

Department of Kinesiology

Program Review Self-Study Report



Presented to the
PLNU Program Review Committee
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Kinesiology Program Review Self-Study

Table of Contents

I.	Introduction and Overview of the Program.....	2
II.	Previous Action Plan or Recommendations from Prior Review.....	5
III.	Departmental Description and Evaluation of the Program.....	6
	A. Mission and Goals of the Program	6
	1. Alignment of the Program and the University's Missions and Goals.....	9
	2. Alignment of the Institutional, Department and Program Learning Outcomes...9	
	3. Reflection of Any Changes in the Discipline.....	10
	4. Proposed New Major.....	10
	5. Rationale for Health and Fitness Major.....	11
	B. Rationale for the Proposed Major in Health and Fitness.....	13
	1. Curriculum.....	14
	2. Student Learning Outcomes.....	15
	3. Reflection on Standard Data Set.....	22
	4. Recruitment, Retention, and Student Services.....	30
	5. Community Interactions (Professional, Disciplinary, Industry/Regional).....	31
IV.	Reflection on Standard University Data Set.....	22
V.	Lines of Inquiry.....	33

Appendices:

Appendix 1: ATEP Self-study Programmatic Summary S.W.O.T.
Appendix 2: Self Study Report CAATE Standards Final
Appendix 3: CAATE Site Visit Report and Findings
Appendix 4: CAATE Rejoinder Response
Appendix 6: Rejoinder ATEP Faculty Meeting
Appendix 9: Alignment of ILO's, DLO's, PLO's, Kinesiology
Appendix 10: Alignment of ILO's, DLO's, PLO's, Exercise Science
Appendix 11: PE Learning Outcomes
Appendix 12: ATEP Assessment Diagram Curriculum Map
Appendix 13: Exercise Science Assessment Diagram Curriculum Map
Appendix 14: Physical Education Assessment Diagram Curriculum Map
Appendix 15: ATEP Multi-year Assessment Plan
Appendix 16: Exercise Science Multi-year Assessment Plan
Appendix 17: PED 100 Student Fitness Outcomes
Appendix 18: ATEP Board of Certification Pass Rates and Employment Data
Appendix 19: Board of Certification Results 2010
Appendix 20: Summary of Alumni BOC Exam Prep
Appendix 21: Enrollment by Course Kinesiology
Appendix 22: Analysis of Selected GE Offerings 2005-2010
Appendix 23: Health and Fitness Major
Appendix 24: Narrative Reflection on Data Set
Appendix 25: Program Review Data KINES
Appendix 26: Internships Scholarly Work 2009-2011
Appendix 27: Kinesiology Multi-Year Assessment Timeline 1/16/12
Appendix 28: Kinesiology Benchmarking Survey with Summary
Appendix 29: Fitness Occupation Trends NASM

I. Introduction and Overview of the Program

Orient the reader to your program, including items such as degree offerings, general education courses, and service courses. Describe major events in program history, such as administrative affiliations, degrees, faculty composition, mission, etc.

Introduction of the Self Study

The Kinesiology department faculty has worked over the past two years on the evaluation and refinement of the learning outcomes for our academic programs, on refocusing our department mission, on identifying and implementing the means of assessment of our learning outcomes, and on identifying the potential lines of inquiry that will lead to departmental improvement in curriculum and student learning. The Kinesiology faculty undertook this self study as an opportunity to explore strategies both to continue our current successful practices and to identify areas of weakness that present opportunities to enhance our future success as a department. We sought specifically to improve our students' learning and to improve our curriculum to reflect movement in our disciplines. Our focus was on projecting where we want to be in our curriculum and programs in 7-10 years, and then to map out the key steps to achieve this vision.

Department Description

The Kinesiology Department exists within the College of Social Sciences and Professional Studies. The department houses three major programs: the Athletic Training Education Program (ATEP), Exercise Science and Physical Education; we also offer one minor program in Athletic Coaching. Each major program offers the Bachelor of Arts degree. Eleven full time and two part time faculty members currently comprise the department (5 women and 8 men; 3 persons of color and 11 Caucasian). Five adjunct members also serve the department. Seven faculty members either coach or perform athletic training services for >50% of their load and seven serve as coaches/athletic trainers for <50% of their load. This accounts for a 7.3 FTE overall.

Kinesiology Department Distinctives

The Kinesiology faculty have identified four distinctives of the department that have existed historically and continue to be hallmarks of our programs:

Student Engagement and Encouragement:

- Students are inspired to prepare for careers in health care, exercise science, athletic training, teaching and the fitness industry.
- Students are encouraged to develop physical efficiency, optimal health, and social cooperation for the enjoyable and intelligent use of leisure time.
- Graduates of the Department of Kinesiology are prepared for a variety of career opportunities in athletic training, health care, fitness, and teaching and coaching. The vast majority of students go on to graduate schools in physical therapy, athletic training, physician assistant, exercise physiology, and physical education.

Student Support and Inspiration:

- Point Loma faculty model research-based, best practices in athletic training, exercise science and physical education. Advisors work closely with the knowledge, skills, and dispositions that undergraduates possess and inspire them to set goals for professional transformation through specifically directed internships in the student's area of interest.
- The clinical education component of our majors is the pinnacle of the course of study as students prepare to be practicing professionals. The greater San Diego area provides many internship possibilities for students to participate in practical laboratory and internship programs, observe and participate in hospitals and physical therapy centers, observe surgery and participate in a lecture series with renowned medical doctors and other healthcare experts. Other opportunities include original experience with research under the direct supervision of faculty, sports medicine trips to Europe, and internships in coaching, teaching and with local professional teams and with the Olympic Training Center.
- Teaching: Core coursework for Point Loma graduates of our Physical Education Major aligns with the State of California Teaching Standards.

Whole Person Development:

- High contact advising from caring advisors allows for the development and routine monitoring of academic program plans for all students to address their academic, social, emotional, and spiritual needs, and to explore their interests and professional goals. Students are supported in developing and refining key dispositions of noble, Christ-like character throughout their course of study.

Lifelong Relationships:

- Point Loma faculty and staff work as a cohesive team to support students in all aspects of the academic program. This support continues after graduation, and strong relationships and alumni networks keep graduates connected to their PLNU Kinesiology family throughout their professional and personal lives.

General Education Offerings

The general education curriculum has a four-fold division, from which Kinesiology offers general education courses in the area of “Exploring an Interdependent World”. We offer curriculum that introduces students to the natural and social sciences as tools for exploring the world, with emphasis on collecting and interpreting empirical data for both theoretical and practical purposes. We offer courses in this division along with the Natural and Physical Sciences (Biology, Chemistry and Physics), and Family and Consumer Sciences.

These are the general education offerings of the department:

Physical Fitness and Nutrition [2 courses; 2-4 units]

One of the following courses is required:

PED 100 Fitness through Movement (1 unit)

PED 300 Optimal Health (2 units)

Any activity course numbered Physical Education 102-184 OR one of the following is required:

PED 211 Individual and Dual Sports I (2 units)

PED 212 Team Sports Strategies (2 units)

PED 213 Individual and Dual Sports II (2 units)

The department currently offers 17 sections of PED 100 (10 in the fall and 7 in the spring) and 6 sections of PED 300 (3 in the spring and 3 in the fall) to meet the Physical Fitness & Nutrition requirement, and offers 45 sections of physical activity courses to meet the Activity requirement.

MAJOR EVENTS IN PROGRAM HISTORY

The major events and changes to faculty composition, mission, and degrees offered are discussed in Sections III A (Mission and Goals of the Program)

Program History: The Kinesiology department has a rich tradition of training students to become physical educators and coaches, to assume leadership in athletics programs, and to pursue the exercise science professions including pre-allied healthcare. The department has historically offered students a liberal arts education emphasizing practical and theoretical foundations in physical education. Activity courses have been designed to assist the student in gaining the knowledge and experience necessary for establishing a healthful and fit lifestyle and social cooperation.

Over the past 10-15 years, a shift has occurred in student career interests. While students have continued to be interested in the traditional teaching/coaching professions, increasing numbers of students are entering the department interested in the allied healthcare professions.

In 2000, the Exercise Science major was added to the department. This curriculum previously had been a concentration within Physical Education. The new major was designed to prepare students to pursue graduate studies leading to a career in an allied health profession (e.g., physical therapy, physician assistant, chiropractics, etc.). Exercise Science currently accounts for the majority of students within the department (70%).

In 2002, the Athletic Training Education Program received its initial national accreditation by the Commission on the Accreditation of Allied Health Care Programs (CAAHEP). With the accreditation, the ATEP graduated the inaugural class in 2003. Then, in 2008, the ATEP underwent a self-study and site visit for continuing accreditation. The re-accreditation was awarded by a new accrediting body, the Commission on Accreditation of Athletic Training Education programs (CAATE). Linked below in section II are the details of the entire Self-Study Report, the Findings from the Site Visitor's Report, the two areas of noncompliance identified by the site visitors, and the ATEP faculty's Rejoinder Response that outlined actions taken as a result of the site visitor's Report. Only two areas out of over 100 standards were in noncompliance, and immediate action was taken

by the ATEP faculty to ameliorate these areas. As a result, the ATEP was awarded the highest accreditation offered by the CAATE, a 10-year accreditation through the 2018-19 academic year.

II. Previous Action Plan or Recommendations from Prior Review

Briefly outline the major findings, recommendations, and action plans of the previous review and the responses to them. What actions were taken as a result of the recommendations?

The previous department program review was completed more than 5 years ago. As such, no record of recommendations and action plan are available in the Department Chair's or Dean's office. However, as previously noted, the ATEP underwent a self-study and site visit for continuing accreditation in spring of 2008. Details of the major findings, recommendations and action plan of the ATEP are below. The entire ATEP self-study is provided for reference as necessary.

ATEP Introduction, Program History and Summary (S.W.O.T. analysis of the ATEP)

Appendix 1: *ATEP Self Study Programmatic Summary_S.W.O.T.*

ATEP Self-Study Report (all appendices to the self-study report are available to the Program Review Committee upon request)

Appendix 2: *Self Study Report_CAATE Standards_Final*

Findings and Recommendations of the CAATE External Site Visitors

Appendix 3 includes a response from the Site Visitors of the Commission on the Accreditation of Athletic Training Education programs (CAATE):

Appendix 3: *CAATE Site Visit Report & Findings*

The strengths and weaknesses of the ATEP as identified by the CAATE site visitors:

General Strengths of the Program

1. All of the PLNU ACI's have both academic/athletic responsibilities. The students report how beneficial this is to their learning.
2. The medical director provides tremendous leadership/support to the ATEP. He provides a tremendous learning opportunity for the students during the rotation at OASIS Medical Group.
3. The OASIS Medical Group rotation is a wonderful orthopediac learning experience provided to the students. The students shadow and assist an Orthopedic Physician Assistant, serving as their ACI. They also observe several orthopedic surgeries during their rotation.
4. Rehab United provides a unique Physical Therapy Rotation with focus on manual therapy and functional rehabilitation. The CI's at this site which are physical therapists are very supportive of athletic training education.
5. Very evident, but also revealed in student and alumni interviews, is a very unique Faculty/Student relationship found in the ATEP. This relationship is described as "a family atmosphere." The faculty/ACI's are there for the students educationally, personally, and spiritually. Colleagues in the university report the presence of this relationship as well.
6. The ATEP is able to provide an educational experience with a small instructor to student ratio which leads to ample hands-on learning opportunities.

7. ATEP students and alumni reported they are very well prepared.
8. The ATEP has its own budget for educational supplies and faculty development.
9. There is evidence of very strong support for the ATEP from the upper administration (i.e., Dean and Provost).

General Weaknesses of the Program

1. The lack of clinical coordinator position places these duties upon the already loaded Program Director and ATEP faculty. (This continues to be an area of need for the ATEP)
There is a need for administrative assistant support for the ATEP and Kinesiology department that is not shared between departments. (With the Provost's and the Dean's assistance, the department has recently hired a part-time department assistant!)

Rejoinder Response to Areas of Noncompliance:

Actions Taken by the ATEP Program Director as a Result of the Recommendations

The appendices below outline the actions of the ATEP faculty after we received the recommendations of the Site Visitors. We specifically discussed at length the various options by which we could meet the two areas of noncompliance (out of over 100 standards) which were:

- 1) to provide a clinical affiliate site with equal access and opportunities for both genders, and
- 2) to ensure that clinical experiences were always under the direct supervision of a qualified clinical instructor in an appropriate clinical setting.

Both of these areas of noncompliance were the result of one of our seven clinical affiliate sites (Point Loma High School) being noncompliant.

Appendix 4: *Rejoinder Response to the Areas of Noncompliance_PLNU*

Appendix 6: *Rejoinder_ATEP faculty meeting*

Of particular gratification to the ATEP faculty is that in 2010 Point Loma High School completed a new building which houses a state-of-the-art sports medicine clinical facility that vastly exceeds the CAATE requirements stated above (news coverage of the facility is linked below). A new partnership was created between PLHS and PLNU such that our ATEP students are now involved in mentoring PLHS students towards careers in sports medicine and related health care fields. This development exceeds the requirements for compliance with the above CAATE standards.

<http://www.sandiegoreader.com/news/2011/jan/12/stringers-point-loma-high-classroom/>

<http://sdusd-news.blogspot.com/2011/02/media-advisory-dedication-ceremony-at.html>

III. Departmental Description and Evaluation of the Program

Summarize the data provided to the program from various sources.

A. Mission and Goals of the Program

1. Alignment of the Program and the University's Missions and Goals

How does the department mission statement support the mission(s) and goals of the university?

NOTE: Appendices 9-11 (page 9) provide a graphical overview of the means by which our major programs support the mission, core values, and learning outcomes of the University. They also provide a curriculum map, linking program learning outcomes with signature assignments in various classes throughout our programs.

University Mission Statement:

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. Being of Wesleyan heritage, we aspire to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

Kinesiology Department Mission Statement (as stated in the current catalog):

There are two primary purposes of the Kinesiology Department

1. To introduce the liberal arts student to the potential benefits of a stimulating systematic exercise program, and to provide a basis for understanding the physical capabilities and limitations of one's self. The Department of Kinesiology offers every student an opportunity to participate in a program designed to aid in the development of physical efficiency, healthful living for a lifetime, social cooperation, and individual activity skills for the intelligent and enjoyable use of leisure time.
2. To provide a broad base of knowledge which will allow a student to specialize in or adapt to various career opportunities: preparation for teaching at the elementary or secondary levels; preparation for coaching at the amateur level including elementary, junior high, and senior high; preparation for graduate study in physical education and/or in the allied health and therapeutic sciences; preparation for a career as an athletic trainer at the secondary, collegiate and/or professional level of athletics; preparation for a career in a variety of physical fitness-related occupations.

The faculty reviewed our mission statement and it became evident to us that the mission needed significant revision for a few reasons. The first was that the statement was written from a faculty position and was not focused on student learning. The second was that the mission did not completely describe the current state of the department. Namely, we identified changes over the past decade in student interests and in regional and national market trends in education, health care, and fitness. We also experienced changes in faculty composition and expertise through the natural hiring and retirement processes.

Revised Department Mission Statement: (Approved unanimously on 2/28/11)

The mission of the Department of Kinesiology is to prepare students to inform, maintain and improve the health, fitness and quality of life of themselves and the people they serve. The department is committed to educating our students and community in the science and benefits of optimal health and human performance; to developing in all students a lifelong habit of living healthfully; and to preparing students for the variety of career opportunities that utilize Kinesiology as a foundation.

Three major programs exist within the department to accomplish our mission:

The **Exercise Science major** focuses on the application of the biological and physical sciences in the study of human movement, with regard to their effects on the health and quality of life of people of all ages and abilities. A course of study is offered to students interested in preparation for graduate study in allied health and therapeutic sciences, including physical and occupational therapy, physician assistant, chiropractic, and osteopathic medicine. This is a pre-professional major as students will necessarily attend graduate school to accomplish professional degrees and state licensures.

The **Athletic Training Education Program (ATEP)** seeks to prepare students for the allied health profession of athletic training: a profession that specializes in the prevention, assessment, treatment and rehabilitation of emergency, acute, and chronic medical conditions

involving impairment, functional limitations, and disabilities. Through a curriculum designed to provide a multifaceted learning experience in the scientific, clinical, and psychosocial foundations of sports medicine, students participate in extensive laboratory and clinical experiences and are prepared for a career as an athletic trainer at the secondary, collegiate and/or professional level of athletics. Graduates achieve the entry-level competencies necessary to take and pass the certification examination offered by the National Athletic Trainers' Association Board of Certification (NATABOC).

The **Health and Fitness** major is a proposed program to replace physical education. It is being designed for students who desire careers or avocations of promoting optimal health through influencing the lifestyle factors of physical activity, wellness, rehabilitation and disease prevention. This program will allow a student to specialize in or adapt to various career opportunities in fitness, physical activity, health, or other clinical and educational settings. Students may also prepare for careers in the sub-disciplines of Kinesiology (i.e., Physical Education, allied health, strength and conditioning, community health, health education, motor development and exercise physiology).

General Education Offerings: As part of the liberal arts experience, students participate in systematic exercise programs available in didactic courses offered by the department, and through intramural participation. These activities are designed to aid in the development of physical efficiency, healthful living for a lifetime, social cooperation, and individual skills for the intelligent and enjoyable use of leisure time.

As outlined above, each academic program has unique purposes that support the department mission. In addition, and as a function of the accreditation process, the Athletic Training Education Program has the following purposes, goals and objectives:

The Point Loma Nazarene University ATEP exists for the following purposes:

1. To provide an educational program for students desiring NATABOC Certification.
2. To provide students preparing for allied health professions the opportunity to practice the art of Athletic Training. Students gain first-hand experience working with student-athletes at PLNU, and gain clinical experience at off-campus sites in a variety of settings, with diverse patient populations and activity levels.
3. To contribute to quality care of PLNU student-athletes and clients at the affiliate clinical sites. This contribution lives out the service mission of a PLNU education.
4. To produce the above experiences within a Christian context where students offer encouragement and compassion to those with whom they interact.
5. To provide an atmosphere that emphasizes professional integrity and reflects the institution's mission statement.
To contribute to the PLNU community by working with Public Safety and the Wellness Center in disaster preparedness and emergency response.

Goals and Objectives of the Athletic Training Education Program (ATEP)

Upon completion of the ATEP, the successful student will be evaluated on the following goals and objectives:

Goal 1: Learning - Information Literacy
Students will:

- a. Demonstrate cognitive and psychomotor competence in the content areas of the Athletic Training Educational Competencies.
- b. Speak and write coherently on information in their discipline, and communicate it effectively to patients, the community, and all members of the health care team.
- c. Develop and utilize logic skills and a discriminating process that is foundational to clinical decision-making.

Goal 2: Growing - Professional and Personal Development

Students will:

- a. Demonstrate an advancing clinical proficiency in the practice of Athletic Training through development in knowledge, psychomotor skills and clinical reasoning.
- b. Employ critical thinking in their clinical judgment as they integrate best evidence in planning patient care.

Goal 3: Serving - Service as an Expression of Christian Faith

Students and/or Graduates will:

- a. Prepare to serve and adapt care for a diverse environment through experience with a variety of patient populations and clinical settings, and with various allied healthcare professionals.
- b. Demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.
- c. Demonstrate the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner, integrating the Christian faith with clinical practice.
- d. Prepare for careers that utilize Certified Athletic Trainers &/or prepare for graduate study or other employment in allied healthcare professions.

The Point Loma Nazarene University Exercise Science major exists for the following purposes:

1. To provide an educational program for students who are preparing for graduate studies in Physical Therapy, Physician Assistant, Chiropractic, Occupational Therapy, Exercise Physiology or Biomechanics.
2. To provide guidance in the areas of graduate school program selection criteria, personal preparation for the application process including establishing a personal pre-requisite course and clinical internship timeline, composition of their personal statement, preparation for the Graduate Record Examination, execution of the application and making matriculations decisions following acceptance.
3. To assist students in locating and maximizing clinical experience at off-campus sites at which clinical mentors provide insight into the culture and practice of their professions and subsequently recommend students for graduate school.
4. To encourage students to know, care for, respect and encourage the clients at their clinical internships and their peers.
5. To provide an atmosphere that emphasizes professional integrity and reflects the institution's mission statement.

Goals and Objectives of the Exercise Science Major

Exercise Science students will be evaluated on the following goals and objectives:

Goal 1: Learning - *Information Literacy*

Students will:

- a. Demonstrate cognitive and psychomotor competence in the assessment of structure and function of the body including typical, anomalous and pathological states
- b. Write technically in the context of review and synthesis of professional literature
- c. Communicate orally with a target audience in topics of medicine and exercise science

Goal 2: Growing - *Professional and Personal Development*

Students will:

- of the
- a. Conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body.
 - b. Promote well being of clients and community members

Goal 3: Serving - *Service as an Expression of Christian Faith*

Students and Alumni will:

- a. Articulate their post graduate educational and career callings in light of their life purposes
- b. Report ethical treatment of others as per the example of Jesus Christ.

Summary of Key Findings and Initial Recommendations.

III.A.1. Alignment of the Program and the University's Missions and Goals	
Key Findings	Initial Recommendations
<ul style="list-style-type: none">• We spent considerable time in department meetings this year writing new learning outcomes that are closely aligned with the mission, vision and core values of the university.	<ul style="list-style-type: none">• The Health and Fitness major is a proposed program that will allow students to specialize in various career opportunities (i.e., strength and conditioning, community health, exercise physiology). It is a proposal that will align our curriculum with the changing needs of students.
<ul style="list-style-type: none">• Each of our major programs and our GE offerings accomplishes a unique aspect of our department mission.	

2. Alignment of the Institutional, Department and Program Learning Outcomes

How do the department and program learning outcomes support the institutional learning outcomes?

The major focus of the department faculty this past academic year has been to develop updated department and program learning outcomes (appendices 9-11), to align these learning outcomes to the institutional outcomes and mission statement (appendices 9-11), and to link all outcomes to our curriculum (Appendices 12-14).

The appendices below enumerate the alignment of our revised program learning outcomes to the departmental and institutional learning outcomes.

Appendix 9: *Alignment of ILOs_DLOs_PLOs_ATEP*

Appendix 10: *Alignment of ILOs_DLOs_PLOs_Exercise Science Program*

Appendix 11: *Alignment of ILOs_DLOs_PLOs_Physical Education Program*

Curriculum Maps:

The Assessment Diagrams below contain curriculum maps that link institutional, department and program learning outcomes to the specific curriculum of each academic

program offered in the department. The diagrams specify where students encounter opportunities in the curriculum to gain knowledge and skills pertinent to the designated outcomes (i.e. where opportunities are *I= Introduced, D=Developed, and M=Mastered*). These diagrams were modeled after the comprehensive curriculum mapping that was created for the ATEP clinical education program, where each didactic competency and clinical proficiency is instructed, practiced and finally mastered. We also incorporated elements of another department's program review (MICS). Finally, we adapted the *method of assessment* and *criteria for success* columns from the previous Nichols Model of Assessment. The resulting diagrams provide clear maps that will guide us in assessing student learning for each of our programs over the next 5 years. Because members of Institutional Research have informed us that this formatting is not consistent with others across campus, we will adapt to whatever structure the program review committee recommends, but in the absence of a provided outline we created this structure.

Appendix 12: *ATEP Assessment Diagram and Curriculum Map*

Appendix 13: *Exercise Science Assessment Diagram and Curriculum Map*

Appendix 14:** *Health and Fitness Assessment Diagram and Curriculum Map*

***Please note that Appendix 14 is under significant revision as it is a proposed undergraduate major.*

Multi-Year Assessment Timelines:

The Kinesiology Department multi-year assessment plan below outlines the learning outcomes and the year in which each will be assessed. The Physical Education major does not currently have a multi-year assessment plan.

Appendix 27: *Kinesiology Multi-Year Assessment Timeline*

Appendix 15: *ATEP Multi-Year Assessment Plan*

Appendix 16: *Exercise Science Multi-Year Assessment Plan*

Summary of Key Findings and Initial Recommendations.

III.A.2. Alignment of the Institutional, Department and Program Learning Outcomes	
Key Findings	Initial Recommendations
<ul style="list-style-type: none"> The Assessment Diagrams and Curriculum Maps outline the means by which our department and program LOs are aligned with the institutional LOs. More than that, they provide a valuable framework for us in assessing our learning outcomes over the next 5 years. 	<ul style="list-style-type: none"> Because we are proposing to phase out the Physical Education program, we do not plan to refine the assessment plan for this program but will work to complete a plan for the Health & Fitness by June 2012.

3. Reflection of Any Recent Changes in the Discipline

Have there been any significant changes in the broader academic disciplinary area(s) relating to the program that require changes to the program's structure, focus, or emphasis?

There have been significant changes in the disciplines of physical education, exercise science and athletic training. **Section III.B.3: Reflection on Standard Data Set** contains a detailed analysis. We believe the trends in education require a phase out of the physical education program and the implementation of a new major in Health and Fitness.

Proposed new major in Health and Fitness: See Appendix 23: Health and Fitness Major

The rationale for the proposed new major is contained in Appendix 23 and on page 13. In summary, the teaching profession is experiencing a tumultuous time in California, and PE is specifically vulnerable to low job prospects as administrators have cut physical education programs and teachers due to budget constraints. Concurrently with this trend, the health, fitness, and disease prevention arenas are offering positive prospects for careers and job growth; many health-care related fields project >20% job growth over the coming decade. Benchmarking to external comparator schools has confirmed these findings. As a result, the Kinesiology faculty has significantly revised the curriculum to more accurately reflect current career opportunities for students.

Market Analysis of Trends in Allied Health:

A market analysis reveals that the various disciplines of Allied Health are rapidly expanding in the United States and in Southern California. According to the Bureau of Labor Statistics (BLS), 17 of the top 30 fastest growing occupations are in the health-related professions. Additionally, the BLS projects that health care employment will increase by an average of **22% over the next 10 years**, which is almost double the rate of other industries. Furthermore, the State Occupational Projections report the following percent employment change, in the United States and in California, by 2016:

Occupation	Employment Change (%): United States	Employment Change (%): California
Health Educators**	26	24
Health Information Managers	18	19
Occupational Therapists*	23	28
Optometry	11	21
Pharmacy	22	26
Physical Therapy*	27	30
Physician Assistant*	27	25
Respiratory Therapist**	23	24
Speech Pathology	11	18

**The Exercise Science major prepares students for graduate work, licensure, and careers in this profession.*

***The proposed Health & Fitness will prepare students for graduate work, certification, and careers in these professions (among many others).*

Comparator Institution Benchmarking Survey (see Appendix 28 for results):

We conducted a survey to benchmark our Kinesiology programs to other local and regional comparator universities for the following purposes:

1. To determine student enrollment trends at similar institutions for programs that we currently offer (Physical Education, Athletic Training, Exercise Science) and for a program that we intend to offer in Health and Fitness.
2. To explore a change from our current BA in Physical Education to a BA in Health and Fitness.
3. To determine the extent to which guild standards of the American College of Sports Medicine are used within Health and Fitness programs at comparators.
4. To compare the relative cost of delivering the curriculum (e.g., faculty FTE, % of FT to PT faculty, etc.) and the services provided by our faculty (e.g., academic advising, internship placement, presence of pre-healthcare committee, etc.) against comparators.

The survey was sent to 15 comparator schools, 9 of which participated (a 60% response rate).

Here is a summary of the major findings of the survey:

Summary of Enrollment Trends.

PE Teacher Education (Question 4): 60% of comparators either have decreased enrollment or do not offer a physical education program. Ostensibly, some of the schools that do not offer a program may have chosen already to phase out their programs, which we did not ask schools to report. Somewhat surprising to us was that 40% had a modest student enrollment increase of 0-25%. *Exercise Science (pre-Allied Healthcare)*, (Question 5): 90% of comparators had increased enrollment in the past 3 years, 40% of comparators had increases of 75-100+%! Only 1 school does not offer a pre-Allied health program and only 1 school had a modest decrease in enrollment of 0-25%. *Athletic Training* (Question 6): 50% of comparators do not offer an ATEP. Of the schools that offer an ATEP, 80% have had increased enrollment over the past 3 years and 40% have increased 50-75%. *Health & Fitness* (Question 7): 100% of the schools offering Health & Fitness curriculum have had increased student enrollment in the past 3 years; the majority of this growth (55%) has been >25%.

Summary of Program Offerings.

Most degree programs of comparators were BS rather than BA degrees. Of the schools considering adding an undergraduate program, 40% were considering a Health & Fitness program similar to PLNU. 30% of comparators are expanding into offering graduate Kinesiology programs (not counting those who already offer graduate programs).

Conclusions:

- As we had anticipated, comparator schools are experiencing dramatic growth in their pre-Allied Healthcare programs, moderate growth in their Athletic Training programs, and a moderate decline in their Physical Education programs. These trends are very consistent with those at PLNU.
- Concurrent with the trends in #1, PLNU as well as our comparators are experiencing a growth in enrollment and increased student interest in curricula that will prepare them for Health and Fitness careers.
- If a Health and Fitness curriculum is offered at PLNU, we will align part of the curriculum to the ACSM guild standards; however, we have flexibility in the new curriculum and are not subject to specific accreditation standards from the ACSM.

Report from Professionals in the Health and Fitness Industry

We also consulted with the National Association of Sports Medicine (NASM) and the American Council on Exercise (ACE), two professional certification agencies, to determine the demand for health and fitness professionals. **Appendix 29** contains the report from the NASM.

From the NASM: The San Diego area has over 200 health clubs. Here are some general statistics on the industry.

- Employment of fitness workers is expected to increase 29 percent over the 2008-2018 decade.*
- Fitness Training ranks in the top 30 fastest growing occupations*
- California is a Top 5 Highest Paying State

*Bureau of Labor Statistics – Occupational Outlook 2010-2011

Trends in Athletic Training

Athletic Training Education continues to emphasize evidence-based practice, adding competencies in this area to the most recent version of the Competencies outlined by the National Athletic Trainers' Association's Education Council. According to the Bureau of Labor Statistics, employment of athletic trainers is projected to grow 37 percent from 2008 to 2018, much faster than the average for all occupations, because of their role in preventing injuries and reducing healthcare costs.

Trends in Exercise Science

Exercise Science majors are expected by graduate schools to complete up to 3 clinical experiences as partial fulfillment of their preparation and application to their institutions. Under the current major requirements students may complete their clinical experience for academic credit as KPE 488 Internship in Kinesiology (1-6) units but are not required to do so. The implications of these realities include:

- The number of clinical affiliate sites must meet the demand of Exercise Science majors. Students are encouraged to accomplish their 3 clinical rotations from 2nd semester sophomore year to their last semester their 4th year. Annually 65-90 students should be served. Currently 12-16 students per year take KPE 488. Internships are 5 weeks to 1 year commitments depending upon vendor requirements. Locating, recruiting and formalizing clinical affiliate relationships with medical and allied health care entities in San Diego County requires considerable faculty effort and time. The Director of Exercise Science has performed this function, growing our clinical sites from 8 to 20 currently.
 - 2009-2010 8 Clinical affiliate sites
 - 2010-2011 14 Clinical affiliate sites
 - 2011-2012 20 Clinical affiliate sites
 - Projected required affiliate sites 35
- The Exercise Science major is heavy on didactic and laboratory settings. It needs to be strengthened with a required experiential (clinical) component necessitating curriculum revision with consideration of a Bachelor of Science degree.

Rationale for the Proposed Major in Health and Fitness

Based on enrollment trends within the department, the findings of a market analysis, and an external benchmarking of comparator institutions, we propose to phase out the Physical Education major and replace it with a major in Health and Fitness for the following reasons:

- The Physical Education major has decreased by over 50% in the past 5 years. Very few incoming freshmen (1-4) have declared PE as a major each of the past 5 years.
- The job market for educators in California is poor, and even worse specifically for physical educators.
- A growing number of Kinesiology students are interested in the health, fitness, and disease prevention professions. These students are not ideally served by the Exercise Science curriculum which is too heavy in the sciences and other prerequisites for graduate school in allied healthcare.
- The health, fitness, and disease prevention professions are projected to grow rapidly in the next decade. According to the Bureau of Labor Statistics (BLS), 17 of the top 30 fastest growing occupations are in the health-related professions. Additionally, the BLS projects that health care employment will increase by an average of 22% over the next 10 years, almost double the rate of other industries.

- One example of a career opportunity: the American College of Sports Medicine is partnering with physicians to offer the *Exercise is Medicine™* credential. This credential allows professionals who graduate from health and fitness programs to obtain direct referrals from physicians to design and implement exercise programs for their patients to help in disease prevention. Our students in Health and Fitness would be situated to obtain this and many other such credentials in the health and fitness professions.
- We conducted a benchmarking survey with 9 comparator institutions and the trend in decreased PE majors is consistent across comparator schools in California: 60% of comparators either have decreased enrollment or do not offer a physical education program. In addition, 100% of the schools offering Health & Fitness curricula have had increased student enrollment in the past 3 years; the majority of this growth (55%) has been >25%.
- We have surveyed our current students and 25% of Exercise Science majors reported that they would change majors to Health and Fitness if this major was offered at PLNU (at least 30 students). Also, in speaking with parents and potential students at Preview Days, it is clear that a good number of them are searching for programs related to health and fitness.
- We have worked with the School of Education to form a clearer and more streamlined pathway for our students into the SOE to gain a teaching credential and/or Masters of Education.
- Learning over time will become the model for the progression of the Health & Fitness curriculum from didactic experiences (HF 301, KIN 340) to lab settings in which students will practice and refine skills, to practicum and internship experiences in which they will master concepts and become clinically proficient. This is a model that has been very successful in the ATEP and will be emulated with the Health and Fitness major. We intentionally chose to require two courses in practicum or internship while most other programs require only one course of field experience. This will serve as a point of distinction in which our faculty can guide students in the disciplines of their future profession. The requirements will also allow Kinesiology faculty and students to develop a more robust intramurals program, faculty and staff fitness classes, health and fitness screenings, and community fitness programs. We anticipate that students will design and co-lead these programs.
- This proposed curriculum has been vetted with the departments of Family and Consumer Sciences, Psychology and the School of Education. These academic units support the proposed curriculum.

Overview of Proposed Changes to the Physical Education Major

Delete PED 211 (2) Individual and Dual Sports I

Delete PED 213 (2) Individual and Dual Sports II

Delete PED 303 (2) Sports Officiating (alternate)

Delete PED 330 (3) Hx and Trends of Physical Education (alternate)

Delete PED 416 (3)

Delete PED 450 (3) Psychology and Sport Performance for Coaches and Athletes (alternate)

Total Deleted = 15 units (8 units alternate year courses)

Add HF 230 (3)

Add HF 301(4) or HF 301(3) and 301L (1) (4)

Add ATR 102 (2)

Add KIN 340L (1)

Total Added = 10 units, (8 new units, 2 existing)

- Rename KPE 101 to KIN 101
- Rename KPE 280 to KIN 280
- Rename KPE 280L to KIN 280L
- Rename KPE 312 to KIN 312
- Rename KPE 325 to KIN 325
- Rename KPE 327 to KIN 327
- Rename KPE 340 to KIN 340
- Rename KPE 430: Advanced Exercise Physiology to KIN 430: Clinical Exercise Physiology
- Rename KPE 470 to HF 370
- Rename PED 300 to PED 200
- Rename PED 480 to HF 480
- Rename PED 484 and KPE 484 to KIN 484
- Rename PED 488 and KPE 488 to KIN 488

Total course additions: 3

Total course deletions: 7

Total unit additions: 8

Total unit deletions: 15

Rotation of courses or deletion of sections to accommodate additions: none

Staffing impact/increase or decrease: -7 units

Summary of Key Findings and Initial Recommendations.

III.A.3. Reflection of Any Recent Changes in the Discipline	
Key Findings	Initial Recommendations
<ul style="list-style-type: none"> • The various disciplines of Allied Health are rapidly expanding in the United States and California, with a job growth expected to be well above the national average (i.e., an average increase of 22% over the next 10 years) 	<ul style="list-style-type: none"> • We expect a continued increase in first-time freshmen who declare Exercise Science and Athletic Training as majors, as well as in those who migrate from other majors (Biology) at PLNU.
<ul style="list-style-type: none"> • As we had anticipated, comparator schools are growing in their pre-Allied Healthcare and Athletic Training programs, and declining in their Physical Education programs. 	<ul style="list-style-type: none"> • We plan to propose a new Health & Fitness major to the Academic Policies Committee in the 2012-13 AY. (See rationale below)
<ul style="list-style-type: none"> • The Exercise Science major does not currently require clinical course credit, potentially creating a competitive disadvantage for PLNU students when applying to graduate schools. 	<ul style="list-style-type: none"> • Consider a curriculum revision in Exercise Science to add clinical course requirement and change to a Bachelor of Science degree in Exercise Science.
<ul style="list-style-type: none"> • Locating, recruiting, formalizing and assessing clinical affiliate relationships is staff intensive but necessary for quality control 	<ul style="list-style-type: none"> • Our external benchmarking revealed that this is a uniqueness of PLNU's Kinesiology department that we will continue to offer.

B. Effectiveness of the Instructional Program

1. Student Learning Outcomes as Developed in the Program's Student Outcomes Assessment Plan (SOAP)

Note any changes in the learning outcomes since the prior review. What actions have you taken as a result of what you have learned during assessment planning or as a result of assessment data?

Assessment Activities since the Last Program Review

We previously highlighted the substantial changes to our learning outcomes and the creation of curriculum maps in Section III A. These changes comprise a large part of the work done in our departmental faculty meetings during 2010-11.

Assessment of the General Education Program: 2008-09

Learning Outcome(s) Evaluated:

1. Students will perceive the importance of healthy lifestyle choices.
2. Students will demonstrate a lifestyle of physical activity.
3. Students will demonstrate a lifestyle of healthful eating.
4. Students will understand how to apply Biblical stewardship principles via their physical bodies.

Means of Assessment – Data gathered from students enrolled in the General Education requirement PED 100 (N=84).

Please see **Appendix 17: Summary of PED 100: Student Fitness Outcomes.**

In our student course evaluations (conducted through eclass), we asked the following questions:

As a result of taking this class, did you make improvements in your overall fitness over the semester?

Results: 80% of students enrolled in PED100 reported that they made improvements in their physical fitness as a result of taking the course. The course professors quantify this change objectively, but the chart above demonstrated that students also perceived their fitness as improved.

