 3 credits of release time per semester.</b></p> | <p><b>B1.1a</b> Program Director’s faculty appointment letter, contract, or other official institutional document indicating appointment or continuing appointment to a full-time faculty position. Please delete all personal information (e.g. salaries)</p> <p><b>B1.1b</b> Copies of pages from faculty handbook or other institutional document verifying requirements for full-time faculty position</p> |

**B1.2 Responsibilities of the Position**

The Program Director must have input to and assurance of the following program features:

- B1.21** organization and administration of all aspects of the educational program,

- B1.22** curricula planning and development,  
**B1.23** fiscal and budgetary input and management as determined by the institution,  
**B1.24** equitable distribution of educational opportunities at all clinical and classroom sites. This responsibility may be shared with a faculty member designated as a clinical coordinator; however, the Program Director has ultimate responsibility, and  
**B1.25** recognizable institutional responsibility or oversight for the day-to-day operation, coordination, supervision, and evaluation of all components (academic and clinical education) of the ATEP.

| Criteria for Review: - References to Appendix B   | Appendix B: Document & Table  |
|---|---|
| <b>Page References in Appendix B:</b><br><b>B1.2a: Page 65</b><br><b>B1.2b: Page 66</b> | <b>B1.2a</b> Program Director job description<br><b>B1.2b</b> Program Director Workload Table (Table B1.2b) |

### B1.3 Qualifications

The Program Director (PD) must:

- B1.31** hold current national certification and be in good standing with the Board of Certification (BOC),  
**B1.32** have a minimum of five years experience as a BOC-certified athletic trainer,  
**B1.33** possess a current state credential for those states that require professional credentialing for athletic trainers, and  
**B1.34** demonstrate teaching, scholarship, and service consistent with institutional standards.

| Criteria for Review: - References to Appendix B  | Appendix B: Documents  |
|--|--|
| <b>Page References in Appendix B:</b><br><b>B1.3a: Page 67</b><br><b>B1.3b: Page 68</b><br><b>B1.3c: Page 69</b> | <b>B1.3a</b> Current official PD BOC certification document (e.g. BOC card, certificate, or online verification)<br><b>B1.3b</b> Copy of PD current state certificate credential or official verification<br><b>B1.3c</b> Copy of PD full curriculum vitae |

## B2. Faculty and Instructional Staff

### B2.1 Qualifications

All faculty and instructional staff members assigned and responsible for the instruction of required coursework must be:

- B2.11** qualified through professional preparation and experience in their respective academic areas as determined by the institution,  
**B2.12** recognized by the institution as faculty or instructional staff, and  
**B2.13** familiar with and incorporate the *Athletic Training Educational Competencies* as they pertain to their respective teaching areas.

| Criteria for Review: - References to Appendix B<br>- Narrative | Appendix B: Table & Documents |
|--|-------------------------------|
| <b>Page References in Appendix B:</b>                          | <b>B2.1a</b> ATEP Faculty and |

|  |  |
|--|--|
| <p><b>B2.1a: Page 79</b><br/> <b>B2.1b: Page 84</b><br/> <b>B2.1c: Page 89</b></p> <p><b>B2.13 Narrative:</b> Describe how faculty and staff are educated about the NATA Athletic Training Educational Competencies and how they are instructed to include that content in their courses.</p> <p><b>The ATEP PD met with instructors, program directors, and/or department chairs over each course that is required for the Athletic Training major. Each of these required courses includes NATA Athletic Training Educational Competencies. In the initial meeting, we determined which competencies and/or proficiencies were covered in each course. The ATEP PD then sent a full, detailed list of the competencies assigned to each course to each faculty member who taught a section or sections of the course. Each faculty member was asked to review the list of competencies assigned to the course and respond using the included form. The faculty member indicated on the form if they did indeed teach all of the competencies/proficiencies in the list or if not, which ones were not taught in the course. As the forms were returned, the matrix was adjusted to reflect any competencies/proficiencies indicated as not covered by any of the faculty members.</b></p> <p><b>All faculty members who teach courses required by the Athletic Training major have been asked to create appropriate course objectives for the syllabus that reflect the assigned competencies.</b></p> | <p>Instructional Staff Table (Table B2.1a) – Include all ATEP Faculty and Staff who teach courses listed on the Competency and Proficiency Matrix</p> <p><b>B2.1b</b> ATEP Faculty/Adjunct appointment letters <u>or</u> verification of faculty appointment as delineated in university catalog for faculty and staff listed on Table B2.1a. Please delete all personal information from appointment letters (e.g. salaries).</p> <p><b>B2.1c</b> Completed A-1 vitae forms for all ATEP faculty and instructional staff identified on Table B2.1a (ATEP Faculty and Instructional Staff), except for the Program Director.</p> <p><b>NOTE:</b> If a course is offered in multiple sections by faculty outside of the Athletic Training program’s home school/unit (e.g. Chemistry), please just list course and the unit on Table B2.1a as required; however, no A-1 forms will be required for those individuals teaching the multiple section courses outside of home school/unit.</p> |
|--|--|

**B2.2 Number**

There must be sufficient faculty and instructional staff to:

- B2.21** advise and mentor students,
- B2.22** provide oversight of program clinical education and experiences,
- B2.23** provide instruction and supervision on a regular planned basis, and
- B2.24** maintain student to faculty and instructional staff ratios to allow for educational classroom and laboratory instruction and evaluation as consistent with institutional practice.

| Criteria for Review: - References to Appendix B  | Appendix B: Tables   |
|--|--|
| <p><b>Page References in Appendix B:</b><br/> <b>B2.1a: Page 79</b><br/> <b>B2.2: Page 175</b></p> | <p><b>B2.1a</b> ATEP Faculty and Instructional Staff (Table B2.1a)</p> <p><b>B2.2</b> Student Clinical Assignment Table (Table B2.2)</p> |

**B3. Clinical Faculty and Staff****B3.1 Clinical Instructor Educator (CIE)**

A CIE must be:

- B3.11** recognized and designated by the institution as the CIE for the educational program,
- B3.12** BOC credentialed, for a minimum of three years,
- B3.13** designated and authorized by the institution to oversee Approved Clinical Instructor (ACI) training, and
- B3.14** knowledgeable in the content areas required for the training of Approved Clinical Instructors (ACI).
- B3.15** If more than one individual is designated as the CIE for the educational program, then at least one of those individuals must be a BOC credentialed athletic trainer.

| Criteria for Review: - References to Appendix B<br>- Narrative   | Appendix B: Documents  |
|--|--|
| <p><b>Page References in Appendix B:</b><br/> <b>B3.1a: Page 191</b><br/> <b>B3.1b: Page 192</b><br/> <b>B3.1c: Page 193</b></p> <p><b>B3.14 Narrative:</b> Describe how CIE is knowledgeable of content areas of ACI training requirements.</p> <p><b>Both CIEs, David Berry and Valerie Herzog, completed the CIE training session. David Berry completed his CIE training in 2002. Valerie Herzog completed her CIE training in 2005 at the NATA Educator's Conference. Both have remained current in clinical education strategies by attending conferences such as the NATA Annual Symposium and the NATA Educator's Conferences (see vitae).</b></p> | <p><b>B3.1a</b> Documentation of formal recognition and designation of CIE responsibilities by institution</p> <p><b>B3.1b</b> Current official BOC certification document (e.g. BOC card, certificate, or online verification) for the CIE.</p> <p><b>B3.1c</b> May include a copy of CIE training certificate or relevant continuing education/training in ACI content areas</p> |

**B3.2 Approved Clinical Instructor (ACI) Qualifications**

An ACI must:

- B3.21** be credentialed in a health care profession as defined by the American Medical Association or American Osteopathic Association,
- B3.22** be an ATC ® or appropriately credentialed health care professional for a minimum of one year, and
- B3.23** not be currently enrolled in the athletic training education program at the institution,
- B3.24** ACI training must include the following content areas:
  - B3.241** learning styles and instructional skills,
  - B3.242** review of the *Athletic Training Educational Competencies*,
  - B3.243** evaluation of student performance and feedback,
  - B3.244** instructional skills of supervision, mentoring, and administration,
  - B3.245** program/institution-specific policies, procedures, and clinical education requirements,
  - B3.246** legal and ethical behaviors,
  - B3.247** communication skills,
  - B3.248** appropriate interpersonal relationships, and

**B3.249** appropriate clinical skills and knowledge.

**B3.25** be trained/re-trained by the institution's CIE on a minimum of a three year cycle.

| Criteria for Review: - References to Appendix B  | Appendix B: Table & Documents   |
|--|---|
| <p><b>Page References in Appendix B:</b></p> <p><b>B3.2a: Page 195</b><br/> <b>B3.2b: Page 200</b><br/> <b>B3.2c: Page 200</b><br/> <b>B3.2d: Page 230</b><br/> <b>B3.2e: Page 276</b><br/> <b>B3.2f: Page 390</b></p> | <p><b>B3.2a</b> Approved Clinical Instructor/Clinical Instructor Table (Table B3.2a)</p> <p><b>B3.2b</b> Current official BOC certification document (e.g. BOC card, certificate, or online verification) for all ACIs listed on Table B3.2a</p> <p><b>B3.2c</b> Copy of current state practice credential for all ACIs listed on Table B3.2a</p> <p><b>B3.2d</b> Completed A-1 vitae form for all ACIs listed on Table B3.2a</p> <p><b>B3.2e</b> ACI training content and agenda</p> <p><b>B3.2f</b> ACI dated training roster documenting training for all ACIs listed on Table B3.2a</p> |

