



PROGRAM SUMMARY

Department: PEHP	Report Type: Interim Year
Program Name and Level: Athletic Training BS	Academic Year: 2019-20
Report Preparer: Peter Morano	Date Completed: 11/12/2020

Program Assessment Question	Response
<p>1) URL: Provide the URL where the learning outcomes (LO) can be viewed.</p>	<p>https://www.ccsu.edu/athletictraining/education/ https://www2.ccsu.edu/program/AthleticTraining_BS</p>
<p>2) LO Changes: Identify any changes to the LO and briefly describe why they were changed (e.g., make LO more discrete, align LO with findings). If no changes were made, please report not applicable.</p>	<p>No changes were made</p>
<p>3) Strengths: What about your assessment process is working well?</p>	<p>We have detailed evaluation tools that are done regularly.</p>
<p>4) Improvements: List ways in which your assessment process needs to be improved based on student data. (A brief summary of changes to assessment plan can be reported here)</p>	<p>When we enter evaluation data on students, we need to calculate group averages at the same time. The evaluation tool for Practicum 1, 2, 3 (EXS 315, 316, 319) uses a 5 point scale to evaluate students. The evaluation tool for internship students (EXS 445) uses a 3 point scale. The evaluation tool for interns will be changed to a 5 point scale for consistency.</p>

For Each Learning Outcome (LO) complete questions 1, 2 and 3: Many programs have a large number of LOs, please limit the report to no more than five.

LO 1: Knowledge (Cognitive)	
<ul style="list-style-type: none"> • Demonstrate the acquisition of knowledge and understanding necessary for the safe practice as a health care professional in the areas of prevention, clinical evaluation, diagnosis, immediate care, treatment and rehabilitation. • Demonstrate the ability to document findings of initial evaluations, management plans, and referrals. 	
1.1) Assessment Instruments: What is the source of the data/evidence, other than GPA, that is used to assess the stated outcomes? (e.g., capstone course, portfolio review and scoring rubric, licensure examination, etc.)	<ul style="list-style-type: none"> • Preceptor evaluations • Written examinations in EXS 315, 316, 319 • BOC certification exam
1.2) Interpretation: Who interprets the evidence? (e.g., faculty, Admn. assistant, etc.).	Faculty
1.3) Results: Using this year's Findings, list: <i>a.</i> The conclusion(s) drawn <i>b.</i> The changes that were or will be made as a result of those conclusion(s)	<p>Conclusion: For each clinical rotation (EXS 315 Practicum I, EXS 316 Practicum II, EXS 319 Practicum III) students are evaluated by the preceptor who directly oversee them. The table below reflects the Practicum averages for each clinical skill and professional attribute that was evaluated in each clinical rotation. What we see is what is expected. In almost all cases, the students who are in Practicum III score better than those in Practicums I & II, and those in Practicum II score better than those in Practicum I.</p> <p>A 3 year BOC pass rate is at 77% for first-time test takers. 70% is the minimum required by the accrediting agency (https://www.ccsu.edu/athletictraining/education/)</p>
	Changes: None – the BS in AT program is in being phased out. No significant changes will be made going forward.

LO 2: Knowledge (Skills and Application)

- Demonstrate the acquisition of the established necessary skills that are the basis for clinical proficiency.
- Demonstrate the ability to investigate, integrate concepts and problem solve in order to communicate the assessment findings to the patient and other health care team members.
- Demonstrate the ability to use comprehensive therapeutic judgment and the ability to identify modifying influences or deviations from the norm.

2.1) Assessment Instruments: What is the source of the data/evidence, other than GPA, that is used to assess the stated outcomes? (e.g., capstone course, portfolio review and scoring rubric, licensure examination, etc.)

- Preceptor evaluations
- Practical examinations in EXS 315, 316, 319
- BOC certification exam

2.2) Interpretation: Who interprets the evidence? (e.g., faculty, Admin. assistant, etc.).

Faculty

2.3) Results: Using this year's Findings, list:
a. The conclusion(s) drawn
b. The changes that were or will be made as a result of those conclusion(s)

Conclusion: For each clinical rotation (EXS 315 Practicum I, EXS 316 Practicum II, EXS 319 Practicum III) students are evaluated by the preceptor who directly oversee them. The table below reflects the Practicum averages for each clinical skill and professional attribute that was evaluated in each clinical rotation. What we see is what is expected. In almost all cases, the students who are in Practicum III score better than those in Practicums I & II, and those in Practicum II score better than those in Practicum I.