How likely are you to engage in physical activity once you are finished with this class?

Results: 96% of students responded that they were either 'very' or 'somewhat' likely to continue to engage in fitness activities after finishing the class, indicating that a pattern of fitness was established in these students as a result of enrolling in PED 100.

After taking this class, did you change your eating habits? And will you carry these changes forward as you leave this class?

Results: 80% of students indicated that they changed their eating habits (ostensibly for the positive) while enrolled in PED 100. Almost half (49%) of students definitively would carry forward the positive eating and fitness habits learned in PED 100. When combined with the students who "would try", 91% of all students appeared to be positively changed by PED 100 toward healthful behaviors.

Assessment of the Athletic Training Education Program: 2006-2010

Learning Outcomes Evaluated:

1. **LEARNING:** Students will demonstrate cognitive and psychomotor competence in the 12 content areas of the Athletic Training Educational Competencies.
2. **GROWING:** Students will exhibit advancing clinical proficiency in the practice of Athletic Training: evidenced by intellectual development in knowledge, psychomotor skills, clinical reasoning and evidence-based decision making to optimize patient health and function.
3. **GROWING:** Students will function effectively in a variety of clinical settings, with a variety of patient populations, at varying levels of risk, and among a variety of allied healthcare professionals.
4. **SERVING:** ATEP graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.

Measures of ATEP Learning Outcomes (Means of Assessment)

Direct Measures:

1. Percentage of students who pass the Clinical Proficiency exams in 6 clinical courses as evaluated by Approved Clinical Instructors (i.e., perform at an “*autonomous*” level on real or simulated patients).
2. Results of lab practical competency examinations in KPE 280L, ATR 387, 388, 410 and 415.
3. Results of evaluations of Athletic Training Students by Approved Clinical Instructors
4. Percentage of students who score 70% or better on the Mock Certification Exam in ATR 493.
5. Results of signature writing and speaking assignments across the curriculum:
 - Article Critiques in KPE 280, KPE 340, ATR 388 and ATR 410
 - Review of Literature in KPE 101 and ATR 388
 - Oral Presentation in ATR 410, 493 and KPE 312
 - Original Research Proposal in KPE 440

Indirect Measures:

6. Percentage of students who pass the National Board of Certification (BOC) Exam
7. Results of Alumni Survey on Preparedness for Employment in Athletic Training
8. Results of the Assessment of ATEP form completed by the senior cohort
9. Success of ATEP Alumni as evaluated by Graduate School advisor/program director
10. Success of ATEP Alumni as evaluated by their employer.

Results:

Appendix 18: *ATEP Board of Certification exam Results and Employment Data_2010*

Appendix 19: *Summary of Board of Certification Exam Results*

Appendix 20: *Appendix 20: Summary of Alumni BOC Exam preparation*

See also the “*Findings from Data Collection*” column in table below

How the Evidence has Affected Decisions about our Programs:

The right hand column of the data table below summarizes the actions we have taken in the ATEP based on the evidence collected over the past 5 years.

Assess. Measurement Tools	Criteria for Success	Findings from Data Collection	Resulting Program Changes
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Competency exams taken throughout didactic and clinical program; entry level achievement required to advance in major	>90% of students will pass each competency exam (perform at the "autonomous" level on simulated or real patients).	Pass Rates for Competency Exams: 2003-07=100%; 2008=95%; 2009-10=100%	The Competencies were significantly revised by the NATA Education Council in 2007; the ATEP revised curriculum and has implemented these competencies since spring 2009.
Clinical Proficiencies testing administered in 6 clinical courses	All students will perform 100% of the proficiencies at an Autonomous level--demonstrating conceptual understanding and mastery--to advance in the clinical education program.	2008-2009 95% of students passed proficiency exam at each of the 6 clinical levels as measured by clinical instructors; 2009-10=100% pass rate.	ATEP faculty continue to discuss the means by which we can increase student mastery of skills on actual patients. All clinical instructors look to evaluate students on real patients before devising case studies.
Supervisor evaluation of high school athletic training rotation	100% of students will pass clinical performance assessment by PLHS ACI	100% of students pass high school internship	Two additional Clinical Instructors have been added to supervise students and this has enhanced student learning. The ATEP pays honoraria to these instructors through our budget. We recommend that this money comes out of the adjunct salary pool in the future.
Supervisor evaluation of 5-week rotations in Orthopedic, General Medical & Physical Therapy settings	100% of students will pass clinical performance assessment by clinical instructor	100% of students passed Orthopedic, Gen Med & Physical Therapy rotations	Students began performing preoperative physical exam screenings at our surgeon's office in 2009.
Supervisor evaluation of athletic training rotation at PLNU	100% of students will pass clinical performance assessment by PLNU ACI	100% of students passed PLNU practicum	Students are required to participate in Peer Teaching & Mentoring program since 2009.
Mock certification exam administered in ATR 494	90% of students will receive a score of 70% or higher	2009=100% of students scored >70% on the mock certification exam	The board of certification transitioned to a mock certification exam in 2009; we therefore implemented in 2010-11 an online practice examination in the senior seminar class.
Successful completion of the Board of Certification (BOC) examination	90% of students will pass the certification exam after 2 attempts; <5% of students will fail after 3 attempts	2003-06=93% passed exam in 2 attempts, 6% failed after 3; 2006-07: 100% passed exam; 2007-10=95% passed exam, 5% failed after 3.	Outcome is being met. New exam format makes panel discussion with faculty/ alumni necessary. Recommendations needed for best approach to study. Students are passing boards higher than nat'l ave rate. 75% of seniors enrolled in ATR 493 in 2011 passed exam on 1 st try.
Clinical Performance Assessment by ACI/CI, Peer Teaching, Student Journal, eportfolio	All seniors will score >80% on VAS score for exhibiting Foundational Behaviors of an ATC	Data to be collected Spring 2011	Program Director participated in national survey of strategies for implementing Found. Behaviors in May, 2010; results of survey will inform program changes.
Graduate school Evaluation and Employer Ratings forms	85% of graduates will be rated in the top 50% by their graduate school supervisor or employer	2003-2006: 100% of supervisors responding indicate that alumni are in top 50% or above; no data since 2006	Assessment has been inconsistent over past 5 years; progress with online tools will provide data every 2 years.

Assessment of the Exercise Science Program

Learning Outcomes Evaluated:

1. Students will demonstrate cognitive and psychomotor competence in the assessment of structure and function of the body including typical, anomalous and pathological states
2. Students will write technically in the context of review and synthesis of professional literature
3. Students communicate orally with a target audience in topics of medicine and exercise science
4. Students will conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body.
5. Students will promote well being of clients and community members

6. Students and Alumni will articulate their post graduate educational and career callings in light of their life purposes
7. Students and alumni will report ethical treatment of others as per the example of Jesus Christ.

Measures of Exercise Science Learning Outcomes

Direct Measures:

1. Percentage of students who score 80% on the Grand Functional Anatomy Assessment in KPE325
2. Percentage of students who score 80% on the Case Report of Multisystem Disease in ATR 385
3. Percentage of students who score 80% on the Integration of Physical/Motor Fitness art project
4. Results of evaluation of Clinical Mentor in KPE488
5. Results of the “I can teach anyone to _____” project in KPE327.
6. Results of Public Health presentation on Breast and Testicular cancer to peer or community
7. Results of writing and speaking assignments across the curriculum:
 - Article Critiques in KPE 101, KPE 280, KPE 325, KPE 327, KPE 440
 - Review of Literature in KPE 101 and KPE 440
 - Oral Presentation in ATR 385 and KPE 440
 - Original Research Proposal in KPE 440

Indirect Measures:

1. % of students who participate in the formal graduate school interview and preparation program
2. % of students who apply to graduate programs within 5 years of completing PLNU degree
3. Results of Alumni Survey on Preparedness for Graduate School
4. Results of the Life Purpose Project

How the Evidence has Affected Decisions about our Programs:

The right hand column of the data table below summarizes the Resulting Exercise Science Changes based on the evidence collected.

Assess. Measmt Tools	Criteria for Success	Findings from Data Collection	Resulting Program Changes
Grand Functional Anatomy Assessment in KPE325	Percentage of students who score < 80% on the Grand Functional Anatomy Assessment in KPE325		Increased emphasis on topographical anatomy, clinical analysis of triplanar movement and qualitative assessment of Safety, Effectiveness, Efficiency of physical tasks
Case Report of Multisystem Disease case	Percentage of students who score <80% on the Case Report		Increase class time devoted to clinical simulations for health assessments and articulation of epidemiology, etiology, risk factors, pathogenesis, clinical manifestations, diagnosis, treatment, prognosis
Integration of Physical and Motor Fitness art project in KPE 440 capstone	Percentage of students who score <80% on the Project	100% of students scored 80% or higher in project in 2010-2011	Require narrative report to accompany project as part of the writing across the curriculum L.O.
Evaluation by Clinical Mentor	Mentor scores student as good to excellent	A very small percentage of students do clinical internship for academic credit ; have not required	Curricular change to require an Internship course or to successfully complete a formal graduate school preparation

Summary of Key Findings and Initial Recommendations.

III.B.1. Effectiveness of the Instructional Program: SLOs	
Key Findings	Initial Recommendations
<ul style="list-style-type: none"> • Our assessment of alumni has been inconsistent across programs. Our faculty members have lifelong relationships with alumni and stay connected; however, we are not formally evaluating them other than in the ATEP. • With the growth in the ATEP, 2 Clinical Instructors have been added to supervise students at local high schools. This is funded by the ATEP budget and should be absorbed in the future through adjunct faculty funds. 	<ul style="list-style-type: none"> • We are working with the alumni office to deploy a Qualtrics alumni survey to evaluate learning outcomes (specifically graduate school and employment trends) in our alumni. • A Clinical Education Coordinator was recommended by the CAATE site visitors in 2008, but was not approved by the Provost due to budget constraints in 2009. This is a continued need but others are more urgent at this time.

2. Curriculum

a. Structure/ Coherence of Instructional Program

Assess the structure, currency, comprehensiveness, adequacy, coherence, and delivery of the curriculum as appropriate. Describe any changes made in the program’s curriculum in response to outcomes assessment.

We expect that a shift from offering a traditional Physical Education program to offering Health and Fitness will reach a broader group of students both within and outside the department. Also, because we project that we will continue to have a few students desiring to obtain their single subject credential to teach Physical Education, we plan to offer 6 elective units within the new major to allow for coursework specific to physical education instruction.

An analysis of our course offerings and enrollment tables is here:

Appendix 21: *Enrl by Crs Kinesiology*

Appendix 22: *Analysis of Selected GE offerings 2005-10*

Proposed new major in Health and Fitness: See Appendix 23: Health and Fitness Major

We made the following curriculum changes to Physical Education based on the analysis of our curriculum:

- a. PED 301: switched to alternate year course. Substituted KPE 484: Practicum – experiences in various fitness certifications: group exercise, personal training, strength training, conditioning and performance enhancement.
- b. PED 302 Officiating: APC proposal to accept certification in officiating
- c. PED 417 Dropped from the curriculum. The school of education will instruct general methods of teaching course.
- d. PED 210-213 series: propose decreasing the 8 units to 4 units and change the theme of the courses to focus on methods of teaching individual, dual and team sports strategies and fundamentals.

Summary of Key Findings and Initial Recommendations.

III.B.2. Curriculum Structure and Coherence
Key Findings
<ul style="list-style-type: none">• The adequacy of our curriculum would benefit from a change to a Health & Fitness major with concentrations in Clinical Exercise Physiology and Strength & Conditioning. The pathway toward teaching credential will be housed in the School of Education.
<ul style="list-style-type: none">• We are standardizing the measurement of the General Education learning outcomes (i.e., measuring HR, recovery HR, lean body mass, strength, flexibility, etc.) and have created a rubric to evaluate students.
<ul style="list-style-type: none">• A multiyear assessment timeline has been created to evaluate one outcome each year for each academic major.

b. Cooperative Efforts with Other Academic Programs- Joint Degrees, Service Courses, General Education Courses

Evaluate your effectiveness in cooperatively offering joint degree programs, service courses, and/or General Education courses.

The department offers 3 service courses for the Liberal Studies major:

PED 308: Methods of Teaching Elementary Physical Education

PED 300: Optimal Health

PED 301: Contemporary Health Issues

PED 300: Optimal Health has been included in the curricula for two programs designed for freshmen. The Integrated Semester for Freshmen (ISF) program is neither an Honors nor Remedial program. ISF students enroll in 5 specific courses (Freshmen Comp, Old Testament, New Testament, Biology with Lab, and Optimal Health) which are “integrated” by subject matter, schedule and outside events. For instance, while students are learning about creation in the Old Testament, they learn about evolution/natural selection in Biology. They learn how this applies to their lives today in Optimal Health when lactose intolerance or sickle cell anemia is discussed and then the students write about it in Freshmen Composition.

PED 300: Optimal Health has also been offered as part of the LEAP (Learning Experience for Academic Progress) which is a University program designed to assist at-risk, first-time freshmen in achieving a successful academic career. In this program the course content is not specifically connected to the other LEAP courses, rather the emphasis is on knowing the students very well and not letting them “slip through the cracks.”

An important aspect of both programs is the weekly meetings of the faculty. Course content and schedules are shared and explained and each student’s progress is evaluated. It is a very cooperative enterprise.

Summary of Key Finding and Initial Recommendations.

III.B.2. Cooperative Efforts with Other Academic Programs

Key Finding

- Our cooperative involvement through service courses could be increased, potentially through the shared educational experience discussion, but also through increased offerings of physical activity courses for students, faculty and staff.

c. Research on Effectiveness of Teaching and Learning

Please document the scholarly work and creative activities of your faculty and comment on the impact of their scholarly work and creative activities on the curriculum and on student engagement and learning.

Two faculty members from the department have participated in the TILE program. Also, five faculty members regularly participate in meetings offered by the Center for Teaching and Learning. Dr. Kugler served as a master teacher in the Teachers Noticing Teachers program in 2008.

The ATEP program director and at least one other faculty member attend the biannual Educator's Conference, which provides formal curricula on clinical and didactic teaching strategies, an evidence-based approach to the practice of athletic training, and effective strategies to engage students in mastering the educational competencies.

The department is proud of the heritage we have of grooming students for graduate school through scholarly work with students. Over the past 5 years, our faculty has produced 21 Honors research projects, out of which have come 5 conference presentations with students. We have begun a trend of presenting at the regional meetings of the American College of Sports Medicine (ACSM) and the Far West Athletic Trainers' Association (FWATA). In 2008, two students won the student research session and were the recipients of the *Outstanding Student Experimental Research Award* at FWATA.

Faculty publications can be found on the PLNU website here: [Faculty Professional Accomplishments](#):

3. Reflection on Standard Data Set. (See next page and following)

Appendix 24: *Reflection on Data Set in PDF format*

Appendix 25: *Raw Data Set provided by IR*

Reflection on Standard University Data Set

This is a reflection on the standard data set provided by the Office of Institutional Research. It is a review of Kinesiology data as compared with university patterns and trends in order to provide context for the department's progress relative to other academic departments throughout the university in terms of:

- a. General Department Efficiency
- b. Faculty Structure/FTE/Student-Faculty Ratio
- c. Student Demand for Programs (enrollment trends)
- d. Student Preparation and Demographics (by major)
- e. Student Success (1st Year Retention and Graduation Rates)
- f. Movement Through Programs (time to degree)

**Unless otherwise noted, all analysis refers to data from AY 2009-10.*

General Department Efficiency:

The Kinesiology department currently teaches approximately **4.3%** of the total PLNU undergraduate credit hours (2,885/66,968) and has approximately **3.7%** of the faculty FTE (7.3/193.3). The department accounted for **7.5%** of PLNU undergraduate students in 2009-10, and granted **5.1%** of the undergraduate degrees. A comparison of Kinesiology faculty FTE to the FTE of all other departments is linked below: The data suggests that the Kinesiology faculty FTE is most similar to MICS (7.2), Psychology (8.2) and History/Political Science (7.8) and Art and Design (7.4).

https://portal.pointloma.edu/c/document_library/get_file?p_l_id=56301&groupId=11178&folderId=44508&name=DLFE-2531.pdf

Summary Data	2006	2007	2008	2009
Kinesiology Undergrad Credit hrs generated*	2865	2596	2913	2885
PLNU Undergrad Credit hrs gen*	67,456.5	68,697.0	66,497.5	66,968.0
Kinesiology Faculty FTE	7.4	6.9	7.7	7.3
PLNU Faculty FTE	165.1	180.2	172.5	193.3
Kinesiology Degrees Awarded*	30	24	22	27
PLNU Degrees Awarded	524	579	522	529

The table below summarizes the credit hours taught by each of the comparator departments mentioned above:

Sum of credit hours taught	Catalog year					Grand Total	
	'6	7	8	9	10		
Art and Design	2633	2596	2590	2850	2838	2623	13598
Kinesiology	2865	2602	2913	2885	3207		14472
Math/Info/Computer Sci	4022	4069	3977	4108	4305		20481
Psychology	5833	5659	5542	5597	5741		28372
Grand Total	70460	68014.5	68105	68123.5	69240		343943

The total units taught by the Kinesiology department has grown **12%** over the past 5 years (from 2865 to 3207 units), with the majority of growth occurring during the past 2 years. While Kinesiology has

averaged 2894.5 units taught over the past 5 years (4.3% of the overall 5-year average units 68,788.6), a more logical indicator of overall departmental *efficiency* might be arrived at via the ratio of total **credit hours taught divided by the departmental faculty FTE**. Accordingly, the overall efficiency of the department for the past five years can be calculated as follows: **14,472units/7.3FTE= 1982.5**.

Faculty Structure, FTE, Student-Faculty Ratio:

The Kinesiology department faculty is very unique among the academic departments across campus. Virtually every member of our faculty has a dual appointment in academics and athletics/Student Development. This inflates our full-time faculty number (14), when in reality over 50% of our faculty either perform coaching or athletic training clinical duties for >50% of their load. Therefore, the faculty FTE (7.3 in 2009) provides a better comparator, and as stated before, Kinesiology represents 3.7% of the university faculty FTE.

The department has a lower student/faculty ratio (11.5:1) than the university (15:1). This statistic is difficult to interpret because, from one perspective, a larger student/faculty ratio could indicate the need for additional faculty. Conversely, from a purely numerical perspective, a larger ratio could indicate a more efficient teaching process. The most likely explanation for our department's lower ratio is that it is influenced by the CAATE mandated 8:1 student/faculty ratio maintained within the clinical courses in the Athletic Training Education Program. Indeed, this is a tremendously positive aspect of our clinical course of study in the department.

Kinesiology Faculty Structure Data					
	2006	2007	2008	2009	2010
Full-time faculty	14	14	14	14	13
Coaching < 50%	6	6	6	7	
Coaching 50% or more	8	8	8	7	
Part-time faculty	4	4	6	7	
Faculty FTE	7.4	6.9	7.7	7.3	7.8
Student-Faculty Ratio	11:1	12:1	11:1	12:1	11:1
PLNU undergrad Student-Faculty Ratio	17:1	15:1	16:1	15:1	

Percentage of Courses Taught by Full-Time Faculty versus Part-Time/Adjunct Faculty:

For ease of calculations, we considered only the most recent AY for % of courses taught by FT versus PT faculty. Overall, **70.5%** of the 184.5 units offered in '10-11 were taught by full time faculty members and **29.5%** were taught by adjunct faculty.

The department's *Enrollment Trends by Course* data for the past 5 years is in appendices 21 and 22. We evaluated the trends to determine specific efficiencies to be gained; the shaded column outlines both growth trends and the steps we have taken to create efficiencies in our curricular offerings.

Student Demand for Programs (Program Size and Capacity)

The undergraduate students in the Kinesiology department (declared majors) represent **7.5%** of the overall PLNU undergraduates (179/2396).

Kinesiology Student Data					
	2006	2007	2008	2009	2010
Declared Majors	107	108	122	151	179
First Major	104	106	120	149	178
Declared Majors by Major					
Athletic Training	34	34	32	41	50
Exercise Science	47	50	72	91	117
Physical Education	26	24	18	19	12

Total	107	108	122	151	179
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In reviewing student demand and demographic data from the table above, a few facts quickly emerge:

1. The number of declared majors in our department has **increased 67%** in the past 5 years (107 students in '06 to 179 in '10). There has been very little corresponding increase in departmental credit hours offered, suggesting the need to add sections of core courses within the curriculum (i.e. courses labeled "KPE" which are taken by all of our majors). Course enrollment trends bear this out.
2. When analyzed by major, it is evident that the Exercise Science program is driving growth. The major has more than doubled, **increasing 149%** over the past 5 years (from 47 students in '06 to 117 in '10).
3. The ATEP has **grown 47%** (from 34 students to 50 students) in the past 5 years. In 2008, we had our national accreditation renewed until the 2018-19 AY. This is the longest accreditation period granted by the CAATE and it indicates the commission's confidence in the strength of the PLNU ATEP. It appears that the stability of the program is attracting more students. But perhaps more importantly, we are encouraged that the program has successfully graduated students for a decade, and our alumni are encouraging others to apply to the ATEP. This has been very positive for the program.
 - It should be noted that the ATEP must maintain a student/faculty ratio of 8:1 according to CAATE standards. Therefore, the ATEP has increased load for clinical instructors, primarily by adding 4 units of adjunct faculty load over the 2010-11 AY to the clinical practicum courses ATR 290, 291, 390 and 391 (1 unit each course). The ATEP has self-limited the program to 16 students per cohort to maintain a student-to-clinical-faculty ratio of 8:1. In the future, this is an area where more growth may occur if we decide to increase cohort size. A corresponding increase in clinical faculty load would be necessary in this case. The most cost-effective way to accomplish this would be to utilize adjunct faculty as clinical instructors.
4. The Physical Education program has **decreased** by approximately **50%** (from 26 students to 12). Concerning this decrease, we contend that a number of factors are most likely involved, most notably is the poor job market for educators in general and for physical educators specifically. We also have sensed the need to form a clearer and more streamlined pathway for our students to matriculate into the PLNU School of Ed and gain a teaching credential and/or Masters of Education.

Summary of Student Growth Compared to Faculty Growth:

While the department has grown by 67% over the past 4 years, and the units offered by the department has grown 12% (2865 units in '06 versus 3207 units in '10), the faculty FTE has remained relatively constant: '06=7.4, '07=6.9, '08=7.7, '09=7.3, and '10=7.8* A corresponding increase in faculty FTE seems necessary.

(*Note: the accuracy of the '10 FTE is questionable to us since the department was short by one faculty member as Brandon Sawyer left PLNU to earn the PhD and Nicole Cosby had not yet returned.)

Degrees granted by major:

The dramatic growth in our Exercise Science major and graduates is evident here. Exercise Science currently represents **63%** of the degrees granted in the department (19 of 31 degrees in 2010). The major prepares students for graduate school in a variety of healthcare professions; and the growth in this major reflects the growth in healthcare at large. The vast majority of the graduates in Exercise Science pursue advanced degrees in Physical Therapy, Physician Assistant, and various other programs (Chiropractic, Exercise Physiology, Nursing, etc.)

While graduates of the ATEP represented **24%** (31 of 129) of the degrees offered by the department over the past 5 years, and PE graduates represented **25%** (33 of 129), the trend over the past 2 years has been an increase in ATEP majors and a decrease in PE majors. We expect fewer PE degrees granted and more ATEP degrees granted in the near future: while there were 6 graduates of the ATEP in 2010, there are 9, 11, and 16 students in the next 3 cohorts, respectively.

Degrees Granted	2005-06	2006-07	2007-08	2008-09	2009-10
Degrees Granted by Major					
Athletic Training	5	8	9	3	6
Exercise Science	8	15	6	15	19
Physical Education	6	7	10	5	5
Total	19	30	26	23	31

Student Success (1st Year Retention and Graduation Rates)

1st Year Retention Rate: the table below represents a measure of the persistence by 1st year freshmen in the department and our majors. Average retention rates over the past 5 years are **83%** for men and **93%** for women. By major, the 5-yr averages are very similar, **88%** for PE*, **90%** for ExSc, and **90%** for the ATEP. Persistence is also relatively similar by ethnicity, but a glaring need exists for black students in the department.

Student Success: Retention	2006	2007	2008	2009	2010	5-Year Ave.
First-time Freshman Retention Rate	82%	94%	86%	85%	91%	88%
Retention Rate by Gender						
Women	100%	100%	86%	88%	91%	93%
Men	71%	83%	88%	80%	92%	83%
Retention Rate by Ethnicity						
American Indian/Alaskan Native						
Asian/Pacific Islander	100%	100%	100%	100%	100%	100%
Black						
Hispanic	100%	100%	67%	80%	100%	89%
White	79%	100%	94%	84%	89%	89%
Retention Rate by Major						
Athletic Training	86%	88%	90%	92%	94%	90%
Exercise Science	89%	100%	88%	79%	93%	90%
Physical Education	0%	100%	75%		0%	44-88%*

Note: Retention measured by those who remain at PLNU at one-year, regardless of academic

department.

**The value 88% results after dropping the data from 2006-10 where no freshmen declared PE as major.*

Graduation Rate: this represents a measure of the success of only the freshmen who began in our department and completed their degree in six academic years. As such, the average graduation rates over the past 5 years are **57%** for men and **68%** for women. By major, the 5-yr averages are **54%** for PE*, **66%** for ExSc, and **68%** for the ATEP. These numbers are largely influenced by the fact that transfer students are not included as well as those students who migrate to other majors at PLNU. Persistence by first time freshmen appears to differ moderately as a function of ethnicity.

Student Success: Graduation Rates	2006	2007	2008	2009	2010	5-Year Ave.
First-time Freshman 6-year Grad Rate	66%	56%	56%	78%	63%	64
Graduation Rate by Gender						
Women	55%	69%	64%	71%	83%	68
Men	89%	20%	40%	90%	47%	57
Graduation Rate by Ethnicity						
Asian/Pacific Islander	100%	50%	100%		0%	83
Black					0%	
Hispanic	100%	0%		100%	60%	87
White	59%	60%	50%	78%	68%	63
Non-Resident Alien	100%			0%		50
Unknown/Other	100%				100%	100
Graduation Rate by Major						
Athletic Training	58%	43%	80%	93%	67%	68%
Exercise Science	63%	80%	33%	88%	67%	66%
Physical Education	78%	50%	0%	0%	33%	32-54%*

*This value results after dropping the data from 2008 and 2009 where no students graduated in PE major who declared PE as a 1st time freshman.

Degrees Earned by Major:

The Athletic Training major has the highest rate of freshmen declaring the major who earned a degree in the major. The ATEP also had the lowest % of transfer students earning an AT degree (6%) and the lowest migration rate from other departments on campus (25%). The Exercise Science program had the highest % of students coming from another major on campus (46%, with students migrating most commonly from Biology). Dr. Kugler, Director of Exercise Science, has a close working relationship with Biology faculty and serves to guide students into the careers that the major will prepare them to enter. This finding speaks to the continuing need for resources devoted to the advising and internship development functions needed for these Exercise Science students. The Physical Education major had the lowest % of freshmen declaring it as a major (13%), and also had the highest % of transfer students who earned a degree in PE (56%).

Degrees Earned by Major	2006	2007	2008	2009	2010	Totals	Total % of major	Comments on Data
Athletic Training	5	8	9	3	7	32		
<i>Freshman in major</i>	3	7	6	1	5	22	69%	Highest retention rate in dept
<i>Freshman in different major</i>	1	1	3	1	2	8	25%	Lowest rate of migration
<i>Transfer Student</i>	1	0	0	1	0	2	6%	Lowest transfer rate in dept
Exercise Science	8	15	6	15	19	63		
<i>Freshman in major</i>	0	2	1	4	5	12	19%	
<i>Freshman in different major</i>	6	9	2	4	8	29	46%	Highest rate from other major
<i>Transfer Student</i>	2	4	3	7	6	22	35%	
Physical Education	6	7	11	5	5	34		

<i>Freshman in major</i>	0	0	1	1	2	4	13%	Lowest rate of fresh declaring
<i>Freshman in different major</i>	3	2	4	2	1	12	31%	
<i>Transfer Student</i>	3	5	6	2	2	18	56%	Highest % of transfers in dept
Total	19	30	26	23	31	129		

Degrees by Gender and Ethnicity:

The table below summarizes degrees granted by gender and ethnicity. On average, **women** earn about **60%** of the degrees in Kinesiology, reflecting the gender disparity that exists across the undergraduate campus. In 2009, 65% of the overall first-time freshmen were women. Additionally, while the large majority of degrees were granted to white students, an increasing number of Hispanic and Asian students are earning degrees from the Kinesiology department. This reflects positive trends in diversity across the university; a trend that must continue since the current makeup of our department does not adequately represent the workforce that our students will be joining upon graduation.

Degrees Granted	2005-06	2006-07	2007-08	2008-09	2009-10
<i>Degrees Granted by Gender</i>					
Women	12	15	13	14	19
Men	7	15	11	8	8
<i>Degrees Granted by Ethnicity</i>					
Asian/Pacific Islander	1			3	2
Hispanic		2	2	6	4
White	18	27	20	13	21
Non-Resident Alien		1			
<i>Degrees Granted by Entry Status</i>					
Department Freshmen	6	12	13	8	14
Other Department Freshmen	7	9	4	5	9
Transfer	6	9	9	10	8
Total	19	30	26	23	31

Student Preparation Level and Demographics (by major)

The table below compares the GPA and SAT scores of incoming Kinesiology freshmen versus PLNU freshmen in general: (Note comments in the right column)

Incoming Student Profile	2006	2007	2008	2009	2010	Comments on Data
First-time Freshmen						
New students-Kinesiology	18	22	26	35	47	Growth here mirrors the dramatic dept growth.
New students-PLNU	534	562	538	531	538	Enrollment constant: explained by enrollment cap
High School GPA-Kinesiology	3.75	3.66	3.84	3.70	3.72	Incoming GPA is remaining relatively constant.
High School GPA-PLNU	3.72	3.65	3.71	3.72	3.68	Kinesiology GPA slightly higher than PLNU incoming freshmen.
SAT score-Kinesiology	1110	1084	1146	1079	1112	Average SAT scores also remaining constant
SAT score-PLNU	1147	1154	1127	1130	1125	SAT scores slightly higher than Kinesiology

Movement through Programs: (Time to Degree)

The table below indicates that First-Time freshmen in Kinesiology take on average **3.88 years** to graduate, compared to the average across the university of 4.09 years. This is a more efficient rate for Kinesiology than existed in 2006, when students took almost an additional semester to graduate (4.4 years). Thus, the programs within Kinesiology allow students to complete the traditional “4-year degree”.

In general, men took slightly longer to graduate than women (4.0 vs. 3.8 years). The comparison of Time-to-Degree by Ethnicity is largely disparate because of unequal group sizes. However, there do not seem to be significant differences in movement through our programs as a function of ethnicity.

Average Time-to-Degree	2006	2007	2008	2009	2010
First-time Freshman Cohort Year	2000	2001	2002	2003	2004
First-time Freshman	4.42	4.00	4.14	4.17	3.88
<i>Time-to-degree by Gender</i>					
Women	4.58	4.00	4.11	4.04	3.80
Men	4.19	4.00	4.2	4.33	4.00
<i>Time-to-degree by Major</i>					
Athletic Training	4.00	4.00	4.00	4.18	3.88
Exercise Science	4.40	4.00	3.50	4.14	4.00
Physical Education	4.81	4.00	0.00	0.00	3.50

Summary Findings from the Standard Data Set

III.B.3. Standard Data Set:	
Summary of Key Findings	Initial Recommendations
<ul style="list-style-type: none"> • Over the past 5 years, the number of majors in our department has increased 67%, and the overall units offered by the dept has increased by 12%. This is due to growth in Exercise Science and Athletic Training. 	<ul style="list-style-type: none"> • Considering the substantial growth in students entering the department, a corresponding increase seems necessary both in faculty FTE and course sections. (This has recently been granted by the Provost)
<ul style="list-style-type: none"> • The Exercise Science program continues to absorb a large % of students from other majors on campus (most commonly Biology). An important role provided by Dr. Kugler is to guide students into the careers that the major will prepare them to enter. 	<ul style="list-style-type: none"> • Because our students compete with students from other universities in the area for internships, we have devoted more resources to the advising and internship development functions needed for the Exercise Science students.
<ul style="list-style-type: none"> • An increasing number of Hispanic and Asian students are earning degrees from the Kinesiology department; however, the % of minority students in the department remains low. 	<ul style="list-style-type: none"> • The ATEP continues to be committed to facilitating the transfer process, and the faculty has discussed with Admissions how to be more transfer-friendly to community college students interested in Athletic Training. Specific attention should be devoted to recruiting minority candidates.
<ul style="list-style-type: none"> • Because the Athletics department has made changes to some Kinesiology adjunct faculty positions occupied by faculty who are head coaches, it will be important to monitor the effect this has on Kinesiology department FTE. To date it has not had a significant effect. We anticipate with the change to Health and Fitness, it will decrease about 8-12 units of coaching faculty load. 	<ul style="list-style-type: none"> • We will propose new curriculum this fall in Health, Fitness and disease prevention. This curriculum will reach a broader group of students and will accommodate the increasing demand for students seeking employment in health care. • The 8-12 unit decrease of coaching faculty load will likely be accounted for through retirement of 2 faculty members.
<ul style="list-style-type: none"> • In an academic environment where students are taking longer to graduate at competitor schools, the programs within Kinesiology allow students to complete the traditional 4-year degree. 	

4. Recruitment, Retention, and Student Services

Comment on any recruitment, retention, and support services for students (e.g., advising, mentoring of students; career development; student placement).

The Kinesiology department focuses on recruiting top-level students in an environment where comparator schools offer larger scholarship packages (although not necessarily a smaller net cost), and where the best academic performers are more likely to choose Biology and/or Chemistry as a major versus a major in the Kinesiology department. Therefore, several recruitment initiatives have long been a part of the department's strategy. The most important strategy has been a sustained effort by Dr. Leon Kugler, in conjunction with Advising and Records, to contact students by phone and email who have expressed interest in PLNU but who have not committed because they are being recruited by multiple schools. Dr. Kugler develops such a meaningful relationship with many of these students, and communicates such care to them, that a large % of them attend PLNU and cite his genuine care for them as the reason for their decision. We continue these relationships with students through regular advising meetings with every Kinesiology student at least once per semester and often more often.

The most significant recent event of intentional support services for our students came last year with the Office of Strengths and Vocation's Network 9 Event in which students met and networked with local professionals in San Diego. This was a very successful program for linking students with potential employers and internships and many contacts were developed by students and the faculty with the professionals. We also continue to offer a Kinesiology Lecture Series in which local professionals address all department students. Many lunch and breakfast meetings are arranged for our students in which 2-5 health care professionals are invited to speak about the professional preparation and grooming for graduate school and careers in health care. These are always very well attended.

Our department chapels are intentionally organized around a common theme of: *"Tell of the work of God in your life"*. For each chapel, including advising chapels, we have a current student and a professor and/or an alumnus of the department speak about the work of God in their personal and professional lives. Perhaps nothing we do as a department accomplishes more in the area of personal support in mentoring than these events.

Our faculty members also participate in the numerous Preview Days throughout the academic year, including the Honor's Preview. Multiple graduate school forums, research presentations by honors students, and Kinesiology Student Society activities are planned each academic year.

Finally, woven through our ATEP curriculum is the process of Peer Education. Each of the 6 clinical courses is enhanced by mature students teaching less mature students as they develop an emerging mastery of the clinical competencies necessary to practice athletic training. (For a detailed account of the Peer Education process, please see Appendix 2).

III.B.4. Recruitment, Retention, and Student Services	
Key Findings	Initial Recommendations
<ul style="list-style-type: none"> • Student support continues to be a hallmark of our department through recruitment, advising, chapel, Kinesiology Society, and organized gatherings with professionals. 	<ul style="list-style-type: none"> • Drs. Sullivan and Kugler will meet with the Office of Admissions, and Records both to alert Admissions Counselors of the programs and internships offered by Kinesiology and the pathway by which students can matriculate into our majors.
<ul style="list-style-type: none"> • Using the strategy of the School of Business for advising, we have been successful in inviting students to take charge of their schedule and career direction prior to advising appointments. 	<ul style="list-style-type: none"> • Continue to work with OSV for Network 9 event and other networking opportunities.
<ul style="list-style-type: none"> • The entire Exercise Science major (with almost 120 students) is currently advised by Dr. Kugler. 	<ul style="list-style-type: none"> • Advising in the Exercise Science and the proposed Health and Fitness major should be more evenly distributed among the faculty.

4. Community Interactions (Professional, Disciplinary, Industry/Regional):

Summarize opportunities for student internships, employment, and/or continued educational paths of program graduates, as well as the ways in which external communities interact with students and the various communities they serve.

We mentioned in the introduction to the self study that student internships within San Diego are one of the points of distinction of the programs we offer. The clinical education component of our majors is the pinnacle of the course of study as students prepare to be practicing professionals. The greater San Diego area provides many internship possibilities for students to observe and participate in hospitals and physical therapy centers, observe surgery, shadow physicians, physician assistants, and osteopathic physicians during clinical rounds, and participate in a lecture series with renowned physicians and other healthcare experts. Other opportunities include original experience with research under the direct supervision of faculty. Our students complete department research projects and Honors Research projects under the supervision of faculty advisors. We also arrange sports medicine trips to Europe, and internships in coaching, teaching and with local professional teams and with the Olympic Training Center.

Appendix 26: Internships & Scholarly Work 2009-11 provides a sample of the internships organized by our faculty over the past two years. Additional internships are obtained by our students.

All ATEP and Exercise Science majors must be involved in internships and/or practicum courses to fulfill the degree requirements. ATEP majors are required to have six practicum experiences in various healthcare settings while serving diverse patient populations. The table below shows the number of students participating in ATEP practicum experiences over the last 5 years.

Year	ATR 290	ATR 291	ATR 390	ATR 391	ATR 493	ATR 494
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2010-11	15	15	9	9	6	5
2009-10	9	9	6	6	4	4
2008-09	6	6	4	4	10	10
2007-08	4	4	10	10	7	7

Alumni data for the ATEP can be found in **Appendix 18**. However, a significant weakness in our assessment data is the lack of Alumni Survey data for all three of our programs. While our faculty closely tracks alumni throughout their years after PLNU, we lack objective data with regard to their continued educational paths and employment. We will launch the first Alumni Survey for each of our programs this spring, with results expected to be analyzed by summer, 2012.