### **B3.3 Approved Clinical Instructor (ACI) Responsibilities**

An ACI must:

**B3.31** provide instruction and/or evaluation of the *Athletic Training Educational Competencies*,

**B3.32** provide assessment of athletic training students' clinical proficiency

**B3.33** have regular communication with the appropriate ATEP Administrator, and

**B3.34** demonstrate understanding of and compliance with the policies and procedures of the ATEP.

| Criteria for Review: - Narrative   | Appendix B: |
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| <p><b>B3.31 – B3.34 Narrative:</b> Describe how ACIs are informed of responsibilities and description of how the ATEP is able to determine how ACIs meet those responsibilities.</p> <p><b>All ACIs have attended the ACI training, led by the CIE(s), within the last 2-3 years. This training explains the responsibilities of the ACI. This is also outlined in the ACI handbook and in each Affiliate site contract. ACIs not only sign the Affiliate site contract, but sign a form stating that they've read and agree to the policies outlined in the ACI handbook. The Clinical Coordinator, David Berry, visits each clinical site at least once per year to verify that the ACIs are aware of their responsibilities and are fulfilling those responsibilities. In addition, both the Clinical Coordinator and the Program Director review the ACI evaluations by the athletic training students. These are reviewed as the students submit them for any issues that</b></p> | <p>None</p> |

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| need to be addressed. Students are also encouraged to report any issues as they arise at their clinical sites. |  |
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### B3.4 Clinical Instructor (CI) Qualifications

A CI must:

- B3.41** be a credentialed health care professional as defined by the American Medical Association and the American Osteopathic Association,
- B3.42** be appropriately credentialed for a minimum of one year. If a CI is credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced credentialed CI that ensures the quality of instruction provided to the athletic training students.
- B3.43** not be currently enrolled in the athletic training education program at the institutions.

| Criteria for Review: - Reference to Appendix B<br>- Narrative (if required)  | Appendix B: Table & Documents   |
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| <p><b>Page References in Appendix B:</b><br/> <b>B3.2a: Page 195</b><br/> <b>B3.4a: Page 403</b><br/> <b>B3.4b: Page 403</b><br/> <b>B3.4c: Page 424</b></p> <p><b>B3.42 Narrative (if required):</b> If certified less than one year, provide plan of supervision.</p> <p><b>We do not utilize any allied health care professionals who have been certified for less than 1 year as CIs or as ACIs.</b></p> | <p><b>B3.2a</b> Completed ACI/CI Table B3.2a</p> <p><b>B3.4a</b> Current official BOC certification document (e.g. BOC card, certificate, or online verification) for all CIs who are ATCs listed on Table B3.2a</p> <p><b>B3.4b</b> Copy of current state practice credential for all CIs listed on Table B3.2a</p> <p><b>B3.4c</b> Completed A-1 vitae form for all CIs listed on Table B3.2a</p> |

### B3.5 Clinical Instructor (CI) Responsibilities

A CI must:

- B3.51** supervise the students during clinical and/or field experiences,
- B3.52** have regular communication with the appropriate ATEP administrator, and
- B3.53** demonstrate understanding of, and compliance, with the policies and procedures of the ATEP.

| Criteria for Review: - Narrative  | Appendix B: |
|---|-------------|
| <p><b>B3.51 – 3.53 Narrative:</b> Description as to how CIs are informed of responsibilities and description of how the ATEP is able to determine how CIs meet those responsibilities.</p> <p><b>The CI responsibilities are outlined in each Affiliate site contract. The Clinical Coordinator, David Berry, visits each clinical site at least once per year to verify that the CIs are aware of their responsibilities and are fulfilling those responsibilities. In addition, both the Clinical Coordinator and the Program Director review the CI evaluations by the</b></p> | None        |

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| athletic training students. These are reviewed as the students submit them for any issues that need to be addressed. Students are also encouraged to report any issues as they arise at their clinical sites. |  |
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### **B3.6 Medical and Other Health Care Personnel**

There must be involvement of various medical and other health care personnel in formal classroom settings on a planned, annual, and continuing basis.

**B3.61** A minimum of two physicians (MD, DO) with differing specialties must participate in formal, scheduled classroom instruction that is a component of a required course(s).

**B3.62** A minimum of two allied health care professionals other than physicians, with differing specialties, with professional credentials other than, or in addition to, Certified Athletic Trainer must participate in formal, scheduled classroom instruction that is a component of a required course(s).

| <b>Criteria for Review: - References to Appendix B</b>                                    | <b>Appendix B: Table &amp; Documents</b>  |
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| <b>Page References in Appendix B:</b><br><b>B3.6a: Page 471</b><br><b>B3.6b: Page 473</b> | <b>B3.6a</b> Completed Medical and Other Health Care Personnel Table (Table B3.6a)<br><br><b>B3.6b</b> Copies of course syllabi, which document Medical and Other Health Care Personnel participation in daily/weekly plan. |

### **B4. ATEP Medical Director**

The medical director must:

**B4.1** be an MD/DO who is licensed to practice in the state housing the ATEP, and

**B4.2** in coordination with the program director, act as a resource and expert for the medical content of the ATEP in both formal classroom and supervised clinical experiences.

| <b>Criteria for Review: - References to Appendix B<br/>- Narrative</b>   | <b>Appendix B: Documents</b>  |
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| <b>Page References in Appendix B:</b><br><b>B4.1a: Page 481</b><br><b>B4.1b: Page 483</b><br><br><b>B4.2 Narrative</b> - Description as to how MD/DO meets requirement of B4.2.<br><br><b>Dr. Stephen Scharmann is the Medical Director for the Weber State University Undergraduate ATEP. He is a licensed MD in the State of Utah. He meets with the ATEP Director at least annually to discuss any issues with the program. He also serves as a clinical instructor, supervising students at the Porter-Dee Family Practice clinic. His resident physicians also supervise the students at his clinic. Students have the opportunity to interact with him every</b> | <b>B4.1a</b> Medical Director professional vitae or A-1 Form<br><br><b>B4.1b</b> Copy of Medical Director's current state medical license |

Wednesday afternoon when he comes on campus (to the Stadium AT Room) to evaluate athletes. Students assigned to Ben Lomond High School or WSU football interact with Dr. Scharmann at home football games. While Dr. Scharmann does not personally give lectures in our classes, he does coordinate lectures given by his resident physicians in the AT 4550 class. He assists the residents in preparing and revising their presentations and chooses which residents give which talks. He also visits campus each Wednesday afternoon to see athletes in the Stadium Athletic Training Room. This is an additional opportunity for both students and faculty to interact with Dr. Scharmann. David Berry, the Clinical Coordinator, assists with this clinic each Wednesday.

**B5. Administrative and Support Staff**

- B5.1** Equitable professional clerical/secretarial and other support staff must be available to support program personnel comparable to that which is provided to similar academic programs in the institution.
- B5.2** Clerical/secretarial and other support staff must be sufficient to support the program's mission and goals.

| Criteria for Review: - Reference to Appendix B<br>- Narrative  | Appendix B: Document  |
|--|---|
| <p><b>Page Reference in Appendix B:</b><br/><b>B5.1: Page 484</b></p> <p><b>B5.1 and B5.2 Narrative:</b> Describe how staffing meets requirements described in B5.1 and B5.2.</p> <p><b>There are four administrative and support staff personnel who serve the Athletic Training Education Program. Lisa Pedersen is a full-time administrative assistant who serves all of the programs in the Department of Health Promotion and Human Performance (HPHP). Jeannette Johnson is a part-time secretary who also serves all programs in HPHP. Sherrie Jensen is a full-time academic advisor, serving all programs in HPHP. While the athletic training faculty regularly meet with students to ensure that they are on track with their courses in the AT major, Sherrie Jensen is also available for students and focuses more on their general education and graduation requirements. She is also responsible for clearing students for graduation. Stephanie Heath is the recruiter for the College of Education, serving all departments and programs in the college (including those in HPHP). Stephanie regularly visits high schools and junior colleges to recruit students for the programs in the college. She also works with other university staff and faculty in each department to develop and produce recruiting materials</b></p> | <p><b>B5.1</b> Official staff appointment documentation with evidence that ties appointment to ATEP (e.g. job description, letter from administrator)</p> |

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| such as information pages, brochures, and other promotional items. |  |
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*Section C: Resources*

**C1. Financial Resources**

- C1.1** The academic unit of the sponsoring institution must provide and manage adequate (as defined by C1.3), equitable, and continuing resources necessary to operate an athletic training education program.
- C1.2** The ATEP budget must be consistent and comparable with other academic programs funded by the sponsoring institution.
- C1.3** Funding must be available for the following essential needs and functions:
- C1.31** expendable supplies,
  - C1.32** capital equipment,
  - C1.33** course instruction,
  - C1.34** operating expenses, and
  - C1.35** professional development.