A 3 year BOC pass rate exceeds 70% for first time test takers. 70% is the minimum required by the accrediting agency (<https://www.ccsu.edu/athletictraining/education/>)

Changes: None – the BS in AT program is in being phased out. No significant changes will be made going forward.

LO 3: Practice Ethically, Professionally and Compassionately

- Demonstrate the ability to provide health care services of an athletic trainer to a variety of patient populations without prejudice to age, activities, gender, and social or cultural difference.
- Demonstrate the ability to function as a health care provider during challenging situations by remaining composed and professional, while affording quality compassionate care to the patient.
- Practice confidentiality and abide by professional ethical standards of the profession.

<p>3.1) Assessment Instruments: What is the source of the data/evidence, other than GPA, that is used to assess the stated outcomes? (e.g., capstone course, portfolio review and scoring rubric, licensure examination, etc.)</p>	<ul style="list-style-type: none">• Preceptor evaluations
<p>3.2) Interpretation: Who interprets the evidence? (e.g., faculty, Admin. assistant, etc.).</p>	
<p>3.3) Results: Using this year's Findings, list: <i>a.</i> The conclusion(s) drawn <i>b.</i> The changes that were or will be made as a result of those conclusion(s)</p>	<p>Conclusion: Based on the "Professional Attributes" chart below (yellow header), students who were enrolled in clinical rotations met or exceeded this LO. Scores were similar in each practicum. This shows that students who were new to the program had similar professional behavior as those who had been in the program longer. This was expected because behavior in clinical rotations is learned prior to the student actually performing a clinical rotation.</p> <p>Changes: None – the BS in AT program is in being phased out. No significant changes will be made going forward.</p>

LO 4: Professional Development and Collaboration

- Practice with the intent to advance personal professional knowledge and clinical skills by remaining current in the profession through participation in seminars and research, in order to best serve the patient population through the practice of evidence-based medicine.
- Participate in advocating the athletic training profession through engagement with local community events by volunteering time and professional skills.
- Practice with a commitment to share the knowledge and skills of the athletic trainer in support of joint collaboration efforts that lead to improving the quality of patient care.

<p>4.1) Assessment Instruments: What is the source of the data/evidence, other than GPA, that is used to assess the stated outcomes? (e.g., capstone course, portfolio review and scoring rubric, licensure examination, etc.)</p>	<ul style="list-style-type: none">• Preparation of case reports• Attendance & participation at local and regional conferences
<p>4.2) Interpretation: Who interprets the evidence? (e.g., faculty, Admin. assistant, etc.).</p>	<p>Faculty</p>
<p>4.3) Results: Using this year's Findings, list: <i>a.</i> The conclusion(s) drawn <i>b.</i> The changes that were or will be made as a result of those conclusion(s)</p>	<p>Conclusion: Each student who was enrolled in clinical rotations attended at least once conference during the 18-19 AY.</p> <p>Changes: None – the BS in AT program is in being phased out. No significant changes will be made going forward.</p>

Clinical Evaluations	EXS 315 N=2	EXS 316 N=7	EXS 319 N=6
	Avg	Avg	Avg
Ability To Perform Injury/Illness Prevention And Wellness Protection			
Taping, Wrapping, Padding, Splinting	3.3	4.0	4.2
Equipment Selection and Fitting	2.0	3.2	4.0
Physical Screening	NO	4.3	2.7
Environmental Measures		4.7	2.5
Ability to Perform Clinical Evaluations and Diagnosis			
Orthopedic Evaluations Upper	2.1	3.4	3.9
Orthopedic Evaluations Lower Extremity	1.9	3.5	3.8
Orthopedic Evaluations Spine	2.0	3.2	3.8
General Medical Evaluations	1.3	3.3	3.7
Ability To Perform Treatment And Rehabilitation			
Upper	2.0	3.8	4.1
Lower Extremity	2.3	3.9	4.1
Spine	1.5	3.8	3.9
Modality Application	2.6	4.3	4.3
Ability to Perform Immediate Emergency Care			
Wound Care	3.3	4.2	4.8
Splinting Upper Extremity	2.0	3.9	
Splinting Lower Extremity		4.0	
Medical Conditions	2.0	4.0	2.4
Head Trauma/Concussion	1.3	1.4	3.9
Spine		0.8	4.0
Cardiac			
Respiratory			
Transportation- Crutches, Boarding	3.0	4.6	4.0
Ability to perform Organization and Professional Health and Wellness			
Long Sheet Documentation	3.2	4.0	4.1
Initial Evaluation Note	2.8	4.0	4.1
SOAP Note	3.1	4.2	4.1
Concussion Notes	1.0	1.9	3.2
MD Clinic Notes	3.0	4.0	4.0