Specifically, we will measure the rate of application to graduate school, which types of schools, whether these programs are masters or doctoral programs, acceptance rates for applicants, and in which fields outside of Kinesiology the graduates are working. We will also survey alumni as to what areas of employment they enter.

III.B.5. Community Interactions	
Key Findings	Initial Recommendations
<ul style="list-style-type: none"> ▪ The internship and practicum experiences are the pinnacle of the course of study in our majors and serve students well. • Exercise Science clinical affiliates (20 vendors) include hospital, physical therapy, biomechanical lab, private physicians, urgent care YMCA) • Anecdotal tracking of alumni will be replaced by an alumni survey issued every 3 years for our majors. 	<ul style="list-style-type: none"> • We are working to establish another 15 clinical affiliates in which to place our health pre-professionals. • We will continue to recruit regional health care practitioners as Kinesiology lecture series presenters. • Recruit an advisory board (practitioners and graduate school admission personnel to provide guidance for pre-professional health care programs)

IV. Lines of Inquiry

- a. Include studying existing programs, investigating specific areas of concern or researching new ideas.

Based on our self study key findings, we will investigate the following three areas.

- 1) Refine Existing Assessment Plans:
 - a. We have created a multi-year assessment timeline to evaluate one learning outcome each year for each academic program.
 - b. We will refine learning outcomes, the means of assessment, key signature assignments and the criteria for success for the proposed Health and Fitness major.
 - c. We will distribute an Alumni Survey during summer 2012 to obtain alumni data from the past 15 years, then review results to determine how to improve our programs.
- 2) Propose curricular changes:
 - a. We have explored a change from the BA in Physical Education to a BA in Health and Fitness
 - i. We conducted an external benchmarking analysis of 9 comparator and aspirant schools.
 - ii. We elucidated enrollment trends in PE, Health and Fitness and Exercise Science, and polled schools on whether the ACSM guild standards are used to guide their curricula.
 - b. We have proposed the addition of an Exercise Physiology faculty position jointly with the department of Biology to support all majors in the department, but specifically the Health and Fitness major, with focus on clinical interventions to improve health and prevent disease.
- 3) Increase Access:
 - a. Accessibility for transfer students—we have met with Admissions and will meet with Records and Advising to develop strategies to improve access and ease of matriculation particularly for local transfer students.
 - b. We plan to propose to APC in fall 2012 a new major in Health and Fitness that will serve our current students and help to recruit new students.

Athletic Training Education Program

Self-Study Report



Presented to the
Commission on Accreditation of Athletic Training
Education

September 15, 2008

Self-Study Report of the Athletic Training Education Program of Point Loma Nazarene University

Section I: The Self-Study Narrative

INTRODUCTION AND HISTORY

Point Loma Nazarene University (PLNU) is a private, liberal arts university founded in 1902. Geographically, it is impressively located on the western slope of the peninsula, overlooking the Pacific Ocean in San Diego, California.

In 1981, the first Certified Athletic Trainer was hired at PLNU. The Physical Education Department housed an emphasis in Exercise Science/Athletic Training, which served the needs of students inclined to pursue related careers. Students interested in Athletic Training careers accomplished the internship route to the NATABOC certification examination.

At the advent of the educational reform by the NATA and its Education Council, the PLNU administration and Physical Education Department faculty determined that the university should aspire to CAAHEP accreditation. A feasibility study directed by the Provost and Dean of Professional Studies, with the assistance of the Department Chair, resulted in a proposed curricular plan. The entire Point Loma Nazarene University faculty voted unanimously to create and support the major in the Department of Kinesiology in the spring semester of 1998. A CAAHEP accredited ATEP existed at the local state university, but San Diego County is the seventh largest urban area in the United States, and the institutional mission of PLNU is markedly different than that of the state university. In light of these findings it was determined that we should establish a niche in Athletic Training in the region.

The newly established ATEP instituted an entirely new curriculum of didactic and clinical courses. Additional full time faculty athletic trainers joined the ATEP in 1995, 1998, and 2002. Presently, the ATEP faculty is thriving with four full-time faculty members (3 with Ph.D.s), one adjunct faculty member, and one faculty member on leave pursuing her Ph.D.

In the fall of 2003, following the completion of the inaugural self-study and subsequent site visit, the ATEP achieved CAAHEP accreditation, and was subsequently granted CAATE accreditation. Leading up to and following the time of the self-study and CAATE accreditation, the PLNU ATEP has enjoyed excellent administrative support from the Provost, the area Dean and the chair of the Department of Kinesiology. As one of only six accredited academic units on campus, the academic support and resources for operation of the ATEP are very significant and greatly appreciated by the Program Director and the ATEP faculty.

Substantial expansion to the clinical education rotations have occurred over the past five years and are a point of distinction of the ATEP. Instructional and clinical personnel, now totaling twelve persons, are in place for all six of the ATEP clinical courses. Clinical Instructors now include the ATEP Medical Director/Orthopedic Surgeon Dr. David Chao, and his Physician's Assistant at the OASIS Medical Group, various physical therapists/athletic trainers at Rehab United Physical Therapy, a family practice physician at Fassett-Allen Family Practice, an

Osteopathic Physician at Pacific Beach Urgent Care, and four athletic trainers at Point Loma High School and Point Loma Nazarene University.

The most recent change to the clinical rotations occurred in 2006. Point Loma High School (PLHS) was chosen as the affiliate site for the sophomore level clinical education experiences (equipment intensive and lower extremity assessment). Sophomores had formerly accomplished these experiences at Sweetwater High School (SUHI). After a 7 year educational affiliation with SUHI, led by faculty ACI Nicole Baker-Cosby, professor Baker-Cosby went on leave to pursue her Ph.D. at the University of Virginia. Lindsay Donnelly, ATC was subsequently hired as an adjunct faculty member to accomplish the clinical instruction of our sophomore students. Because Professor Donnelly had been serving as Head Athletic Trainer with PLHS, it was naturally fitting that we begin a clinical affiliate relationship there. The ATEP has since enjoyed a tremendous relationship with the school administration, including the Principal, Vice Principal and Athletic Director. In the spring of 2008, productive meetings began with these administrators and the high school district representatives to substantially expand both classroom and clinical facilities at PLHS. The school has applied for and been granted part of a \$1 billion grant—San Diego County Proposition S—which will provide funds for an athletic training facility (projected at \$4 million) to insure compliance with CAATE requirements for clinical education.

Thus, the PLNU ATEP began the Self-Study process for reaffirmation of CAATE accreditation with a robust faculty, educational program, and clinical affiliate sites each in place. To accomplish the ATEP Self-Study Report, a committee of faculty, administration and medical/health care professionals were invited to participate by the Program Director.

The Program Director chaired the initial planning session on January 25th, 2008. An orientation to the purposes and procedures of the CAATE accreditation and self-study process was presented and the timeline for task completion was established. Review of the didactic and clinical education curricula, the PLNU ATEP Handbook and policies and procedures ensued.

The self-study committee consisted of the following PLNU administration, faculty, and affiliated health care professionals:

David Chao, MD	ATEP Medical Director, CI
Anthony Durfee, MS, PA-C	Physician Assistant to Medical Director, ACI
Lindsay Donnelly, ATC	Adjunct Professor, Athletic Trainer, ACI
Susan Ganz Ph.D., ATC	Professor, Athletic Trainer, ACI
Becky Havens Ph.D.	Associate Provost/Dean, Social Sciences and Professional Studies
Leon Kugler Ph.D., ATC	Professor, Director of Exercise Science, ACI
Carroll Land Ph.D.	Director of Athletics
Brandon Sawyer, M.Ed., ATC	Assistant Professor/ACI
Lacey Troth, BA, ATC	ATEP Alum, 2008
Jeff Sullivan Ph.D., ATC	Kinesiology Dept. Chair, Director of ATEP, CIE, ACI
Karen Windoffer, CFNP	Nursing Faculty, Nurse Practitioner: Wellness Center

The committee assignments were as follows:

Chao-Donnelly-	Clinical Instructors; Medical Director policies. Oversight and development of first ATEP clinical internship at PLHS, advocate for clinical and classroom facilities; floor plans of high school affiliate and campus lay-out. Implementation and assessment of Foundational Professional Behaviors, Insurance instruction and administration;
Durfee-Ganz-	Preceptorship, instruction in General Medicine and senior clinical rotation. Physical Resources; Admission policies; Policies/procedures for environmental hazards and extreme weather; interface with AT service program; OSHA; floor plans of clinic, offices and campus lay-out; Work policy; First Responder
Havens-	Program Assessment; Sponsorship; Program Director/Department Chair oversight; Professional development; Operational Policies and Fair practices
Kugler-Land-Sawyer-	Assistance with Initiation; integration; synthesis. Kinesiology department concerns. Clerical/support staff; Student Work policy, First responder; Interface with athletics Athletic Training Clinic interface; Outcomes assessment; Development of <i>eportfolio</i> through Blackboard™, Inventory: instructional, modalities/rehab, first aid/emergency care, learning resources-library/electronic/video/models.
Sullivan-	Initiation, integration, and synthesis of self-study. Mission Statement; Faculty responsibility; Financial resources; Admission policies; Outcomes assessment, developing and implementing evidence-based practice; Promoting and elevating scholarship, research presentation and publication. Kinesiology Department concerns.
Windoffer	Psychosocial Intervention and Referral; Clinical Education; Student applicant health status assessment; Communicable disease policy
<i>All Members</i>	<i>Review curriculum and edit drafts of self-study.</i>

From November, 2007 through September, 2008, the Program Director engaged members of the self-study committee in critically analyzing all aspects of the ATEP. Each committee member was instructed to identify programmatic strengths, weaknesses, and potential opportunities to improve the effectiveness and quality of the educational program. The Program Director then began crafting the initial draft of the narratives and appendices while considering input from the self study committee. The narratives were then distributed to each member of the committee for feedback on structure and substance. A second draft, edited to include the committee's feedback, was completed. Committee members were given the second draft and instructed to focus specific attention on areas of the narratives as outlined above.

On August 25th and on September 2nd, 2008, members of the committee met to discuss specific elements of the ATEP, to interpret what had been learned from the evidence contained in the Self Study Report, and to discuss ways in which the evidence could be used to improve the overall effectiveness of the ATEP relative to the distinct mission and learning outcomes of PLNU. Specific program modifications and improvements were discussed by the committee. Discussion focused on ensuring continued academic excellence as we live out the ATEP mission to prepare proficient practitioners who pursue further education and professional standing, who live lives of service as modeled by Jesus Christ, and who are liberally educated.

Following the September 2nd committee meeting, the Program Director made final edits to the narrative, and composed a summary of the committee's findings (Programmatic Summary), which is herein submitted to the CAATE. The enclosed Self-Study Report reflects the consensus of the committee and represents a broad range of interests in the program.

Programmatic Overview

The self-study review process has been a significant and informative experience for the stakeholders of the PLNU Athletic Training Education Program. This resulting Self-Study Report represents a considerable step toward improved educational effectiveness. The report outlines the ways in which the ATEP's goals and objectives are being realized, it communicates the data the self-study committee has gleaned from various assessment tools, and it provides evidence for PLNU's assertion that the ATEP meets the CAATE's *Standards for the Accreditation of Entry-Level Athletic Training Education Programs*. Programmatic strengths, weaknesses, and methods by which the weaknesses are being addressed by the ATEP are discussed herein.

The Point Loma Nazarene University ATEP heartily supports the mission of the University to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. The ATEP continues to provide distinctive and robust learning experiences which accomplish this mission in the lives of AT students.

Program Strengths and Points of Distinction

The Educational Program. The Athletic Training major is a rigorous and effective means by which PLNU students are prepared for and projected toward an entry-level career in Athletic Training. AT students are challenged by a curriculum that is broad and deep in its dimensions. The curriculum encompasses all of the expanded subject matter areas listed in the *Standards*. Because of the careful planning and logical sequencing of coursework and clinical experiences in the ATEP, the faculty contends that learning over time occurs naturally as a function of the educational plan.

Throughout their tenure, students are encouraged to mature in the didactic, psychomotor and affective areas of athletic training. Students are taught and shaped through PLNU's rigorous, evidence-based curriculum, through the variety of challenging clinical experiences, and through the qualified faculty and instructional staff. The didactic courses provide the students the foundation on which to build robust clinical experiences.

The Faculty. The heart of any academic program is the teaching faculty. Because all PLNU ATEP faculty members also serve as clinical Athletic Trainers, a cohesive blending of didactic and clinical instruction is readily accomplished, resulting in a consistent educational experience for students. Faculty members instruct competencies in the didactic courses, observe and provide feedback to the AT students as they apply the skills and gain confidence in the laboratory setting, and then direct the clinical practicum courses which assess clinical mastery of the skills. This marriage of didactic and clinical instruction is a clear point of distinction.

The Clinical Education Staff and Sites. The clinical education experiences are a distinguishing hallmark of the PLNU ATEP. The metropolitan San Diego area affords the ATEP a wealth of clinical opportunities and diverse patient populations that prepare students for employment in a variety of healthcare settings. Qualified and renowned clinical instructors who model compassionate healthcare serve the ATEP and mentor students. The Medical Director is a steadfast advocate of athletic training, and the clinical instructors are passionate about guiding students toward clinical maturity.

Student Transformation. The faculty and staff at PLNU are motivated by their concern for the success of the students they serve. One of the most gratifying outcomes of the self-study process was the creation of the *Conscious Competence Learning Model* (Document J2), which lays out the educational philosophy of the ATEP and describes the progression of the AT student through the program. The overarching *academic* focus of the ATEP is clearly on accomplishing entry-level clinical proficiency in students. However, the self-study committee appreciates that the mission of the ATEP is much larger than this. ATEP faculty members have the strong desire to see students transformed through their educational experiences. The self-study report discusses the various means by which such transformation is accomplished through the didactic and clinical education course progression and sequencing. The report also attempts to describe the personal, professional, and spiritual transformation that occurs as faculty members closely mentor AT students throughout their tenure. Through face-to-face assessments with ACIs, students are provided valuable feedback and are encouraged toward clinical maturation and professional behaviors; and through a robust and thorough clinical education component, faculty ACIs are engaged with students for numerous hours, modeling a compassionate care-giving approach, and establishing profound relationships with students in the process. The Self Study Committee was unanimous in their agreement that the transformational work that occurs as the result of these faculty and student interactions is foundational to the PLNU ATEP experience.

Culture of Scholarship among Students and Faculty. An exciting culture of scholarship and evidence-based clinical practice has recently been borne in the ATEP. Students have conducted and presented original research at regional athletic training meetings, faculty have published in high-impact medical journals and have presented at NATA and ACSM national conferences, and students and faculty have collaboratively engaged in an exchange of current, evidence-based academic and clinical practices. This culture of scholarship has begun to expand the voice of students and faculty among the larger athletic training community, and has fostered academic excellence among AT students, encouraging them to become active in advancing their profession.

AREAS FOR IMPROVEMENT

The self study committee identified the following areas needing improvement:

- The leadership and accountability of the ATEP should be better distributed. The Program Director communicated this need to ATEP faculty and administration during the self-study process. The PD will delegate the Clinical Education Coordinator responsibilities beginning in 2009-10.
- The clerical support for the ATEP has been lacking in the past. This need has been addressed by our area Dean and our Provost, who hired a student to assist the Kinesiology department assistant on specific ATEP needs. An additional full-time Kinesiology Department Assistant is a top budgetary priority for the 2009-10 year.
- Programmatic assessment is enhanced by the systematic quantification and interpretation of outcomes. Over the past 3 years, our data gathering and analysis has not been consistent. This is a function of both the previous and current PD focusing more on AT student assessment than on assessment of clinical sites and alumni. We commit to building a culture of assessment in the ATEP where the quality of assessment and the interpretation of outcomes benefit faculty and students. We will interface with the Office of Institutional Effectiveness to accomplish consistent assessment of students, clinical rotations, ACIs/CIs, and alumni.

- Data provided by alumni indicates that the ATEP is largely accomplishing its mission and goals; however, assessment outcomes are lacking and participation among alumni can be increased. With new developments in online surveys, the faculty will seek to expand our alumni website to enhance the evidence that demonstrates accomplishment of our stated learning outcomes.
- The athletic training room at Point Loma High School must become equally accessible for both genders and must be ADA compliant. This has been communicated to the Principal and Athletic Director, who have applied for and been granted part of a \$1 billion grant which will provide direct funds for building an athletic training facility to insure compliance with CAATE requirements for clinical education.

OPPORTUNITIES FOR PROGRAM GROWTH

The self study committee identified the following as exciting areas for growth:

- Given the recent changes in the BOC examination, revision of the mock certification exam would benefit students. A developmentally appropriate exam is being considered for the first, second, and third year cohorts.
- A concerted effort is needed to socialize AT students into the profession of athletic training. While continuing to promote student membership in the NATA and presentation at professional conferences, the ATEP faculty have added various mechanisms to expose students to the NATA and the BOC including: discussing *NATA Position Statements* in class, utilizing the current *Role Delineation Study* to review for the BOC exam, and developing the *Student Assessment Form* to capture professional behaviors that are foundational to athletic trainers.
- Contact should be made with transfer students prior to their matriculation to PLNU to ensure that they have met the prerequisites and have a smooth transition, applying directly to the program with no additional semesters added to their course of study.

CONCLUSION

The Self-Study Committee contends that these identified program strengths and areas for improvement will ensure continued program effectiveness. We are confident, and have documented evidence, that the students graduating from the PLNU ATEP are well prepared to take the BOC examination and to assume leadership in the Athletic Training profession. The didactic and clinical education structure, enhanced by a caring faculty and staff who desire the best for PLNU students, results in students that are effectively taught, shaped, and sent into the profession as entry-level Athletic Trainers.

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
Page Reference in Appendix A: A1: Page 1-6	A1 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
Page Reference in Appendix A: A2: Page 1	A2 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)
Page Reference in Appendix A: A3: Page 6-10	A3 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>Page References in Appendix A: A4a: Page 1 A4b: Page 1-6</p>	<p>A4a Clinical Education Site Table (Table A4a) for all clinical sites used during the last academic year.</p> <p>A4b 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 - Narrative	Appendix B: Documents
<p>Page References in Appendix B: B1.1a: Page 1 B1.1b: Page 1-5</p> <p>B1.13 and 1.14. Narrative: Explanation of administrative and supervisory responsibilities and release time.</p> <p><i>Note: The current Program Director assumed leadership in the ATEP during the 2007-08 academic year. The CAATE was notified of this change in program leadership and all appropriate documentation was filed last year.</i></p> <p>The Program Director (PD) is a full-time faculty member with all the rights and responsibilities of a PLNU faculty member as outlined in the Faculty Handbook (Appendix B1.1b). The PD's job description (Appendix B: Document B1.2a) is on file in the offices of the Department Chair and the area Dean. The PD has a rank of associate professor (Appendices B1.1a), and serves as Chair of the Department of Kinesiology. The PD will apply for concurrent promotion to Professor and for tenure during the 2008-09 academic year.</p> <p>In the past, the PD of the ATEP has been accountable directly to the Chair of the Department of Kinesiology; however, the PD currently communicates directly with the Dean of Social Science and Professional Studies in matters pertaining to the ATEP, and in university wide issues affecting the ATEP. The university Provost is apprised of the ATEP by the area Dean and the PD. The Provost, in turn, informs the university President of significant events and personnel issues flowing from the ATEP.</p> <p>As outlined in Appendix B, Table B1.2b: Program Director Workload, the PD's release time is 6 total units of the 24 unit load (25%) to accomplish the administrative and supervisory functions of the job description. This 25% release is comparable to the program directors of other accredited programs at PLNU. Specifically, the ATEP Director's load is analogous to directors in the Department of Family and Consumer Sciences (Director, Dietetics Program—Accredited by the American Dietetic Association), the School of Nursing (Director, Master of Science of Nursing—Accredited by the Commission on Collegiate Nursing Education) the Education Department (Directors of:</p>	<p>B1.1a 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>B1.1b Copies of pages from faculty handbook or other institutional document verifying requirement</p>

Teaching, Learning, Technology; Educational Administration; Counseling and Guidance—Accredited by the *California Commission on Teacher Credentialing*), the Sociology and Social Work Department (Director, Social Work Program), and the Accountancy, Business and Economics Department (Director, Masters of Business Administration).

With administrative units for serving as chair of the Kinesiology department and ATEP Director, administrative functions represent 50% of the PD's load. This load is effectively managed in all aspects of the administration of the ATEP; one key factor that allows for the effective dual appointments is credited to the area Dean, who substantially reduced the workload of the Kinesiology department chair position by proposing in 2007 a new department structure, appointing Directors for each of the three academic majors in the department. Thus, Exercise Science, Physical Education, and Athletic Training each now has its own Director who oversees the major, advises the students, and develops and assesses curriculum for that major. This proposal was granted by the Provost during the 2007-2008 academic year. Details of the administrative and organizational responsibilities of each Director are as follows:

Organizational Structure of the Kinesiology Department

Department Chair - Jeff Sullivan

Program Directors -

Athletic Training: Jeff Sullivan Load Credit: Dept Chair (6); ATEP PD (6)

Exercise Science: Leon Kugler Load Credit: Director (4)

Physical Education: Ted Anderson Load Credit: Director (4)

Gen Ed Requirements: Ted Anderson

Chair: Dr. Jeff Sullivan

Dr. Sullivan serves as representative for the department to both internal and external constituents, with specific including:

- Coordinate, evaluate and oversee program directors
- Kinesiology department faculty evaluation
- Direct Athletic Training Education Program
- Conduct department meeting agenda
- Visionary for department, establishing and implementing departmental and program goals
- Assessment of departmental and programmatic goals

Director of Physical Education: Dr. Ted Anderson

Dr. Anderson serves as advocate for external constituents, particularly in the area of expanding prominence and voice to the University in health and wellness among the Point Loma and larger San Diego communities. Dr. Anderson's specific duties include:

- Direct PE major
- Accomplish the CA. State Ed subject matter authorization
- Academic advising for Physical Education
- Expansion of health and wellness of faculty/staff/students.
- Development of the coaching minor
- Liaison to athletics
- Assist Chair with Physical Education faculty class schedule

s for full-time faculty position

Director of Exercise Science: Dr. Leon Kugler

Dr. Kugler serves in the development, implementation, and programmatic assessment of the Exercise Science undergraduate major. Dr. Kugler is working to develop a Master's degree in Exercise Science. His specific duties include:

- Director: Exercise Science program/major
- Academic advising, internship development, quality control for Exercise Science major
- Exercise Science faculty evaluation
- Assessment of programmatic goals
- Development of Master's Program in Exercise Science
- Assist Chair with Exercise Science faculty class schedule
- Class schedule of Exercise Science major
- Rebirth of department majors society
- Programmatic and faculty assessment
- Assist with dept meeting agenda: Exercise Science frontiers & issues
- Departmental chapels
- Budget co-signatory
- Recruitment of elite ExS students

Specific Details of the Administrative Responsibilities of the ATEP Director include:

Because all members of the ATEP faculty also serve in some capacity as ATCs in service to PLNU athletes, the PD works closely with the Director of Athletics and The Director of Rehabilitation Services (Head Athletic Trainer) to assign faculty loads and discuss issues of mutual concern to athletic training education and service.

Monthly meetings of the faculty of the Department of Kinesiology afford an opportunity for the PD to inform, strategize with and receive feedback from department colleagues. In addition, monthly meetings of the Athletic Training faculty are designed to inform, solicit insight, coordinate activities, and promote accomplishment of the mission of Athletic Training at PLNU. The Director of Rehabilitation Services and the PD co-chair these meetings so that the educational and service aspects of Athletic Training at PLNU can be successfully coordinated. Indeed, because ATEP faculty members also serve as ACIs and as clinical Athletic Trainers, *the blending of didactic and clinical education is readily accomplished at PLNU and is a hallmark/point of distinction of our ATEP.*

The PD performs the annual budget preparation in January. The ATEP budget is separate from the Kinesiology department budget, affording the PD a degree of autonomy in making decisions on the allocation of ATEP resources.

The PD provides leadership in the establishment of course offerings and credit for courses. Course structure and sequencing is predicated on the logical, progressive and consistent delivery of instruction—didactic, laboratory and clinical—that provides ATEP students with opportunity to learn and demonstrate the educational competence and the clinical proficiency of an entry-level Athletic Training professional.

Academic program review and revision requires the Program Director to do assessment of student outcomes, faculty and clinical instructor evaluations, and programmatic assessment. The focus is to clearly determine curricular viability and the necessary adjustments to enhance academic quality and to maximize the student success. The ATEP faculty reach consensus in the event that curricular adjustments are required.

Program assessment is accomplished by the PD based upon the data gathered below which is disseminated to the administrators and faculty responsible for the ATEP:

- ✓ Faculty teaching
- ✓ ACI/CI clinical teaching and supervision
- ✓ Clinical affiliate sites
- ✓ Student progress through the program
- ✓ Graduating senior student's program assessments
- ✓ NATABOC examination results
- ✓ Alumni program assessment
- ✓ Employer assessments

In January the Program Director/Department Chair assigns the academic load for the five faculty members for the following academic year. The Department Chair, ensuring that the needs of the entire department are being realized, creates the personnel proposal and class schedules, which are submitted to the area dean.

The area Dean conducts faculty searches with the assistance of the Department Chair and the PD, who collaborate significantly in the process.

The PD is active in the process of student recruitment by contacting the Office of Admissions about prospective students, including their interest in the Athletic Training major. The intended purpose of the recruitment process is to familiarize the student with the distinctives of PLNU and the ATEP. Becoming acquainted with the prospective student has proven to be advantageous in assisting students with their choice of school and, in most cases, has been a tremendous assist in the transition of the student into the culture of PLNU. The PD establishes this relationship early on and continues through the student's academic career through advising and regular meetings. Typically, recruits are high school juniors and seniors, as well as community college students. In the case of transfer students, the PD is informed well in advance by the records and student advising offices of their desire to transfer to PLNU. The PD works closely with transfer students to ensure that courses transfer appropriately so that their application process to the ATEP is smooth.

The PD and ATEP faculty perform the academic advising for the major. In the case of transfer students, the PD discusses career goals with and advises these students prior to their first term at PLNU. Because the institutional policy is for first year faculty not to advise students, Brandon Sawyer will not advise until 2008-2009.

The Program Director has been the Certified Instructor Educator to date. While it is hoped that in the future another faculty member will take on this assignment to broaden the leadership base, this most likely will not occur until 2010-2011. Nicole Baker—a professor under contract at PLNU who is pursuing a Ph.D. at the University of Virginia—returns in the Fall of 2010. At this point, the PD will discuss CIE leadership responsibilities with professor Baker.

Qualifications of the ATEP Program Director (as listed in the job description)

The Program Director (PD) must:

1. Hold current national certification and be in good standing with the NATA Board of Certification (NATABOC).
2. Have a minimum of five years experience as a BOC-certified athletic trainer.
3. Demonstrate teaching, scholarship, and service consistent with the mission of Point Loma Nazarene University.

Self-study Findings and Proposed adjustments:

- **Finding:** The Program Director is implementing the comprehensive programmatic and administrative aspects of the ATEP. The PD enjoys an adequate amount of release time, which is comparable to similar academic units at PLNU, to perform all administrative functions of the program.
- **Finding:** In 2003, the Program Director wrote in the self-study that *“The university faculty in general and the Kinesiology faculty specifically do not yet perceive or appreciate the unique position of the A.T.E.P. in the academic constellation.”* Thankfully, and much to the credit of that same program director, the value and viability of the major have been communicated, demonstrated, and reinforced over the past 5 years to the university and to the department faculty. The PD receives adequate institutional support through release time, through budgetary allocations, through increased staffing, and through opportunity for promotion and tenure. The program enjoys a very positive relationship campus wide, and is recognized favorably by our area Dean, our Provost, and the Vice President for Academic Administration as one of 5 nationally-accredited academic units on campus. Further, support specifically from the Departments of Kinesiology, Biology, Family and Consumer Sciences, and Athletics, and from the Wellness Center, has been enthusiastic and generous over the past 5 years as evidenced by contribution to the self-study process and by effective instruction in the NATA Educational Competencies.
- **Finding:** The Program Director realized early in his tenure this year that he and the ATEP faculty must be more intentional about promoting the visibility of the program—both on campus and abroad—to the constituencies served by and potentially interested in its viability.
 - ✓ **Adjustment:** Significant progress in the local and regional visibility of the ATEP has been accomplished recently through at least 5 avenues:
 1. The Program Director has engaged and directed the ATEP faculty and AT students in the overall enhancement of the ATEP website. We recognize that the electronic media is and will continue to be the means by which current and prospective students and other constituents access information concerning the program. The PLNU administration has stipulated that individual faculty members are responsible for the creation and maintenance of the website for their academic unit. So the ATEP faculty have championed the website; evidence of the excellent work that our faculty and students have accomplished can be accessed here:
<http://www.pointloma.edu/Kinesiology/Programs/AthleticTraining.htm>
 2. Over the past 3 years, 5 ATEP students have presented original research

at the *Far West Athletic Trainers' Annual Meetings* in San Diego, Las Vegas and San Francisco. PLNU students were formally recognized by the Chairman of the Student Symposium, who complimented the students in front of their peers and professors for their innovative approach to functional rehabilitation and cited his appreciation of PLNU's presentations over the past 3 years. This year, 2 senior ATEP students won the original research presentation category at the FWATA meeting, achieving a perfect score on their oral presentation. The ATEP faculty view such scholarship as a point of distinction of the PLNU ATEP and delight in the students' professional accomplishment.

By utilizing the Honor Scholars program at PLNU, Dr. Jeff Sullivan and Dr. Leon Kugler have encouraged students to present their original research at the FWATA and the NATA annual meetings. This has not only elevated the scholarship and research aspects of the PLNU ATEP, but has gained the program regional notoriety among its ATEP peers as a program that pursues scholarly activity and seeks to advance the athletic training profession through research.

3. The Department Chair/Program Director has worked with the Marketing department on campus over the past 6 months on the development of the most recent issue of the *Viewpoint* publication, an alumni magazine with a circulation of over 50,000 individuals including alumni, donors, and potential PLNU students. The summer 2008 issue highlighted the Kinesiology department and the ATEP faculty. The publication also recognized the research of 2 current ATEP students. <http://www.pointloma.edu/News/Viewpoint.htm>
4. The Program Director is currently in contact with area high school administrators to develop a CIF coaching education program whereby area coaches can receive the necessary certification required of all CIF coaches as of December 31st, 2008. The PLNU ATEP faculty and students will be involved in teaching the following topics: *Developing and implementing the emergency action plan; American Red Cross training in first aid, CPR and AED; Blood-borne pathogen training; and The recognition and management of common athletic injuries.* The ATEP faculty view this educational program as an opportunity to expand the voice and role of the PLNU ATEP in local high schools and to promote the profession of Athletic Training.
5. Professor Lindsay Donnelly has established relationships with Athletic Trainers throughout the San Diego Unified School District, meeting regularly with them to discuss ways to expand job opportunities for AT's in San Diego, and to promote the PLNU ATEP as an educational program by which these AT's can be effectively trained.

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
Page References in Appendix B: B1.2a: Page 1-3 B1.2b: Page 1-2	B1.2a Program Director job description B1.2b 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
Page References in Appendix B: B1.3a: Page 1 B1.3b: Page N/A B1.3c: Page 1-4	B1.3a Current official PD BOC certification document (e.g. BOC card, certificate, or online verification) B1.3b Copy of PD current state certificate credential or official verification B1.3c 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 - Narrative	Appendix B: Table & Documents
<p>Page References in Appendix B: B2.1a: Page 1-2 B2.1b: Page 1-6 B2.1c: Page 1-14</p> <p>B2.13 Narrative: 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>The ATEP faculty at PLNU are educated about the NATA Athletic Training Educational Competencies through a variety of mechanisms and are instructed to include the relevant content in their courses via:</p> <ol style="list-style-type: none"> 1. ACI training by the CIE (<i>Document B3.2e</i>) 2. Monthly ATEP faculty meetings. 3. The Program Director purchases and/or shares copies of the NATA Athletic Training Educational Competencies (4th ed.) and the Competency Matrix, the Board of Certification Role Delineation Study (5th ed.), and the CAATE official newsletters. The PD utilized these documents to communicate substantive changes to the ATEP Handbook, the website information, and the Policies and Procedures Manual provided to all ACIs and CIs affiliated with the ATEP. 4. Organization, distribution, discussion and refinement of the 4th edition of the NATA Athletic Training Educational Competency Matrix through recurring meetings and email dialogue. 5. Specific meetings and discussion in developing course objectives in course syllabi around the Educational Competencies (4th ed.) 6. Yearly evaluations of ACIs by the Program Director. 7. Attendance by all ATEP faculty at the NATA annual meetings and clinical symposia, which includes sessions on the competencies and their instruction. 8. Attendance at the past 3 NATA Educator’s Conferences by Professors Kugler and Sullivan. 9. Dissemination, discussion and implementation of the official updates to standards as they are communicated through the CAATE Newsletters. <p>The ATEP faculty members were each hired for their desire to assist ATs in the development toward becoming proficient athletic training professionals; the ATEP faculty appreciate that the central focus of each didactic, laboratory, and practicum course in the ATEP is the NATA Athletic Training Educational Competencies. Each faculty member has built their course around the competencies and their course objectives flow out of the most recent 4th edition.</p> <p>All ATEP faculty members influence the content of curriculum offerings. Topics on the agenda at each meeting are how our ATs are performing (or</p>	<p>B2.1a ATEP Faculty and Instructional Staff Table (Table B2.1a) – Include all ATEP Faculty and Staff who teach courses listed on the Competency and Proficiency Matrix</p> <p>B2.1b 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>B2.1c Completed A-1 vitae forms for all ATEP faculty and instructional staff</p>

underperforming) in class, whether the course loads or sequencing can improve, and what accommodations may be necessary to ensure their continued academic success.

The ATEP faculty meets annually to review the mission of the ATEP, the educational competencies to be incorporated in their teaching areas, and how their course(s) meet(s) the needs of the student. The value and mechanics of the NATA Competency Matrix is explained to each faculty member at this meeting and they review and assist the Program Director in contemporizing the matrix. The competencies for individual courses are distributed to each faculty member. A significant amount of time is spent in a meeting at the beginning of each year discussing curricular changes to improve the quality and sequencing of competency instruction.

Two recent mechanisms by which the PD communicated the educational competencies (particularly the changes in the 4th edition) were during bi-weekly ATEP faculty meetings and during the ACI Instructor Training, most recently conducted August 16th, 2007.

During the first ATEP meeting this year, the mission of the ATEP was reviewed, followed by an extended discussion on the educational competencies to be incorporated into each ACIs specific teaching areas. We addressed the specific changes that needed to be made—particularly as related to the former affective domain (now foundational professional behaviors)—and how each course met the needs of the student.

An additional opportunity for educating the faculty on the competencies came during the ACI training this year. The value and mechanics of the NATA Competency Matrix was explained to each faculty member at this meeting in a presentation by the CIE in which the Matrix was presented and demonstrated. The ATEP faculty members then met together to assign competencies to courses across the curriculum to ensure multiple exposures—initial formal instruction, sufficient time for practice and internalization in lab, then exposure and evaluation in a clinical setting—thus fulfilling the spirit of learning over time.

The competencies were then filtered by course so that faculty members could construct syllabi and course objectives around the competencies for their particular courses. Each faculty member was then asked to determine the relevance and efficacy of each competency in their specific course(s). The PD then verified that all educational competencies and clinical proficiencies were adequately instructed and assessed.

Ongoing discussion occurs among the faculty ACIs on devising the most appropriate ways to instruct and assess students in the competencies. This discussion has produced significant and positive changes including the development of more robust case studies as learning tools, and the creation of separate assessment tools for cognitive and psychomotor competencies versus clinical proficiencies. The tool now utilized to assess cognitive and psychomotor competencies evaluates a student's grasp of the material at the recall and application level, while the tool utilized to assess clinical proficiency evaluates the student's integration of decision-making and critical thinking skills at the analysis

identified on Table B2.1a (ATEP Faculty and Instructional Staff), except for the Program Director.

NOTE: 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.

and synthesis level.

The PD communicates each semester with the faculty who are outside of the Kinesiology Department (i.e. Biology, Chemistry, Family and Consumer Science) and who teach courses/competencies required in the ATEP curriculum. The focus of the most recent communication was to validate that they are aware of the newest educational competencies, to ensure that they have a realistic grasp of the profession of athletic training such that they appreciate the unique perspective and approach with which our students enter their course, and to confirm that they understand the specific competencies that the ATEP anticipates will be covered in their course. These faculty receive via campus mail and via email a list of the educational competencies the ATEP expects them to teach in their respective courses. The PD seeks other avenues to cover a specific competency if the professor is unable to meet the request. The professor is also requested to review and return the list to the PD along with their course syllabus for review. Because all professors are alerted to the curricular needs of students and the specific cognates they teach which meet the NATA educational competencies, the lines of communication between departments have been improved, and the faculty enjoy collaborative and mutually-beneficial relationships as a positive result.

ATEP courses in which the majority of the Competencies are instructed:

<u>Faculty member</u>	<u>Courses</u>
Lindsay Donnelly (adjunct)	ATR 290: Clinical Internship I ATR 291: Clinical Internship II
Susan Ganz	ATR 460: Management of Allied Health ATR 415: Therapeutic Modalities/ Pharmacology (co-taught Sawyer)
Leon Kugler	KPE 325: Structural Kinesiology KPE 327: Applied Biomechanics ATR 387: Assessment of Lower Extremity Path ATR 385: Pathology of Injury and Illness ATR 440: Measurement, Statistics and Evaluation ATR 493: Clinical Preceptorship I ATR 494: Clinical Preceptorship II
Brandon Sawyer	ATR 390: Clinical Practicum I ATR 391: Clinical Practicum II ATR 102: Risk Management/Emergency Response KPE 340: Exercise Physiology ATR 415: Therapeutic Modalities/Pharmacology (co-taught Ganz)
Jeff Sullivan	KPE 280: Intro to Athletic Training KPE 280L: Intro to Athletic Training Lab ATR 388: Assessment of Head, Spinal and Upper Extremity Pathology ATR 410: Therapeutic Exercise and Rehabilitation

Standard B2.1(Qualifications of Faculty):

The ATEP faculty at PLNU has undergone very significant and positive changes since the previous self-study. Jeff Sullivan and Susan Ganz have each successfully earned the Ph.D. in Exercise Science and have been promoted: Dr. Ganz was promoted to Professor in the spring of 2008, and Dr. Sullivan was promoted to Associate Professor in the Spring of 2005. Our ATEP colleague Nicole Baker-Cosby is in the process of earning a PhD from the University of Virginia. Finally, Brandon Sawyer will look to begin his doctoral studies at his Alma Mater, UVA, in two years.