| Criteria for Review: - References to Appendix C<br>- Narrative   | Appendix C: Table & Document   |
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| <p><b>Page References in Appendix C:</b><br/> <b>C1a: Page 486</b><br/> <b>C1b: Page 491</b></p> <p><b>C1.1 – C1.3 Narrative:</b> Describe the consistency and availability of, and management processes used for the distribution of financial resources for the ATEP.</p> <p><b>Many of the AT courses have been assigned laboratory fees. These fees are then used to purchase educational supplies for the program including capital and expendable items. In addition, the Swenson Building was completely renovated recently. In the fall of 2007, the Department moved back into the newly renovated building. The athletic training laboratory/classroom (Room 117) was equipped with over \$50,000 worth of new athletic training equipment in addition to new computer/presentation equipment and a \$70,000 SwimEx hydrotherapy pool.</b></p> <p><b>The College of Education pays the salaries of the full-time faculty in the AT program. The Continuing Education Department on campus pays the adjunct salaries for any class taught before 8am or after 4pm. Any other adjunct pay is covered by the Department budget.</b></p> <p><b>Professional development funds are available from several sources on campus. Initially, faculty are asked to seek funding from their own department. Additional funding is then sought through the College of Education Moyes</b></p> | <p><b>C1a</b> Completed Budget Table (Table C1)</p> <p><b>C1b</b> Purchase invoice, completed reimbursement form, faculty contract, <u>or</u> other official institutional documents, that demonstrates the availability and use of funds for ATEP faculty professional development.</p> |

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| <p><b>Endowment fund and/or the University Research, Scholarship, and Professional Growth Committee. Funds from the second two sources are typically only allotted to faculty who are presenting at a conference or have another compelling reason to attend. Any remaining funding still needed, but not awarded by the second two sources is paid for by the Department. Faculty in the AT program have attended 2-3 conferences per year each over the past three years and have never had to pay for any travel/conference expenses out of their own money. Valerie Herzog, the PD, has run the educational program for the Rocky Mountain Athletic Trainers' Association for the past three years and the association covers all of her expenses for that conference. Therefore, no travel logs are completed when she attends that conference each year.</b></p> |  |
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Section D: *Physical Resources*

**D1. Facilities**

**D1.1** Physical facilities must include:

**D1.11** classrooms that are consistent in size and quality with classrooms used for similar academic programs at the sponsoring institution,

**D1.12** laboratories that are consistent in size and quality with laboratories used for similar academic programs at the sponsoring institution,

**D1.13** clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution, and

**D1.14** administrative offices must be provided for program staff and faculty on a consistent basis similar to other academic programs at the sponsoring institution.

**D1.2** An athletic training facility and other clinical settings must provide the primary setting(s) in which the clinical portion of the athletic training educational program is conducted.

**D1.3** The educational facilities for all instructional sites used for classroom and laboratory instruction must be equitable for students at each site; this includes distance or remote education sites.

**D1.4** Classroom and laboratories must have seating, lighting, heating/cooling, and ventilation that will provide an atmosphere to facilitate the learning process.

**D1.5** There must be designated space for confidential counseling of students by ATEP faculty.

**D1.6** There must be secure, private storage space for student files and records.

| Criteria for Review: - Reference to Appendices A & D<br>- Narrative  | Appendix D: Table  |
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| <p><b>Page References to Appendix A:</b><br/>A4a: Page 22</p> <p><b>Page References to Appendix D:</b><br/>D1: Page 513</p> <p><b>D1.1 - D1.6. Narrative:</b> Provide an overview of the facilities available for classroom and laboratory instruction, and for the facilities used by students for clinical experiences.</p> <p><b>In the Fall of 2006, we moved back into the newly renovated Swenson Building. Approximately \$10 million were spent to updating every aspect of the building including offices, classrooms, laboratories, technology, HVAC, etc. The Athletic Training Laboratory classroom (Room 117) has a 1,000 sq. ft. classroom as well as a 500 sq. ft. hydrotherapy room. The classroom contains approximately \$70,000 of new athletic training equipment including therapeutic modalities, rehabilitation equipment, and evaluation instruments. The hydrotherapy room houses a \$70,000 SwimEx hydrotherapy pool.</b></p> <p><b>Another lab in the building is the Nutrition/Biochemistry lab (Room 33), which is available primarily for undergraduate research projects in which human fluids need to be collected</b></p> | <p><b>A4a</b> Clinical Education Site Table</p> <p><b>D1</b> Classroom and Laboratory Table (Table D1)</p> |

and analyzed. While this lab is available, no undergraduate athletic training students have taken advantage of it yet. The other lab is the Human Performance lab (Room 12), which contains state-of-the-art exercise science equipment such as a BodPod, metabolic cart, and a hydrostatic weighing tank. It also contains a computer lab area for student use during class or outside of class.

We utilize a large variety of on-campus and off-campus clinical sites which expose our students to varied clinical instructors and patient populations. In addition to WSU varsity sport assignments, we ensure that every student has at least one high school experience, one sports medicine/physical therapy clinic experience, and one general medical experience. Every effort is made to meet individual student career goals and interests by assigning them to clinical sites that they request.

**NOTE:** If there are more than six affiliated off campus clinical education sites, a narrated video of all affiliated sites must be developed and sent with this self-study document to facilitate review of Clinical Sites. A full description of the requirements for this type of submission is included with the forms provided. *See “Site Visit Requirements for Verification of Clinical Sites” for specific requirements.*

## D2. Learning and Instructional Resources

- D2.1** The number and quality of instructional aids must allow for learning, practice, and evaluation during formal instruction and the clinical practice components of the ATEP.
- D2.2** Instructional aids must be available to provide instruction and student practice of the clinical proficiencies and psychomotor competencies as identified in the *Athletic Training Educational Competencies*.
- D2.3** At all distance or remote education sites, learning and instructional equipment and supplies used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students.
- D2.4** At all distance or remote education sites, educational technology used for formal instruction and assessment must be comparable and equally accessible to all students regardless of location.

| Criteria for Review: - Reference to Appendix D              | Appendix D: Table  |
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| <b>Page Reference in Appendix D:</b><br><b>D2: Page 514</b> | <b>D2</b> Completed Instructional Aids Table for those Instructional Aids available at the academic institution; if not all aids are available at the institution, provide a table(s) for the location(s) where the required |

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|  | aids are accessed by the program. (Table D2) |
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### D3. Therapeutic Modalities and Rehabilitation Resources

- D3.1** The therapeutic modalities and rehabilitation equipment, identified in the psychomotor and clinical proficiency sections of the *Athletic Training Educational Competencies*, must be available for formal instruction and practice.
- D3.2** Therapeutic modalities and rehabilitation equipment, appropriate to the clinical setting, must be available for clinical education purposes.
- D3.3** At all distance or remote education sites, all therapeutic modalities and rehabilitation equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

| Criteria for Review: - References to Appendix D               | Appendix D: Table   |
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| <b>Page References in Appendix D:</b><br><b>D3a: Page 516</b> | <b>D3</b> Completed Therapeutic Modalities and Therapeutic Exercise Equipment Table(s) for those Therapeutic Modalities and Therapeutic Exercise Equipment at the host institution, as well as <b>all</b> affiliated sites in which clinical education occurs. (Table D3) |

### D4. First Aid and Emergency Care Equipment

- D4.1** The first aid and emergency care equipment, identified in the *Athletic Training Educational Competencies*, must be available for formal instruction and practice.
- D4.2** First aid and emergency care equipment, appropriate to the emergency action plan of the clinical setting, must be available for clinical education purposes.
- D4.3** At all distance or remote education sites, all first aid and emergency equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

| Criteria for Review: - Reference to Appendix D              | Appendix D: Table  |
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| <b>Page Reference in Appendix D:</b><br><b>D4: Page 566</b> | <b>D4</b> Completed First Aid and Emergency Care Equipment Table(s) for that First Aid and Emergency Care Equipment at the host institution. If not all equipment is available at the host institution, provide a table(s) for the location(s) where the required equipment is accessed by the program. (Table D4) |

### D5. Library and other Information Sources

- D5.1** Students must have reasonable access to information resources needed to adequately prepare them to be entry-level professionals. This includes current editions of books, periodicals, and other reference materials in contemporary formats related to the programmatic goals.
- D5.2** At all distance or remote education sites, all library and other information resources used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

| Criteria for Review: - Reference to Appendix D<br>- Narrative   | Appendix D: Table   |
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| <p><b>Page Reference in Appendix D:</b><br/><b>D5: Page 567</b></p> <p><b>D5.1 - D5.2 Narrative:</b> Describe library and information sources available to students that are related to the profession of athletic training and or the BOC examination.</p> <p><b>The Stewart Library contains a large variety of athletic training textbooks and other related reference books in order to prepare students for the BOC examination. The BOC reference list was provided to the College of Education Librarian, Evan Christiansen, with the request that he order as many books from the list as financially feasible over the past two years. The collection of books from the BOC reference list has grown substantially over the past two years. Students have access to many athletic training, sports medicine, and medical journals, both in print and online through the library's website. The library's website (<a href="http://library.weber.edu/">http://library.weber.edu/</a>) also offers the Illiad service for processing interlibrary loan requests, most of which are filled within 3-5 days. The library's website offers online database search engines, many with full text, including EbscoHost, Medline, CINAHL, and SportDiscus. Students can access the services on the library's website on campus and from off-campus computers (with their student username and password). See the list of print/electronic journals available through our library in Appendix D.</b></p> | <p><b>D5</b> Completed Required Textbook Table (Table D5)</p> |