Professional Attributes Key: 3 = Excellent, 2 = Good, 1 = Fair, 0 = Poor	EX 315	EXS 316	EXS 319
The student is punctual to scheduled times.	2.9	3.0	3.0
	3.0	3.0	3.0
The student takes initiative to perform routines and necessary tasks without being told.	2.7	2.8	2.9
	3.0	3.0	3.0
The student accepts constructive criticism and is reactive with change.	2.9	2.9	2.9
	2.8	2.9	3.0
The student effectively communicates with the athletic training staff (certified).	3.0	3.0	3.0
	2.8	2.8	3.0
The student effectively communicates with injured/ill athletes.	2.6	2.9	3.0
The student effectively communicates with coaches and administrators.	2.5	2.7	2.9
The student follows instructions given by authority.	2.9	3.0	3.0
The student demonstrates eagerness in becoming an athletic trainer.	2.8	3.0	3.0
The student takes personal responsibility for learning.	2.7	3.0	3.0
The student demonstrates medical care without personal bias.	3.0	3.0	3.0
The student demonstrates sound judgment and decision making.	2.7	2.8	2.9
Total	42.1	43.7	44.5

Professional Attribute Scale

45	Excellent
44	Excellent
43	Excellent
42	Excellent
41	Excellent
40	Good
39	Good
38	Good
37	Good
36	Good
35	Fair
34	Fair
33	Fair
32	Poor
31	Poor
30	Poor
29	Poor

Clinical Evaluations Scale

Score	Category	Standard of Procedure	Quality of Performance	Level of Assistance Required
5	Independent Proficient (IP)	Safe, Accurate Achieved Intended Outcome Procedure is Appropriate to Context	Proficient Confident Expedient	No Supporting Cues Required
4	Supervised Proficient (SP)	Safe, Accurate Achieved Intended Outcome Procedure is Appropriate to Context	Proficient Confident Reasonably Expedient	Required Occasional Supportive Cues
3	Assisted Proficient (AP)	Safe, Accurate Achieved Most Objectives For Intended Outcome Procedure Generally Appropriate to Context	Proficient When Assisted Confident with Assistance Reasonably Expedient	Required Frequent Verbal and Occasional Physical Directives in Addition to Supportive Cues
2	Marginal (MP)	Safe only with Guidance Incomplete Achievement of Intended Outcome Procedure Generally Appropriate to Context	Marginal Skill Lacks Confidence Lacks Efficiency	Required Continuous Verbal and Frequent Physical Directive Cues
1	Dependent (D)	Unsafe Unable to Demonstrate Procedure Lack of Insight into Procedure Appropriate to Context	Lacks Skill Lacks Efficiency Lacks Quality of Performance	Required Continuous Verbal and Continuous Physical Directive Cues
.75	Observed with Understanding	Has Been Taught the Skill Set Observation Permits further Understanding of the Procedure	Has Introductory Skill Set to Evaluate Quality of Performance	Has Introductory Level Skill Set to Evaluate Level of Assistance
.50	No Formal Skill Introduced by Clinical Observation of Preceptor	Yet to be Formally Taught the Skill Set Necessary to Evaluate Procedure	No Formal Skill Set to Evaluate Quality of Performance	No Formal Skill Set to Evaluate Level of Assistance
0	Not Evaluated (NE)	No Opportunity to Demonstrate and Evaluate Procedure	No Opportunity to Evaluate Quality of Performance	No Opportunity to Determine Assistance Level

End of Report