The ATEP now enjoys a level of refinement in scholarship and evidence-based clinical practice unlike in years past. Advances in scholarship are evident in recent publications among the ATEP faculty (Dr. Sullivan and Professor Sawyer) and in student presentations over the past four years at the Far West Athletic Trainers' Association meetings.

Self-study Findings and Proposed Adjustments:

- **Finding:** The ATEP faculty are familiar with and conversant in the the Athletic Training Educational Competencies, largely as a function of the recent ACI training and the self-study process conducted by the committee. Continued efforts on the part of the PD will ensure that the ACIs are updated and current on the Competencies as they pertain to their respective teaching areas.
 - ✓ **Proposed Adjustment:** The PD/CIE learned during CIE training in 2007 that an effective way to communicate information to ACIs/CIs regarding the Competencies was through email updates with attached documents for faculty to read at their convenience. PLNU has implemented this strategy to inform and educate faculty ACIs and affiliated CIs. The following readings and communications have driven the discussion at ACI training: Introduction to clinical education; the use of student evaluation forms to assess Foundational Professional Behaviors; *“Mastering the Preceptor Role, Challenges in Clinical Teaching”*, and *“Instructional skills of supervision and mentoring: The 1-Minute Preceptor”*, *J Pediatr Health Care*, 2006; PLNU policies, procedures, and clinical education requirements related to the Competencies. These informational mailings should continue with follow up meetings to discuss and implement aspects of the readings into our educational program. Future meetings will also include updates obtained from the CAATE newsletters in order to ensure continued compliance with all Standards.
- **Finding:** The self-study committee encourages a more thorough and intentional meeting with non-ATEP faculty teaching classes required of

<p>majors to articulate the meaning of “educational competency” and how the educational competencies are foundational to the educational progression of knowledge, technical skill and clinical proficiency for the student.</p> <ul style="list-style-type: none"> ✓ Proposed Adjustment: An annual formalized meeting is needed with non-ATEP faculty to accomplish thorough understanding of terms and educational progression and to thank them for the good work in teaching the competencies. <p>➤ Finding: While the ATEP faculty members regularly attend the NATA annual meetings, attendance at the NATA Educator’s Conferences, which includes more intentional focus on the educational competencies, has been limited to two faculty (Drs. Kugler and Sullivan).</p> <ul style="list-style-type: none"> ✓ Proposed Adjustment: All ATEP faculty members will be encouraged by the Program Director to attend future Educator’s conferences. Also, the PD will gauge faculty interest in becoming the Clinical Education Coordinator and will actively advocate for load release time for this position to the administrators who have oversight of the ATEP. The proposed clinical coordinator will ensure continued education in and appropriate instruction of the Competencies, tasks that are currently performed by the PD and are in addition to a full work load. 	
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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>Page References in Appendix B: B2.1a: Page 1-2 B2.2: Page 1-6</p>	<p>B2.1a ATEP Faculty and Instructional Staff (Table B2.1a) B2.2 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 - Narrative	Appendix B: Docum ents
<p>Page References in Appendix B: B3.1a: Page 1-3 B3.1b: Page 1 B3.1c: Page 1-2</p> <p>B3.14 Narrative: Describe how CIE is knowledgeable of content areas of ACI training requirements.</p> <p>The current Program Director, Dr. Sullivan, is the Certified Instructor Educator (C.I.E.) for the ATEP. He possesses a Ph.D. from Oregon State University, a program which houses one of the oldest ATEP's in the country. During his doctoral studies, Dr. Sullivan taught as a graduate fellow in Oregon State's undergraduate ATEP for two years, learning curriculum design and instruction from two leaders in the athletic training profession. When he became the program director of the PLNU ATEP, Dr. Sullivan attended a continuing education workshop on ACI training development at the June 2007 NATA National Meeting and Clinical Symposium in Anaheim, sponsored by the NATA Education Council's Clinical Education Subcommittee. With the assistance of Dr. Leon Kugler, Dr. Sullivan subsequently assigned all competencies from the 4th edition of the <i>NATA Athletic Training Educational Competencies</i> to all program courses and conducted ACI training at PLNU. Dr. Sullivan is familiar with the Athletic Training Educational Competencies through over 10 years of professional involvement in undergraduate and graduate athletic training education, and through clinical service as an athletic trainer. In addition to his time serving as PD, Dr. Sullivan has fostered clinical skills and leadership while serving as an athletic trainer in the high school, collegiate NAIA and NCAA Division I levels, as well as in a physical therapy clinic. Dr. Sullivan also regularly attends the Educator's Conferences hosted bi-annually by the NATA. As a function of these educational and clinical experiences, he is appropriately qualified to serve as the CIE for the PLNU ATEP.</p> <p>As CIE, Dr. Sullivan conducted the most recent ACI training on August 16th, 2007, meeting the content areas of ACI training as listed in Standards B3.241 through B3.249. The agenda outline is cited below, as taken from the powerpoint presentation slides:</p> <p>■ The following ACI training content areas have been covered in your previous readings or will be covered in this training:</p> <ul style="list-style-type: none"> ✓ Introduction to clinical education (<i>handout</i>) ✓ Review of the <i>NATA Athletic Training Educational</i> 	<p>B3.1a Documentation of formal recognition and designation of CIE responsibilities by institution</p> <p>B3.1b Current official BOC certification document (e.g. BOC card, certificate, or online verification) for the CIE.</p> <p>B3.1c May include a copy of CIE training certificate or relevant continuing education/training in ACI content areas</p>

Competencies, 4th edition.

- ✓ Learning styles and instructional skills (*CAPSOL handout*)
- ✓ Evaluation of student performance: Review of PLNU evaluative tools
 - **Use of student evaluation to assess Professional Behaviors.
- ✓ Instructional skills of supervision, mentoring, and administration
- ✓ PLNU policies, procedures, and clinical education requirements
- ✓ Legal and ethical behaviors of a PLNU ACI
- ✓ Communication skills (*case studies*)
- ✓ Appropriate interpersonal relationships (*Case study*)
- ✓ Appropriate clinical knowledge and skills (*Evidence-based clinical practice*)

Self-Study Finding:

- ***Finding:*** While the separation of the ATEP program director and the clinical instructor educator into two assignments is quite common at other larger universities, it is not mandated by the CAATE that these functions be performed by separate individuals. The possibility of having another ATEP faculty member assume CIE duties requires further dialogue with the PLNU administrators so that we can successfully obtain load release time for the CIE assignment. Upon the return of our ATEP faculty colleague, Professor Nicole Baker, who is under contract with PLNU and is currently pursuing her Ph.D. at the University of Virginia, the Program Director will determine her interest in becoming the CIE for the ATEP.

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>Page References in Appendix B: B3.2a: Page 1 B3.2b: Page 1-8 B3.2c: Page N/A B3.2d: Page 1-17 B3.2e: Page 3-51 B3.2f: Page 1-2</p>	<p>B3.2a Approved Clinical Instructor/Clinical Instructor Table (Table B3.2a) B3.2b Current official BOC certification document (e.g. BOC card, certificate, or online verification) for all ACIs listed on Table B3.2a B3.2c Copy of current state practice credential for all ACIs listed on Table B3.2a B3.2d Completed A-1 vitae form for all ACIs listed on Table B3.2a B3.2e ACI training content and agenda B3.2f 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:
<p>B3.31 – B3.34 Narrative: Describe how ACIs are informed of responsibilities and description of how the ATEP is able to determine how ACIs meet those responsibilities.</p> <p>The ACI pool is comprised of four full-time PLNU faculty, 1 adjunct faculty member, and the physician assistant for Dr. Chao, the ATEP medical director (6 total ACIs). Refer to Appendix B, Tables B2.1a and B2.2 for ACI personnel.</p> <p>ACIs are informed of their ATEP responsibilities through various methods of regular communication with the PD/CIE. Because five of the six ACIs are ATEP faculty members, communication of ACI responsibilities is a natural and recurring process among ATEP colleagues during formal and informal meetings. The most focused and intentional communication of ACI responsibilities—and discussion on the assessment process to determine how ACIs meet their responsibilities—is through ACI training, which occurs every three years, and a more condensed review is offered prior to every</p>	<p>None</p>

academic year. The CIE holds ACI training as needed for the development of new ACIs.

In addition, ACIs are encouraged to be conversant and contemporary with the *ATEP Handbook*, and are directed specifically toward the following components of the Handbook which have been significantly revised as a function of the Self-Study:

- The ATEP Clinical Education and Supervision Policy (Document J1)
- Educational Progression of the AT Student in the ATEP (Document J2, *The Conscious Competence Learning Model*)
- Evaluating the Clinical Proficiencies
- Evaluation of ACIs and Clinical Instructors (Appendix 2.1)

ACI Training: While ACI training in the past has consisted solely of formal face-to-face meeting time, the initial ACI training now consists of multiple email contacts from the CIE to all ACIs prior to the training in which educational information is provided for faculty ACIs to read and synthesize at their convenience. The readings are followed by a five-hour meeting directed by the institutional CIE, Dr. Sullivan before the fall term begins. The accomplishment of part of the ACI training via email was inspired by the most recent CIE training in Anaheim in 2007 and by the 2007 NATA Educator's Conference. This strategy has proven very appropriate and time-effective for communicating a large amount of information to a busy group of faculty and healthcare professionals. Further, these strategies allowed faculty to engage with the material prior to the ACI training so that the formal meeting time could be devoted to discussion, reflection, and programmatic adjustments. This proved to be a highly effective and productive means by which many of the new directions in clinical education were presented and implemented this year.

The following was communicated to ACIs prior to ACI Training through email:

- Comparison of the NATA Competency Matrix 4th edition to the 3rd edition.
- NATA Education Council's Frequently Asked Questions:
 1. Introduction
 2. Foundational Behaviors of Professional Practice
 3. Cognitive Competencies
 4. Psychomotor Competencies
 5. Clinical Proficiencies
 6. Application and Assessment
 7. Competency Matrix
 8. Implementation of the 4th Edition
- A Model for Learning Over Time: The Big Picture
Herbert K. Amato, Jeff G. Konin, and Holly Brader. *J Athl Train.* 2002 Oct-Dec; 37(4 suppl): S-236-S-240.
<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=164431&blobtype=pdf>
- Mastering the Preceptor Role: Challenges of Clinical Teaching. Burns [J Pediatr Health Care. 2006;20(3):172-183.
- Justification for Developing a PLNU Electronic Portfolio:

<http://electronicportfolios.com/portfolios/iste2k.html>

Although not a required part of the Standards, each year a three-hour renewal course is performed for those who have been ACIs. The detailed ACI Training curriculum is enumerated in *Appendix B, Document B3.2e*. Training in student learning styles, ATEP program assessment tools and the qualities of a successful ACI are emphasized. Particular attention is paid to discussing how the ATEP is performing in delivering course content and in evaluating students. ACIs are informed that they may and are encouraged to assess any cognate, psychomotor skill, or clinical proficiency that the student is currently working on or has had dating back to the first day of the program. As such all ACIs participate in assessing learning over time. Particular focus this year was given to the Competency Matrix for the 4th ed. Competencies.

Standard B3.31 ACIs provide instruction and/or evaluation of the *Athletic Training Educational Competencies* in the following ways:

ACIs plan for, direct, instruct and evaluate each student in the clinical experience through the demonstration, guided practice, and assessment of clinical proficiencies assigned to the clinical courses they instruct. The PLNU ACIs are encouraged to promote and mentor the progressive clinical maturity of the ATS throughout the clinical experiences. The ACIs consistently and intentionally interact with the ATS at the clinical site and in scheduled meetings (Colloquy) for assessment/evaluation. A close mentoring relationship is developed in which the ACI instructs and assesses the student's clinical proficiency, which must be at an acceptable level in order to utilize it with a client.

In clinical courses maintenance of direct supervision is a job requirement of the ACI and is part of the PLNU ATEP culture. Students and faculty understand that within the context of clinical courses there will always be direct supervision, with the ACI being physically present with the ATS, which is the standard of care for athletes. The ACI supervises the students' directly by being within the immediate physical vicinity of the student, interacting on a regular and consistent basis, in order to:

- Intervene on behalf of the patient, providing direction to the student and correcting inappropriate actions if necessary
- Provide demonstration and feedback toward the student's development of mastery
- Progressively evaluate the student as the student matures, verifying that mastery of the proficiency has been met

ACIs assist the PD in curriculum development and implementation and completion of the Competency matrix via periodic review during bi-weekly ATEP meeting times. Each August and January, clinical skills to be taught in each course are reviewed with all ACIs to promote continuity of instruction of those skills across the curriculum. The professors of the courses in which the skills are introduced and initially instructed facilitate the skills sessions. Clinical skills sessions allow for dialogue between colleagues and result in a programmatic congruity between didactic course instruction and clinical assessment. ACIs are made aware of the means by which didactic professors have assessed a cognitive or psychomotor competency; the ACI then guides

the student in the development of the specific skills previously learned, and devises an effective assessment within the context of a practical athletic training clinical application. As the students progress in the clinical education program, the ACIs are responsible for building confidence and evaluating the maturity of the students' entry-level skills.

Standard B3.32 ACIs provide assessment of athletic training students' clinical proficiency in the following ways:

Focus on and assessment of cognitive and psychomotor competencies, and affective and clinical proficiencies is accomplished by the ACI through the synthesis of the course syllabus and course outline. The Program Director, with feedback from the ATEP faculty, assigns educational competencies and clinical proficiencies to be instructed and assessed in each clinical course by utilizing the 4th edition of the NATA Athletic Training Competencies.

Weekly colloquy provides a structured setting in which the ACI meets directly with the AT students in a locale where they are not interrupted. The colloquy provides the ACI opportunity for dialogue with students about the focus on competencies and proficiencies for the coming clinical session(s), and provides an assessment opportunity of individual students on their emerging clinical mastery.

Direct assessment of competencies occurs in colloquy, during clinical sessions, and by individual appointment between the ACI and ATS. Students are given immediate feedback on their performance. Each Clinical course has a set of assessment tools utilized throughout the course. Formative and summative assessment of the AT students' progress is accomplished by the ACI via the "*Assessment of Student Clinical Performance by the ACI*". This evaluation form is utilized at 14 separate intervals throughout the AT student's career to indicate clinical progress over time. At the mid-point and upon completion of each clinical education course (i.e., Internship, Practicum and Preceptorship courses) a summary narrative is included in which feedback is given the ATS by the ACI on progress toward clinical mastery of the proficiencies. The student is given the opportunity to react to the assessment in writing on that form. The student and clinical professor/ACI sign and date the form. The ACI and PD review these assessments each semester to obtain a summary clinical performance profile of each ATS that is robust and thorough.

Action is taken if, after repeated attempts at demonstrating proficiency, a student is not performing quantitatively or qualitatively up to the developmental level appropriate for the given clinical course. The Program Director and the student's academic advisor meet with the student and ACI to understand, counsel and strategize with the student about ameliorating the deficiencies. Should the student not meet the requirements of the clinical course by completing all proficiencies they will not pass the course and will move into probationary status until the course is successfully completed.

The student and faculty member/ACI retain documentation of their assessments in the in the eportfolio's managed by the ACIs and the ATSS. The Program Director has oversight of the process of assessment and reviews all components of the assessment

process. (See sample documentation in Appendix H2.1 and Assessment Master Plan, Appendix H2)

B3.34 ACIs demonstrate understanding of and compliance with the policies and procedures of the ATEP as follows:

ACIs are made aware of the specific instructional requirements of clinical courses by the PD through ACI training, through ATEP meetings, and through reviewing the ATEP Handbook. The ACI requirements discussed in the Handbook are included below:

Instructing Clinical Courses: The Role of the ACI

All PLNU ATEP faculty members must complete initial ACI training and participate in annual review of issues pertaining to quality clinical supervision and instruction. The ACI should be mindful of the unique tasks and challenges of clinical education:

- ACIs must assist students in “bridging the gap” between didactic and clinical performance milieus
- The course syllabus including course outline is a vital tool in managing a clinical course.
- ACIs must promote Learning Over Time and be conversant in the educational philosophy of the PLNU ATEP
- Documenting clinical proficiency exposure, performance and assessment is essential
- Awareness of former student’s learning style is encouraged
- Awareness of your default teaching style is encouraged
- Documenting ATS’ progress toward clinical maturity (Form: ACI Assessment of Student) is required in writing and an in-person communication at midterm and end-of-semester
- The clinical setting is the “classroom” for the clinical course and as such should be prepared in advance for the teaching and ATS proficiencies that will occur.

ACIs must insure that the clinical site is prepared for the educational functions planned for each instructional session.

ATs must be supervised at all times by the ACI. Specifically, the ACI must remain within the *immediate physical vicinity and interact with the Athletic Training Student on a regular and consistent basis in order to provide direction and correct inappropriate actions.*

The ACI provides the initial course orientation to the clinic including:

- Instruction and clearance on modalities to be utilized
- OSHA standards review
- Required grooming, dress and behavioral standards
- Office protocols
- Location of materials and facilities
- Cultural imperatives unique to the setting including established lines of

communication

- Introduction to clinic staff, coaches, teachers and administrators

The ACI evaluates the clinical setting and her/his performance (Form: ACI of Self, Appendix H2.1) at the end of the semester and submits the document to the Program Director.

The Program Director will perform two assessments (Form: Director of ACI) per term on the ACI and the clinical setting and meets with the ACI.

Course Grading

Students are to receive midterm and final grades according to University policy. More frequent dissemination of grade status is recommended. Blackboard™ is encouraged as an electronic system for maintaining course grades, and we have purchased and are undergoing a trial run with *A-Track* for the maintenance of clinical proficiency assessment and performance data.

Midterm and final grades are to be submitted electronically in the institutional format.

Self-study Findings and Proposed Adjustments:

- **Finding:** Communication with ACIs is facilitated by the fact that all of them attend the ATEP weekly meeting, which is co-chaired by the Director of Rehab Services/Head Athletic Trainer and the Program Director. All PLNU athletic trainers are in attendance at these meetings to ensure that they are updated on the importance of the PLNU AT Clinic serving as a site in which the clinical education of students occurs primarily, and service to athletes is a component of the education rather than the focus.
- **Finding:** The affiliate site supervision, other than the Point Loma High School supervision by PLNU faculty member/ACI Lindsay Donnelly, is and has been performed by clinical instructors (CIs), rather than by ACIs. The Program Director and ATEP faculty continue to appreciate the OASIS Medical Group clinical rotation/experience as foundational in the professional development of third year students as they are exposed to a preeminent and thriving sports medicine clinic in San Diego. The PD approached AJ Durfee, PA to the Medical Director, Dr. David Chao, and discussed ways to expand the instruction of students in this rotation.
 - ✓ **Proposed Adjustment:** Mr. Durfee demonstrated interest in becoming an ACI and has undergone ACI training. His role with students will be expanded to include instruction in general medical proficiencies; Mr. Durfee will guide students through pre-operative health screenings at OASIS medical group prior to these patients undergoing surgery, allowing students to practice assessing vital signs directly on patients. Dr. Leon Kugler and Dr. Susan Ganz will continue to formally assess the general medical proficiencies, specifically evaluating these proficiencies with a focus toward the athletic training context.
- **Finding:** Assessment is unique in each clinical course due to the progression of

<p>student clinical maturity. The “<i>Assessment of Student Clinical Performance by ACI</i>” is a tool used in all clinical courses to inform all involved (student, ACI and Program Director) of the student’s level of clinical growth. The other assessment instruments are specific to each course and reflect the competencies and clinical skill utilized and assessed. The clinical instructors have created these instruments specifically to accomplish the clinical course objectives.</p> <p>✓ Proposed Adjustment: The ATEP faculty, under the direction of the Program Director, is bringing careful attention to designing and contemporizing these assessment tools to insure validity, reliability and objectivity. The assessment tools are contemporary for the 2008-2009 academic year.</p> <p>➤ Finding: The inclusion of student journaling into the clinical education courses has become a valuable insight into the development of professional behaviors in students. ACIs have utilized students’ entries into their journals as critical parts of the assessment process and have learned of students’ impressions of their progress, of the value of clinical affiliation sites, and of areas needing change in the clinical education program and in clinical sites.</p>	
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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 - Narrative (if required)	Appendix B: Table & Documents
<p>Page References in Appendix B: B3.2a: Page 1 B3.4a: Page B3.4b: Page 1-10 B3.4c: Page 1-17</p> <p>B3.42 Narrative (if required): If certified less than one year, provide plan of supervision.</p> <p>All PLNU Clinical Instructors have been professionally certified for longer than 1 year.</p>	<p>B3.2a Completed ACI/CI Table B3.2a</p> <p>B3.4a 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>B3.4b Copy of current state practice credential for all CIs listed on Table B3.2a</p> <p>B3.4c 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>B3.51 – 3.53 Narrative: 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>ACIs and CIs are selected and retained for directing clinical experiences based upon the following criteria:</p> <ul style="list-style-type: none"> ➤ They are professionally contemporary and growing ➤ They are educators who purvey information, strategies and techniques to clients and students in a dynamic fashion because they enjoy investing in students’ lives ➤ They are ethical and legal in conduct and intent ➤ They readily coordinate the activities of and supervise the ATEP students assigned to them in an effective manner ➤ They are involved in professional associations related to Athletic Training <p>B3.51 Clinical Instructors supervise the students during clinical and/or field experiences,</p> <p>Six Clinical Instructors serve students in the ATR 493 and ATR 494 Clinical Preceptorship courses. At the OASIS Medical Group, Dr. David Chao instructs during surgical and office rounds. Anthony Durfee, MS, PA-C, supervises during office rounds and pre-operative health screenings. No more than two ATs are in surgery at a given time. During the ATs back office experience, only one student is supervised at any given time by Mr. Durfee. At Rehab United Physical Therapy, ATs have a variety of clientele they work with under the direct supervision of either Mr. Bryan Hill, Mr. Sean Hill, or Ms. Julie Barr. Students gain general medical clinical experience at one of two educational affiliates. At Fassett-Allen Family Practice, Joseph Allen, MD, supervises students while they gain experience in observing the practice of general medicine. At Pacific Beach Urgent Care, Ken Anderson, DO, supervises students while they gain experience in an urgent care setting, also in general medicine.</p> <p>At no time are students outside the influence and direct supervision of Clinical Instructors. These instructors are selected based upon their expertise, their clinical settings and their capacity to plan, direct, advice and evaluate the students’ clinical experience. Clinical instructors maintain physical presence in order to intervene on behalf of the client being treated. These three rotations are culminating experiences in that students have completed all didactic and four clinical courses prior to them. Students are in the clinical setting being supervised by professionals in venues unfamiliar to them and working with a clientele different than any with which they have previously worked. The clinical experiences are designed to expose students to a variety of clinical settings, diverse patient populations, and varied health care settings.</p>	<p>None</p>

The students' clinical savvy and maturity are revealed; integration of all they have studied for the previous two years is required.

B3.52 Clinical Instructors have regular communication with the appropriate ATEP administrator

The Program Director maintains a listing of the assignment of students to clinical instructors. Dr. Leon Kugler, the ACI of the ATR 493 Preceptorship course, monitors student progress via clinical site visits to each five week rotation. The Program Director and ACI collaborate to contemporize the Educational Affiliate Agreement for each clinical site. The agreements are discussed with the CIs at the various sites and the appropriate signatures are gathered. This meeting, as well as discussions about student progress, provide times for an exchange of ideas on how the clinical site is serving the students and where improvements on the part of the ATEP and/or affiliate site are needed.

The Clinical Instructors execute the "Assessment of Student Clinical Performance" at the mid and final weeks of the rotation and communicate these to the Program Director and the ACI for the course. The CIs interact with the Program Director in both the academic and clinical settings. That is, in addition to supervising clinical education experiences for the ATEP, all of the CIs serve as healthcare providers for PLNU athletes on a referral basis, working directly with the Program Director and the PLNU ACIs, who provide athletic training service to PLNU athletes. These interactions allow for regular communication, including updates on the progress and performance of students.

The Program Director determines how CIs are meeting the goals of the ATEP by various means, including:

1. The Evaluation of CI and Clinical Course/Rotation by Program Director
2. The Assessment of the various aspects of the ATEP, including Clinical Experiences, by Third Year ATEP Students (*Appendix H2.1*)

The Evaluation of CI and Clinical Course/Rotation by Program Director

The objective of the *Evaluation of CI and Clinical Course* is to obtain an accurate assessment of CI performance and quality of the clinical experience through observation of the clinical rotation setting. Beginning this academic year, each offering of the clinical course rotation will be assessed by the Program Director. The Director will meet with the CIs as necessary for dialogue about the substance of the evaluation.

The evaluation includes the following components:

- Clinical efficacy and maintenance of the clinical facility and equipment
- The operational guidelines and policies and procedures at the experience to ensure that they are adequate, followed and provide the student a clear understanding of how to function.
- The appropriateness of the clinical experience for current level of student development

- The level of growth in the clinical skills of the ATS, including the technical skills and social skills.
- The performance of the CI, including professional conduct by being on time, available, appropriate in tone with clients and students
- The preparation of the CI for guiding the clinical education session in a manner consistent with excellent clinical education methods.

The Assessment of the Clinical Experiences by Third Year ATEP Students

At the conclusion of the final clinical experience with the CIs, the 3rd Year ATEP student evaluates the various aspects of the clinical education experiences via the *Assessment by Third Year Students*. The program director will ensure that this evaluation also is performed for each clinical experience beginning in 2008-09.

Student evaluations include the classroom and clinical facilities and equipment, the degree to which the experience promoted progressive growth in proficiency, and CIs professional conduct and mentoring. A summary is also included in which students rate the summative value of the experiences to their growth as a clinical, allied health pre-professional.

B3.53 Clinical Instructors demonstrate understanding of, and compliance with the policies and procedures of the ATEP.

Clinical Instructors (CIs) are made aware of the specific instructional and supervision requirements of clinical course experiences by the PD through pre-term meetings and through reviewing the ATEP Handbook. The ATEP Policies and Procedures related to CIs is discussed in the Handbook and included below:

Supervising Clinical Experiences: The Role of the CI

All PLNU clinical instructors affiliated with the ATEP are expected to participate in the process of guiding students toward clinical competence and proficiency. Athletic Training Students (ATSs) must be supervised at all times by the CI. Specifically, the CI must remain within the *immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions*.

CIs are encouraged to make the Program Director aware of issues pertaining to quality clinical supervision and instruction and to discuss these issues with the PD as necessary. The CI should be mindful of the unique tasks and challenges of clinical education, including:

- The clinical setting is the “classroom” for the clinical experience and as such should be conducive to the ATS.
- CIs are encouraged to assist students in “bridging the gap” between the educational cognates learned in the ATEP curriculum with clinical performance as it relates to the delivery of healthcare in allied health milieus.
- The course syllabus including course outline is a vital tool in the development of the ATS and will be made available to the CI at the beginning of each clinical experience.

- CIs are encouraged to be aware of the educational philosophy of the PLNU ATEP and to promote Learning Over Time.
- Awareness of student's learning style and your teaching style is encouraged.
- Documenting ATS' progress toward clinical maturity is required in writing and with an in-person communication at midterm and end-of-semester (Form: CI Assessment of Student).

The CI provides the initial orientation to the clinical experience and setting including:

- OSHA standards review
- Required grooming, dress and behavioral standards
- Office protocols
- Location of materials and facilities
- Cultural imperatives unique to the setting including established lines of communication
- Introduction to clinic staff and administrators

The CI is encouraged to evaluate the clinical setting and her/his performance at the end of the semester and to submit the assessment to the Program Director.

The Clinical Instructor is encouraged to develop and maintain the following standards for an effective clinical experience for the PLNU Athletic Training Student (ATS):

1. Provide an active and stimulating learning environment.
2. Allow students to meet the objectives of the ATEP and their personal goals for the clinical education course affiliated with the clinical experience.
3. Provide a variety of learning experiences.
4. Model for the student a legal, ethical and compassionate clinical practice.
5. Ensure that the administrators of the clinical setting are interested in and supportive of the ATEP and its students.
6. Communicate with the student in ways that are constructive, positive, appropriate, timely and effective.
7. Coordinate clinical assignments for the student so that expectations are clear.
8. Provide adequate space for treatment and interaction with patients, clinical instructors, and staff.
9. Demonstrate interest and active participation in the professional organizations relevant to the milieu of the clinical setting.

The following instructional strategies have been added to the ATEP Handbook to guide ACI/CI instruction.

Tips for Teaching the Athletic Training Student

Pre-Planning the Experience:

1. Prior to the clinical experience, describe to the student the unique pressures you face.
2. Observe your students learning styles before the first day they interact with patients.
3. Review the cases for the day with the students when possible and decide where

the best learning opportunities are likely.

4. Ideas for times when you cannot devote focused attention: Have student listen in on triage phone calls, send student with another available instructor who likes to teach, shadow the lab technician or another health care provider, conduct an internet search to answer a question that was unanswered from a previous experience.

Student Interaction with Patients:

1. Allow student to observe your assessment and your care for efficiency. Allow student to obtain the history.
2. Guide the student on what to include in a focused history and examination for the presenting concern without going into contextual or tangential issues.
3. Assign the student to patients whom you know appreciate the extra time.
4. Set a time limit on the student: "Get as far as you can in the history/evaluation in 5 minutes."
5. Allow the student to document while you conduct the history and physical exam. Then reverse roles as you become confident in the student's clinical ability.

Case Presentation:

1. Set a time limit on presentation: "Tell me the history, diagnosis and your plan in 3 minutes."
2. Assign the student to patients you know well.

Discussion Time:

1. Have student keep note card to write questions for later discussion.
2. Ask student to look up information on three cases from the day; ask for a report the next session and instruct the student that you will choose which one.
3. Make a list of "patient care pearls" for current and future students and share them.
4. Expose students to your complete day.

Source: J Pediatr Health Care, 2006; Mosby, Inc.

Self-study Findings and Proposed adjustments:

- **Finding:** The clinical instructors for these clinical preceptorship rotations have served the students well. Their gracious, professional manner and inductive teaching styles are instrumental to ATS' growth. These off campus internships are the capstone experience for many of the ATEP students.
- ✓ **Proposed adjustments:** Adjustments in venue or clinical instructor selection are not necessary at this time as significant improvements have been made in recent years.
- **Finding:** In the OASIS Medical Group rotation the Medical and Program Directors agreed that the numbers of students be restricted, with no more than 2 students in surgery at a given time and one student doing medical office rounds at a time is more efficacious. The resultant ratios have enhanced the quality of the experience of the ATSs and the medical personnel are more efficient and effective in performing their Clinical Instructor roles
- **Finding:** The Clinical Instructors are in a great position to assess the quality of ATS' clinical maturity because they have not taught them previously and not been influenced by extraneous biasing factors that can pollute critical judgment.

<p>Their assessments of the ATs are highly valued.</p> <p>➤ Finding: In the past students have not been asked to do an in-depth critique of their own performance in the three affiliate site rotations of the Clinical Preceptorship.</p> <p>✓ Proposed Adjustments: Students are doing self-critique weekly in each of the rotations of the ATR 493 Clinical Preceptorship course.</p>	
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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).

Criteria for Review: - References to Appendix B	Appendix B: Table & Documents
<p>Page References in Appendix B:</p> <p>B3.6a: Page 1-2</p> <p>B3.6b: Page 1-15</p>	<p>B3.6a Completed Medical and Other Health Care Personnel Table (Table B3.6a)</p> <p>B3.6b Copies of course syllabi, which document Medical and Other Health Care Personnel participation in daily/weekly plan.</p>

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.

Criteria for Review: - References to Appendix B - Narrative	Appendix B: Documents
<p>Page References in Appendix B:</p> <p>B4.1a: Page 1-10</p> <p>B4.1b: Page 1</p> <p>B4.2 Narrative - Description as to how MD/DO meets requirement of B4.2.</p> <p>The Medical Director, Dr. David Chao, is a distinguished orthopaedic surgeon. See <i>Appendix B3.6a</i> for his vita and <i>Appendix 3.6b</i> (and narrative below) for his PLNU ATEP involvements. The job description of the Medical Director is maintained in the Program Director's office and is reviewed annually with Dr Chao.</p>	<p>B4.1a Medical Director professional vitae or A-1 Form</p> <p>B4.1b Copy of Medical Director's current state medical license</p>

Dr. Chao reviews, assesses and recommends direction of the medical components of the curriculum, both didactic and clinical. As a member of the Self-study Committee for CAATE accreditation, he is cognizant of the mission and mechanics of the ATEP.

The Program Director meets with the Medical Director not less than two times per year to dialogue about the ATEP, trends in sportsmedicine, and assessment of the OASIS Medical Group involvement with and influence on the PLNU ATEP.

The Medical Director has a sincere interest in the professional preparation of Athletic Training students and acts as a proponent of the ATEP and Certified Athletic Trainers within the medical community. Dr. Chao employs ATCs in his practice and recommends our students for internships and employment within the medical community and within professional sports organizations. Further, Dr. Chao has been an advocate in the promotion of ATCs to colleagues in the orthopaedic and larger medical community.

Dr. Chao holds a yearly OASIS Medical Group/San Diego Chargers Sports Medicine Lecture Series at his medical practice specifically designed for the benefit of ATCs. All ATCs in the larger San Diego area are invited and receive CEU's for their participation. His creation and implementation of the symposium allows the PLNU ATs and faculty an opportunity to accomplish several professional meetings together in the fall of the year.

As Medical Director of OASIS Medical Group, Dr. Chao influences the PLNU ATs consistently through the Clinical Preceptorship rotation at OASIS as mentioned above. He is committed to encouraging intellectual and personal growth in the students through personal contact with each student during this five-week rotation. Through this direct association with Dr. Chao students are exposed to information that has a medical viewpoint, given by a renowned surgeon.

Dr. Chao has consistently encouraged other physicians in the OASIS medical group to be involved with the instruction of Athletic Training students. Drs. Feldman, Wong and Hizon have all participated in instruction of PLNU students and faculty and are encouraged to do so each year.

Dr. Chao's participation in the didactic component of the curriculum manifests in his lectures on shoulder impingement in the Assessment of Head, Spinal and Upper Extremity Pathology course and on advances in knee arthroplasty in the Assessment of Lower Extremity Pathology course (ATR 387). These lectures are open to and attended by all cohorts in the ATEP.

His participation as Medical Director during the N.A.I.A. national volleyball tournament (hosted by PLNU in 4 out of the last 7 years) and during on campus athletic physical screenings benefits students as they learn of his background, style of practice, techniques of assessment and directions for treatment. Since he serves as Team Physician for the athletic teams at PLNU, the ATs benefit from his interface with the ACIs who provide on-campus care for injured athletes under his direction. The Medical Director influences

students through the insights and directives he provides the ACIs who in turn communicate to students. He has also served as a committee member on the Graduation with Distinction experimental research of one of our students.

Below is a sample of the Medical Directors' involvement with the ATEP:

Spring 2008: Dr. Chao lectured for all ATEP students on New Advances in the Resurfacing and Reconstruction of the Hip.

Spring 2007: ATR 387 Assessment of Lower Extremity Pathology
Dr. Chao lectures and dialogues about advances in knee arthroplasty. Presents-"Diagnosis & Treatment of Hip Pathology".

ATR 388 Assessment of Head, Spinal and Upper Extremity Pathology (every 2-3 years)

Dr. Chao lectures and dialogues about internal and external impingement of the shoulder.

ATR 493 Clinical Preceptorship (yearly)

Five-week rotation at OASIS in which students spend three hours in the medical office with Dr. David Chao and Anthony Durfee, PA-C. Dr. Chao models patient diagnostic and medical care. He spends time with students dialoguing about patient history and prognosis and X-ray evaluation.

One morning per week students observe orthopedic surgery with Dr. Chao. He is known for his educational orientation during surgical procedures. Students are asked to interpret and explain anatomy and pathology by Dr. Chao in an educationally rich environment.

Seminar on Acute Brain Injury (every 2 years)

Dr. David Hizon presents on the medical aspects of injury to the athlete's brain (MTBI) at an ATEP sponsored seminar.

Pre-season physical screenings for PLNU athletes (three times per year)

Two times in the fall semester and one time in the spring semester Dr. Chao and his colleagues work with the Athletic Training staff and students in performing pre-season physical screenings. The ATEP students are privileged to observe and work cooperatively with the following medical professionals:

<u>Medical Doctors</u>	<u>Physician's Assistant</u>
David Chao	Anthony Durfee
David Hizon	
Paul Murphy	
Calvin Wong	

Self-study Findings and Proposed Adjustments:

- **Finding: The contribution of the Medical Director to faculty and students is profound in scope. His influence in providing the medical**

<p>perspective in the treatment of injured athletes is formational to both students and faculty. His belief in and support of the Athletic Training profession in general and the PLNU ATEP specifically is manifested in his involvements in education of athletic health care professionals regionally and nationally, his service as an ATEP Clinical Instructor, and his availability to the ATEP faculty in the treatment of athletes and in his attention to developing the PLNU faculty at their points of professional curiosity.</p> <p>➤ Finding: As a nationally-recognized and gifted surgeon, Dr. Chao’s time is limited and the Committee recognizes the imperative to involve not only him, but multiple members of OASIS sports medicine, as educational affiliates to accomplish professional development of ATEP students and faculty. The Committee has requested Dr. Chao’s input in recommending well-qualified speakers to address students and faculty during the continuing Sports Medicine Lecture series. In this way, the network of professionals associated with Dr. Chao can provide a wide exposure to allied healthcare professionals while respecting Dr. Chao’s time. Speakers will be invited to speak on current topics that address best evidence-based medical practices.</p>	
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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 - Narrative	Appendix B: Document						
<p>Page Reference in Appendix B: B5.1: Page 1-2</p> <p>B5.1 and B5.2 Narrative: Describe how staffing meets requirements described in B5.1 and B5.2.</p> <p>One full time Department Administrative Assistant (Dianne Rabello), one full time Department Accountant (Trevor Bostelaar) and two work-study students comprise the support personnel for the Department of Kinesiology.</p> <table border="0" data-bbox="201 1528 1122 1661"> <thead> <tr> <th><u>Staff member</u></th> <th><u>Title</u></th> </tr> </thead> <tbody> <tr> <td>Dianne Rabello</td> <td>Department Assistant</td> </tr> <tr> <td>Trevor Bostelaar</td> <td>Department Accountant/Associate Athletic Director</td> </tr> </tbody> </table> <p>The Department Assistant devotes approximately 10 percent of her time to the ATEP operation in performing the following tasks:</p> <ul style="list-style-type: none"> Communications <ul style="list-style-type: none"> Word processing, copying, collating, voice and email messaging Update student advising lists Facilitates classroom assignment communication 	<u>Staff member</u>	<u>Title</u>	Dianne Rabello	Department Assistant	Trevor Bostelaar	Department Accountant/Associate Athletic Director	<p>B5.1 Official staff appointment documentation with evidence that ties appointment to ATEP (e.g. job description, letter from administrator)</p>
<u>Staff member</u>	<u>Title</u>						
Dianne Rabello	Department Assistant						
Trevor Bostelaar	Department Accountant/Associate Athletic Director						

Proof reads and trouble shoots class schedule conflicts prior to submission to area dean

Interpersonal

Relates to and serves a facilitator function for the various constituencies of the ATEP, directing them to the appropriate resource person.