*Section E: Operational Policies and Fair Practices*

**E1. Program Admission and Advertisements**

- E1.1** Program admission criteria (E1.11a-E1.13) must be clearly defined and published consistently in official institution academic documents, handbooks, and/or other published and announced information sources. It is not necessary to have all information in all documents, but there must be appropriate reference to a publicly accessible document that includes all program admission criteria. Program admission criteria must include:
- E1.11** technical standards,
  - E1.12** competitive admissions process, and
  - E1.13** transfer and retention policies.
- E1.2** Program admission criteria must be available to prospective and current students.
- E1.3** Program policies, procedures, and requirements must be accurate and consistent in all published and announced information sources (e.g., web-sites, catalogs, recruiting materials).
- E1.4** Announcements and advertising must accurately reflect current terminology of the profession and program offered (e.g., BOC, athletic training student, and the title of athletic training).
- E1.5** Student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory with respect to race, color, creed, gender, sexual orientation, age, disabling conditions (handicaps), and national origin and must be consistent with defined institutional policy.
- E1.6** Academic tuition, fees, and other ATEP required costs to the student must be made known to all applicants and current students in official institutional documents (e.g., published and announced information sources).
- E1.7** The institution must have a published procedure available for processing student and faculty grievances.
- E1.8** Policies and processes for student withdrawal and for refund of tuition and fees must be published in official institutional publications or other announced information sources and made available to applicants.
- E1.9** Policies and procedures governing the award of funding available for work-study, scholarship, or other funding opportunities must be made available to all students.
- E1.10** Work-study, scholarship, or other funding opportunities must not require students to perform athletic training skills or services as a replacement of certified athletic training staff.
- E1.11a** The welfare of all athletic training students must be protected by liability insurance that can be documented through declaration pages or other legally-binding documents.

| <b>Criteria for Review: - References to Appendix E</b>   | <b>Appendix E: Table &amp; Documents</b>   |
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| <p><b>Page References in Appendix E:</b></p> <p><b>E1a: Page 570</b></p> <p><b>E1b: Page 571</b></p> <p><b>E1c: Page 603</b></p> | <p><b>E1a</b> Admissions Materials and Advertisements Table (Table E1a) – List of materials/information available to prospective students, as well as how and where that info may be accessed</p> <p><b>E1b</b> Copies of Admissions</p> |

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|  | <p>Materials and Advertisements listed on Admissions Materials and Advertisements Table E1a</p> <p><b>E1c</b> Copy of declaration page or other legally-binding documentation of student liability insurance</p> |
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*Section F: Health and Safety*

- F1.** A physical examination by a MD/DO/NP/PA must verify that the student is able to meet the physical and mental requirements - with or without reasonable accommodation - of an athletic trainer. This examination must include:
- F1.1** a medical history,
  - F1.2** an immunization review, and
  - F1.3** evidence of a physical examination that is maintained by the institution in accordance with established confidentiality statutes.

| Criteria for Review: - References to Appendix F<br>- Narrative   | Appendix F: Documents  |
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| <p><b>Page References in Appendix F:</b><br/> <b>F1a: Page 604</b><br/> <b>F1b: Page 611</b></p> <p><b>F1.1 – F1.3 Narrative:</b> Describe when physical examinations are required, where the completed physical examination are housed on campus, and how the ATEP verifies that all currently enrolled students have completed this requirement.<br/> <b>Students applying for formal admission to the ATEP must submit proof of their physical examination with their application packet. Standardized physical examination forms are provided to the students which include a medical history, and physical examination, and an area where the physician indicates if the student can meet the Technical Standards of the program (or if they require accommodations).</b></p> <p><b>While the students may choose to have their physical examination completed by another physician, they are encouraged to utilize the free medical exam provided by the university's on-campus Student Health Center.</b><br/> <a href="http://departments.weber.edu/healthcenter/">http://departments.weber.edu/healthcenter/</a></p> <p><b>As part of the application process, students must also submit proof of immunizations, which are reviewed by the ATEP Director. In the fall of 2008, we will begin requiring that students have these immunizations also reviewed by the physician who performs their physical examination. A line has been added to the physical form where the physician will indicate that the immunizations have been reviewed.</b></p> <p><b>All of these documents are maintained in each student's file in the Program Director's office file cabinet.</b></p> | <p><b>F1a</b> Physical exam criteria and blank physical examination form</p> <p><b>F1b</b> Verification of physical examination completion, housed on campus, for all students involved in clinical education – may be a copy of a blinded (last name only deleted) form or official verification form</p> |

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| <b>Students who do not complete and submit this paperwork are denied admission into the ATEP.</b> |  |
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- F2.** Technical standards required for admission to the program must be clearly defined, published, and approved by appropriate institutional representatives having the authority to act on behalf of the institution; these requirements must be readily accessible to current and prospective students. Students who are unable to meet the technical standards and who require accommodations must attain verification by a physician or appropriate institution disability officer as defined by sponsoring institution policy.

| <b>Criteria for Review: - References to Appendix F<br/>- Narrative</b>   | <b>Appendix F: Documents</b>  |
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| <p><b>Page References in Appendix F:</b><br/>F2: Page 615</p> <p><b>F2 Narrative:</b> Describe when technical standards are required, where the completed technical standards are housed, and how the ATEP verifies that all currently enrolled students have completed this requirement.</p> <p><b>Students applying for formal admission to the ATEP must submit proof of their physical examination with their application packet. Standardized physical examination forms are provided to the students which include a medical history, and physical examination, and an area where the physician indicates if the student can meet the Technical Standards of the program (or if they require accommodations).</b></p> <p><b>In addition, students sign and submit the Technical Standards form indicating if they meet the standards or will require specific accommodations.</b></p> <p><b>Both forms are submitted with the student's program application and are kept in their file in the Program Director's office file cabinet.</b></p> <p><b>Students who do not complete and submit this paperwork are denied admission into the ATEP.</b></p> | <p><b>F2</b> One completed (signed, last name (only) of the student blinded/blackened and dated) copy of technical standards document</p> |

- F3.** Athletic training students must be officially enrolled in the clinical portion of the program, be formally instructed and formally assessed on athletic training clinical skills as part of a required course prior to performing those skills on patients.

| <b>Criteria for Review: - Narrative</b>   | <b>Appendix F:</b> |
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| <b>F3 Narrative:</b> Describe ATEP policy as it relates to F3 and provide a description as to how students and CIs/ACIs are | None               |

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| <p>informed of this policy.</p> <p><b>The following statements are direct quotes from the Student Handbook.</b></p> <p><b>During a clinical education experience a student <u>CANNOT</u> perform skills on a patient until the skill has been taught and assessed in the classroom. This does not prevent the student and ACI from discussing or learning new material. However, the patient has a right to receive medical care from an individual trained in the specific skill.</b></p> <p><b>Prior to admission to the ATEP, students complete direct observation hours, which are different from direct supervision hours. Direct observation hours offer the new student an opportunity to <u>OBSERVE</u> the clinical education environment and become familiar the responsibilities and roles of the ACI and student. These students do not perform any direct patient care.</b></p> <p><b>These statements also appear in the ACI handbook. Both the students and the ACIs sign a statement indicating that they have read and agree to abide by the policies in their respective handbooks. Copies of these signed agreements are kept in the respective files.</b></p> |  |
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**F4.** An active communicable disease policy must be established, published in program documents that are accessible to current students, and enforced for ATEP students by program personnel.

| <b>Criteria for Review: - Reference to Appendix F<br/>- Narrative</b>  | <b>Appendix F: Document</b>                          |
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| <p><b>Page Reference to Appendix F:</b><br/><b>F4: Page 617</b></p> <p><b>F4 Narrative:</b> Describe how the ATEP verifies that all students and CIs/ACIs are informed of this requirement.</p> <p><b>The Communicable Disease Policy is contained in both the Student Handbook and the ACI handbook. Both the students and the ACIs sign a statement indicating that they have read and agree to abide by the policies in their respective handbooks. Copies of these signed agreements are kept in the respective files.</b></p> | <p><b>F4</b> Copy of Communicable Disease Policy</p> |

**F5.** Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites.

| <b>Criteria for Review: - References to Appendices D &amp; F</b> | <b>Appendix F: Table &amp; Documents</b>    |
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| <p><b>Page References in Appendix D:</b></p>                     | <p><b>D3</b> Therapeutic Modalities and</p> |