She serves students, parents, prospective students, faculty, medical staff, clinical instructors, university administrators and their assistants in this way.

Two work-study students assist the Department Administrative Assistant in clerical duties for 4-6 hours per day, one of whom was hired in the 2008-09 academic year in response to the specific CAATE standard to have administrative support similar to other accredited academic programs at PLNU.

The Department Administrative Assistant's job description indicates her primary duties are in service to the Athletic Director and the operation of the Department of Athletics. At the same time she is able and willingly serves the Department of Kinesiology and as such, the ATEP.

The Department Accountant does all program accounting including devoting approximately 5% percent of his time to ATEP related activities:

Budget form distribution, communication of administrative directives on percentage of budgetary change, accuracy analysis of proposed ATEP budget, running balance analysis/updates

Clerical support for the ATEP is unique on the PLNU campus in that the departmental accountant, who also serves the Athletic Department, has a position not found in other academic or administrative offices. Our department interface with the university Business Office is extraordinarily efficient and results in the most timely and accurate financial requests and accounting. The role of the Department Assistant is so efficiently and graciously filled by a twenty-five-year employee who stays current in university initiatives on service and technical support of the faculty. She is respected throughout campus as one of the finest support persons. The ATEP is well served by these dedicated, efficient co-workers.

Self-study Findings and Proposed Adjustments:

- **Finding:** The Program Director and ATEP faculty have accomplished most of their own secretarial tasks in the past. This has been the culture at PLNU and it has been an accepted manner of doing business. When one of the faculty needs clerical or accounting support the Department Assistant or Accountant are always ready to assist.
- ✓ **Proposed Adjustments:** These two support staff positions have outgrown their job descriptions and the descriptions do not adequately indicate the reality of their valuable support to the Department of Kinesiology on a day-to-day basis. This year, the Department Chair requested that an additional Administrative

Assistant be considered as a top priority for the general operations of the Kinesiology department, and for ATEP needs specifically. The department has since received support for a student assistant (15 hours per week) who will provide valuable service in updating the website, aiding and organizing student recruitment, assisting with ATEP student interviews, scheduling, selection, and notification of the selection committee's decisions. The University Provost has indicated that a full-time department assistant will be a priority on next year's budget agenda.

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 - Narrative	Appendix C: Table & Document
<p>Page References in Appendix C: C1a: Page 1-11 C1b: Page 1-9</p> <p>C1.1 – C1.3 Narrative: Describe the consistency and availability of, and management processes used for the distribution of financial resources for the ATEP.</p> <p><i>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.</i></p> <p><u>Management Processes for the Distribution of Financial Resources.</u></p> <p>The ATEP has an individual budget account, separate from the Kinesiology department budget. See Document C1a for the ATEP expenditures budget. The reporting of resources includes ATEP budgeted funds and an estimate of the contribution of the Information Technology, Media Services and Library budgeted funds that have been utilized for ATEP educational resource acquisitions.</p> <p>The budgetary year for the university begins July 1. The previous December all university departments and units submit their budget proposals to their respective administrators based upon a previously communicated percentage adjustment to the budgetary totals of the previous year’s budget. The ATEP budget is prepared by the Program Director who presents it to the Department Chair for review and feedback. The Department Accountant checks the budget for accuracy and compliance. The budget is submitted to the area Dean who reviews the ATEP budget along with the budgets of the other academic department and unit budgets.</p> <p>Because the ATEP budget is separate from the Kinesiology department budget, the PD is afforded some autonomy and freedom in making decisions on the allocation of resources. Budgetary decisions are based on the missions of the</p>	<p>C1a Completed Budget Table (Table C1)</p> <p>C1b Purchase invoice, completed reimbursement form, faculty contract, <u>or</u> other official institutional documents, that demonstrate the availability and use of funds for ATEP faculty professional development.</p>

University, the Department of Kinesiology, and the ATEP. The pursuit of professional growth by faculty and students is given first priority in the expenditure of Department and ATEP funds; this support is in addition to the University professional development support of \$1000 for each faculty member. The Kinesiology/Athletics department accountant is the liaison between the Department Chair, the ATEP PD, and the university Business Office. For all faculty and staff in the Department of Kinesiology the accountant provides institutional guidelines regarding deadlines, annual percentage adjustment and financial resource monitoring throughout the budgetary year. All financial transactions subsequent to university administrative and Department Chair approval of the ATEP budget are directed through the departmental accountant with the Program Director vested with signatory privilege. The Program Director and the Department Chair have the advantage of immediate analysis of the financial resources available given the excellent management of the accountant.

The ATEP budget has remained at the same level or increased each of the last five years reflecting university investment in the program and university wide sound financial standing. At present no outside funding is being sought nor forthcoming. The budget provides for the acquisition of expendable supplies used in labs and clinical courses as well as classroom settings. Small item capital equipment (less than \$500) is budgeted through the ATEP budget. These items are non-expendable items essential for instruction such as therapy modalities, anatomical models, charts, computer software and taping/binding supplies. The ATEP budget also allows for general operating expenses, which includes honoraria for Clinical Instructors and guest presenters, student awards, office expenses; in addition, social/operational business meeting expenses are included. Acquisition of tutorial and study supplies and resources for the ATEP study center in the student's office in the Athletic Training Clinic is a budgetary imperative. Continuing education expenses are included and utilized at the discretion of the Program Director. Support for student participation in professional conferences and meetings are budgeted and allocated every year for students who are encouraged to attend. The ATEP also covers NATA annual membership dues for two staff members who are not full-time faculty and therefore do not have a professional development allowance.

The following PLNU offices provide budgetary support for the Department of Kinesiology, including the ATEP in the acquisition of educational materials:

Office	Departmental Allocation for Educational Supplies
Information Technology	\$1233
Media Services	\$1240
Library	\$2643

The Program Director solicits input from the ATEP faculty, and from the Kinesiology Department, on the instructional/educational supplies needed for their given assignments. Requests are made to the above offices. The I.T. supplies acquired are housed in the ATEP study center. The Library and Media Services funded items are housed in the respective units in Ryan Library. Historically all of the ATEP requests are funded. In the event that they are not or

if the materials are deemed to be essentially placed in the ATEP study center, the ATEP budget acquires those items.

Capital items in excess of \$500 are requested in the spring semester for the following year through the Dean of Arts and Sciences. The Program Director submits ATEP capital item requests to the Department Chair. Requests from the Department of Kinesiology are prioritized by consensus and forwarded to the university administrative Cabinet, which makes university wide decisions about granting requests coming from across the campus community. The Biodex Stability Platform, a research ergometer, a treadmill for the Exercise Physiology laboratory, new classroom furniture, and complete audiovisual upgrades to 4 classrooms are several of the requests that have been granted in recent years (totaling over \$75,000 in improvements).

C1.3 *Funding must be available for the following essential needs and functions: Professional Development and Course Instruction and Expendable Supplies*

For each of the ATEP full-time faculty (Drs. Sullivan, Kugler, Ganz, and Professor Sawyer) the professional development policy contained in the faculty handbook applies (Document C1b). Professional development funds are provided to all full-time faculty to support membership renewal in professional organizations, purchase of instructional materials to aid in advancing the scholarship of teaching, and the costs associated with attendance at professional meetings. Up to \$400 of the current annual allotment (\$1000) may be used for nontravel professional development support (memberships, books, etc.) and up to \$500 may be carried forward to the subsequent year. All requests for professional development funds require formal written request to the Provost and post event documentation and receipts. The area Dean must approve requests. This policy is published in the Faculty Handbook and request forms are available online and in the Department of Kinesiology.

Each ATEP faculty member uses personal discretion as to the utilization of his or her professional development funds. Advanced coordination on schedule is carefully executed to ensure that students are well served in the faculty member's absence should the faculty member attend a conference during school session. ATEP faculty have a tradition of aiding their colleagues as they obtain further professional development, this includes guest instruction in courses and administration of exams, etc. At minimum, one PLNU ATEP faculty member attends major conferences/meetings annually (California Athletic Trainers' Association, Far West Athletic Trainers' Association, NATA National Clinical Symposium and the Athletic Training Educators Conference[biannual]) pertaining to Athletic Training. The vitae/A1 forms of the ATEP faculty found in Appendix B evidence their professional activities.

Three of the four faculty members have earned Ph.D.'s, two of whom

utilized professional development funds and other university support to finish their terminal degrees within the past 5 years. The fourth faculty member is intending to pursue the terminal degree and will seek university support in the process. As previously stated, Nicole Baker-Cosby is pursuing a Ph.D. at the University of Virginia with financial support from PLNU. Mrs. Baker-Cosby is scheduled to be finished prior to the 2010-11 academic year. Thus, PLNU anticipates 5 faculty with Ph.D.'s serving the ATEP by 2014.

Provost discretionary grants and ATEP budgetary support are available upon request to support professional development that is deemed valuable by the Provost or the Program Director to the faculty member and to the ATEP. The ATEP views student and faculty presentation at local and national conferences as a top funding priority and has funded such academic ventures in each of the past 5 years. The Kinesiology department has also aided faculty and students in academic ventures as the need arises.

Finally, the ATEP purchases individual journal subscriptions as needed and requested by the faculty including the *American Journal of Sports Medicine, Medicine and Science in Sport and Exercise, the Journal of Sport Rehabilitation, and Athletic Therapy Today*. The University also covers expenses associated with NATA membership and the *Journal of Athletic Training* for all ATEP faculty. Further, the ATEP pays the membership and JAT subscription dues for staff Athletic Trainers through its separate budget.

Self-study Findings and Proposed Adjustments:

- **Finding:** ATEP faculty interest and availability to attend and participate in professional meetings has resulted in PLNU ATEP representation at each NATA national meeting and FWATA meeting over many years.
 - ✓ **Proposed Adjustments:** The successful accomplishment of faculty participation in professional development activities, and the subsequent reporting back to colleagues and students, promotes programmatic excellence and ensures current and evidence-based academic and clinical practice. The focus of the ATEP faculty on meeting together to discuss evidence-based curricular development has resulted in a culture where faculty model the process of literature review—seeking systematic reviews (Cochrane) and/or controlled-randomized clinical trials—and where students are required to conduct such reviews through assignments in various didactic and clinical courses.

- **Finding:** The participation in and contribution to local and national Athletic Training professional activities was not robust during the initial accreditation of the ATEP in 2003.
 - ✓ **Proposed Adjustments:** As a matter of emphasis, the PLNU ATEP faculty and students have endeavored to promote academic contributions to the Athletic Training community and have

demonstrated new and exciting directions through presentations at each of the past 5 FWATA conferences. Also in the past 5 years, the Program Director has presented at 3 NATA Annual Meetings, has delivered 2 poster presentations at the American College of Sports Medicine, and has published various abstracts and manuscripts in the *Journal of Shoulder and Elbow Surgery*, the *Journal of Athletic Training and Medicine and Science in Sport and Exercise*. Professor Sawyer has also delivered a poster presentation at the American College of Sports Medicine conference. The self study committee agrees to uphold this progressive tradition by encouraging faculty and staff to contribute to the larger academic community.

- **Finding:** The funding of the ATEP has evolved from being administered through the budget of the Department of Kinesiology administered by the Department Chair to being a program exclusive budget administered by the Program Director. This occurred in 1999-00. As one of six nationally-accredited academic units on campus at PLNU, the self-study committee supports fully the necessity of the ATEP budget, particularly as it relates to maintaining excellence in the instruction of students and expanding the voice of students and faculty among the larger academic community through presentations and publications.
- **Finding:** With the development of ATEP students presenting their research findings at regional conferences, students now enjoy financial support from the Vice Provost for Faculty Development. This aid supplements the ATEP budget and allows additional students to benefit from attending professional conferences and to become professionally socialized. The aid also encourages academic excellence by fostering a culture of student scholarly presentation; younger students witness their colleagues present at conferences and some students realize a desire to do the same.

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 - Narrative	Appendix D: Table Ta
<p>Page References to Appendix A: A4a: Page 1</p> <p>Page References to Appendix D: D1: Page 1</p> <p>D1.1 - D1.6. Narrative: Provide an overview of the facilities available for classroom and laboratory instruction, and for the facilities used by students for clinical experiences.</p> <p><u>Standards D1.1 - D1.3</u></p> <p>The Program Director cooperates with the Department Chair, area Dean, Provost and Athletic Director on facility needs and requests for renovations and/or new facilities. Currently, all ATEP classrooms, laboratories and clinical facilities are consistent in size and quality with classrooms used for similar academic programs at PLNU. All classroom and laboratory facilities are large enough to accommodate the type of activity for which the facilities are used. All facilities, with the exception of Point Loma High School, are ADA accessible and all facilities have environmental controls in working order. The ATEP utilizes four academic classrooms, 1 laboratory, and 6 clinical affiliate sites to accomplish the didactic and clinical components of the educational program.</p> <p>Floor plans of all facilities are on file in the Program Director’s office. All</p>	<p>A4a Clinical Education Site Table</p> <p>D1 Classroom and Laboratory Table (Table D1)</p>

facilities are co-educational with equal access for both genders and persons with disability.

**Note: Progress on the Point Loma High School training room toward a new facility that is ADA compliant and equally accessible to both genders has been productive and is discussed in detail later in the “Self Study Findings” section of this narrative.*

The facilities utilized for the ATEP students and faculty are outlined below.

<u>Classroom</u>	<u>Sq. Footage</u>	<u>Classes held in facility</u>
Kines 1	750	Lecture/Lab
Kines 2	800	Lecture
Kines 3	400	Lecture/ Colloquy
Kines 4	500	Lecture/ Colloquy
<u>Clinical Facilities</u>		
PLNU AT Clinic	1600	Clinical/Lab
Point Loma H.S	200	Clinical
Rehab United P.T.	5000	Clinical
OASIS Medical	3500	Clinical
PB Urgent Care	2000	Clinical
Fassett-Allen FP	1500	Clinical

The two larger classrooms (Kines 1 and 2) and the AT Clinic are hardwired to the Internet and all classrooms can be set up for educational presentations. Further, ATEP faculty and ATs have wireless access to internet resources at their disposal while working in the PLNU AT clinic and student office.

During the summer prior to the 2008-2009 academic year, the Kinesiology department renovated all classrooms (Kines 1,2,3&4 above) with state-of-the-art audiovisual additions exceeding \$40,000 to enhance the learning environment for students and faculty. The Program Director participated in the conceptualizing and planning of these projects.

The Kinesiology department laboratory and Athletic Training clinic are consistent in size and quality with laboratory facilities used for similar academic programs at the sponsoring institution, including Nursing and Biology. Indeed, the AT clinic remains one of the premier and contemporary collegiate healthcare facilities in San Diego. Further, the department recently expanded the physiology laboratory to incorporate a classroom into the laboratory. This allows for seamless transitioning between lecture and laboratory components of instruction, and supports the growing student interest in conducting independent honor's research in the Department. In addition, clinical courses utilize the laboratory space to accomplish colloquy meetings for the various clinical education courses conducted on campus at PLNU. Other than the 1-hour weekly meetings in colloquy, the entire clinical portion of the AT educational program is conducted in the clinical setting.

Standards D1.4—D1.6

All four full-time ATEP faculty members have private offices that meet the university specifications for full time faculty. Each faculty office has at a minimum an ample desk, executive office chair, file cabinet, bookshelves, work surface and two chairs for students/guests, a university issued notebook computer with docking port and a telephone with a direct number. All offices provide a private space for confidential counseling of students by ATEP faculty. All offices also provide secure, locked storage of student records.

One faculty member's office is located in the Department of Kinesiology suite of offices, two members are located in the Athletic Training Clinic, and one member is located in Golden Gymnasium. For the two ATEP faculty whose offices are not in the A.T. Clinic, workstations adjacent to the treatment area are provided in the Clinic which allows the faculty member to effectively perform their clinical notations and ACI related tasks in the clinic. These stations have docking ports for their notebook computers, a telephone, shelf/cabinet space and secured storage.

Clinical instructors have offices provided by their employers at Rehab United Physical Therapy, OASIS Medical Group, Pacific Beach Urgent Care, and Fassett-Allen Family Practice.

Self-study Findings and Proposed Adjustments:

- **Finding:** The facilities of the ATEP exceed the minimum Standards and are highly conducive to meeting the PLNU educational imperatives. Further, excellent progress was recently made for academic year 2008-09 as the classrooms were renovated with state-of-the-art audiovisual technology, and former classroom was converted to a lecture-laboratory space.
- **Area for improvement:** The Point Loma High School clinical site is currently non-compliant with ADA regulations and does not provide equal access for male and female students since the training room is housed in the boys locker room.
- ✓ **Adjustment:** At the outset of the Clinical Affiliation agreement made between the PLNU ATEP and the PLHS administration in 2007, the Director explicitly cited the training room as being non-compliant with the educational needs of the PLNU ATEP and with the CAATE Standards. Discussions were begun in earnest over the following 3 months toward providing a solution. The PD and Professor Donnelly have made dramatic progress with PLHS administration, who have been highly receptive to improving the clinical site and have actively sought to extend the relationship with PLNU. We now have architectural blueprints for 8 new classrooms and a clinical facility to be built at the high school, with an estimated expenditure by the San Diego Unified School District of \$4-6 million in public funds. New classrooms and a new athletic training clinical

<p>facility is being negotiated with district administrators which will provide state-of-the-art educational and clinical experiences. (<i>See Architect Blueprints document, Appendix A4a</i>).</p> <p>*The proposed adjustments at PLHS can be accessed on the district website:</p> <p>http://www.sandi.net/bond/ssbpl/ssbpl0354A.pdf</p> <p>➤ Finding: The self study committee recognizes that, while the PLHS training room needs improvement, this clinical site provides a realistic high school athletic training setting which allows students to experience athletic training practiced in a diverse socioeconomic environment. The facilities mimic the environment of many high school athletic training rooms in California.</p>	
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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
<p>Page Reference in Appendix D: D2: Page 1-7</p>	<p>D2 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 aids are accessed by the program. (Table D2)</p>

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
<p>Page References in Appendix D: D3a: Page 1-6</p>	<p>D3 Completed Therapeutic Modalities and Therapeutic Exercise Equipment Table(s) for those Therapeutic Modalities and Therapeutic Exercise Equipment at the host institution, as well as all affiliated sites in which clinical education occurs. (Table D3)</p>

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
<p>Page Reference in Appendix D: D4: Page 1-2</p>	<p>D4 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)</p>

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 - Narrative	Appendix D: Table
<p>Page Reference in Appendix D: D5: Page 1-3</p> <p>D5.1 - D5.2 Narrative: Describe library and information sources available to students that are related to the profession of athletic training and or the BOC examination.</p> <p><i>Table D2</i> provides a comprehensive list of Instructional Aids available to the ATS at PLNU.</p> <p><i>Table D5</i> lists required texts of the ATEP, many of which are available to students at the PLNU library.</p> <p>The effective provision and utilization of ATEP educational resources is accomplished by the Program Director interfacing with Denise Nelson, the librarian for the Department of Kinesiology, RB Anthony, Director of the Media Services Department, and Barbara Rutledge, Informational Technology Administrative Assistant. The focus is to insure that the titles, journals, indices, video and software that are published by the NATABOC and other resources related to the ATEP are acquired in a timely manner.</p> <p>Informational Technology Services, Media Services, and the university library provide each academic department an annual budget for the acquisition of software, video and instructional educational resources, respectively. The Program Director solicits input from the ATEP faculty and does referencing each term of new titles to pass on to these acquisitions personnel for immediate purchase, cataloguing and circulation. All requests to these three offices is completed by April 15 to insure acquisition by the end of the budgetary year, July 1st. Institutional support for acquisitions is budgeted to the Department of Kinesiology and a portion of those funds is available to the ATEP via its budget.</p> <p>The Program Director maintains an inventory of educational resources specific to the PLNU ATEP in a library created specifically for ATEP students and housed in the athletic training clinic (the AT student office study center). The PD has been allocated an ATEP budget separate from the Kinesiology department budget from which he has progressively increased the inventory of ATEP resources. ATEP faculty members request the educational resources they deem necessary to the Program Director who acts upon the requests.</p> <p>A distinctive feature of the AT student office study center is that it provides a library of resources and space for students to study directly in the A.T. Clinic as a component of their academic and clinical education. Students are provided with educational tutorials in CD-ROM format, reference textbooks, medical and standard dictionaries, indices and databases to the literature of Athletic Training, anatomical atlases, videos, anatomic models and professional journals. In the study center students have computers with CD-ROM and DVD drives, television and VCR for access to the educational supplies provided. Any supplies students require access to that are not provided in the study center can be checked out from the appropriate faculty</p>	<p>D5 Completed Require d Textboo k Table (Table D5)</p>

member.

All equipment specifically listed in the NATA Educational Competencies 4th ed., with the exception of an isokinetic dynamometer, is in the ATEP inventory. Two clinical sites have been utilized by the ATEP to accomplish instruction, practice and assessment on a dynamometer: the San Diego Chargers football club, and the Naval Health Research Center, located 1 mile from the PLNU campus.

Standard D5.1

Access is robust to information resources needed to prepare PLNU AT students for the profession. Current editions of texts are reviewed and requested by ATEP faculty directly from publishers. The Program Director has good relationships with various publishers and arranges “book fairs” whereby the ATEP faculty receives complimentary and current texts. Faculty members stay abreast of peer-reviewed journal articles by subscribing and directly contributing scholarly work to sports medicine journals in accordance with the ATEP programmatic goals. *Table D5* demonstrates that the ATEP faculty utilizes various resources in class—including NATA and ACSM position statements, Cochrane database reviews, and other high quality evidence—to encourage students toward the current and best application of medical practices.

The use of interactive software, instructional CD-ROM’s, anatomic models and charts, educational videos and internet websites by faculty and students in and out of class provide a multidimensional methodology of instruction for students. The use of case reports, insurance records, reference charts, and periodical resources in didactic and clinical components of instruction provides current knowledge and techniques in the art and practice of Athletic Training as well as related academic areas such as anatomy, physiology, exercise physiology, biomechanics and nutrition.

The Program Director and the faculty are always interested in increasing the ATEP holdings of instructional aids. As such the solicitation of support from the Medical Director and his staff for current X-ray and MRI images, acquisition of reference materials and the promotion of quality faculty and student case reports is a standing request. The library containing all current images is housed in the PLNU Athletic Training Clinic.

Library Resources used for classroom and laboratory instruction and assessment:

Below is a list (not exhaustive) of the University library holdings of books, periodicals, and other reference materials related to the programmatic goals of the ATEP. Comprehensive lists of literary and electronic sources are maintained in the office of the Program Director, the reference librarian and the ATEP study center. Library interfacing with AT students and faculty is excellent as Denise Nelson, our departmental liaison, provides orientation to freshmen in the first semester, and throughout ATEP courses, and is available for consultation by appointment.

Books

The University library contains 2500+ books directly related to athletic training, physical therapy, exercise science and biomechanics.

Databases (EBSCO research databases)

- Cochrane Database of Systematic Reviews
- Cochrane Central Register of Controlled Trials
- Several databases offer electronic journal access relevant to the ATEP.
- Academic Search Premier
- Database of Abstracts of Reviews of Effects
- Education Index
- ERIC
- Science Direct
- Wiley InterScience
- Physical Education Index

Journals

The library subscribes to several journals and magazines in hardcopy that serve ATEP students. These journals and many additional journals are also available electronically through one or more of the databases:

- *American Journal of Sports Medicine*
- *Journal of Athletic Training (1992-2004)*. Since 2004, each ATEP faculty member receives the electronic version of *JAT*.
- *Athletic Therapy Today*
- *Journal of Sport Rehabilitation*
- *Biomechanics*
- *Medicine and Science in Sport and Exercise (through 2005)*
- *Journal of Orthopaedic and Sports Physical Therapy*
- *Physical Therapy*
- *Physician and Sportsmedicine (1980-2005)*
- *JAMA*
- *Journal of Sport and Exercise Psychology*
- *Coach and Athletic Director*
- *Research Quarterly for Exercise and Sport (1980-2003)*

Interlibrary loan service provides an extensive and robust access to ATEP students and is available with the local universities including:

- University of California, San Diego medical library
- University of California, San Diego main library
- San Diego State University

Interlibrary loan can be accomplished with local universities in 24-72 hours following completion of a request submitted to the PLNU library staff. ATEP faculty and students regularly visit the UCSD medical school library when more urgent needs arise and to obtain

In addition to the library resources listed above, Media Services houses over 100 media items that support the ATEP educational program and/or the BOC examination.

Standard D5.2

PLNU conducts all didactic and laboratory instruction on the main university campus. Distance education sites include the clinical education affiliates which contain all necessary and equally accessible instructional aid resources to compliment the didactic and laboratory instruction at PLNU. Indeed, the clinical education component expands upon the knowledge previously gained by the ATS. Whereas X-ray and MRI images are utilized in the assessment classes, Dr. Chao challenges students to interpret xray and MRI findings in the clinical setting at OASIS. Whereas heart and lung sounds are taught via CD-ROM media in the Pathology of Injury and Illness course at PLNU; AT students are exposed to and instructed on performing heart, lung and bowel auscultation on actual patients before undergoing surgery at OASIS during ATR 493. Anatomical models are utilized in all classes and clinical education sites.

Self-study Findings and Proposed Adjustments

- **Finding:** The ATEP possesses a robust student library, containing many required and recommended texts, various CD-ROM and DVD interactive tutorials to compliment classroom learning, and electronic and hard copy peer-reviewed journals for seeking out the best available evidence. The Director attempts to stay current with innovations that can enhance faculty performance and the quality of student learning by frequenting exhibits and clinical symposia, and maintaining a relationship with several equipment vendors. Further, the Director has established relationships with various representatives for textbook publishers, who hold a book fair each year in the Kinesiology department. This provides our faculty with complimentary textbook and ancillary materials needed for many of the ATEP courses.
- **Finding:** The AT Student Office/Study Center holdings continue to grow. The focus is to create an Athletic Training library of resources that is comprehensive, contemporary and accessible. The most recent acquisitions have focused on over 30 Functional Rehabilitation instructional DVD's by Gary Gray. The faculty and students are implementing these resources into courses and clinical practice, meeting one of the programmatic goals to be contemporary in clinical practice, specifically related to functional biomechanics and manual therapy.
- **Finding:** The instructional-aid inventory is adequate but somewhat outdated.
 - ✓ **Adjustment:** An established replacement schedule is being followed whereby the Program Director solicits requests from ATEP faculty each academic year in April as previously mentioned. While the CD-ROM and VHS technology is outdated, the instructional content of many of the resources is current. Until newer editions are produced, these resources will continue to be used due to their effectiveness.
- **Finding:** With the proliferation of electronic media, and specifically with

peer-reviewed journals now available online, the need to purchase texts has been somewhat lessened, although clearly not eliminated. The Director has discussed with our department library liaison, and the Head Librarian, about expanding our online databases and search engines.

✓ **Adjustment:** We recently obtained the Cochrane Database of Systematic Reviews and the Cochrane Central Register of Controlled Trials. An ongoing request, for which we currently do not have the budget, is an expanded access to PubMed/Medline.

➤ **Finding:** Students are continuing to be oriented to Ryan Library during the Orientation to Kinesiology and Management in Allied Healthcare courses. The specific focus of the faculty during these orientations has been to encourage students to develop literature review and searching techniques that will provide the best available evidence. The self-study committee recognizes two shortcomings: First, we do not perceive that students value the University library for the robust resources it offers—they do not go first to the library when locating information. Second, students need specific training in locating high-level, peer-reviewed information rather than locating non-sophisticated, non-peer-reviewed web resources.

✓ **Proposed Adjustment:** To foster in students the ability to locate high-level evidence, the ATEP faculty members have been intentional in designing multiple opportunities/assignments for students to learn and then demonstrate effective literature searches. Students are instructed in and then assessed on the quality of their literature sources—as well as the written synthesis they produce from the source—throughout the academic program.

As previously mentioned, dialogue between the Program Director/Dept Chair and Denise Nelson, as well as the Director of the Library has resulted in the provision of excellent resources such as the Cochrane Databases.

➤ **Finding:** The implementation of electronic media has positively influenced the teaching and tracking of the Competencies and has streamlined the documentation of learning over time for the ATEP:

- ✓ The use of Blackboard for documenting electronic student portfolios (“eportfolios”) was developed as a successful pilot program during 2007-2008.
- ✓ The use of the NATA “A-Track” system is being introduced during the fall of 2008.

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.

Criteria for Review: - References to Appendix E	Appendix E: Table & Documents
<p>Page References in Appendix E:</p> <p>E1a: Page 1</p> <p>E1b: Page 1-22</p> <p>E1c: Page 1-2</p>	<p>E1a 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>E1b Copies of Admissions Materials and Advertisements listed on Admissions Materials and Advertisements Table E1a</p> <p>E1c 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 - Narrative	Appendix F: Documents
<p>Page References in Appendix F: F1a: Page 1-2 F1b: Page 1-13</p> <p>F1.1 – F1.3 Narrative: 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.</p> <p><u>Standard F1.1</u> All applicants to the ATEP must have a Health Assessment/Physical Examination completed by a physician or Physician’s Assistant to determine the applicant’s capacity to meet the ATEP Technical Standards. The technical standards are referred to and listed in the university catalog, the ATEP website, and the ATEP Handbook. (Table G1)</p> <p>The PLNU ATEP schedules the Health Assessments on the day of the applicant interviews at no cost to the applicants. AJ Durfee, MS, PA-C assesses the health status of each candidate. The health history form is completed prior to the physical assessment, both the health history and assessment forms are provided in Appendix F, Documents F1a and F1b.</p> <p>Should an applicant live at too great a distance from PLNU that a telephone or alternate date for the interview preclude the PLNU health assessment, the applicant may have a licensed health care provider (MD, DO, PA, NP) complete the health screening and submit it to the Program Director.</p> <p><u>Standard F1.2</u> Immunizations must be completed six months prior to the commencement of the ATEP clinical experiences. The form, completed by the student, stipulates the dates on measles, mumps, rubella and diphtheria with verification by medical health care provider of tetanus and hepatitis B. The record of student immunizations is kept in their individual files in the Program Directors office. See Appendix F, Document F1a for the Immunization Form.</p> <p>The ATEP will accept a self-reported verification of immunizations; however, during the Health Assessment the PA/MD who is conducting the physical examination reviews and verifies the immunization record.</p>	<p>F1a Physical exam criteria and blank physical examination form</p> <p>F1b 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>

Immunization requirements of students and faculty include:

- Hepatitis B
- Measles
- Mumps
- Rubella
- Tetanus
- Diphtheria

The health care policies statement for the ATEP can be found in the ATEP Handbook (pgs. 39-41: *Student Health Policies, Technical Standards*).

The health standards that must be met by students admitted to the ATEP are based on the technical standards, including:

- Postural and neuromuscular control and sensory function and coordination sufficient to perform techniques and use equipment safely and effectively
- Absence of communicable disease
- Mental and emotional health sufficient to relate to and care for clients and colleagues
- Health of each organ system sufficient to perform the duties incumbent on an Athletic Trainer

Acute Infectious Illness

Students involved in pre-admission clinical observation or in a clinical course do not attend clinical sessions if their illness:

- Results in a fever over 101⁰
- Will be exacerbated by being in the clinic and physically active
- Jeopardizes the health of clinical staff and clients

The student communicates with their ACI or Clinical Instructor about the nature of their health issue. The student should take appropriate action to promote their recovery. Should the student need moral or physical support the ATEP faculty and/or students are available to assist. In cases of physical, emotional or psychological distress, all PLNU students have the privilege and opportunity to utilize the services of the Wellness Center, Directed by Mr. Jim Coil, MA, MFT. The Center provides nurse practitioners, an on-site physician by appointment, and crisis and family counselors to assess, care for and/or refer students to appropriate medical professionals as necessary. The university catalog and website (<http://www.pointloma.edu/WellnessCenter.htm>) document the services of the Wellness Center.

Separate files for each ATS are maintained in the Program Director's office in which significant records are kept including health screenings and immunization records. These files are stored in a locked and private location to insure confidentiality.

<p><u>Standard F1.3</u> When either the AT student or program identifies actual or potential mental or psychological difficulties in meeting the technical standards, the student has an effective support network of health care providers at PLNU (Wellness Center, Academic Services, Spiritual Development) who determine the implications of the difficulties on completing the ATEP. Reasonable accommodations are made on behalf of qualified applicants to the program by:</p> <ul style="list-style-type: none"> • Providing facilities that are ADA accessible • Providing additional time to complete exams, both cognitive and lab practicals • Providing social and emotional support through cohort education and awareness of special needs of students in the ATEP • Directing students to the PLNU Wellness Center for support in times of physical, emotional and/or mental distress <p><u>Self-study Findings and Proposed Adjustments:</u></p> <ul style="list-style-type: none"> ➤ <u>Finding:</u> The Health Assessment processes are effectively operating and the procedures are sound, efficient, and compliant with the F1.1-1.3 Standards. ➤ <u>Finding:</u> The Wellness Center provides a great asset toward the support of undergraduate students, and students appreciate and utilize the services provided. The Program Director and the faculty of the ATEP have a collegial relationship with the Director of the Wellness Center who serves on the ATEP self-study committee. ATEP faculty members continue to serve alongside Wellness Center staff on the Disordered Eating and campus Disaster Preparedness Committees. 	
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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.

Criteria for Review: - References to Appendix F - Narrative	Appendix F: Documents
<p>Page References in Appendix F: F2: Page 1</p> <p>F2 Narrative: 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>During the Health Assessment examination of the admission process, candidates are required to verify they understand and meet the technical</p>	<p>F2 One completed (signed, last name (only) of the student blinded/blanked and dated) copy</p>

<p>standards, or that they believe that with certain accommodations they can meet the standards. A Physician’s Assistant determines the applicant’s capacity relative to the Technical Standards in the physical dimension. Several members of the selection committee can stipulate affective and cognitive compliance with Technical Standards since they will have had direct contact with each applicant either as the professor of one of their courses or supervision of their clinical observation.</p> <p>If Technical Standard compliance is not present, the applicant may appeal to the Americans with Disabilities Act compliance officer and Director of Academic Support, Dr. Kim Bogan, and/or to the Program Director. The Academic Support Center will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.</p> <p>If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.</p> <p>The ATEP verifies that all ATs have met this requirement through the application and interview process for admission. Signed copies of each ATs Technical Standards are maintained in the Program Director’s office in individual student files.</p>	<p>of technical standards document</p>
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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.

Criteria for Review: - Narrative	Appendix F:
<p>F3 Narrative: Describe ATEP policy as it relates to F3 and provide a description as to how students and CIs/ACIs are informed of this policy.</p> <p>The appropriate and safe progression of the clinical education component of the ATEP is of paramount concern to the faculty and is evaluated regularly to protect the health and safety of athletes and patients (<i>See Appendix J, Document J1: Clinical Supervision Policy</i>).</p> <p>The ATS is never without direct supervision nor asked to perform skills, techniques or protocols with clients for which they have not first been formally instructed, given ample time to practice, and assessed for competence in the skill. The progression and prerequisites for each clinical course are provided in the ATEP Handbook. Clinical proficiency of ATs is evaluated throughout each clinical course, at least weekly, prior to their performance of these skills on</p>	<p>None</p>

patients. See *Appendix H2.1* for sample program evaluation tools.

The PLNU ACIs are encouraged to mentor students and encourage their progressive clinical maturity throughout the clinical experiences. The ACI consistently and intentionally interacts with the ATS at the clinical site and in scheduled weekly meetings for assessment/evaluation. A close mentoring relationship is developed such that, if skills are required of the student in which they have not been instructed in pre or corequisite courses, the ACI instructs and assesses the student's skill, which must be at an acceptable level to utilize it with a client.

Students must be in compliance with the technical standards throughout the progression of the clinical component of the major. Should a student develop or manifest difficulty with areas of the technical standards they are counseled and an appropriate remedy sought. Should compliance with the technical standards not be achieved the student will not be permitted to perform clinical coursework until they demonstrate amelioration of the issue or deficit.

Clinical Education Policies

All students and ACIs/CIs are informed of the following clinical education policies via the ATEP Handbook, orientation meetings for each clinical course, and ATEP meetings.

Each clinical experience is directly supervised by either an ACI or CI. The ACI assesses cognitive and psychomotor competencies, and evaluates the AT student's integration of clinical proficiencies during observation of the student's clinical conduct. The CI functions to provide supervision of the clinical experiences and is not charged with the final formal evaluation of the AT student's clinical proficiencies. All ACIs and CIs employ the following definition of clinical supervision while they oversee the clinical experiences of the ATS:

“Supervision involves daily personal, verbal contact at the site of supervision between the ATS and the Certified Athletic Trainer or CI, who plans, directs, advises, and evaluates the ATS during the athletic training experience”.

In each clinical experience, the ATS is assigned to an ACI/CI who has primary responsibility for the health care of athletes/patients. The ACI/CI is in constant supervision of the ATS by being physically present, within sight and sound of the ATS and the client they are serving, to intervene in order to protect the interests of the athlete being cared for, and to provide appropriate feedback for the ATS.

Each clinical course meets weekly for colloquy during which all students meet together with the professor to accomplish proficiency assessments. The ACI instructs, encourages, observes, assesses and provides feedback to the student on their clinical skills, performances and professional behavior prior to the ATS utilizing any particular skill directly on a patient. Clinical courses follow didactic instruction in cognates and lab practice of skills that can be used clinically as the student progresses toward clinical appropriateness and efficiency. Each of the 6 clinical courses is successive, allowing the student to advance in clinical

proficiency and promoting learning over time. Students only employ skills on patients in which the ACI has determined they have proficiency.

In the absence of supervision by an ACI or CI, the athletic training student functions only in the role of a first responder and may provide only first-aid services. Any time spent in the role of a first responder is NOT considered to be a part of the student's clinical educational experiences in the ATEP. Indeed, no clinical experience associated with the PLNU ATEP involves students performing in the role of First Responder.

Directed Observation Students

Concerning students interested in applying to the ATEP and participating in Directed Observation, such students do not directly interact with or treat patients in any capacity at any time during their observation. These students are instructed that they are only to observe the Athletic Trainers as they perform their professional roles and to evaluate their desire to become members of the AT profession.

Interaction of Approved Clinical Instructor (ACI) and AT Student

The PLNU ACIs are encouraged to promote and mentor the progressive clinical maturity of the ATS throughout the clinical experiences. The ACI consistently and intentionally interacts with the ATS at the clinical site and in scheduled meetings for assessment/evaluation. A close mentoring relationship is developed such that, if skills are required of the student in which they have not been instructed in pre or corequisite courses, the ACI instructs and assesses the student's skill, which must be at an acceptable level to utilize it with a client.

Interaction of Clinical Instructor and AT Student

The Clinical Preceptorship courses (ATR 493 & 494) involve clinical supervision by CIs as students complete rotations at OASIS Medical Group, Rehab United Physical Therapy, Fassett-Allen Family Practice and Pacific Beach Urgent Care. At each clinical rotation, supervision is performed by Clinical Instructors who are qualified allied healthcare professionals: ATC, PA or MD/DO. At no time in any clinical setting or affiliate do AT students care for a patient without a clinical supervisor physically present. In the academic portion of the Clinical Preceptorship courses, Dr. Leon Kugler, ACI, and Dr. Susan Ganz, ACI perform all assessments of clinical proficiencies taught in the course.

Self Study Findings and Adjustments:

- **Finding:** The self-study revealed that appropriate precautions are taking place to prevent injury and illness, and that there must be constant commitment to enforcing the policies of health and safety. In the past, ATs performed in the role of First Responder while traveling with

<p>athletic teams to away games with PLNU athletic teams. This was a function of a limited athletics budget and inadequate coverage by Certified Athletic Trainers throughout the Golden State Athletic Conference.</p> <p>✓ Adjustment: Since the initial accreditation of the PLNU ATEP in 2003, no student has performed without the direct supervision of a Certified Athletic Trainer—either a PLNU ATC or host-site ATC—at any time while providing care for PLNU athletes. This represents a significant improvement in the protection of both the PLNU ATS and the athletes/patients they serve. If an ATS is sent by her/himself to act as a first responder, they are always supervised by an ATC at the host university. They are never sent to a conference competition without being supervised by an ATC at the site of the game. Communication with the opposing ATC always occurs before the student arrives with the PLNU team.</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.

Criteria for Review: - Reference to Appendix F - Narrative	Appendix F: Document
<p>Page Reference to Appendix F: F4: Page 1-7</p> <p>F4 Narrative: Describe how the ATEP verifies that all students and CIs/ACIs are informed of this requirement.</p> <p>The ATEP policy for students with active communicable disease can be found in the ATEP Handbook and is included in <i>Appendix F4</i>.</p> <p>Additionally, the Communicable Disease Policy of the AT Clinic is available to students on the Clinic’s website (excerpts from each document are included below to demonstrate compliance with Standard F4: http://www.pointloma.edu/Kinesiology/Programs/AthleticTraining/Athletic_Training_Clinic_14962.htm</p> <p>Chronic Lifetime Illness</p> <p>Applicants with a chronic lifetime illness must disclose their condition at the time of their health screening. The medical professional shall use discretion about the impact of the condition on the student’s potential clinical performance and about informing the Program Director. If the applicant cannot meet the Technical Standards they cannot be admitted to the ATEP.</p> <p>The PLNU Athletic Training Clinic’s Communicable Disease Policy is communicated to all AT students, faculty and staff through the the AT Clinic Policies and Procedures Manual (Appendix F, Document F4). This plan is presented and discussed annually during OSHA training each fall, prior to the start of any scheduled practice or</p>	<p>F4 Copy of Communicable Disease Policy</p>

competition. Compliance with the Communicable Disease Policy is enforced through the required signature of all ATCs and ATs upon the completion of the annual OSHA training. The specific policy for each clinical setting is reviewed by the ACI/CI during the orientation to the each clinical setting.

PLNU Communicable Disease Policy

The communicable disease policy is designed to provide methods for reducing the transmission of infectious diseases from athletic training personnel (ATC, ATS) to patients and from patients to athletic training personnel. Prevention of transmission of such diseases includes immunizations for vaccine preventable diseases, isolation precautions to prevent exposures to infectious agents, and management of athletic training personnel exposure to infected persons. The objectives of this policy include the following: (1) education athletic training personnel about the principles of infection control and stressing individual responsibility for infection control (2) collaboration with other departments to help ensure adequate surveillance of infections in personnel and provision of prevention services (3) providing care to athletic training personnel for work-related illnesses or exposures, and (4) identifying work-related infection risks and instituting appropriate preventative measures. This policy follows the guidelines set by the Centers for Disease Control and Prevention in the "SPECIAL ARTICLE, Guidelines for infection control in health care personnel, 1998". (Published in *AJIC: American Journal of Infection control* (1998;26:289-354))

Athletic training personnel are encouraged to report any infectious disease/problem condition to their direct supervisor. Athletic training personnel are restricted from patient contact, or contact with the patient's environment if they have an infectious communicable disease. Athletic training students report to their ACI and the program director. Certified athletic trainers report to the Director of Rehabilitation Services. Personnel who have been acutely exposed to a potential infection disease follow the Biohazard Exposure Control Plan.

Athletic training personnel known to be infected with a communicable disease can be excluded from duty. The type and duration of work restrictions will be dependent upon the type of disease/problem, by the mode of transmission and the epidemiology of the disease. The ATEP Program Director, Director of Rehabilitation Services, and/or treating Physician determine the duration and type of work or clinical restriction imposed for athletic training students. The Director of Rehabilitation Services and/or treating Physician determine the duration and type of work or clinical restriction imposed for certified athletic trainers.

Self-study Finding:

- **Finding:** The Communicable Disease Policy has undergone significant improvement as a result of ATEP faculty remaining current on the policies from the CDC and NATA, and after implementing these policies upon recent cases of MRSA at the PLHS and PLNU clinical sites.

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.

Criteria for Review: - References to Appendices D & F	Appendix F: Table & Documents
<p>Page References in Appendix D: D3: Page 1-4</p> <p>Page References to Appendix F: F5: Page 1-5</p>	<p>D3 Therapeutic Modalities and Therapeutic Exercise Equipment Table(s) (Table D3)</p> <p>F5 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>

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.

Criteria for Review: - References to Appendix F - Narrative	Appendix F: Documents
<p>Page References in Appendix F: F6a: Page See document F4 F6b: Page 1-8</p> <p>F6 Narrative: Describe how students have access to and are instructed to utilize proper blood-borne pathogen procedures.</p> <p>Students are initially instructed to utilize proper blood-borne pathogen procedures in ATR 102: Risk Management and Emergency Response, according to the American Red Cross standards. In addition, the athletic training clinic (Professor Brandon Sawyer) conducts blood-borne pathogen in-service training each fall, prior to the start of any team practice or competition in which athletic training students and/or staff will treat athletes. All students have access to the PLNU blood borne pathogen policies and procedures on the ATEP website and in the ATEP Handbook.</p> <p>http://www.pointloma.edu/Kinesiology/Programs/AthleticTraining</p>	<p>F6a Copy of OSHA or blood-borne pathogen Policy</p> <p>F6b Provide a copy/copies of the Blood-borne pathogen training roster(s) for the most recent academic year documentin g that all</p>

<p>ATs must maintain current certification in Professional Rescuer First Aid/CPR/AED through the American Red Cross throughout the ATEP program. Personal protective equipment is readily available to all ATEP students and the use of these items is required by the ATEP according to OSHA guidelines. Biohazardous waste containers are properly located and used by the ATS at all clinical sites.</p> <p>The CAATE update to the Standards for Health and Safety has been completely implemented at PLNU: <i>students not yet admitted into the ATEP but who are in directed observation are required to complete blood-borne pathogen training</i>. All students involved in directed observation at PLNU have undergone blood-borne pathogen training previously in ATR 102: Emergency Response and Risk Management, or through the Athletic Training clinic OSHA and BBP in-service previously mentioned. Further, during the spring semester offering of ATR 102, blood-borne pathogen training is offered during the first week of the semester so that students who plan to apply to the ATEP (particularly transfer students) are trained prior to beginning any directed observation in the AT Clinic. If a transfer student has had a similar course to ATR 102 at another institution, the Director of Rehabilitation Services (Professor Sawyer) insures that proper blood-borne pathogen training has occurred prior to their directed observation. Because the PLNU BBP policy is located on the website, all ATEP students, as well as Directed Observation students, have easy access to the policy and training online.</p> <p>Self-Study Findings:</p> <ul style="list-style-type: none"> ➤ Adjustment/Improvement: The blood borne pathogen training, and OSHA requirements and training is now available to students online and they can complete training at any time for their convenience. The self-study committee suggested that a quiz to document training should be developed; this was accomplished through Blackboard/Eclass and is now available to students Fall 2008 (<i>See Appendix F6b</i>). 	<p>students currently involved in patient contact have been trained</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.

Criteria for Review: - Reference to Appendix F	Appendix F: Documents
<p>Page Reference in Appendix F: F7: Page 1-24</p> <p>F7 Narrative: Describe when and how students receive information regarding EAPs, and the location of hard copies of these plans on each site</p> <p>The ATEP instructs and evaluates ATs regarding EAP's in numerous ways throughout their ATEP coursework and clinical experience. Very few</p>	<p>F7 Copy of emergency action plan for <u>each</u> clinical site, except for emergency medicine (e.g. ambulance,</p>

competencies are instructed and evaluated with greater frequency throughout the ATEP curriculum than the EAP.

The course syllabi (*Appendix I5*) demonstrate that students are instructed in the vital importance of EAP's initially in *ATR 102: Risk Management and Emergency Response*, and in *KPE 280: Introduction to Athletic Training*; students are evaluated on the construction and implementation of the EAP in an athletic setting in *KPE 280*. Students are exposed to and instructed in an EAP for the high school setting during the first two clinical practicum courses, *ATR 290 and 291*. Students are then formally evaluated on their ability to create an EAP in *ATR 390: Clinical Practicum I*. Students in their final semester of the ATEP complete a summative assignment in *ATR 460: Management in Allied Healthcare*. The assignment requires the ATS to design an EAP for a hypothetical high school or college, accomplishing the following:

- Design a comprehensive emergency action plan for the care of acutely injured or ill patients which includes: an EAP for each venue; an accounting of appropriate personnel and a mechanism for their education and rehearsal; emergency care supplies and equipment appropriate for each venue; availability of local emergency care facilities; communication with onsite personnel and notification of EMS; practice with and notification for community-based emergency care facilities; transportation; location of exit and evacuation routes; policy on activity/event coverage; and policy on record keeping. Students also focus on liability reduction; security, fire, and facility hazards; and electrical and equipment safety.

During the first week of each clinical experience, an orientation is conducted by the ACI/CI in which the site-specific emergency action and risk management plans are outlined. At the off-campus clinical affiliate sites, students are exposed to risk management plans outside of the traditional athletic training setting.

For each clinical experience at PLNU, the ATS is instructed on the EAP, is provided with a hardcopy from the ATEP handbook (*Appendix F7*), and is required to participate in a formal practice session during a fall in-service conducted at the start of each academic year. The practice sessions are designed to mimic real-life emergency scenarios. The sessions involve all staff ATCs, the Assistant AD for facilities at PLNU, and the athletics department at minimum; the local fire department is invited each year to participate in the "dry-run" of the EAP. Students gain valuable experience being involved in scenarios that mimic potential emergencies. Finally, each time the EAP is activated at PLNU, all students in the *ATR 390 & 391* practicum courses are debriefed and are provided an opportunity to critique the effectiveness with which the EAP was activated and executed.

Self-Study Finding:

- **Finding:** Time constraints with fall training camps on the PLNU campus have made it difficult to involve community based Fire and Emergency personnel in the "dry-run" EAP practice sessions. In

recent years, only PLNU athletic training and facilities staff and students have been involved in these sessions.

- ✓ **Adjustment:** The Director of Rehab Services contacted the local Fire Department and organized their involvement in the in-service for this Fall (August 9th, 2008). Firemen and paramedics conducted the mock scenarios, walking students and staff through how best to interface with and assist them, and how best to care for the patient in emergency situations. The communication and interaction was mutually beneficial and very productive.

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.

Criteria for Review: - Reference to Appendix G	Appendix G: Table
<p>Page Reference in Appendix G: G1: Page 1-2</p>	<p>G1 Student Records Table (Table G1) – includes a listing of documents/records maintained on each student and their location(s)</p>

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 - Narrative	Appendix H: Document
<p>Page Reference in Appendix H: H1: Page 2-6</p> <p>H1 Narrative: 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>The development, review and assessment of the curriculum and the academic programs of the department of Kinesiology—including the ATEP—is conducted by the department chair and school dean. In the case of the ATEP, the Program Director naturally oversees the ATEP review, which is connected to and is an extension of the CAATE self-study and accreditation process. The PD, along with the ATEP faculty, ACIs, CIs and students, determine program effectiveness as it relates to instruction and learning via the assessment tools provided in <i>Appendix H2.1</i>.</p> <p>Commensurate with the recent campus-wide Western Association of Schools and Colleges’ self study and educational effectiveness review, the University has been granted continued WASC accreditation (<i>Appendix A1</i>) and has focused on becoming a community of evidence. The ATEP’s Comprehensive Assessment Plan (<i>Appendix H2</i>) to determine the effectiveness of didactic and clinical instruction, student learning, and overall educational program effectiveness agrees with the WASC Framework for Evaluation of Educational Effectiveness. The larger University assessment plan and process are contained on the University website: http://www.pointloma.edu/Accreditation/AccreditationProcess.htm</p> <p>A formal review of the Kinesiology department’s curriculum occurs every five years. The most recent review was performed utilizing data generated from 2003-06 academic years; the next department review is scheduled for the 2009-2010 academic year. The data table linked below contains the five ATEP learning outcomes established by the ATEP from the last department review, along with assessment tools and specific criteria for success: http://www.pointloma.edu/Assets/PLNU/Accreditation/DataTables/EEI-BAAthleticTraining.pdf</p>	<p>H1 Copy of Program Mission and Goals</p>

The ATEP learning outcomes are as follows:

1. AT students will demonstrate competence in the 12 Content Areas of the NATA Athletic Training Educational Competencies, 4th ed.
2. AT students will demonstrate clinical proficiency at the professional entry-level as stipulated by the CAATE.
3. Students will function appropriately and successfully in a variety of clinical education settings.
4. Students will gain the knowledge necessary to achieve national certification (pass BOC examination).
5. Students will be prepared to enter the AT profession and function well.

- ✓ The learning outcomes—along with specific assessment tools and criteria for success—are provided in *Appendix H2_ATEP Program Review_Outcomes Data*.
- ✓ All program evaluation tools utilized for assessing instructional effectiveness are provided in *Appendix H2.1*
- ✓ Summary data for the above evaluation tools for the past two academic years is provided in *Appendix H2.2*
- ✓ A survey over a two year time frame of recently graduated and certified students of the ATEP program is contained in *Appendix H2.2*.

The ATEP learning outcomes correlate with the three-fold mission of PLNU in the lives of its students: “*To Teach, To Shape, To Send*”. The goal of *shaping* PLNU students is perhaps the most widely nurtured theme in our community; the notion of shaping students spans the academic, spiritual, and developmental aspects of university life in a Christian context.

Documentation of the ATEP learning outcomes is reported to the Department Chair, area Dean, and Medical Director, and is maintained in the Program Director’s office and on the PLNU website.

Specific attention by the self-study committee was dedicated to determining the extent to which each of the stated goals and objectives of the ATEP are being realized.

- ✓ The Mission, Goals and Objectives of the ATEP are provided in *Appendix H1*.
- ✓ *Appendix H2.2* contains a sample of summary data for those evaluations conducted over the past two years.
- ✓ The self-study committee discussed at length the various mechanisms by which the mission, goals and objectives are assessed and are being realized. This discussion, and associated evidence, is outlined below and serves as an addendum to *Appendix H2.2*.

Outcomes Related to the ATEP Mission.

The specific components of the Mission are listed, and the assessment tools and

outcomes/evidence appear in *italicized type* immediately following each tenet of the mission.

THE MISSION:

The Athletic Training Education Program prepares students to become proficient professional practitioners, to pursue further education and professional standing, to live lives of service as modeled by Jesus Christ, and to be liberally educated.

1. Become proficient professional practitioners.

Proficiency is demonstrated formatively through:

- Completion and mastery of the NATA Athletic Training Educational Competencies and Clinical Proficiencies.
- Progressive clinical competence over time as assessed by professors, approved clinical instructors, medical staff, coaches and patients/athletes.
- Students assuming membership in the NATA and actively participating (through attendance and oral and poster presentations) in the NATA and FWATA annual meetings and clinical symposia.

- ✓ *Students are being assessed on clinical proficiency weekly in a formative fashion (Form: Evaluation of Clinical Proficiencies) and progressively throughout the six semesters of their clinical coursework (Form: Assessment of ATS by ACI/CI).*
- ✓ *Undergraduate students are demonstrating growth in clinical proficiency as measured by ACIs on competencies and clinical proficiency. Students must complete 100% of the assigned Competencies of each course in order to progress in the clinical education program.*
- ✓ *Students who have graduated are assuming professionally respected positions throughout the country in a variety of healthcare and other settings.*
- ✓ *AT students have presented their independent research through oral and poster presentations at the past 5 regional meetings of the Far West Athletic Trainers' Association.*
- ✓ *An "Evaluation of ATS by Coach" will be disseminated to PLNU coaches in which second year students will be evaluated on various aspects of their performance.*

Summatively, proficiency is demonstrated by:

- Students passing the NATA-BOC examination.
- Students graduating from the CAATE-accredited ATEP at PLNU.
- Students assuming graduate school appointments, graduate assistant clinical positions, or other employment in allied health care.
- Graduates of the PLNU ATEP providing leadership of the athletic training profession.

- ✓ *The pass rates for the BOC Examination are provided in Appendix H, Document H2.2.*
- ✓ *The vast majority of AT students complete the educational program and graduate. About 80% of these students assume graduate school appointments within the first year after graduation (Appendix H2.2).*
- ✓ *AT students are leading the profession as a result of obtaining scholarships, being*

involved in and presenting at Far West Athletic Trainers' Meetings. Examples of two of these presentations is included in Document H2.2. The PLNU faculty has hosted and will look to host additional CATA and district meetings of Athletic Trainers.

2. Further student's educational and professional standing:

- Involvement in and enhancement of the Athletic Training profession through state, regional and national service.
- A graduate degree, a Secondary Education Teaching Credential, and/or professional certifications in related fields (e.g., NSCA, NASM, APTA, EMT, PA-C, etc.)

✓ *Graduates are largely either employed in athletic training or related fields, or are in graduate school. Over the past two years, forty-three percent of the ATEP graduates were admitted to graduate school. Twenty-eight percent are working as Athletic Trainers at the high school level and 14% at the community college level.*

3. Live lives of service to others as modeled by Jesus Christ.

- Jesus taught that, *"The greatest among you will be your servant. For whoever exalts himself will be humbled, and whoever humbles himself will be exalted."* Matthew 23:11-12.

✓ *The Self Study Committee was unanimous in their agreement that the transformational work that occurs as the result of faculty and student interactions, primarily in the area of Christian compassion, professionalism and service, is a point of distinction in the lives of the PLNU AT students.*

✓ *A large percentage of students and alumni are in service positions of a vocational or avocational nature. Many ATEP graduates live out service to others as an expression of their faith.*

✓ *The Kinesiology Student organization (Kinesiology Society) provides service in the university community and in the San Diego area.*

✓ *For the general student body, the Spiritual Development office supports the spiritual formation of students by encouraging them to embody service as a way of life.*

✓ *AT student service is evident in various mission trips to Tanzania, Liberia and Mexico, in student work projects for Habitat for Humanity, in record-breaking blood drives every semester, and in aid for the Sudanese community in San Diego through Christmas Angel Tree.*

✓ *Data regarding general student service at PLNU is here:*

<http://www.pointloma.edu/Assets/PLNU/Accreditation/DataTables/SpirDev-Service.pdf>

✓ *See Student Values/Attitudes toward service here:*

<http://www.pointloma.edu/Assets/PLNU/Accreditation/DataTables/GenLearningOutcomes.pdf>

4. Be liberally educated.

The ATEP promotes harmony with the PLNU liberal arts general education tenets of learning by:

- Responding to the Sacred
- Developing cognitive abilities
- Exploring an interdependent world
- Seeking cultural perspectives

✓ *As a liberal arts university, PLNU faculty support and students complete a rigorous general education course of study in addition to the ATEP course of study (see Appendix I, Document I2b Supplement: Advising Template). ATEP faculty and students express their diverse interests through campus-wide involvement in extra-curricular activities, cultural and historical interests/experiences, and spiritual disciplines in the context of the Christian faith in a Wesleyan tradition.*

✓ *The creation of the International Sports Medicine class and summer travel abroad is a tangible fulfillment of this tenant.*

Outcomes Related to the Goals and Objectives of the ATEP

Following each listed set of objectives, specific outcomes/evidence and assessment tools related to the goals and objectives are presented in *italicized type*.

- **Goal—Students and Faculty in the ATEP will strive to be lifetime learners.**

Objectives:

- **Students and faculty will share their intellectual frontiers, new adventures and discoveries through interactions in both classroom and clinical settings.**
- **Students and faculty will search for and read the current best evidence inside and outside of our discipline.**
- **Students and faculty will actively strive to close the gap between clinical practices and empirical evidence.**

✓ *Participation in clinical course colloquies occurs each week and is required by faculty and students.*

✓ *More students are attending the Far West Athletic Training Clinical Symposium than ever before. Approximately 25% of the students in the ATEP attend the meeting each year, with the majority attending at least once during their ATEP tenure.*

✓ *Faculty met for an Evidence-Based seminar during spring 2007 and have since created assignments throughout the ATEP curriculum to instruct and assess students on locating and synthesizing current best evidence on sports medicine topics. Students regularly search for and critique systematic review articles and CRT's from peer-reviewed journals, citing practical applications to their clinical practice.*

✓ *Funding continues for subscriptions to professional journals for each faculty member and the Student Study Center.*

✓ *Select students (those who qualify with a 3.5 GPA) are conducting and presenting original research projects to fulfill requirements for the Honors Program; these students receive special recognition at graduation and are being encouraged to present their findings at subsequent meetings of the NATA and ACSM.*

- **Goal—Faculty will thrive and pursue excellence in their performance as PLNU faculty, and as Athletic Training professors, mentors, and ACIs.**

Objectives:

- Faculty will successfully function in the university as faculty members including: participation in the committee structure, co-curricular activities with students, promotion and tenure processes and departmental business.
- Faculty will actively seek to determine learning styles of their students; they will recognize their own teaching styles and take responsibility for teaching each student in an effective, purposeful manner.
- Faculty will continue to model and expect sound clinical practice from each ATS.
- Faculty and Director of the ATEP will continually assess the vitality of each course and the program in general, including the assessment of learning over time, the teaching methods utilized, the human and physical resources, and the desired learning outcomes.
- Faculty will contribute to the advancement of the athletic training profession by volunteering and/or presenting at professional conferences, and/or by publishing in related allied healthcare journals.

- ✓ *Each faculty member of the ATEP participates in the PLNU committee structure, co-curricular activities, promotion and tenure processes and departmental business.*
- ✓ *ACIs and CIs are receptive to new insights, innovations and trends and are teaching and encouraging growth in the ATs. Faculty delight in improving their knowledge of and service to students as indicated by their attendance at NATA Educator's Conferences, NATA Annual Meetings, and other related professional conferences of the ACSM, AAPHERD, and Collegiate Sports Medicine Foundation.*
- ✓ *ACIs are living out professionalism as witnessed by the Program Director in the clinical observations. The measurements of clinical competence, proficiency and mastery are being completed by the ACIs. (Appendix H2.1).*
- ✓ *Weekly, biannual and consultant program review of the vitality of the curriculum, learning over time, teaching methods, physical resources, and learning outcomes is in place (See Appendix H2).*
- ✓ *Contribution by ATEP faculty to the advancement of the athletic training profession can be seen in the vitae of the faculty; each person is involved in professional activities that advance the profession (Appendix B2.1c)*

➤ **Goal—Students will plan for life and career directions.**

Objectives:

- Students will project career direction with their academic advisor during their undergraduate program.
- Students will articulate their life mission statement in KPE 101, and will be encouraged to develop and refine their mission while at PLNU.
- Students will be encouraged to remain in contact with the faculty.

- ✓ *Throughout the program of study, in advising sessions, students are queried by the faculty about their plans following their undergraduate experience. Current students are informed of graduate school, career directions and accomplishments, alumni are invited back to guest speak, and Career Nights are organized by the student organization to expose students to various health care professions.*
- ✓ *From the Orientation to Kinesiology course in the first year of the student's college career to the Clinical Preceptorship course in their last year, the student is encouraged to live a*

life of purpose, introspection and Christ-likeness.

✓ *The Program Director and ATEP faculty develop life-long relationships with many of the ATEP graduates. We communicate regularly with graduates of the ATEP; we know their geographic locations, graduate school programs, and career settings; and we provide direction as they establish their professional identities.*

➤ **Goal—ATs and ATCs will experience the joy of service for others.**

Objectives:

- **Students will, through diverse clinical and cultural experiences provided in the ATEP, be enriched by genuinely caring for and learning from others.**
- **Students and faculty will value the worth of the people with whom they study and work.**
- **Students will contribute to an excellent level of care for PLNU student-athletes and clients at the affiliate clinical sites, thus living out the service component of a PLNU athletic training education.**

✓ *Through the array of clinical experiences of the ATEP, students are serving people of both genders from a wide range of ethnic, cultural, and economic backgrounds.*

✓ *ATEP faculty communicate weekly with AT students and are regularly involved in aiding students as they interact with each other through a rigorous academic and clinical process. Natural conflict arises, and all parties involved are encouraged to seek the good of the other party and avoid gossip. We are striving for a work and school culture where we do more than just tolerate others but we actively seek their good.*

✓ *ACIs and CIs make specific comments on the “Assessment of the ATS” form regarding each student’s clinical manner, grace, and Christ-like service to patients. (Appendix H2.1)*

➤ **Goal—The ATEP will always provide quality educational resources and facilities.**

Objectives:

- **Students will benefit from excellent library resources, including electronic resources, DVD learning modules, laboratory equipment, and therapeutic rehabilitation equipment.**
- **ATs enjoy their own study center in the Athletic Training Clinic, which will contain the learning materials that enhance their personal and group study.**
- **The Athletic Training Clinic and Labs will be equipped with equipment consistent with industry standards, and necessary to demonstrate educational competence and clinical proficiency.**
- **University administrators for whom the ATEP is a responsibility will periodically assess the quality of physical resources and will budget for improvements as needed.**

✓ *Educational resources and facilities are assessed by students via the “Evaluation of ACI and Clinical Site” form. The Student Study Center is equipped with print and electronic reference resources. The holdings in Ryan Library and the Study center are ever expanding. Learning aids and the “tools of the trade” are provided for student practice in labs and use in the clinical courses. Duplicate study aids and laboratory equipment are provided where that increases the efficiency of instruction and lab practice in the didactic*

classes away from the AT Clinic.

✓ Except for an isokinetic dynamometer, the AT Clinic has all of the equipment necessary to teach the clinical proficiencies.

✓ Through the self-study the Department Chair and area Dean have participated in programmatic assessment including the quality of resources. The Vice President for Student Development recently purchased a GameReady™ unit to contemporize the therapeutic inventory.

➤ **Goal—**The PLNU community, the greater San Diego community and our regional university constituency will be cognizant of the ATEP Mission; quality of its students and faculty and the role of service played in the athletic health care area.

Objectives:

- University administrators, faculty and staff will be aware and in full support of the Mission of the ATEP.
- San Diego medical and allied health personnel will have familiarity with the PLNU ATEP and value its presence in the community.
- The clinical affiliates and the ATEP will co-venture in providing information and service to the greater community.
- ATEP faculty will recruit students locally and regionally.

✓ As one of six nationally-accredited academic units on the PLNU campus, the ATEP enjoys very positive support from University administrators and faculty. The ATEP is receiving a growing amount of institutional recognition via previously mentioned avenues.

✓ This objective is realized through ATEP faculty members and students involved at affiliate sites, the NAIA Collegiate Athletic Trainers' Association, the San Diego County athletic trainers' group, and local professional gatherings including CATA meetings. A more concerted effort in public relations and local involvement is encouraged.

✓ This objective is being realized to some extent at the Point Loma High School affiliate through the efforts of the ACI. ATs have participated in community service projects beyond the requirements of clinical courses. The Program Director is developing a high school coach's symposium with Kinesiology department faculty members. The symposium will instruct coaches on injury trends epidemiology, first aid, CPR skills, etc.

✓ This objective is being met with the caveat that there is always an urgency to recruit the best students academically who fit the mission of PLNU. Students in the ATEP heavily represent Western states, including California, Arizona, Oregon, Washington, Hawaii and North Dakota. Recent recruiting classes manifest a trend toward stronger academic credentials (GPA and SAT/ACT scores); this corresponds with a very high mean GPA (3.74) and SAT/ACT scores of incoming freshman as a function of the University's enrollment cap. The University accepts roughly one out of every three applicants.

➤ **Goal—**The ATEP will effectively educate allied health care professionals

Objectives:

- Students will pass the NATA-BOC exam at a rate of success higher than the national average.
- Students will be equipped to seek out employment upon graduation.
- Students will be involved in unique professional activities as

undergraduates, including attending and presenting at local, regional and national professional conferences. Graduates will be encouraged to perpetuate this professional climate and will be encouraged to return to the ATEP via guest speaking invitations for the benefit of the students.

- Students will take their place in the service of physically active people.

- ✓ *Appendix H, Document H2.2 demonstrates that PLNU students have passed the BOC exam at a rate better than the national average from 2005-2007. The ATEP has identified as a program outcome that students will have a 95% pass rate after two attempts. This goal was met as the pass rate was 100% for 2006 and 2007 cohorts.*
- ✓ *The vast majority of ATEP students assume employment in athletic training, physical therapy, or in the physician’s assistant setting. Approximately 80% of these students pursue graduate school to accomplish these professional goals.*
- ✓ *A programmatic imperative has been set to encourage involvement in the profession. Specific improvement has been made in PLNU students presenting at each of the past five FWATA Clinical Symposia.*
- ✓ *As mentioned above, a large percentage of graduates are accomplishing employment in allied health care.*

Self-study Findings and Proposed Adjustments:

- **Finding:** The self study committee believes and has demonstrated that the ATEP mission, goals and objectives are being largely realized. The transformational process that occurs for AT students while involved with the faculty and clinical staff is a point of distinction. The self-study committee was energized and encouraged by the development of the *Conscious Competence Model (Document J2, located in Appendix J1)*, which outlines and graphically depicts the professional formation of the AT student as a function of the ATEP experiences.
 - ✓ **Proposed adjustment:** Intentional and effective promotion of the PLNU ATEP regionally and nationally, and promotion of the profession of Athletic Training locally, is planned as indicated in previous narratives.
- **Finding:** The upcoming department and ATEP review in 2009-2010 will be positively and significantly influenced by the present ATEP Self-Study and CAATE accreditation. Learning outcomes submitted to the university will reflect current CAATE and BOC standards.

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.

<p>Criteria for Review: - Reference to Appendix H - Narrative</p>	<p>Appendix H: Document</p>
<p>Page Reference in Appendix H: H2: Page 1-12</p>	<p>H2 Copy of</p>

H2 Narrative: Provide an overview of the Comprehensive (master) assessment plan for the educational program.

The Assessment Plan of the Athletic Training Education Program:

The Point Loma Nazarene University ATEP is evaluated yearly utilizing the forms listed below. Data obtained from the evaluation forms provide a comprehensive assessment of the educational and clinical outcomes and the instructional effectiveness of the program. *Appendix H, Document H2.1* includes a copy of each of the categories of evaluation tools listed below.

Assessments of Achievement Outcomes relative to the educational mission and goals of the PLNU ATEP. (Frequency of the assessment is included in parenthesis)

- Assessment of student clinical performance by the ACI (*semester*)
- Beginning level didactic course competency evaluation (*monthly, per course professor*)
- Beginning level clinical course proficiency evaluation (*weekly*)
- Advanced level didactic course competency evaluation (*monthly*)
- Advanced level clinical course proficiency evaluation (*weekly*)
- Beginning level cognitive examination (*monthly*)
- Advanced level cognitive examination (*monthly*)
- ATEP assessment by third year students (*yearly, beginning 2008-09*)
- ATEP assessment by graduates (*yearly*)
- Alumni assessment by employer (*2 years, beginning 2008-09*)

Assessments of Learning Effectiveness:

- Evaluation of ACI and Clinical Experience by ATS (*semester*)
- Integrated Student Presentations: ex's ATR 410, ATR 385 (*yearly*)
- EPortfolio (*semester*)
- Competency Matrix (*weekly*)

Assessments of the Quality of Didactic Instruction:

Each faculty member undergoes the following assessments at various time intervals based upon their academic rank (student evaluations every year, full evaluation profile no less than every 4 years):

- IDEA™ or SIR™ forms: student evaluation of faculty (*semester*)
- Peer evaluation (*3 years*)
- Kinesiology department electronic evaluation: student assessment of didactic course professor (*semester: 3 per year*)
- Faculty Self / Department Chair evaluation (*3-4 years*)
- Assessment of didactic course professor by Program Director (*3 years*)

Assessments of the Quality of Clinical Instruction:

- Evaluation of ACI and Clinical Experience by ATS (*semester*)
- ACI Self Assessment (*yearly*)
- Evaluation of ACI/CI and clinical experience by Program Director (*3 years*)

- 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
<p>Page Reference in Appendix H: H2.1: Page See Appendix H2.1 Cover Page</p>	<p>H2.1 Provide one completed blinded (last name only deleted) copy of each type of evaluation tool listed in Comprehensive (master) Assessment Plan</p>

- 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 - Narrative	Appendix H: Documents
<p>Page Reference in Appendix H: H2.2: Page 1-4</p> <p>H2.2 Narrative: 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.</p> <p><i>H2.21: Assessments of Achievement Outcomes relative to the educational mission and goals of the PLNU ATEP.</i> Narrative H1 provides specific means by which the evaluation tools indicate achievement of the specific educational goals, objectives, and learning outcomes of the ATEP.</p> <p><i>H2.22: Assessments of Learning Effectiveness:</i></p> <ol style="list-style-type: none"> 1. The Competency matrix is utilized as the primary tool to outline and document programmatic learning over time. The matrix is maintained on student electronic portfolios, by PLNU faculty ACIs, and on A-Track beginning Fall 2008. The matrix is used by the ACIs and ATs each semester in every clinical course. 2. The Evaluation of ACI and Clinical Experience by ATS form provides the Program Director with data on the instructional effectiveness of ACIs, and on the efficacy of clinical affiliate sites (Appendix H2.1). 3. Summative experiences for students to demonstrate advanced understanding are provided in ATR 410 and 385 (Appendix H, Document H2.1, H2.2). As the documents that are provided indicate, these assignments demonstrate advanced student learning; student's 	<p>H2.2 Provide summary data for those evaluations conducted during the last two academic years</p>

performance on these assignments mimics the delivery of a presentation at a professional conference.

4. The *eportfolio* allows for a representative sample of student learning to be stored in a single location for review by the student, the PD, and ATEP faculty. Examples of documents contained in the *eportfolio* are given in *Appendix H2.1*.

H2.23 Assessments of the Quality of Didactic Instruction:

1. IDEA™ or SIR™ forms indicate the performance of ATEP faculty as measured by students.
2. A Peer Evaluation is conducted every three years in which a colleague in the Kinesiology department evaluates educational methods utilized by ATEP faculty members.
3. Each semester, students complete the Kinesiology department electronic evaluation to assess their didactic course professor.
4. Every 3-4 years, faculty perform a Self Evaluation and the Department Chair completes her/his aspect of the evaluation, discusses the assessment with the faculty member, and provides a copy to the area Dean.
5. The Program Director observes each didactic course professor affiliated with the ATEP to ensure instructional effectiveness on an annual basis. The PD contributes a formal evaluation every three years in connection with the faculty member's department evaluation with the Chair.

H2.24 Assessments of the Quality of Clinical Instruction:

1. Each semester, the quality of clinical instruction is evaluated by the ATS via the *Evaluation of ACI and Clinical Experience by ATS*. The self-study committee discovered that data were lacking in this area. A concerted effort is being made in the 2008-09 academic year to accomplish this assessment each semester.
2. The ACI performs a *Self Assessment* yearly and submits to the Program Director.
3. The Program Director evaluates each ACI/CI and clinical experience yearly.

Overview of how ATEP Evaluation Tools demonstrate effectiveness:

Each evaluation tool listed above is included in the ATEP assessment process of the department review, conducted every fifth year (*See Appendix H2.2*). The level of accomplishment of the ATEP mission, goals and objectives is stated. Outcomes obtained from the assessment are communicated with the ATEP constituencies impacted by the ATEP including: University and departmental administration, Office of Institutional Effectiveness, current students, graduates, affiliate clinical colleagues, athletes and athletic department personnel.

The Program Director reads the intradepartmental evaluation forms, communicates a summary of the assessments to the faculty, indicating their performance and the value of their course to student growth and professional accomplishment. The PD meets individually with the faculty member to dialogue about possible enhancements to the course and provides feedback on

the faculty member's performance. In clinical courses, students complete the "Evaluation of Approved Clinical Instructor and Clinical Course by Student". The students have provided feedback through these assessments that ACIs are being effective in clinical instruction. The ACIs also complete the self-assessment form.