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| <p><b>D3: Page 516</b></p> <p><b>Page References to Appendix F:</b></p> <p><b>F5: Page 618</b></p> | <p>Therapeutic Exercise Equipment Table(s) (Table D3)</p> <p><b>F5</b> Documentation of electrical checks and calibrations for all electrical modalities listed on Table D3, signed/dated by qualified technicians, for every modality at each Clinical Site delineated in Table A4a.</p> |
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- F6.** The students must comply with Occupational Safety and Health Administration or appropriate blood-borne pathogen procedures. Students must have:
- F6.1** formal blood-borne pathogen training before being placed in a potential exposure situation. This includes participation in all clinical settings and situations including the clinical observation portion of the clinical education experience (if applicable).
  - F6.2** annual education in pathogen and infection control,
  - F6.3** access to and utilize appropriate blood-borne pathogen barriers,
  - F6.4** access to and utilize proper sanitary precautions, and
  - F6.5** access to appropriate biohazard disposal equipment and procedures at each clinical site.

| <b>Criteria for Review: - References to Appendix F<br/>- Narrative</b>   | <b>Appendix F: Documents</b>   |
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| <p><b>Page References in Appendix F:</b></p> <p><b>F6a: Page 622</b></p> <p><b>F6b: Page 625</b></p> <p><b>F6 Narrative:</b> Describe how students have access to and are instructed to utilize proper blood-borne pathogen procedures.</p> <p><b>During the fall semester of the freshmen year, prior to admission, all students attend a required OSHA/Bloodborne Pathogens training. The training occurs during class time in the AT 1500 (Introduction to Athletic Training) class, which all students must take prior to applying for admission to the ATEP. Students who miss the training must make it up by going to the Environmental Health and Safety Office on campus to complete the training individually. Students who do not complete the training are not eligible for admission to the ATEP. After completing this training, any student who has not yet completed their Hepatitis-B vaccination series is provided with a voucher to receive the series free of charge at the Weber-Morgan Health Department in Ogden.</b></p> <p><b>Following the initial training, each student in the ATEP must attend a required OSHA/Bloodborne Pathogens training each spring semester. Freshmen receive this training twice during their first year and then once a year</b></p> | <p><b>F6a</b> Copy of OSHA or blood-borne pathogen Policy</p> <p><b>F6b</b> Provide a copy/copies of the Blood-borne pathogen training roster(s) for the most recent academic year documenting that all students currently involved in patient contact have been trained</p> |

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| <p>each following year.</p> <p><b>The training has typically been conducted by the Weber State University Hazardous Materials Specialist who works through the Environmental Health and Safety Office.</b></p> <p><b>Documentation of this annual training is maintained in each student's file. The policy is located in both the Student Handbook and the ACI Handbook.</b></p> |  |
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- F7.** Students must have access to a written emergency action plan at each clinical site where assigned for clinical education.

| <b>Criteria for Review: - Reference to Appendix F</b>   | <b>Appendix F: Documents</b>  |
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| <p><b>Page Reference in Appendix F:</b><br/><b>F7: Page 629</b></p> <p><b>F7 Narrative:</b> Describe when and how students receive information regarding EAPs, and the location of hard copies of these plans on each site</p> <p><b>At the beginning of each new clinical rotation, students meet with their ACI/CI for a general orientation including the location and explanation of the EAP for that clinical site.</b></p> <p><b>Copies of each EAP have also been added to the Athletic Training website for students to access.</b></p> | <p><b>F7</b> Copy of emergency action plan for <u>each</u> clinical site, except for emergency medicine (e.g. ambulance, emergency room) site(s).</p> |

*Section G: Student Records*

- G1.** Student records must be maintained in a secure location(s), be accessible to only designated program personnel, and document the following:
- G1.1** evidence of completion of published admission criteria,
  - G1.2** verification of all completed clinical experiences,
  - G1.3** student and ACI/CI signed clinical experience evaluations,
  - G1.4** completed clinical competencies and proficiencies including skill/technique acquisition and learning over time evaluations,
  - G1.5** completed and signed technical standards,
  - G1.6** written documentation of a physical examination, including immunizations, by a MD/DO, NP, or PA,
  - G1.7** remediation and disciplinary actions,
  - G1.8** appropriate academic progress (e.g., grade tracking/completion forms, advisement forms),
  - G1.9** written documentation of current first aid, CPR, and AED training consistent with the *Athletic Training Educational Competencies*, and
  - G1.10** written documentation of annual blood-borne pathogen training.

| <b>Criteria for Review: - Reference to Appendix G</b>       | <b>Appendix G: Table</b>  |
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| <b>Page Reference in Appendix G:</b><br><b>G1: Page 764</b> | <b>G1</b> Student Records Table (Table G1) – includes a listing of documents/records maintained on each student and their location(s) |

*Section H: Outcomes*

- H1.** Programs must routinely secure qualitative and quantitative data to determine the outcomes and effectiveness of the program. These outcomes must relate to the program's stated educational mission and goals and include measures related to didactic and clinical instruction, student learning (both clinical and didactic), and overall program effectiveness. The specific volume and nature of outcome information is influenced by the individual character of the institution and should be in keeping with other academic programs within the institution.

| Criteria for Review: - Reference to Appendix H<br>- Narrative   | Appendix H: Document                               |
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| <p><b>Page Reference in Appendix H:</b><br/><b>H1: Page 765</b></p> <p><b>H1 Narrative:</b> Describe the relationship among/between the ATEP mission and goals and the assessment techniques used by the ATEP to determine didactic and clinical instruction, student learning (both clinical and didactic), and overall program effectiveness</p> <p><b>The mission of the ATEP focuses on providing a quality educational experience for students. The program prepares students for satisfying careers in athletic training and also for a variety of complimentary professions. The program is evaluated on a regular and planned basis to ensure that both the students' didactic and clinical instruction are effective.</b></p> <p><b>The first goal of the ATEP is to "Prepare the student to meet the educational competencies and clinical proficiencies necessary to be eligible to sit for the Board of Certification (BOC) examination." Students must earn a grade of "C" or better in all required courses and must maintain a minimum 2.5 GPA overall. In the clinical application courses, students must score a minimum of 70% on all examinations and complete all course packet units to receive a passing grade. Students evaluate each course at the end of the course and evaluate the ATEP as a whole each year.</b></p> <p><b>The second goal of the ATEP is to "Prepare students for entry into athletic training, medicine, physical therapy, and other allied health and professional fields." Through both didactic and clinical experiences, students are exposed to a variety of allied health care professionals. The students learn specialized knowledge from experts in the field while learning about career possibilities.</b></p> <p><b>The third goal of the ATEP is to "Prepare students to seek entrance into graduate school programs such as sports medicine, athletic training, sports psychology, exercise</b></p> | <p><b>H1</b> Copy of Program Mission and Goals</p> |

physiology, cardiac rehabilitation, adult fitness, physical therapy, and medicine.” Through advising and coursework, ATEP faculty help students choose appropriate graduate programs, prepare professional files, and prepare for professional interviews. Placement rates in graduate programs are tracked for all program graduates.

The fourth goal of the ATEP is to “Provide an individualized clinical education plan for each student.” Each semester, students are given the opportunity to request the next clinical rotation(s) based on their personal and career interests. The faculty attempt to accommodate students’ requests within logistical and accreditation requirements. Every attempt is made to ensure that students are provided with a variety of experiences and clinical instructors. At the end of each clinical rotation, students evaluate their clinical instructors and clinical facilities.

- H2.** There must be a comprehensive (master) assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, employer and/or alumni surveys, senior exit evaluations, and BOC examination passing rates.

| Criteria for Review: - Reference to Appendix H<br>- Narrative   | Appendix H: Document  |
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| <p><b>Page Reference in Appendix H:</b><br/><b>H2: Page 766</b></p> <p><b>H2 Narrative:</b> Provide an overview of the Comprehensive (master) assessment plan for the educational program.</p> <p><b>The WSU Athletic Training Education Program (ATEP) uses several assessment tools to evaluate the various aspects of the program. The quality of individual courses and instructors is evaluated by both students and peer faculty on a regular and planned basis. The quality of the clinical instructors and clinical affiliation sites is evaluated by the students during each clinical rotation and by the Clinical Coordinator on an annual basis. The satisfaction of the students in the program and the satisfaction of the freshmen observation students are evaluated annually by the students. The performance of each student for each clinical rotation is determined both by their assigned clinical instructors and their classroom instructors. The satisfaction with the education provided by our graduates and employers of graduates is evaluated annually by our alumni and their employers. We also track our students' pass rate on the Board of Certification (BOC) examination, their</b></p> | <p><b>H2</b> Copy of Comprehensive (Master) Assessment Plan</p> |

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| job/graduate school placement rate, and the graduation rate. |  |
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**H2.1** The evaluation plan must include, minimally, assessments that are designed to evaluate:

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

**H2.12** effectiveness of learning,

**H2.13** quality of didactic instruction, and

**H2.14** quality of clinical instruction.

| Criteria for Review: - Reference to Appendix H                | Appendix H: Documents  |
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| <b>Page Reference in Appendix H:</b><br><b>H2.1: Page 768</b> | <b>H2.1</b> Provide one completed blinded (last name only deleted) copy of each type of evaluation tool listed in Comprehensive (master) Assessment Plan |

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

**H2.21** achievement of educational mission and goals of the program,

**H2.22** effectiveness of learning,

**H2.23** quality of didactic instruction, and

**H2.24** quality of clinical instruction.

| Criteria for Review: - Reference to Appendix H<br>- Narrative   | Appendix H: Documents   |
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| <b>Page Reference in Appendix H:</b><br><b>H2.2: Page 827</b><br><br><b>H2.2 Narrative:</b> Describe how the data collected from each evaluation tool cited in the Comprehensive Assessment Plan is used to demonstrate effectiveness in each of the categories listed.<br><br><b>The data from each evaluation tool is summarized annually. Each year, we look for trends and/or changes compared to previous years as well as any below average scores. Any areas demonstrating poor performance or decreased performance are noted. Changes to the ATEP are made if appropriate. During the following years, we look to determine if the changes made resulted in improvements in the related scores/trends. If sufficient improvements (this is made on a case-by case situation) have occurred, we consider the change to be successful. If the scores/trends have not improved, we have discussions with the appropriate faculty, ACIs, administrators, and/or students to develop new and/or improved changes.</b><br><br><b>The Program Surveys are completed by all currently accepted sophomores, juniors, and seniors in the ATEP.</b> | <b>H2.2</b> Provide summary data for those evaluations conducted during the last two academic years |

Data collected from 2005, 2006, and 2007 indicate that the students perceive their educational experience in the ATEP to be above satisfactory. Improvements in their overall scores have been noted in 2006 with a slight decline in 2007, indicating that the changes made have been well-received. We did note that the students' commitment to their education has decreased somewhat, and we believe this is related to the increase in number of younger students.

The Athletic Training Student Persistence Surveys are very similar to the Program Surveys, but are completed by students enrolled in the AT 1500 course (observation students) following the application deadline so that we can compare students who applied for admission with those who did not. Again, the students perceived their education to be above satisfactory. Again, commitment scores decreased slightly as did the average age of the students.

At the conclusion of each clinical education experience, students evaluate their approved clinical instructors, anonymously if they wish. Data gathered from 2005-2007 indicate that the students perceive their ACIs to be above satisfactory. The mean scores increased from 4.4/5 in 2005 to 4.78/5 in 2007.

Also at the conclusion of each clinical education experience, students evaluate the clinical facility. Data gathered from 2005-2007 indicate that the students are very satisfied with their clinical facilities. The only noted weakness occurred in 2007 where students indicated that they are not always exposed to a variety of patients/cases on a daily basis, which is somewhat expected with the homogeneity of each experience (i.e. football has all young football players.)

Approximately 6 months following graduation, we mail an alumni survey to each graduate of the ATEP. Data collected from 2005-2007 indicate that the alumni feel that on average, the ATEP prepared them for the BOC exam and their professional careers. It was difficult to draw conclusions, given the limited number of respondents. Graduates felt that their clinical experiences at the high school, clinic, and general medical sites were most valuable to their professional preparation as athletic trainers.

Along with the alumni surveys, graduates are mailed an employer survey. It should be noted that the number of respondents is quite low, only 2 were returned over the last 3 years. From the data gathered, employers of our graduates

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| feel that the ATEP has been effective at preparing students to enter the workforce. Both employers indicated that they would continue to hire WSU ATEP graduates. |  |
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**H2.3** The program must document an ongoing plan for obtaining the outcome data delineated in H2.2

| <b>Criteria for Review: - Narrative</b>  | <b>Appendix H:</b> |
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| <p><b>H2.3 Narrative:</b> Describe how the ATEP Master Plan for assessment will be maintained or altered in the future.</p> <p><b>At the current time, we are satisfied with our master assessment plan and do not foresee making significant changes in the near future. However, should the accreditation standards change, or should we make other significant changes to the ATEP, we may also make concomitant changes to the master assessment plan. We have hired a new faculty member who will begin in the Fall of 2008. We will review our master assessment plan with the new faculty member and may make changes based upon her suggestions.</b></p> | None               |

**H3.** Programs that include distance education (i.e., online learning), or remote education components, must provide documentation of instructional effectiveness of any distance education or off-campus educational components in relation to the overall program and its impact on all students of the program of both on and off-site locations.

| <b>Criteria for Review: - Narrative</b>  | <b>Appendix H:</b> |
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| <p><b>H3 Narrative:</b> Should the ATEP utilize distance or remote education components the ATEP must provide a comparison of all outcomes for local vs. distance education learning.</p> <p>N/A</p> | None               |

*Section I. Curriculum and Instruction*

- I1.** Description of the Program - The athletic training education program must be an undergraduate or graduate program that offers a major or graduate equivalent in athletic training. The undergraduate major or graduate major equivalent must be:
- I1.1** consistent with other majors offered within the institution,
  - I1.2** identified as an academic athletic training major program in institutional academic publications, and
  - I1.3** indicated on the official transcript of the student as is normally designated for other undergraduate majors or graduate major equivalents at the institution.

| <b>Criteria for Review: - References to Appendix I</b>  | <b>Appendix I: Documents</b>   |
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| <p><b>Page References in Appendix I:</b></p> <p><b>I1a: Page 988</b></p> <p><b>I1b: Page 994</b></p> <p><b>I1c: Page 1009</b></p> | <p><b>I1a</b> Provide official university document that describes how academic majors are determined at the institution</p> <p><b>I1b</b> Provide copies of institutional academic publications that list the Athletic Training program as an academic major</p> <p><b>I1c</b> Provide a copy of a student transcript indicating that Athletic Training is the student's major</p> <p><b>(NOTE for I1:</b> If Athletic Training is a degree program, please provide this evidence in lieu of evidence of academic major)</p> |

- I2.** Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include:
- I2.1** program mission and goals,
  - I2.2** curriculum and course sequence,
  - I2.3** clinical education, and
  - I2.4** clinical and didactic requirements for completion of the major or graduate major equivalent.

| Criteria for Review: - References to Appendix I<br>- Narrative  | Appendix I: Documents  |
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| <p><b>Page References to Appendix I:</b></p> <p><b>I2a: Page 1015</b><br/> <b>I2b: Page 1018</b><br/> <b>I2c: Page 1045</b></p> <p><b>I2.1 Narrative:</b> Describe how/where students may access program's mission and goals<br/> <b>The program's mission and goals are printed in the Student Handbook. Each student purchased a copy of the student handbook in the Spring 2008 semester and it is also available on the program's website: <a href="http://www.weber.edu/athletictraining">www.weber.edu/athletictraining</a>, then click on Undergraduate Programs, then click on Student Handbook, then download the pdf file.</b></p> <p><b>I2.3 Narrative:</b> Describe the clinical education portion of the academic program<br/> <b>The Weber State University Athletic Training Education Program believes in an individualized clinical education plan to meet the needs, interests, and career goals of each athletic training student. While the faculty ensure that each student completes clinical education rotations with male and female patients, patients of varying ages, an equipment intensive sport (football), at a high school, at a sports medicine/rehabilitation clinic, at a general medical clinic, and with high and low-risk sports. However, if a student hopes to work in the college setting after graduation, we will try to give that student more college athletic rotations. Students who would prefer to work in a clinic after graduation will be assigned to more clinic rotations. Students now complete a clinical education request form (1-2x per semester) which is keep in their student file in order to determine where their current interests lie.</b></p> <p><b>In the freshmen year, students are required to complete 50 hours in the fall (AT 1500) and 50 hours in the spring (AT 1501) (beginning in the fall of 2008, AT 1500 students will</b></p> | <p><b>I2a</b> Program Course Sequence List – includes academic term, course prefix and number, course name, and course credit</p> <p><b>I2b</b> Copy of Institutional requirements for completion of academic major program in Athletic Training</p> <p><b>I2c</b> Copies of catalog, program website, and related recruiting publications</p> |

only be required to complete 25 hours). In the sophomore year, students are required to complete 100 hours in the fall (AT 2500) and 150 hours in the spring (AT 2501). In the junior and senior years, students are required to complete 200 clinical hours each semester in AT 3500, AT 3501, and AT 4500. If a student has not completed the required number of clinical hours, their final average in the course is decreased by 0.5 points for every clinical hour short of the requirement. This gives the students some latitude, while still ensuring that they have spent adequate time on their clinical rotations.

During the freshman and sophomore years, students complete 7-week rotations, resulting in two different rotations per semester. During the fall of 2007, freshmen students completed 2, 7-week observation experiences as a part of AT 1500. The other clinical classes associated with these 7-week rotations are AT 1501, AT 2500, and AT 2501.

During the junior year, students complete three rotations, one in the fall season, one in the winter season, and one in the spring season. The intent is to allow students to spend a full season with at least one sports team. Because of this, these rotations may begin and end at slightly different times. For example, the fall football season ends in early November, while the basketball season begins in early October. The clinical classes associated with these rotations are AT 3500 and AT 3501.

During the senior year, students complete only one rotation for the entire fall semester. The clinical class associated with this rotation is AT 4500.