ATEP graduate assessment forms are utilized to determine recent graduate satisfaction with background of knowledge and skills, preparation for employment, feedback on the strengths, weaknesses and distinctives of the ATEP, and information about their current employment/graduate education status. Graduates have provided feedback immediately following the BOC certification examination that the ATEP is largely accomplishing its goal to prepare them for the BOC examination. The employer survey was intended to be utilized at the six month mark of student's employment. The Program Director will continue to utilize the form every 2-3 years. Data from the previous 5 years are lacking on this form, so a new concerted effort is being made to utilize this form beginning this academic year (2008-09).

ATEP Meetings:

The ATEP faculty is in regular dialogue during weekly meetings about improving the program based upon the assessments listed above. Program viability, instructional effectiveness, harmony with the institutional mission and program goals and objectives are being realized. The ATEP faculty meetings allow for "midcourse" adjustments in procedure, which are routine. The Program Director values and depends on the insights and feedback from faculty to preventively manage or react to student, personnel, academic, affiliate site or programmatic issues; such feedback regularly results in programmatic improvements.

On the occasion of annual ATEP meetings, the faculty have reviewed assessment tool results in light of mission, goals and objectives. Plans for change in coursework sequencing or content, material and equipment acquisitions are discussed and acted upon.

Medical Director Review of the ATEP:

The Program Director has met with the Medical Director each summer and spring to communicate the findings of our program assessments and to dialogue about how the ATEP can be improved.

Self-study Findings and Proposed Adjustments:

- **Finding:** The policies and procedures are in place for effective ongoing program evaluation. The involvement of the entire ATEP faculty in assessment processes is highly effective and is the result of their faculty status and connection to the university-wide assessment and accreditation processes.
- **Finding:** The Clinical Preceptorship rotations are a hallmark of the educational program and are continually improved by feedback from ACIs and CIs.
- ✓ **Proposed adjustment:** The PD should meet with all Clinical

<p>Instructors yearly to outline ATEP clinical education imperatives. ✓ Adjustment:The assessment form: <i>Evaluation of ACI/CI and Clinical Experience by Program Director</i> will be utilized each semester.</p>	
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H2.3 The program must document an ongoing plan for obtaining the outcome data delineated in H2.2

Criteria for Review: - Narrative	Appendix H:
<p>H2.3 Narrative: Describe how the ATEP Master Plan for assessment will be maintained or altered in the future.</p> <p>In continuing with the University’s Assessment process, each year the program will be assessed by the ATEP Program Director. The evaluation tools will be reviewed and re-evaluated annually as to their effectiveness; data received from these tools will be reviewed, discussed with ATEP faculty, and appropriate steps will be taken to improve educational effectiveness of the ATEP. Any changes or alterations to the program will be discussed and agreed upon by ATEP administrators, the Chair of the Department of Kinesiology, the Dean of Social Sciences and Professional Studies, and/or presented to the Academic Policies Committee before they can be implemented.</p> <p>To address the assessment needs identified by PLNU’s internal review process in preparation for WASC reaffirmation of accreditation, the University has created the Office of Institutional Effectiveness. The continued deepening of the University’s culture of evidence has warranted this office, which is led by a Director of Institutional Effectiveness, Dr. Ruth Heinrichs, who reports directly to the President of the University.</p> <p>Beginning in academic year 2008-2009, the Program Director and Kinesiology Department Chair will work closely with this office in all ATEP assessment matters. The specific roles of this office include:</p> <ul style="list-style-type: none"> • Facilitating the assessment work of academic and support units, including: <ul style="list-style-type: none"> – Designing and streamlining assessment processes – Chairing the University’s Institutional Effectiveness Committee – Assisting units with instrument design and data gathering – Processing and analyzing data as needed – Providing input on the implications of assessment outcomes for program adjustment – Evaluating assessment outcomes across institutional units to enhance overall institutional performance • Designing and carrying out a regular cycle of faculty, student, staff and alumni surveys and analyzing the data • Coordinating the gathering of general learning outcome data • Providing summary reports of assessment outcomes across the institution • Carrying out custom data analysis for units and committees as needed • Ensuring that assessment is appropriately connected to other institutional processes (e.g. budgeting, strategic planning, program review, specialized accreditation and regional accreditation cycles). 	None

<p>• Maintaining a central data base of assessment data</p> <p><u>Self Study Findings:</u></p> <p>➤ <u>Improvement:</u> The creation of the Office of Institutional Effectiveness will have a profoundly positive effect specifically on assisting with the documentation of ATEP outcomes data from current students, alumni, and employers, as well as with connecting these outcomes to larger university assessment processes. The office will provide needed personnel and budgetary support toward assessment processes for the Kinesiology department in general and the ATEP specifically.</p>	
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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.

Criteria for Review: - Narrative	Appendix H:
<p>H3 Narrative: 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>The PLNU ATEP does not utilize distance, online or remote education components in the program.</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.

Criteria for Review: - References to Appendix I	Appendix I: Documents
<p>Page References in Appendix I:</p> <p>I1a: Page 1-5</p> <p>I1b: Page 1-9</p> <p>I1c: Page 1-2</p>	<p>I1a Provide official university document that describes how academic majors are determined at the institution</p> <p>I1b Provide copies of institutional academic publications that list the Athletic Training program as an academic major</p> <p>I1c Provide a copy of a student transcript indicating that Athletic Training is the student's major</p> <p>(NOTE for I1: 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 - Narrative	Appendix I: Documents
<p>Page References to Appendix I:</p> <p>I2a: Page 1</p> <p>I2b: Page 1-4</p> <p>I2c: Page 1-14</p> <p>I2.1 Narrative: Describe how/where students may access program's mission and goals The ATEP's Mission Statement, Goals and Objectives are outlined for students' review in the ATEP Student Handbook and on the ATEP website: http://www.pointloma.edu/Kinesiology/Programs/AthleticTraining.htm</p>	<p>I2a Program Course Sequence List – includes academic term, course prefix and number, course</p>

I2.3 Narrative: Describe the clinical education portion of the academic program

(Compliance with Standard I2 is outlined in the ATEP Handbook and included below.)

To demonstrate compliance with Standard I2, members of the Self-Study Committee (ATEP faculty/ACIs) evaluated the PLNU Clinical Education Program and plan by taking the following actions:

1. The NATA Athletic Training Educational Competencies (4th ed.) were reviewed to identify where each of the cognitive competencies, psychomotor competencies, and clinical proficiencies were being taught and evaluated. (*Appendix I3a*)
2. Current laboratory, didactic and clinical evaluation tools (*Appendix H2.1*) were reviewed to determine that the competencies were being taught appropriately and thoroughly, as well as being effectively evaluated.
3. Current clinical education courses and their unit assignment were evaluated to determine appropriate fit.
4. The methods of assessment in clinical education courses were analyzed with specific focus on whether the appropriate level of competence was being assessed. For example, the committee recognized that the forms utilized to assess psychomotor competencies were not appropriate for evaluating an ATS's autonomy in performing the clinical proficiencies.
5. Clinical affiliate sites were reviewed to validate their continued value to the ATEP.
6. Clinical education methods were evaluated via student and clinical instructor evaluations, NATABOC examination scores, employer evaluations, and alumni evaluations. (*Appendix H2.2*)

The PLNU Clinical Education Program: (as outlined in the ATEP Handbook)

Clinical Experience:

Point Loma Nazarene University requires that graduates of its CAATE-accredited undergraduate Athletic Training Education Program (ATEP) obtain various clinical experiences over a 3 year period under the direct supervision of Certified Athletic Trainers who function as Approved Clinical Instructors (ACIs), and under allied healthcare professionals who serve as Clinical Instructors (CIs). The ATEP requires the Athletic Training Student (ATS) to complete a 6-semester clinical education experience at the following approved PLNU affiliates:

- *Point Loma High School*
- *Point Loma Nazarene University*
- *O.A.S.I.S. (Orthopedic and Arthroscopic Sports Injury Specialists) Medical Group*
- *Rehab United Physical Therapy and Sports Performance*
- *Ayub Physical Therapy*
- *Pacific Beach Urgent Care*
- *Fassett-Allen Family Practice*

All formal PLNU ATEP Clinical Education experiences are highly valued for their rich healthcare environments and professional staffs. Each experience will be directly supervised either by an ACI or CI. In accordance with CAATE regulations, no athletic training student

name, and
course
credit

I2b Copy of
Institutional
requirements
for
completion
of academic
major
program in
Athletic
Training
I2c Copies of
catalog,
program
website, and
related
recruiting
publications

will perform work typically performed by a paid staff athletic trainer. Toward this end, the PLNU affiliates are informed that no ATS should obtain more than 20 clinical hours per week in any given clinical setting. The only exception is the occasional opportunity to travel with PLNU athletic teams to an away competition during the ATR 390 and ATR 391 course sequence. All ATSs must have a minimum of 1 day off during the academic week with no clinical responsibilities or expectations; this day off is in addition to every Sunday off according to the University mission.

In the clinical courses, the ATS is assigned to an ACI/CI who has primary responsibility for the athletic health care of athletes/clients. The ACI/CI is in constant supervision of the ATS by being physically present, within sight and sound of the ATS and the client they are serving, to intervene in order to protect the interests of the athlete being cared for, and to provide feedback for the ATS. To ensure that the teaching and learning is accomplished through effective communication and immediate feedback between ACI/CI and each ATS, the scheduling of students is carefully orchestrated. Each cohort may have as many as ten students, but the student is scheduled for weekly assignments in clinical courses in such a manner that an 8:1 ratio of students to ACI/CI is maintained. Should a cohort exceed 8 students, two separate meeting days are created in which the cohort is divided and meets on separate days to accomplish the clinical experience with appropriate ACI-to-ATS contact.

All ACIs and CIs employ the following definition of clinical supervision while they oversee the clinical experiences of the ATS:

“Supervision involves daily personal, verbal contact at the site of supervision between the ATS and the Certified Athletic Trainer or CI, who plans, directs, advises, and evaluates the ATS during the athletic training experience”.

PLNU clinical experiences are appropriate if the following standards are met:

- The Athletic Training Student (ATS*) is supervised 100% of the time by an Approved Clinical Instructor (ACI) who is assigned to specific sports within the context of specific clinical courses.
- The ACI instructs, encourages, observes, assesses and provides feedback to the student on their clinical skills, performances and professional behavior.
- Clinical courses follow didactic instruction in cognates and lab practice of skills that can be used clinically as the student progresses toward clinical appropriateness and efficiency. The ACI/CI is made aware of the skill level of each ATS on the Assessment of Student Clinical Performance evaluation form.
- Each of the 6 clinical experiences is successive, allowing the student to advance in clinical proficiency and promoting learning over time.
- Clinical proficiency assessments are done weekly and individually by the ACI for the benefit and development of the ATS.
- At the midpoint and end of each clinical course or rotation the ACI/CI completes and presents, in private, the Assessment of Student Clinical Performance to the ATS. This assessment tool promotes clear communication on the progress of the ATS in clinical performance.
- Students only employ skills in which the ACI has determined they have proficiency. Assessment of student skill must precede their use of that skill in treating an athlete/patient.
- The clinical experience enables each student to work with athletes of both genders in activities that provide ample opportunities for observation of and involvement in the care of a variety of acute injury and/or illnesses.

**Athletic training students enrolled in each clinical experience have met the technical standards for program admission, and hold appropriate immunizations as required for observance and treatment of patients in allied health care clinical settings. In addition, students are required by the ATEP to maintain current first aid, CPR, and AED certifications.*

ACIs and CIs are selected and retained for directing clinical experiences based upon the following criteria:

- They are professionally contemporary and growing
- They are educators who purvey information, strategies and techniques to clients and students in a dynamic fashion because they enjoy investing in other's lives
- They are ethical and legal in conduct and intent
- They readily coordinate the activities of and supervise the ATEP students assigned to them in an effective manner

Clinical experiences begin within one week of the start of each term for the first five terms of the student's academic program in the ATEP. Each clinical course has a unit value of three semester units and a syllabus that indicates the clinical proficiencies to be addressed in the course (*Appendices I5, J3b*). The Program Director informs each ACI and CI of the specific competencies and proficiencies to be covered in the given rotation (*See Appendix I3a: "Competencies by Course" document.*) The ACI/faculty member assesses cognitive and psychomotor competencies as well as clinical proficiencies during observation of the student's clinical conduct, during colloquy and during the actual times of assessment (*See assessment tools Appendix H2.1*).

Students Contributing Athletic Training Service

In the physical presence of an ACI or CI, the PLNU ATS is taking part in the formal clinical education program and using the clinical experience to learn, develop, refine, and integrate educational competencies, clinical proficiencies and professional behaviors characteristic of an Athletic Trainer (AT).

Supervision is required for the ATS to engage in any of the following tasks, which are not exhaustive:

- Initiation of any therapeutic agent beyond standard first aid.
- Performance of orthopedic injury/illness assessments (i.e., utilization of HIPS/HOPS, SOAP protocols).
- Application of therapeutic modalities other than cryotherapy.
- Application of therapeutic exercise and/or rehabilitation programs, techniques, or exercises to the athlete/patient (e.g., ROM exercises, PRE, MRE, PNF techniques, joint mobilizations, functional rehabilitation and/or reconditioning programs, etc.)

In the absence of supervision by an ACI or CI, the athletic training student may function only in the role of a first responder and may provide only first-aid services. Any time spent in the role of a first responder is NOT considered to be a part of the student's clinical educational experiences in the ATEP.

Overview of Clinical Education Course Sequencing and Clinical Themes:
(Document I2a; ATEP Handbook)

First Year in the ATEP

Course	Clinical Setting	Theme of Clin Experience	Percent of course
Clinical Internship I	Point Loma High School	<i>Equipment Intensive Sports</i>	100
Clinical Internship II	Point Loma High School	<i>Lower Extremity Injury Assessment</i>	50
	PLNU		50

Second Year in the ATEP

Course	Clinical Setting	Theme of Clin Experience	Percent of course
Clinical Practicum I	PLNU	<i>Upper Extrem Assessment & Therapeutic Exercise</i>	100
Clinical Practicum II	PLNU	<i>Modalities & Pharmacology</i>	100

Third Year in the ATEP

Course	Clinical Setting	Theme	Percent of course
Clinical Preceptor. I	OASIS Medical Group Rehab United PT AND Fassett-Allen Fam Pract OR Pacific Beach Urgent Care AND PLNU AT Clinic	<i>General Medical Conditions</i>	33
			33
			34
Clinical Preceptor. II	PLNU AT Clinic	<i>Competency & Proficiency Review</i>	100

Description of Clinical Education Course Sequencing and Clinical Experiences

First Year of the ATEP.

Two clinical experiences, *ATR 290 and 291: Clinical Internship I and II*, occur in the ATSS first year of the ATEP, the first experience is exclusively at Point Loma High School in the fall semester, the second clinical experience involves experiences at both PLHS and the PLNU Athletic Training clinic in the spring semester. Both experiences are under the direction and supervision of PLNU faculty member/ACI, Lindsay Donnelly.

During the Fall semester (ATR 291), ATSS are at PLHS Monday, Thursday and Friday. During the Spring semester, students are at PLHS Monday or Thursday accomplishing clinical competencies and proficiencies, and providing coverage for boys and girls basketball, wrestling and track and field. One additional day is dedicated each week to the PLNU

Athletic Training clinic during which students are oriented to the collegiate athletic setting, and specifically learn the History taking component of the HIPS evaluation process. Two times during each semester, the Program Director visits the PLHS campus to assess the performance of students and the ACI, and to determine the efficacy of the affiliation.

ATR 290: Clinical Internship I is an equipment intensive clinical experience. Students gain proficiency in inspection and fitting of sport equipment. The clinical focus includes SOAP note taking and assessment of lower extremity pathology using HIPS/HOPS protocol. This course is based upon the ATs exposure to cognates in KPE 280: Introduction to Athletic Training and its companion KPE 280 Lab during the previous semester. This is a keystone educational experience as the students are immersed into an athletic training clinical culture for the first time. ATs learn firsthand about providing athletic healthcare in a high school setting, they gain a first experience with general training room operations, contact and collision sport athletes, and upper and lower extremity injury evaluation. This setting is specifically unique in that students are instructed in and practice professional behaviors of athletic training while treating both male and female high school athletes. The ACI works closely with students as they work from “conscious incompetence” to conscious competence”, becoming skilled in content areas that are the theme of this experience. The PLHS affiliate site provides a comprehensive opportunity to experience working with football players and coaches in a highly competitive environment (the team has competed in the Division Championship game each of the past two years).

Content in the following areas are a hallmark of this clinical experience:

- ✓ Ethical professional practice of athletic training
- ✓ Integration of the Christian faith and Christ-like service to athletes in a diverse multicultural and socioeconomic environment
- ✓ Implementation of the Emergency Action Plan at Point Loma High School
- ✓ High school health care administration
- ✓ Acute care and management of athletic injuries
- ✓ SOAP note taking
- ✓ Assessment of lower extremity pathology
- ✓ Professional goal setting

ATR 291: Clinical Internship II is a lower extremity intensive clinical (ATR 387: Assessment of Lower Extremity Pathology is the concurrent didactic course) that meets one half of the allotted time (5 hrs per week) at Point Loma High School, working with wrestling, track and field, and basketball clientele. The other half of the clinical experience is in the PLNU Athletic Training Clinic working with collegiate athletes from multiple sports. The content areas are similar to those listed for ATR 290.

Second Year of the ATEP.

During the second year of the ATEP, students complete the course sequence **ATR 390 and 391: Clinical Practicum I and II**. Students accomplish the entire year of clinical experience at the PLNU campus under the direction and guidance of faculty members/ACIs Brandon Sawyer and Susan Ganz. The hallmark of this clinical experience occurs as students are assigned an athletic team and provide care under the guidance of that team’s Athletic Trainer/ACI. Content in the following areas are emphasized:

- ✓ Comprehensive assessment of injury/illness using the HIPS/HOPS methods
- ✓ Ethical professional practice in the collegiate setting

- ✓ Patient privacy and confidentiality as required by the Health Insurance Portability and Accountability Act (HIPPA) for the protection of personal health information.
- ✓ Sports nutrition
- ✓ Weight management (Healthy weight gain/weight loss) and body composition
- ✓ Recognition and intervention for disordered eating
- ✓ Therapeutic exercise and rehabilitation (functional rehabilitation)
- ✓ Performance enhancement, strength training and reconditioning
- ✓ Psychosocial intervention and referral
- ✓ Professional development and responsibilities, resume development
- ✓ Professional goal setting

ATR 390: Clinical Practicum I. During the fall semester, students gain proficiency in the advanced assessment of the upper extremity, spine and head. Students also become proficient in the design and implementation of therapeutic exercise programs, specifically focused on a tri-planar, functional rehabilitation approach. ***ATR 388: Assessment of Head, Spinal and Upper Extremity Pathology*** and ***ATR 410: Therapeutic Exercise*** are concurrent didactic courses and form the basis of competency and proficiency instruction and assessment.

ATR 391: Clinical Practicum II. During the spring semester, students gain proficiency in therapeutic modalities and pharmacology. ***ATR 415: Therapeutic Modalities and Pharmacology*** is the concurrent didactic course which forms the basis of competency and proficiency instruction and assessment.

Third Year of the ATEP.

During the third year of the ATEP, students accomplish the course sequence ***ATR 493 and 494: Clinical Preceptorship I and II.*** These courses represent a culmination of the educational competencies and clinical proficiencies as students receive final instruction and experiences in the following specific content areas:

- ✓ General medical conditions
- ✓ Patient history
- ✓ Preoperative health screening and vital signs under the direction of a Physician Assistant
- ✓ Skin conditions
- ✓ Respiratory conditions
- ✓ Neurological conditions
- ✓ Endocrine conditions
- ✓ Genitourinary conditions
- ✓ Gynecological conditions & sexually transmitted diseases
- ✓ Viral conditions
- ✓ Systemic conditions
- ✓ Gastrointestinal conditions
- ✓ Resume development
- ✓ Professional goal setting

ATR 493: Clinical Preceptorship I. In this fall clinical experience, students gain a robust breadth of experiences in athletic training, physical therapy, orthopaedics and general medicine. A critical component of this rotation involves the dynamic professional development of the ATS during the final year of their clinical education experience.

Students do three five week rotations along with an abbreviated continuation of clinical internship in the PLNU Athletic training clinic (See ATR 493 syllabus, *Appendix I5*). Clinical rotations at OASIS Medical Group, Rehab United Physical Therapy and one of either Pacific Beach Urgent Care or Fassett-Allen Family practice. An adjunctive clinical rotation (used as a supplementary rotation for additional clinical experience or in the event of extreme academic schedule conflict) is Ayub Physical Therapy. In each clinical rotation experience, ATs participate/observe for a total of 6-8 hours per week under the direct supervision of a Clinical Instructor.

Three hours per week students are in the PLNU A.T. Clinic. These students serve as advanced student-mentors to students who are less clinically mature. A process of Peer Teaching and mentorship has been initiated over the past year under the direction of faculty members/ACIs Dr. Kugler, Dr. Ganz, Professor Sawyer and Professor Donnelly. Peer teaching involves reciprocal mentoring/teaching by the more clinically mature student to the less skilled student (i.e., 3rd year ATEP students mentor 2nd year; 2nd year students mentor 1st year).

Description of the Preceptorship Clinical Rotations.

- O.A.S.I.S. (Orthopedic and Arthroscopic Sports Injury Specialists) Medical Group consists of orthopedic, family practice and podiatric medical specialists and a support staff of physician assistants, nurses, athletic trainers, orthopedic technicians and X-ray technicians. The clinical instructors are AJ Durfee, MS, PA-C an O.A.S.I.S. employee, and Dr. David Chao, ATEP Medical Director. ATs observe in the medical office one day per week for four hours observing and participating in the flow of patients, history taking, X-ray instruction and room set-up. One day per week students observe surgery, an experience instructed by the orthopedic physician, Dr. David Chao. During this rotation, students observe several dozen surgical procedures and are expected to prepare beforehand through independent study. Dr. Chao utilizes a Socratic method of instruction during each surgery to encourage student learning.

The OASIS Medical Group provides medical care for professional, college, high school and youth athletes, in addition to the general population. The physicians and their staff are highly respected sports medicine professionals who function within state of the art facilities. The ATEP affiliation with OASIS provides our ATs perspective on a fast-paced, model sports medicine operation while affording them additional opportunity to become familiar with the roles of various medical and other health care personnel. AJ Durfee has recently agreed to allow students to perform preoperative patient appointments, taking a brief history and performing vital sign assessment immediately prior to viewing the patients' surgeries.

Leon Kugler, ACI, coordinates the Clinical Preceptorship course, meets weekly with the students in colloquy, and observes at the OASIS Medical Group twice each fall semester to assess the performance of students, clinical instructors, and efficacy of the affiliation. Jeff Sullivan, PD, also communicates regularly and meets with Dr. Chao and AJ Durfee to oversee this rotation.

➤ ***Rehab United Physical Therapy and Sports Performance Center / Ayub Physical Therapy:***

These clinical affiliations in physical therapy afford third year students a second five-week rotation as part of the Clinical Preceptorship I course (*Appendix I5*). The clinical instructors are Bryan Hill, PT, President and CEO of Rehab United, Sean Hill, MPT, CSCS, Vice-President, and Julie Barr, MPT, CSCS, Managing Physical Therapist. While the PLNU ATEP has enjoyed a longstanding relationship with Ayub physical therapy, and continues to enjoy a positive relationship with this rotation, the ATEP faculty have been significantly influenced over the past two years by the functional approach to rehabilitation taken by Rehab United physical therapists. This venue was chosen two years ago as a clinical rotation for its revolutionary approach to function—the therapists are protégé’s of Gary Gray, PT and have taken a leading role in the promotion of functional rehabilitation in the San Diego area. Bryan and Sean Hill have guest lectured numerous times in the PLNU ATEP curriculum and have a keen desire to share their knowledge with our students. Combining their approach to rehabilitation with an emphasis on strength training and performance enhancement, this physical therapy group provides students with a dynamic experience in functional rehabilitation for active patients. Also, these therapists demonstrate to our students a positive interaction with Athletic Trainers and other healthcare providers (PA’s, EMT’s, MD’s) as they work together to provide local coverage for high school and youth sports throughout San Diego. As therapists who embrace the Christian faith, they demonstrate a great fit with the PLNU ATEP mission.

Ayub Physical Therapy: For decades the owner and CEO of the clinic, Edward Ayub, PT, has sacrificially provided athletic therapy for many student athletes, and athletic training service for ten high schools by arranging game coverage. He and the clinical medical director run a Saturday morning injury clinic at no charge to high school athletes. Because of the dedication to community service and the professionalism exemplified by employees of this clinic, we continue to place students at this affiliation site as the clinic can accommodate and/or if a students’ schedule does not permit Rehab United.

Leon Kugler, ACI performs two visits to Rehab United Physical Therapy and Ayub Physical Therapy in the fall semester to assess the performance of students and clinical instructors, and to determine the continued efficacy of the affiliations.

- ***Pacific Beach Urgent Care:*** Ken Anderson, DO is the owner and physician at PB Urgent Care. Dr. Anderson provides all aspects of healthcare to non-life and limb threatening conditions to his patients in this family practice Urgent Care center. Dr. Anderson allows one student per rotation to observe at his practice and the students benefit from observing the treatment of a breadth of illnesses/injuries in this clinical setting. One half of the cohort does the family practice rotation at this clinical sight.
- ***Fassett-Allen Family Practice:*** Joseph Allen, MD is one of the PLNU Wellness Center family practice physicians and a sports medicine oriented practitioner who is the Clinical Instructor for this ATR 493 rotation. One half of the cohort is assigned to this rotation in which students observe clinical and back office procedures. ATs interact with the physician regarding pathology, patient care and the roles of medical professionals in the management of health care for diverse populations.

ATR 494: Clinical Preceptorship II. This course provides students a capstone experience in which review, practice and synthesis of all previous competencies and proficiencies are addressed and can be potentially assessed. As part of the culmination of the clinical education program at PLNU, students complete a Mock Certification Examination proctored by Jeff Sullivan and Leon Kugler toward the end of the semester as they are preparing for the NATABOC exam.

The last four clinical education courses include a weekly colloquy that meets outside of the clinical setting for the purposes of announcements, dialogue and instruction, and assessment of proficiency. Clinical Internship I and II incorporate the colloquy into their clinical sessions at Point Loma High School.

Required Clinical Hours to Accomplish the Proficiencies

While the PLNU ATEP does not have a comprehensive hour requirement for students to complete, each of the six clinical education courses in the program does include a weekly hour requirement. The two Clinical Internship courses (ATR 290 & 291) require students to be in the clinical setting for ten hours per course in successive semesters plus one hour per week for colloquy. The two Clinical Practicum courses (ATR 390 & 391) require students in the clinical setting for 15 hours per week in successive semesters plus one hour per week for colloquy. Students will typically be scheduled for 15-18 hours per week in these rotations, but must not be scheduled more than 20 hours by the ACI. The three rotations in the Clinical Preceptorship courses require eight hours per week plus one hour of colloquy per week. At least 75% of these hours in total are to be supervised by an Approved Clinical Instructor who is a Certified Athletic Trainer, with the remaining 25% supervised by an appropriate Allied Healthcare Professional serving as a Clinical Instructor.

Foundational Professional Behaviors

Perhaps no element of the clinical education program is more important than the presentation, discussion, and modeling of the professional behaviors which represent the common values of the profession of athletic training. Because the Foundational Professional Behavior's (FPB's) permeate every aspect of the professional life of an Athletic Trainer, the PLNU ATEP has sought to implement them into all aspects of the educational program via presentation and discussion in didactic courses, modeling by ATEP faculty and clinical instructors, and emulation and eventual mastery by students. The faculty appreciates that true mastery of the FPB's is most accurately assessed in the clinical setting (i.e., the clinical practicum courses) as the ATS interacts with the patient/athlete to provide direct care, initially under the guidance of an ACI, then autonomously for patients/athletes. We also appreciate that many FPB's will be instructed and demonstrated by clinical instructors (site specific examples), while some may never be practiced while the ATS is matriculating through the PLNU ATEP. Finally, we have learned that the assessment of the acquisition, development and emulation of these affective values, the FPB's, is difficult to accomplish and may not be completely realized (because true mastery is not attained) until the ATS becomes a Certified Athletic Trainer.

The ATEP faculty at PLNU have implemented various strategies by which the FPB's are effectively assessed in our students (*see narrative in Standard J2, Self-Study Findings and Adjustments:*

1) *Journaling*, 2) *eportfolios*, and 3) *Student Assessments by ACIs and CIs.*)

Peer Teaching and Mentorship Pilot Program

Peer-assisted teaching and learning has long been recognized in research theory as a valuable pedagogical tool in which learners encounter benefits as both teachers and student learners. Knight (2001) has encouraged that as students master a skill, they must remain current and accountable for the skill by teaching it to less mature students. This fosters a deeper level of understanding and mastery because the student must synthesize the information and present it to another student in such a way that understanding is achieved by the learner. Peer teaching also emphasizes an active approach to learning by creating an environment in which ATs can solve clinical problems together while being supervised by an ACI who provides feedback.

The PLNU ATEP has developed a peer teaching strategy whereby clinically-mature, or skilled students teach and mentor less-mature, or unskilled students. This occurs in both the laboratory setting and the clinical setting. As students gain clinical maturity via the clinical experience progression, they are encouraged toward mentoring less-mature students in the ATEP; third year students are assigned second year students to mentor, and second year students mentor first year students.

Senior students who have demonstrated academic excellence are invited to assist faculty in the KPE 280 Lab sections as lab assistants and to instruct students in psychomotor skills. In addition, students assist with lab activities and develop emergency scenarios in ATR102. This process is formative for students taking KPE 280 and ATR 102 as they are applying to the ATEP for admission. This is a mutually-beneficial relationship for Seniors because it enhances the student-assistant's psychomotor competencies and clinical proficiencies as they are maturing through the ATEP; in the case of KPE 280 lab assistants, teaching the lab skills provides a good study aid as they are approaching the certification exam during their final semester.

Self-study Findings and Proposed Adjustments

- **Finding:** The ATEP Faculty are energized by the dramatic improvements to clinical affiliate sites in the Clinical Education Program initiated by Dr. Leon Kugler; these clinical affiliates are becoming a hallmark of the ATEP as we expand clinical experience opportunities to include observation in urgent care, family practice, orthopedic surgery, physical therapy, and pain management clinical settings. Further, faculty members have been highly successful over the past 5 years at arranging for further clinical experiences through internships in professional football, professional baseball, professional soccer, and European soccer and ice hockey. These internships represent clinical experiences adjunctive to the six required clinical courses.
 - ✓ **Proposed Adjustment:** Continued effort will be devoted to maintaining and developing opportunities for students to gain medical experiences associated with a variety of different populations and varying levels of risk. Opportunities for expansion will be sought after which address the continuum of care that will prepare our students to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession as outlined in the Role Delineation Study (5th ed.). Specific

opportunities for expansion include a local pain management clinic, general family practice medicine, and physician-extender settings.

Point Loma High School Affiliate:

- ✓ **Finding:** The cultural diversity represented in student-athlete populations, coaching staffs, faculty and administration has been a tremendous educational experience for ATs and the ACI. After the first year of involvement with PLHS in 2007-08, this clinical affiliation is indeed a foundational first year experience for the ATs and is one of the points of distinction of the PLNU ATEP. The ATs have appropriately cared for and encouraged the high school student-athletes to strive for academic and athletic success and to grow in their personhood. ATs have benefited from the challenge of being in an Athletic Training environment without all of the amenities afforded by the other clinical settings affiliated with PLNU. Their learning and their impact have been profound as the athletic director and high school administration have often cited the critical role our students play in caring for PLHS athletes. Indeed, these administrators have requested a major grant from the school district to build a new clinic and classrooms for Athletic Training courses to be offered through the ROP program

- **Finding:** The antiquated Athletic Training facilities located in the boy's locker room at PLHS are a complication and deterrent to clinical practice. This has been formally communicated to the PLHS Principal and Vice-Principal.
- ✓ **Proposed Adjustment:** Various meetings have taken place between the PD, PLHS administration and booster club representatives, as well as district ROP representatives and architects for the school district. A new facility is in the planning stages that will provide a spacious and state of the art athletic training facility with equal access to both genders. Architectural blueprints are provided in *Appendix A4a*).

OASIS Medical Group Affiliate

- **Finding:** The medical group is renowned in the region for excellent medical care. The ATs have benefited from observing surgery and participating in orthopedic office practice. The Program Director has observed Dr. Chao instructing students in the operating room with an inductive style and Socratic method of questioning that is very effective.

- **Finding:** AJ Durfee, PA-C/ACI, has included students in his office duties and has expressed a desire to instruct clinical proficiencies while students are at OASIS. This presents an exciting opportunity for the ATEP. Both AJ and Dr. Chao challenge students to critically analyze orthopedic issues, some students welcome the challenge and others are stretched. While some students have demonstrated timidity in this clinical rotation and need to assimilate into the clinical culture, others become passionate about allied healthcare as a profession and pursue graduate degrees in Physician Assistant studies and other health care professions.

- ✓ **Adjustment:** To minimize the difficulty of student assimilation, all students in the Clinical Preceptorship course meet for an orientation session with AJ Durfee and Dr. Kugler, ACI for the Preceptorship courses, at the beginning of the semester. The orientation provides an overview of the clinical culture and

<p style="text-align: center;">the expectations of student involvement at OASIS.</p> <p><u>Ayub Physical Therapy/Rehab United Physical Therapy Affiliates:</u></p> <ul style="list-style-type: none"> ➤ Finding: Due to poor health of the owner, students have inconsistently been involved in this clinical rotation. The development of the clinical affiliation with Rehab United PT has been a very positive step toward meeting the needs of the ATs and offering a valuable clinical experience in physical therapy. Further, this clinical experience has inspired our faculty and students toward a functional approach to rehabilitation. <p><u>Fassett-Allen Family Practice:</u></p> <ul style="list-style-type: none"> ➤ Finding: Dr. Allen’s schedule only allows for AT students to observe every other Friday. <ul style="list-style-type: none"> ✓ Adjustment: The program director will seek an additional clinical site in which to accomplish a family practice clinical experience. 	
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13. 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
Page References in Appendix I: I3a: Page See Appendix I3a	I3a Completed copy of the Matrix for the 4 th edition of the NATA Athletic Training Educational Competencies

14. 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:
<p>14 Narrative: Describe how programs clinical experiences meet the requirements described in I4.</p> <p>Compliance with the requirements described in I4 is outlined in the ATEP Handbook and the Master Assessment Plan (<i>Appendix H2</i>) which includes ATEP philosophy, objectives, duration, course sequence, and other characteristics which document the logical progression of study of the various clinical experiences. The university catalog outlines the pre and corequisites for the ATEP clinical courses. Also, see <i>Standard I2.3 Narrative above</i>, and <i>Table I2a (Program Course Sequence List)</i> concerning the specific sequencing of courses in the ATEP and the progressive increase in clinically-supervised responsibility of the ATS. Finally, the Matrix for the NATA Athletic Training Educational Competencies (<i>Appendix I3a</i>) indicates the designed effort to promote the learning progression by assigning specific competencies and proficiencies to clinical courses, and specific themes to clinical experiences.</p> <p>The clinical experience sequencing in the ATEP—from the initial clinical experience</p>	None

(Clinical Internship I), to the capstone clinical experience (Clinical Preceptorship II)—is a purposeful and sequential approach to promote maturation toward clinical proficiency. Each clinical experience in the ATEP contributes to the learning over time concept of instruction and requires the reintroduction and reassessment of previous competencies. All instruction and assessment occurs under the direct supervision of an ACI or CI.

Maturation toward clinical proficiency is accomplished in the clinical course sequencing as follows:

1. In ATR 290: students are initially exposed to an AT environment, working with other ATs and their ACI together. Students observe and are instructed intentionally and formatively by one ACI.
2. In ATR 291: students are introduced to the collegiate setting and observe multiple ACIs. Students also continue to work in the high school setting as in ATR 290.
3. In ATR 390 and 391: students are assigned to ACIs who provide comprehensive care for specific teams. Students begin to exercise autonomy with one ACI; the ATs develops a relationship with a specific team and works directly with the ACI to provide service to that team.
4. ATR 493: 3rd year students who are gaining clinical maturity are sent out to affiliate sites and are encouraged to assimilate to professional cultures outside of the PLNU environment. Students gain a breadth of allied health care experience and specific exposure to general medical content.
5. ATR 494: students in their final semester work toward review and developing mastery of the Competencies in anticipation of the BOC Examination.

In clinical courses, a major emphasis is on assessing the ATs clinical prowess. The PLNU ATEP has defined this clinical performance in the student handbook as evidenced by the systematic, contemporary, compassionate and direct application of care and treatment for patients/athletes. A student may have appropriate knowledge, psychomotor skills, attitudes and values but not meet the standard of clinical prowess. The entire educational process in the ATEP is designed to accomplish entry-level clinical performance in athletic training at program completion. This process is demanding and challenging on the ATs and requires active participation & problem solving to acquire professional skills.

Each clinical course has in-depth and varied assessment experiences in which the ATs demonstrate their level of knowledge, skill and clinical proficiency. The clinical courses are structured such that assessment is performed weekly for each student. See syllabi (*Appendix I5*) for the validation of these assessment experiences. The use of the student clinical assessment tool “*Assessment of Student Clinical Performance by the ACI*” is performed for the student 14 times throughout the seven clinical experiences to capture current clinical performance.

Each clinical course has a syllabus that indicates the clinical proficiencies to be addressed in the course. The course syllabus includes course objectives specific for the clinical experience, the course outline, and the nature and timing of assessment. Given the sequencing of courses, (*Appendix I2a*) there is a progression in place for the introduction, practice, assessment and clinical applications of the competencies

and proficiencies. Instructional content is presented and demonstrated by the professor or guest presenter in a didactic course. Practice in the specific area of instruction occurs in the lab component of that same didactic course via lab practical examinations. The learning progression continues as the ATS reviews and applies the treatment to a patient in the clinical setting of one or more clinical courses, as the ATS mentors a peer (or is mentored by a peer) in the content area, and/or as the ATS engages in a planned simulation during the assessment of clinical proficiency in a clinical course.