Students' who complete the accelerated, or any modified version of the accelerated program, may be taking more than one clinical class in the same semester. In those cases, the student must complete the larger of the two numbers of required clinical hours for the semester, but will follow the assignment pattern of the lower clinical class. This is to ensure that the students have enough different clinical rotations to meet each of the goals stated in the first paragraph. For example, a student who is taking both AT 2500 and AT 3500 must complete 200 clinical hours, but will do 2, 7-week rotations.

Another exception to this formula occurs when students are assigned to general medical rotations. The general medical

rotations are always for 7 weeks and are assigned in addition to the student's other clinical rotations. The total number of clinical hours required is not increased, but the student must spend at least 20 hours at the general medical site. The clinical education courses listed above (except for AT 1500) are specifically designed to review all of the material which was presented in the previous semester(s) in the didactic courses. The material is not re-taught, but reviewed, allowing students adequate time in class to practice and demonstrate their skills to the classroom instructor.

Whenever possible, students are encouraged to pass off psychomotor skills in the clinical setting with their ACI, however, many of the skills are assessed in class. Clinical proficiencies must be assessed by the ACI in the clinical setting, preferably with an actual patient. However, when a live patient or situation is unavailable the instructor of the clinical course will simulate a situation so that a student can demonstrate the proficiency skill. Each clinical class concludes with a comprehensive oral/practical exam and a comprehensive written exam. Students are required to earn a 70% or better on all clinical application class exams and must complete every unit in the course packet to receive a passing grade in the course.

- I3.** The content of the curriculum must include formal instruction in the expanded subject matter as identified in the *Athletic Training Educational Competencies*. Formal instruction must involve teaching of required subject matter with instructional emphasis in structured classroom and laboratory environment(s).

| Criteria for Review: - References to Appendix I                | Appendix I: Documents  |
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| <b>Page References in Appendix I:</b><br><b>I3a: Page 1091</b> | <b>I3a</b> Completed copy of the Matrix for the 4 <sup>th</sup> edition of the NATA Athletic Training Educational Competencies |

- I4.** Clinical experiences must follow a logical progression that allows for increasing amounts of clinically-supervised responsibility. The clinical education plan must follow and reinforce the sequence of formal classroom and psychomotor skill learning.

| Criteria for Review: - Narrative   | Appendix I: |
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| <b>I4 Narrative:</b> Describe how programs clinical experiences meet the requirements described in I4.<br><br><b>The WSU ATEP believes strongly in an individualized clinical education plan for students. The intent is to meet the personal and professional goals of each student, while still adhering to the accreditation guidelines. For example, not every junior-level student will be placed with a football</b> | None        |

clinical rotation in the fall. Some students may be assigned to a football rotation in their sophomore year, while others not until their senior year. Some may even be assigned to football more than once.

However, all juniors in the fall will be evaluated on the same clinical skills. Some students may be demonstrating their skills on college-level football athletes, while others demonstrate those same skills on geriatric patients in a physical therapy clinic. All students will have learned the theory and psychomotor skills during the previous semester(s) in the didactic courses. For example, the AT 1501 clinical application course (taught in the spring of the freshmen year), reviews the material taught in the fall of freshmen year in AT 1500 and AT 2300.

The number of clinical hours required gradually increases over time. Freshmen students are required to earn 50 clinical hours per semester. (Beginning in the fall of 2008, freshmen in the fall semester will only be required to earn 25 clinical hours.) Sophomores must earn 100 hours in the fall and 150 hours in the spring. Juniors and Seniors must earn 200 clinical hours each semester. Seniors do not have any clinical assignments in the final spring semester.

Students on the accelerated track complete 50 hours in each semester of the freshmen year (25 in the fall beginning in the fall of 2008) and then 200 hours in each of the next three semesters. In the accelerated track, students complete both the freshmen and sophomore didactic courses in their first year. They then complete both the sophomore and junior clinical courses in their second year. This allows these students to complete the program in five semesters, instead of seven.

- I5.** Clearly written course syllabi are required for all courses that deliver content contained in the *Athletic Training Educational Competencies*. Syllabi must include:
- I5.1** course title, number, and term,
  - I5.2** course instructor,
  - I5.3** learning objectives,
  - I5.4** specific evaluation criteria and weightings,
  - I5.5** objective course completion criteria, and
  - I5.6** daily/weekly topics in sufficient detail to determine course content relative to assigned competencies and clinical proficiencies.

| <b>Criteria for Review: - References to Appendix I</b>        | <b>Appendix I: Documents</b>  |
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| <b>Page References in Appendix I:</b><br><b>I5: Page 1151</b> | <b>I5</b> Provide copies of the course syllabi for all those courses included in the Matrix |

*Section J: Clinical Education*

- J1.** The athletic training curriculum must include provision for clinical experiences under the direct supervision of a qualified ACI or CI (see Section B) in an appropriate clinical setting.
- J1.1** ACI or CI must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education.
- J1.2** The ACI or CI must consistently and physically interact with the athletic training student at the site of the clinical experience.
- J1.3** There must be regular planned communication between the ATEP and the ACI or CI.
- J1.4** The number of students assigned to an ACI or CI in the clinical experience component must be of a ratio that will ensure effective education and should not exceed a ratio of eight students to a clinical instructor in the clinical setting.

| <b>Criteria for Review: - References to Appendices B &amp; J</b>   | <b>Appendix J: Documents</b>  |
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| <b>Page Reference in Appendix B:</b><br><b>B3.2a: Page 195</b><br><b>Page Reference in Appendix J:</b><br><b>J1: Page 1406</b> | <b>B3.2a</b> Completed ACI/CI Table<br>B3.2a<br><b>J1</b> Clinical Supervision Policy |

- J2.** Clinical experiences must provide students with opportunities to practice and integrate the cognitive learning, with the associated psychomotor skills requirements of the profession, to develop entry-level clinical proficiency and professional behavior as an Athletic Trainer as defined by the *NATA Educational Competencies*.

| <b>Criteria for Review: - Narrative</b>   | <b>Appendix J:</b> |
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| <p><b>J2 Narrative:</b> Describe how program addresses integration to develop clinical proficiency and professional behaviors (i.e. Learning Over Time) as an Athletic Trainer.</p> <p><b>The clinical application courses (AT 1501, 2500, 2501, 3500, 3501, and 4500) are utilized to review the material presented in the didactic courses during the previous semester(s). For example, in the fall of the sophomore year, students take AT 3300 (Evaluation and Care of Musculoskeletal Injuries – Lower Extremities). In the spring of the sophomore year, students take AT 2501 (Clinical Application of Athletic Training III). In the AT 2501 course, the instructor will do reviews of the material from AT 3300. Students are expected to come to class prepared to demonstrate their psychomotor skills and explain the theory behind each technique. Most clinical skills are evaluated in class by the classroom instructor (full-time ATEP faculty), while some are evaluated during students’ clinical education rotation by their ACI. Clinical proficiencies are intended to all be completed by students during the clinical rotation with their ACI, preferably on an actual patient. Occasionally, the classroom instructor will simulate a scenario for a student to evaluate a clinical proficiency in class.</b></p> <p><b>Once a student has learned both the theory and psychomotor skill in a didactic course, and has been evaluated by the course instructor on that theory and skill, the student may then practice that skill on an actual patient during the clinical rotation. In the clinical application classes (AT 1501, 2500, 2501, 3500, 3501, 4500), students are encouraged to practice these skills on patients during the clinical rotation, with the permission of their ACI/CI. The discrete skills (i.e. perform an ultrasound treatment) are then integrated into clinical proficiencies where students must use clinical decision-making skills to evaluate a patient’s injury, determine an appropriate course of treatment, deliver the treatment, and document the session in a SOAP note. Clinical proficiencies are completed after a student has demonstrated the discrete skill.</b></p> <p><b>The students’ ACIs evaluate the students’ decision-making ability through the clinical proficiency. At the conclusion of each clinical rotation, the ACI/CI evaluates each student’s</b></p> | None               |

**professional behaviors in the section of the evaluation form titled “Personal Attributes.” The students are evaluated on their commitment to patient privacy, patient care, teamwork, responsibility, ethics, professionalism, diversity, initiative, self-confidence, and their ability to accept constructive criticism. This evaluation is scored and counted towards the student’s grade in their clinical application courses.**

**The only exception to this is the clinical observation students. These students are not evaluated by the clinical instructors, because they are not allowed to demonstrate skills on patients or peers. (Students were allowed to practice skills on peers during the Fall 2007 clinical rotations, but will no longer be allowed to do so based on CAATE standards.)**

**Students must complete every unit in the clinical application course packet to receive a passing grade for the course. In addition, students must earn a 70% or higher grade on every course exam in order to pass the course. Students who do not earn a 70% on an exam are allowed to repeat the exam at the discretion of the course instructor. All course requirements are clearly delineated in the course syllabi.**

- J3.** Clinical experiences must be contained in individual courses that are completed over a minimum of two academic years.
- J3.1** Course credit must be consistent with institutional policy or institutional practice.
- J3.2** Courses must include objective criteria for successful completion.
- J3.3** There must be opportunities for students to gain clinical experiences associated with a variety of different populations including genders, varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and medical experiences that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession.
- J3.4** Student clinical experiences must be conducted in such a way to allow the ATEP faculty/staff to regularly and frequently evaluate student progress and learning, as well as the effectiveness of the experience.
- J3.5** The students’ clinical experience requirements must be carefully monitored.
- J3.51** The length of clinical experiences should be consistent with other comparable academic programs requiring a clinical or supervised practice component. Such policies must be consistent with federal or state student work-study guidelines as applicable to the campus setting.
- J3.52** Consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs).

| Criteria for Review: - References to Appendix J<br>- Narrative   | Appendix J: Documents   |
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| <p><b>Page References in Appendix J:</b><br/> <b>J3a: Page 1409</b><br/> <b>J3b: Page 1161, 1200, 1216, 1235, 1244, 1320</b><br/> <b>J3c: Page 1417</b></p> <p><b>J3 Narrative:</b> Describe how program addresses criteria included in J3. Also describe where the Clinical Education Policy(ies) are published and how students have access to them.</p> <p><b>The clinical application (AT 1501, 2500, 2501, 3500, 3501, 4500) courses all meet for 2 laboratory hours per week. All laboratory classes must have at least 2 contact hours per week per credit hour. The number of credit hours we have chosen is based both on this formula and the number of clinical hours required by each course. AT 1501 requires only 50 clinical hours and is, therefore, assigned 1 credit hour. AT 2500 and AT 2501 require 100 and 150 clinical hours, respectively, and are, therefore, each 2 credit hour courses. AT 3500, AT 3501, and AT 4500 each require 200 clinical hours and are worth 3 credit hours each.</b></p> <p><b>Students on the accelerated track will be taking two clinical courses at the same time. For example, in the fall of the second year, these students take both AT 2500 and AT 3500. They must complete the higher number of clinical hours, but will complete all of the coursework for both courses. We do not require these students to earn the combined 300 clinical hours as this would require them to earn more than 20 hours/week and would then be in non-compliance with accreditation standards.</b></p> <p><b>Students are provided with a large variety of clinical experiences. Minimally, each student must complete: an equipment intensive rotation with either football (college or high school) or ice hockey (beginning in the fall 2008 semester); a high school rotation (adolescent patients); a general medical rotation; and a rehabilitation clinic rotation. Within these rotations, we ensure through careful tracking that students are exposed to patients of both genders, varying ages, and both low risk (i.e. track, tennis) and high risk (i.e. soccer, football) sports. Students do not necessarily gain equal experience in all areas, as we create an individualized clinical education plan for each student to meet their personal and professional goals.</b></p> | <p><b>J3a</b> Clinical Education Policy(ies) that address criteria included in J3</p> <p><b>J3b</b> Clinical course syllabi – provided as part of I5 Appendix, do not duplicate; cite page numbers.</p> <p><b>J3c</b> Student clinical experience hour logs by semester/term for the full academic year. If not recorded by ATEP, provide documentation as to how ATEP monitors student clinical experience hours and comparable relief as described in J3.5.</p> |

To ensure that students receive a quality clinical education experience, each rotation is evaluated on a regular and planned basis. Approximately mid-way through each rotation, each student is required to meet individually with their clinical instructor to determine the student's strengths and weaknesses and offer suggestions for improvement. The student then documents this conversation in writing and submits it to their clinical application course instructor. At the conclusion of the clinical rotation, each student evaluates both their clinical instructor and the clinical facility. The student is also evaluated by their clinical instructor, using a level-specific form, so that students are only evaluated on those skills that they have learned so far. See H2.1 and H2.2 for copies of these forms and summary data.

The Clinical Coordinator visits each clinical site at least once per year to ensure that students are able to learn effectively at each site. The Clinical Coordinator also evaluates each clinical site annually. See J5 for copies of evaluation forms for each clinical site.

Students are not allowed to earn more than 20 clinical hours per week, except under special circumstances. For example, if a student travels with the football team, he/she might earn 25-30 clinical hours in a particular week. The student is then encouraged to reduce the number of clinical hours during the following week. Twice per semester, the clinical application course instructor will collect the student notebooks and review the number of clinical hours earned to that point. Occasionally, the instructor will have to counsel a student who is exceeding the 20 clinical hour limit too often. These are isolated cases. However, the vast majority of students complete less than 20 clinical hours week. The student and ACI handbook clearly identify the minimum number of hours necessary per week based upon the student's clinical level. Even during the busiest semesters where students are required to earn 200 clinical hours, over a 15 week semester, this averages to less than 14 hours per week.

All students are strongly encouraged to develop a schedule with their clinical instructor to ensure that the minimum number of hours will be earned, that the maximum number of hours will not be exceeded, and that the student takes adequate time off to pursue other interests. Most clinical instructors require students to develop such a schedule so that they know when to expect which students.

**For students who work, play sports, or have other obligations, clinical hours may be earned over the summer and/or winter breaks to offset the number of clinical hours required during the following semester. Students are allowed to earn up to 1/3 of the hours required for the following semester during the break that precedes that semester. However, because the university's liability insurance policy does not cover the students during these breaks, students who choose to complete hours during the breaks must purchase their own liability insurance and provide a copy of the policy for their permanent file. Students are not ever required to complete hours during the summer or winter breaks or any other times when classes are not in session.**

- J4.** The clinical experience must allow students opportunities to practice with different patient populations and in different athletic or allied health care settings.

| <b>Criteria for Review: - Narrative</b>  | <b>Appendix J:</b> |
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| <p><b>J4 Narrative:</b> Describe how the program meets the criteria defined in J4.</p> <p><b>Students are provided with a large variety of clinical education experiences. Minimally, each student must complete: an equipment intensive rotation with either football (college or high school) or ice hockey (beginning in the fall of 2008); a high school rotation (adolescent patients); a general medical rotation; and a rehabilitation clinic rotation. Within these rotations, we ensure through careful tracking that students are exposed to patients of both genders, varying ages, and both low (i.e. track, tennis) and high risk (i.e. soccer, football) sports. Students do not necessarily gain equal experience in all areas, as we create an individualized clinical plan for each student to meet their personal and professional goals.</b></p> <p><b>As we assign students each semester to clinical education rotations, we review their clinical tracking forms to ensure that they will have each opportunity prior to graduation. We do not guarantee that students will always be assigned to their first choice, but do our best to accommodate their requests whenever possible, giving priority to senior-level students.</b></p> <p><b>One of the strengths of this ATEP is the great variety of clinical opportunities provided to the students, and the flexibility to meet their personal and professional goals. For</b></p> | None               |

example, while every student will be assigned to a rehabilitation clinic at least once, there is a large variety of clinics within this category. For example, BASICS Sports Medicine provides basic outpatient physical therapy services as well as high performance training. Utah Pain and Rehab employs both chiropractors and an athletic trainer, seeing mostly spine injury patients. Kays Creek Physical Therapy provide mostly skilled nursing and home care for geriatric patients. Students request the clinical education rotations that interests them most.

- J5.** All clinical education sites where students are gaining clinical experience must be evaluated by the ATEP on an annual and planned basis.

| Criteria for Review: - Reference to Appendix J<br>- Narrative   | Appendix J: Document   |
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| <p><b>Page Reference in Appendix J:</b><br/><b>J5: Page 1421</b></p> <p><b>J5 Narrative:</b> Describe how the program meets the criteria defined in J5.</p> <p><b>The Clinical Coordinator visits every clinical site at least once each academic year, but often visits each site once per semester. During each visit, the CC evaluates each clinical site based on the following criteria: level of interaction between the clinical instructor, student, and patients when applicable, clinical instructor feedback regarding the students performance, clinical instructors' willingness to continue participating with the ATEP, cleanliness of the facility, adherences to bloodborne pathogens requirement, electrical and calibration safety checks when indicated.</b></p> <p><b>Once a year, usually in the summer or fall, clinical instructors are provided a copy of their evaluation and facility scores completed by the students (assuming more than 3 forms have been filed). During the summer or fall ACI meeting we review areas of strengths and weaknesses on the ACI and facility evaluation forms and try to offer suggestions for improvement for the weaknesses. Some of the identified weaknesses, particularly on the facility evaluation forms are out of control of the clinical instructors and we recognize this as a limitation. However, this also provides students with the opportunity to see how the real world functions and allows them to learn how to adapt to different situations.</b></p> <p><b>While all sites are different in terms of availability of</b></p> | <p><b>J5</b> Copy of one completed clinical site evaluation form for <u>each</u> clinical site listed on Table A4a, signed/dated by person completing evaluation</p> |

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| equipment, all clinical education sites are staff by clinical instructors who truly care about the academic success the students under their supervision. |  |
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**J6.** At least 75% of the student's clinical experiences must occur under the direct supervision of an ACI or CI who is an ATC®.

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| <b>Criteria for Review: - Reference to Appendix B</b>    | <b>Appendix J: Table</b>        |
| <b>Page Reference in Appendix B:<br/>B3.2a: Page 195</b> | <b>B3.2a ACI/CI Table B3.2a</b> |