The ACI teaching a course later in a progression is made aware of the specific competencies and proficiencies the student has been instructed in and has practiced. The “*Evaluation of Student Clinical Performance by ACI*” form outlines in detail for the ACI the specific didactic courses and specific content that the ATS has learned and practiced. This information allows the ACI to ascertain the student’s previous level of mastery and performance. The introduction and expansion of an electronic student portfolio should allow for an even more efficient means by which ACIs can locate the previous professor’s evaluation of the student on specific competencies, as well as the specific means of testing (real patient or simulation), so that the ACI can build upon the previous level of understanding and progress the ATS toward clinical proficiency—“the ability to perform a skill with expert correctness and facility”. (ATEP Handbook)

Weekly colloquy is a structured part of each clinical education course which allows students and their assigned ACI to meet in a locale where they are not interrupted by their patient population. The colloquy experiences provides the opportunity for dialogue about and focus on the competencies and proficiencies for the coming clinical session(s); they also allow for the assessment of individual students on their knowledge, skills and emerging clinical mastery. As the clinical experiences progress, and increasing amounts of responsibility are undertaken by the ATS, these colloquy sessions provide invaluable opportunities for ACIs to mentor the ATSS through the educational experience. Frequently, the colloquy sessions will begin with discussing role expectations and clinical challenges and pressures with which the ATS is presented. Sessions progress toward effective interventions for problematic patients and clinical challenges, much like the experience of “rounding” in the traditional medical model.

The ACI/faculty member assesses cognitive and psychomotor competencies during observation of the student’s clinical conduct, during colloquy, and during the actual times of assessment. A significant component of the student’s education is the development of the capacity to take these cognates, skills and attitudes acquired throughout their educational continuum prior to each clinical course and perform at a level of clinical mastery commensurate with their current standing in the ATEP, as evaluated by the ACI. Both at mid-term and at the end of the semester, students are evaluated by the ACI, and a summary narrative is completed, in which the ACI comments on the progress toward clinical mastery of the proficiencies and demonstration of the professional behaviors by the student. These assessments are documented on the forms presented in *Appendix H2*. Additionally, the Program Director accomplishes regular monitoring and evaluation of the curriculum via the ACI assessments, classroom and clinical observations, and students and faculty assessments (*Appendix H2*).

It deserves to be reiterated here that compliance with Standard I4, and the process of a logical progression of clinical experiences, is made substantially easier and more effective given the fact that PLNU faculty ACIs also instruct the vast majority of competencies in the didactic courses, observe and provide feedback while the ATS is applying the skills and gaining confidence in the laboratory setting, and then direct the clinical practicum courses which assess clinical mastery of the concepts. This marriage of instruction and clinical experience allows for ACIs to identify effective and ineffective means of instruction, to evaluate the degree of progress toward clinical maturity and responsibility by the students, and to determine the appropriate timing and sequencing of instruction of competencies.

Specific Progression of Didactic Courses with Related Clinical Experiences:

As previously stated, the clinical progression in the ATEP—from the initial clinical experience to the capstone clinical experience—is a purposeful and sequential approach to promote maturation toward clinical proficiency. Each clinical experience in the ATEP builds upon didactic content and laboratory experiences, requiring the reintroduction and reassessment of previous competencies. Further and more in-depth instruction, practice, assessment and clinical application is built into the curriculum as outlined below (See also *Appendix I, Table I2a, ATEP Course Sequencing; J2 Narrative: Learning Over Time; Handbook, and Appendix J1: “Conscious Competence” Learning Model*).

The following courses are considered *beginning level academic and clinical experiences* and occur during the Pre-ATEP phase and the 1st year of the ATEP:

- Risk Management and Emergency Response
- Introduction to Athletic Training
- Introduction to Athletic Training Lab
- Clinical Internship I (*Theme: Equipment Intensive*)

Intermediate courses are considered developmental experiences built upon the foundation of the beginning courses and accomplished prior to the advanced experiences:

- Clinical Internship II (*Theme: Lower Extremity Inj. Assessment*)

Advanced courses are culminating didactic and clinical courses (2nd and 3rd years of the ATEP) in which the ATs are progressing toward *increasing clinically-supervised responsibility, as well as independence and entry level clinical performance*:

- Assessment of Lower Extremity Pathology
- Assessment of Head, Spinal and Upper Extremity Pathology
- Therapeutic Exercise
- Clinical Practicum I (*Theme: Upper Extremity Inj. Assessment & Therapeutic Exercise*)
- Therapeutic Modalities
- Pathology of Injury and Illness
- Clinical Practicum II (*Theme: Therapeutic Modalities and Pharmacology*)
- Management of Allied Health Programs
- Clinical Preceptorship I (*Theme: General Medical Evaluation*)
- Clinical Precetorship II* (*Theme: Competency and Proficiency Review*)

*The Clinical Preceptorship II course is a capstone course which provides the ATS and ACI with structured time over the final semester in the ATEP to review and assess any competency or proficiency. The ACI uses the 5th Edition of the *Role Delineation Study* as a navigation tool by which ATSS review competencies/proficiencies by performance domain. Also in this capstone course, a mock certification exam is completed by each ATS with the involvement of the entire ATEP faculty. This course is designed to be a summative experience located at the end of the programmatic learning over time continuum.

The goal of the clinical education of athletic training students in the PLNU ATEP is for the ATSS to integrate specific skills into clinical practice, not for the sake of mastering skills alone, but for the safe and efficient treatment of the ATSS future clientele. The aim is to develop the entire student. By developing critical thinking and decision making skills in our students, we encourage them to advance beyond being technicians to becoming effective clinicians, practicing according to the best current available evidence.

A specific example of this approach occurs in *ATR 415: Therapeutic Modalities*. When discussing ultrasound and other commonly used modalities, the ATS is taught to avoid viewing herself/himself as a *technician* or “cook” who follows a recipe to deliver the ultrasound treatment. Rather, the ATS is encouraged to view herself/himself as a “chef” or *practitioner* who understands the science behind the “ingredients of ultrasound” and can design the treatment (i.e. “create a recipe”) based on tissue healing properties, type of tissue being treated, etc. The perspective is to create clinicians rather than technicians. Thus, in *ATR 391*, the clinical practicum course that follows the *Therapeutic Modalities* course, the ATS is encouraged to become a Chef. That is, the student has been instructed by an ACI on the application of the modality and has become confident in their ability to apply the modality through sufficient practice; the ATS is then encouraged in the clinical setting to modify treatment parameters based on the specific needs of the patient/athlete. Finally, because the ATS is working closely with an ACI to provide care for one specific athletic team, the ATS is challenged to design and implement an overall treatment plan for a patient incorporating therapeutic modalities as well as therapeutic exercises and functional progressions. All of this occurs in the context of effective communication with the ACI and with the patient, while insuring the patient’s confidentiality. This model is repeated for each clinical proficiency in the practicum courses according to the previous foundations laid by didactic and laboratory experiences.

Self-study Findings and Adjustments:

- **Finding:** The marriage between didactic and clinical education that the PLNU faculty enjoy is a point of distinction of the ATEP. This allows us to implement changes in the delivery of content as the faculty ACIs discuss the needs of the student in regular ATEP faculty meetings. For example, we recently determined that students would benefit from an exposure to the concepts of measurement, statistics and experimental design at an earlier point than their final year in the ATEP. The faculty noticed an inconsistent progression of instruction because we were requiring students to critically

analyze literature—and were discussing and encouraging an evidence-based approach to the practice of athletic training—before students had the prerequisite skills to appreciate these concepts. Therefore, in academic year 2008-09, the course *KPE 440: Measurement, Statistics and Evaluation* will be scheduled in the second year of the ATEP curriculum.

- **Finding:** With an adjustment made 4 years ago to break the Clinical Preceptorship up into two courses, and allow for a spring course of 1 unit for the final and comprehensive review of educational competencies and clinical proficiencies, the curriculum appears to be contemporary and effective in providing a logical progression of learning and refinement of clinical talent in the students. Further, the formation of new clinical affiliate sites has resulted in the students receiving a more robust exposure to clinical experiences in physical therapy, general medicine, and urgent care treatment of non-life and limb threatening injuries.
 - ✓ **Proposed adjustments:** Ongoing curriculum monitoring and contemporizing is imperative. The PD and ATEP faculty appreciate the need to continue to assess and interact with the current clinical affiliates with an intention to deepen these relationships, and also to grow our clinical affiliates to include comprehensive clinical experiences in allied healthcare for our students. Our focus will be on continued involvement for our students through internships with professional sports organizations like the San Diego Chargers, San Diego Padres, the Chivas (major league soccer) and various minor league baseball organizations, as well as on new directions with the Olympic Training Center and other affiliates.

- **Finding:** The ACIs are encouraging progressive clinical maturity throughout the clinical courses/rotations. The use of the “Assessment of Student Clinical Performance by the ACI/CI” requires and allows for 14 separate assessments of a student’s clinical progress over time—the student’s undergraduate career. This results in a formative leading to summative learning and clinical performance profile that is more thorough and comprehensive. The additions of specific courses completed by the ATS, and the specific content contained in those courses, have been effective and welcome additions to this form and have allowed for a more accurate and specific process of evaluation for students.

- **Finding:** The recent changes in the BOC examination have prompted the ATEP faculty to review the current Mock Examination used in Clinical Preceptorship II. All faculty have been involved in the past via the Oral Practical component of the Mock exam. Given that this component of the exam has changed and is no longer represented in the electronic version of the exam, the ATEP faculty have begun discussing the creation of a mock examination to accurately reflect the current BOC electronic examination.
 - ✓ **Adjustment:** This year, to most effectively prepare students for the BOC examination, the ATEP purchased the multiple choice and hybrid practice examinations offered by the BOC for each ATS registered to take the exam. The PD will survey these graduates to determine if this was a wise and effective investment.

<ul style="list-style-type: none"> ➤ Finding: At completion of the academic “phases” (beginning, intermediate and advanced) mock certification examination would be a summative phase assessment that would benefit students and faculty. ✓ Proposed adjustment: The faculty will discuss implementing end of the year mock certification exams for the first and second year cohorts, as well as an introductory exam for the pre-ATEP students, in addition to the current Mock exam for graduating seniors. ➤ Finding: The learning experiences, teaching methods, materials and clinical practice experiences of the ATEP are varied, sequential and effective according to assessments by students, Program Director, faculty and alumni (<i>Appendix H2.2</i>). 	
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15. Clearly written course syllabi are required for all courses that deliver content contained in the *Athletic Training Educational Competencies*. Syllabi must include:
- 15.1 course title, number, and term,
 - 15.2 course instructor,
 - 15.3 learning objectives,
 - 15.4 specific evaluation criteria and weightings,
 - 15.5 objective course completion criteria, and
 - 15.6 daily/weekly topics in sufficient detail to determine course content relative to assigned competencies and clinical proficiencies.

Criteria for Review: - References to Appendix I	Appendix I: Documents
<p>Page References in Appendix I: 15: Page See Appendix I5 Cover Page</p>	<p>15 Provide copies of the course syllabi for all those courses included in the Matrix</p>

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.

Criteria for Review: - References to Appendices B & J	Appendix J: Documents
Page Reference in Appendix B: B3.2a: Page 1 Page Reference in Appendix J: J1: Page See Appendix J1 Cover Page *J2: Pages 1-8	B3.2a Completed ACI/CI Table B3.2a J1 Clinical Supervision Policy ** Added Document J2 : Conscious Competence Model: Educational Progression and Learning Over Time

- 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*.

Criteria for Review: - Narrative (no appendix required)

J2 Narrative: Describe how program addresses integration to develop clinical proficiency and professional behaviors (i.e. Learning Over Time) as an Athletic Trainer.

The Educational Progression of the ATEP and Learning Over Time.
 The PLNU ATEP accomplishes the J2 Standard to “*address integration (of cognitive learning with psychomotor skills) to develop clinical proficiency and professional behaviors as an AT*” via the educational progression of the ATEP which includes didactic, laboratory, and clinical experiences. The focus of the ATEP faculty is on implementing a natural progression of learning through a carefully planned sequencing of didactic coursework with clinical education experiences that enhance the academic content and advance the ATS toward entry-level clinical proficiency in the AT profession. The ATEP curricular structure and planning that naturally promotes learning over time is graphically represented in the document “*Conscious Competence Learning Model*”, document J2, addendum to Appendix J1). These documents outline the philosophy of the educational progression that the PLNU ATEP faculty hope to achieve with each ATS.

The ATS is initially instructed in didactic cognates during the pre-ATEP phase and very early in the ATEP curriculum (see Appendix I, Table I2a). Following initial instruction, the ATS experiences guided practice and refinement of the skills through laboratory experiences, directed by ATEP faculty and ACIs. The relative mastery of these skills is formally evaluated in the laboratory experiences; “*relative mastery*” describes the *progressive* knowledge and command of a subject or skill, whereas *Mastery* describes *comprehensive* knowledge and command of the subject (NATA-EC, 2006). The ATS is therefore

encouraged toward the application and integration of both cognitive and psychomotor skills/competencies initially under simulated laboratory decision-making scenarios. The ATS is subsequently provided with clinical experiences in which real-life patient scenarios are utilized as frequently as possible to allow the ATS to demonstrate clinical proficiency. The demonstration and performance of these skills/proficiencies are always applied in the actual practice setting under the direct supervision of an ACI once the ACI feels comfortable enough to allow the student to perform the skill.

The six clinical practicum courses in the ATEP provide the specific framework for the accomplishment of the practice and demonstration of clinical skills, as well as the acquisition and development of the behaviors commensurate with becoming an athletic training professional. The *narrative for Standard I2.3* details the progression of clinical practicum courses in the educational program.

A significant component of the PLNU educational experience is the development of the ATs capacity to take the cognates, skills and attitudes learned in didactic instruction, and in conscious or unconscious competence, through sufficient time for practice and internalization, perform at a level of clinical mastery that is assessed by the clinical instructor and appreciated by the patient. As the AT student progresses through the major from didactic to clinical experiences, she/he is challenged to synthesize the individual skills into the larger clinical outcome. For example, the second year AT student has previously learned numerous special tests for the shoulder (ligamentous, muscular, neurologic, functional, etc.) in KPE 280 and in ATR 390 to evaluate an injured shoulder. However, the student's performance of these special tests does not define or demonstrate his/her ability to perform an entire shoulder evaluation on a volleyball outside hitter for example (or on a colleague who is uninjured for that matter). Therefore, in the clinical course experience, the AT student demonstrates and is assessed on a clinical proficiency through either a real life patient evaluation, or through a simulation; the effective synthesis of cognitive and psychomotor competencies with core professional and ethical behaviors, appropriate interpersonal skills, and sound moral reasoning demonstrates to the ACI the student's degree of proficiency, or their ability to perform the evaluation "with expert correctness and facility".

The ATEP faculty/ACIs appreciate that this process is demanding and challenging on the ATS and requires active participation & problem solving to acquire these professional skills. These skills require and are refined by a clinical component to the educational program (*see Standard I2.3 and I4 Narratives above*) which develops the AT student toward clinical proficiency and professional behavior as an entry-level AT professional.

For each clinical education course, the Program Director informs the ACI and CI of the educational competencies and clinical proficiencies that will be taught, practiced and evaluated. The competencies and proficiencies were determined most recently for each practicum course upon the completion by the PD of the 4th edition of the *NATA Competency and Proficiency Matrix (Appendix I3a)*. Every professor, both didactic and clinical, verifies on the competency Matrix the competencies they will instruct and evaluate for each of their courses, and returns to the Program Director. The PD keeps the master copy of the Matrix, which elucidates the specific means by which all of the Competencies are instructed, practiced, and applied clinically. Indeed, the Matrix serves as the most basic form of accounting in the ATEP that learning over time has taken place.

Specific focus on and assessment of clinical proficiencies and professional behaviors is accomplished in each course by the ACI through the creation of the course syllabus and the specific course objectives which reflect the proficiencies. Weekly meetings (i.e., "colloquy") are structured so that ATs and their assigned ACI meet in a locale where they are not interrupted by the athletes/patients they are serving. The colloquy provides the opportunity for dialogue about proficiencies for the coming clinical session(s), and for formal instruction and evaluation of the skills necessary for the student to demonstrate clinical proficiency. These assessments are documented on the forms presented in *Appendix H2 and H2.1*. Perhaps the most holistic

assessment of clinical proficiency and professional behavior is accomplished via the “*Assessment of Student Clinical Performance by the ACI or CI*”.

Progression of Clinical Education Courses and Clinical Experiences:

The table contained in *Appendix I2a* enumerates the ATEP clinical progression from the initial clinical experience (Clinical Internship I) to the capstone clinical experience (Clinical Preceptorship II). The clinical courses are sequential and designed to promote maturation toward clinical proficiency—from unskilled student to skilled practitioner—under the direct supervision of an ACI or CI.

Clinical experiences in practicum courses exist for each semester of the student’s academic program in the ATEP. The ACI/faculty member assesses clinical proficiencies and professional behaviors by various means, including: observation of the student’s clinical conduct with patients, colleagues and staff/faculty; various interactions with the ATS during colloquy; and structured formal times of proficiency assessment (see assessment tools Appendix H2 and H2.1). The assessment of clinical proficiencies has been substantially improved with the creation of the *Clinical Proficiency Evaluation Form (H2.1)*. This form includes a Feedback section in which the ACI provides timely and accurate feedback regarding the progress toward clinical mastery of the proficiencies by the student. The implementation of this new form is discussed under the Self-Study Findings below.

The 6th practicum course, Clinical Preceptorship II, is a capstone experience in which review and assessment of all educational competencies and clinical proficiencies is performed throughout the semester. The preceptorship course is designed to be a summative course located at the end of the programmatic learning-over-time continuum; the focus is on preparing students for entry into the profession and for sitting for the NATABOC examination. Indeed, no course more thoroughly meets the spirit of encouraging student autonomy than this practicum experience. Students are invited to become self-learners as they are guided but not required to devote weekly and daily time toward preparing for the BOC examination.

In the Preceptorship courses, all psychomotor skills and clinical proficiencies learned and practiced in the earlier levels of the athletic training educational program are “fair game” and can be evaluated. This level of LOT also involves a scenario-based testing of proficiencies, designed to increase the clinical challenges faced by the ATS. Individual psychomotor skill sets in general medicine, case studies are developed, and ATSs are required to assist in the evaluation process at the clinical rotation sites, so that they must apply prior learning, skills to fit the given situation. Of course, some portions of the assessment of proficiencies that do not occur naturally must be performed in a structured environment through the creation of scenario-based case studies.

Peer Teaching to Promote Learning Over Time:

The PLNU ATEP has developed a peer teaching strategy whereby clinically-mature, or skilled students teach less-mature, or unskilled students. This occurs in both the laboratory setting and the clinical setting.

Senior students who have demonstrated academic excellence are invited to assist faculty in the KPE 280 Lab sections as lab assistants and to instruct students in psychomotor skills. In addition, students assist with lab activities and develop emergency scenarios in ATR102. This process is formative for students taking KPE 280 and ATR 102 as they are applying to the ATEP for admission. This is a mutually-beneficial relationship for Seniors because it enhances the student-assistant’s psychomotor competencies and clinical proficiencies as they are maturing through the ATEP; in the case of KPE 280 lab assistants, teaching the lab skills provides a good study aid as they are approaching the certification exam during

their final semester.

Documentation of Learning Over Time:

The PLNU ATEP utilizes a variety of tools to demonstrate the AT student's progress with respect to the learning outcomes of the educational program. Course syllabi, competency and proficiency matrices, skill assessments, proficiency assessments, and electronic portfolios are all utilized by ATEP faculty to document the acquisition of important skills by the ATS. At the end of the clinical education experience, the student assesses the educational program, the ACIs and CIs, and the clinical sites. In addition, exit interviews and final completion of the electronic portfolio provide the Program Director with an accurate documentation that a student has learned skills critical to professional competency. Finally, the program director surveys various employers of ATEP graduates that are removed from the program via the "*Evaluation of PLNU Athletic Training Alumni by Employer*" form. Of course, no single document can adequately and comprehensively measure the concept of learning over time since this process deserves a systematic assessment with multiple tools. Because of the careful planning and logical sequencing of coursework and clinical experiences in the PLNU ATEP, the faculty contends that learning over time occurs naturally as a function of the educational plan.

Self-study Findings and Adjustments:

- **Finding:** The ACIs are encouraging progressive clinical maturity throughout the clinical courses and rotations. The use of the "*Assessment of Student Clinical Performance by the ACI or CI*" form allows for 14 separate assessments of a student's clinical progress over their undergraduate career. The ATEP faculty has made new strides in using this evaluation form to encourage Foundational Professional Behaviors.
 - ✓ **Adjustment:** The *Assessment of Student Clinical Performance* form (*Appendix H2.1*) has been improved to better communicate to ACIs/CIs at what level of education the specific student should be evaluated. For example, when an ATS is evaluated in ATR 390, the ACI is notified on the evaluation form that the student should be evaluated on the following criteria: "*upper extremity pathology is assessed efficiently; therapeutic protocols are logical, progressive and effective; student integrates knowledge, motor skills and clinically sound methods; student responds to client in their uniqueness.*" The provision of this information on the form allows for a more robust evaluation process specifically between ACIs/CIs and students because CIs are not always current on what a particular ATS has been exposed to since they do not teach didactic courses. This also allows for a more effective and formative meeting between the ATS and the ACI/CI when the Student Clinical Performance Evaluation is discussed.
- **Finding:** Our intention through the assessment of clinical proficiencies is to capture the essence of learning over time, or more specifically, to capture the advanced stages of clinical maturity, including the demonstration of foundational professional behaviors (FPB's). While these professional behaviors permeate every aspect of the educational program, measuring this affective maturational process has proved challenging. The ATEP faculty and ACIs/CIs have been in discussion for the past year on mechanisms by which we might better document this formative process. We specifically sought to improve on the documentation and assessment of the ATSs as they developed these FPB's. Through the self-study process, the ATEP faculty have identified the following strategies as most effective for implementing, encouraging and documenting the FPB's: 1) *Journaling*, 2) *eportfolios*, 3) *Student Assessments by ACIs and CIs*, and 4) *Peer Teaching*.

- ✓ **Adjustment: Journaling.** The ATEP faculty and ACIs have been requiring students to complete Journals every 4-5 weeks during their clinical experiences for each practicum course. The journaling process allows the ATS to chronicle and present their achievements, specific experiences, and professional and personal growth accomplished during the term. The ACIs realized that this journaling process could be utilized to demonstrate an ATSs clinical maturational process by requiring more intentional analysis of performance from the student. Therefore, in addition to logging the hours of the clinical experience, and the specific events of each day, as we have required in the past, we now require students to submit a more robust summary statement in which they accomplish the following:

- 1) *identify clinical highlights and specific interesting occurrences or learning opportunities,*
- 2) *describe important areas of their growth during the clinical experience*
- 3) *identify specific areas where future growth and maturation are needed*
- 4) *perform a self-evaluation of their progress to date (students assess their progress on short and long-term goals they established for the course).*

Through the process of self analysis while journaling, we have found that students often gain a deeper appreciation for the extensive clinical experience they have gained, as well as the personal and professional maturation they have undergone in the process. The ATEP faculty and PD are given a more thorough picture of the student's maturational process—their insights, struggles, anxieties, constructive criticisms, and areas of growth—that illustrates and captures the stages of clinical maturity that we are after.

- ✓ **Adjustment: During the 2008 ACI training session,** a Pilot program was discussed and has been initiated to document Journaling and all other aspects of the Student Portfolio online through *eportfolios*. (See sample contents in Appendix H2.1) The Self-Study Committee agreed that this is the medium that current students are familiar with and use often when communicating professionally and personally. As such, time devoted to start up has been minimal on the ATSs end, and we envision the *eportfolio* format to be an effective means by which learning over time and professional behaviors are demonstrated. University and ATEP resources are being allocated to purchase software updates to Blackboard that allow for the various components of the *eportfolio* that the ATEP requires.
- ✓ **Adjustment: Peer Teaching.** The current *Assessment of Student Performance* forms provide a formative (mid-term evaluation) and summative mechanism (end of semester evaluation) by which clinical maturity is assessed. The ACI or CI completes the assessment and schedules an appointment with the ATS at the midterm and completion of each clinical course or rotation. The ACI/CI then shares the assessment with the student in a meeting, discussing his/her perceptions of the student's progress and potential, at which time the student and ACI are encouraged to dialogue about the student's clinical growth, maturity, and professional projection. Finally, the ACI/CI writes a narrative statement evaluating the students overall clinical performance and clinical maturity, including their clinical judgment, style, technical expertise and grace (through Christ-like service). Through this formal and extensive evaluation process, the ACI/CI communicates the common values of the athletic training profession to the ATS, indicating where the ATS has excelled and where future work is needed.
- ✓ **Adjustment:** The ATEP began this year to formalize an ATS Mentor Program in which

mature ATSs accomplish peer teaching for the cohort in the practicum course below them. Thus, seniors become peer teachers to juniors, and juniors to sophomores. Students develop and demonstrate skills and reinforce knowledge, and more advanced athletic training students instruct students who are less clinically mature. This structure has allowed for advanced ATSs to participate in the development of professional behavior , both in their younger peers and in themselves, as they are challenged to teach the material.

- **Finding:** While the assessment of cognitive and psychomotor competencies is well established in the program, the formal assessment of clinical proficiencies has been incomplete in a few areas. First, the document used in the past to assess clinical proficiency was perhaps viewed and utilized too much like a “check sheet” in which the ATS simply was checked off for performing the skill.

- ✓ **Adjustment:**

The PD and faculty realized that three distinct forms were necessary for a more complete assessment of the progression that AT students make throughout their education: 1) written examination forms are utilized to assess cognitive competencies instructed in didactic courses, 2) lab practical examinations are incorporated to assess psychomotor competencies that are reinforced through laboratory experiences, and 3) a *Clinical Proficiency Evaluation Form* was needed—and has since been created—to assess the progression of student clinical proficiency throughout the clinical practicum courses. To complete the *Clinical Proficiency Evaluation Form* (“CPE”; *Appendix H2.1*) ACIs are instructed to record the level of conceptual understanding and mastery that the ATS possesses at the time of assessment. The ACI is given three scoring options: “*Autonomous*”, “*Needs Prompting*” or “*Inadequate*”. The ATS must demonstrate conceptual understanding and mastery at the “*Autonomous*” level in order to meet the requirement. That is, the ATS must perform the task without any aid from the ACI. If autonomy is not reached on initial assessment, the ATS is given opportunity to be re-evaluated; each evaluation is dated and initialed by the ACI. Evidence of this process is contained in *Appendix H2.1*.

Additionally, the ACI now indicates on the CPE exactly how the proficiency was tested. For example, the notations “*RP=Real Patient*” or “*S=Simulation*” are made in a column next to the proficiency to indicate if the ATS performed the proficiency in a live scenario or a created simulation. If simulated, the ACI indicates the case study or scenario that was utilized as necessary. Finally, the CPE form includes a “*Feedback*” section in which the ACI provides timely and accurate feedback on the progress toward clinical mastery (comprehensive knowledge and command of the subject or skill) of the proficiencies by the student.

- ✓ **Adjustment:**

The ATEP faculty/ACIs are in agreement that the nature of clinical proficiencies involves the synthesis of cognitive and psychomotor competencies with core professional behaviors, interpersonal skills, moral reasoning, and socialization into the profession of athletic training. While students do not have *Mastery* at the undergraduate level, clinical *proficiency* represents an emerging professional deftness. We have therefore approached the assessment of the clinical proficiencies more comprehensively in the clinical practicum courses by designing case studies and inter-related learning modules by which students demonstrate clinical maturity and autonomy to the ACIs. Students are afforded opportunities as necessary to demonstrate autonomy.

- 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 - Narrative	Appendix J: Documents
<p>Page References in Appendix J: J3a: Page 1-7 J3b: Page See Appendix J3b Cover Page J3c: Page 1</p> <p>J3 Narrative: 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>The Narrative for Standard I2.3 provides a comprehensive overview of the Clinical Education portion of the ATEP program and demonstrates compliance with Standard J3. Aspects of the Clinical Education program are included below to demonstrate compliance specifically with standards J3.1-J3.52.</p> <p>Standard J3.1 Course credit must be consistent with institutional policy or institutional practice.</p> <p>PLNU requires that graduates of its CAATE-accredited ATEP obtain various clinical experiences over a 3 year period under the direct supervision of Certified Athletic Trainers who function as Approved Clinical Instructors (ACIs), and under allied healthcare professionals who serve as Clinical Instructors (CIs). The ATEP requires the Athletic Training Student (ATS) to complete a 6-semester clinical education experience at 7 PLNU clinical affiliates. Each of the first 4 clinical education courses has a unit value of 3-units, which is consistent with University</p>	<p>J3a Clinical Education Policy(ies) that address criteria included in J3</p> <p>J3b Clinical course syllabi – provided as part of I5 Appendix, do not duplicate; cite page numbers.</p> <p>J3c Student clinical experience hour logs by</p>

policy for the clinical requirements of the courses (*see Syllabi, Appendix 15; University Catalog: Appendices I1b and I2c*). The Preceptorship courses for fall and spring semesters of the final year of the ATEP have a 2-unit and 1-unit load respectively and represent less time in clinical requirements as well as a focus on independent study.

J3.2 Courses must include objective criteria for successful completion.

The objective criteria necessary for successful completion are detailed in each clinical course syllabus (*Appendix 15*). Each syllabus provides the course objectives, requirements, an outline of daily topics and proficiencies instructed, methods of assessment of student performance, and grading criteria.

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.

The structure and sequencing of the clinical education program promotes a varied and robust exposure for the ATS to different populations, genders, levels of risk, protective equipment, and medical experiences to prepare the ATS to function in a wide variety of allied healthcare settings.

Two clinical experiences, *ATR 290 and 291: Clinical Internship I and II*, occur in the ATs first year of the ATEP—at Point Loma High School and PLNU Athletic Training clinic—under the direction and supervision of PLNU adjunct faculty member/ACI Lindsay Donnelly. These courses provide a keystone educational experience as the AT students are immersed into an Athletic Training clinical culture for the first time. ATs learn firsthand about providing athletic healthcare in a high school setting, they gain a first experience with general training room operations, contact and collision sport athletes, and with upper and lower extremity injury evaluation. In this setting, AT students are mentored in and practice professional behaviors of athletic training while treating both male and female high school athletes in an ethnically-diverse setting.

ATR 290: Clinical Internship I is an *equipment intensive* clinical experience as students gain proficiency in inspection and fitting of sport equipment including football, lacrosse and ice hockey helmets and shoulder pads. All students are involved in the healthcare of athletes in football, volleyball and cross-country. Students are required to be involved for at least three Saturday morning injury clinics during the semester in which they present cases to the team physician and team orthopedic surgeon who provide the clinic free of charge to the PLHS.

ATR 291: Clinical Internship II is a *lower extremity assessment* intensive clinical (Assessment of Lower Extremity Pathology is the concurrent didactic course) that meets at PLHS and PLNU. AT students experience working with wrestling, soccer, track and field, and basketball clientele at PLHS for half of the clinical experience.

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The other half of the experience is in the PLNU Athletic Training Clinic working with male and female collegiate athletes from multiple sports. In this clinical experience, first-year students are peer-instructed and mentored by second-year students (those taking ATR 390 and 391) who, along with the ACIs, orient them to the PLNU clinic environment and encourage them to perform initial history and observation aspects of injury assessments.

During the second year of the ATEP, students complete the course sequence *ATR 390 and 391: Clinical Practicum I and II*. Students accomplish the entire year of clinical experience at the PLNU campus under the direction and guidance of faculty members/ACIs Brandon Sawyer and Susan Ganz. The hallmark of this clinical experience occurs as students are assigned an athletic team and provide care under the guidance of that team's Athletic Trainer/ACI. Students work with athletes from men's soccer, women's soccer, volleyball or cross-country.

Clinical Practicum I occurs during the fall semester. Students gain proficiency in the advanced assessment of the upper extremity, spine and head. Students also become proficient in the design and implementation of therapeutic exercise programs, specifically focused on a tri-planar, functional rehabilitation approach. *ATR 388: Assessment of Head, Spinal and Upper Extremity Pathology* and *ATR 410: Therapeutic Exercise* are concurrent didactic courses and form the basis of competency and proficiency instruction and assessment.

Clinical Practicum II occurs during the spring semester. Students gain proficiency in therapeutic modalities and pharmacology. *ATR 415: Therapeutic Modalities and Pharmacology* is the concurrent didactic course which forms the basis of competency and proficiency instruction and assessment. Students work with athletes from two of the following sports: basketball, baseball, track, tennis.

All four of these first four clinical courses, two at Point Loma High School and two at PLNU, take place in and around an Athletic Training Room in which comprehensive health care services are provided including:

- ✓ Practice and game preparation
- ✓ Injury/illness evaluation
- ✓ First aid and emergency care
- ✓ Emergency action plan
- ✓ Follow-up care
- ✓ Rehabilitation
- ✓ Related health services

All of the first four clinical courses enable each student to work with athletes of both genders in activities that provide ample opportunities for observation of and involvement in first aid and emergency care of a variety of acute athletic injury and illnesses.

During the third and final year of the ATEP clinical experience, students complete Clinical Preceptorships I and II. These courses represent a culmination of the educational competencies and clinical proficiencies as students receive final instruction and experiences in a variety of medical settings.

ATR 493: Clinical Preceptorship I is a fall clinical experience in which students gain a robust breadth of experiences in athletic training, physical therapy, orthopaedics and general medicine through three 5-week rotations. The specific clinical focus of the fall semester is general medical illnesses and injuries. Students create system specific PB Wiki units (Wikipedia) on general medical care and provide their work to the class as review/learning over time and NATA-BOC exam preparation. The clinical rotations provide a dynamic professional development process for the ATS during the final year of their clinical education experience. The cohort of students is divided for the first two five week rotations. One half of the cohort does a clinical rotation at OASIS Medical Group while the other half does the initial rotation at Rehab United Physical Therapy. At OASIS Medical Group students do a minimum of two sessions per week, one surgical and the other back office, with the physician or physician assistant for 3 hours each. Clinical Instructors are Dr. David Chao and AJ Durfee, PA-C. For the third rotation, one half of the cohort goes to either Pacific Beach Urgent Care (a family practice facility) or Fassett-Allen Family practice. Each ATS is required to do PLNU clinic rotation 2 hours/week under the supervision of Dr. Susan Ganz during which they participate in the peer educator facet of the ATEP. When participating at PLNU, students are under the direction of the PLNU ACIs and supervised by Leon Kugler, ACI. For a summary of the clinical preceptorship rotations, see *document I2a and Appendix I5: ATR 493 and 494 syllabi*.

The final clinical experience, **ATR 494: Clinical Preceptorship II**, allows for continued experience in the PLNU Athletic Training Clinic for a minimum of 4 hours/week. This experience provides a unique opportunity for the advanced student to mentor younger AT students through peer teaching. The academic focus of this spring experience is on review of all previously-learned educational competencies and clinical proficiencies in preparation for the NATABOC examination.

- 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.

Each clinical experience is directly supervised by either an ACI or CI. The ATEP faculty ACI assesses cognitive and psychomotor competencies, and evaluates the AT student's integration of clinical proficiencies during observation of the student's clinical conduct. The CI functions to provide supervision of the clinical experiences. To ensure that the teaching and learning is accomplished through effective communication and immediate feedback between ACI/CI and each ATS, the scheduling of students is carefully orchestrated in so that an 8:1 ratio of students to ACI/CI is maintained. In reality, the majority of clinical experiences approach a ration of 4:1 students to ACI/CI.

The PLNU ACIs are encouraged to mentor students and promote their progressive clinical maturity throughout the clinical experiences. The ACI consistently and intentionally interacts with the ATS at the clinical site and in scheduled weekly meetings for assessment/evaluation. A close mentoring relationship is developed such

that, if skills are required of the student in which they have not been instructed in pre or corequisite courses, the ACI instructs and assesses the student's skill, which must be at an acceptable level to utilize it with a client.

Focus on and assessment of cognitive, psychomotor, affective and clinical proficiencies is accomplished by the ACI. Weekly colloquys provide a structured setting in which the ACI meets directly with the AT students in a locale where they are not interrupted. The colloquy provides the opportunity for dialogue about the focus on competencies and proficiencies for the coming clinical session(s) and the assessment of individual students on their emerging clinical mastery. Assessment of the AT students' progress is accomplished by the ACI via the "Assessment of Student Clinical Performance by the ACI or CI". As previously stated, this evaluation form is utilized at 14 separate intervals throughout the AT student's career to indicate clinical progress over time. Each time the assessment is conducted, a summary narrative is discussed with the student in which feedback is given the ATS by the ACI on progress toward clinical mastery of the proficiencies.

As previously noted, the Clinical Preceptorship courses involve clinical supervision by CIs as students complete rotations at OASIS Medical Group, Rehab United Physical Therapy, Fassett-Allen Family Practice and/or Pacific Beach Urgent Care. At each clinical rotation, supervision is performed by Clinical Instructors who are qualified allied healthcare professionals: ATC, PA or MD/DO. At no time in any clinical setting or affiliate do AT students care for a patient without a clinical supervisor physically present. In the academic portion of the Clinical Preceptorship courses, Dr. Leon Kugler, ACI, and Dr. Susan Ganz, ACI perform all assessments of clinical proficiencies taught in the preceptorship courses.

Finally, the effectiveness of the clinical experience is evaluated by the AT student, the ATEP program director, and the ACI/CI via the evaluation forms provided in *Appendix H2.1* in the *Comprehensive Assessment Plan*.

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.

The clinical education component of the ATEP is based largely on and was established using the clinical education model of the accredited Nursing program at PLNU. The ATEP works with the Career Services department on the PLNU campus to file the appropriate paperwork to insure compliance with the Federal Work Study program.

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).

In accordance with CAATE regulations, no athletic training student performs work typically performed by a paid staff athletic trainer. No ATS obtains more than 20 clinical hours per week in any given clinical setting. In addition, all ATSs have a minimum of 1 day off during the academic week with no clinical responsibilities or expectations; this day off is in addition to every Sunday off in accordance with the University mission and policy.

Self-study Findings and Proposed Adjustments:

- **Finding:** The clinical settings provide a depth and breadth of clinical opportunities, allowing ATSs to benefit from a continuum of healthcare settings that prepare them to excel in a variety of clinical settings. The clinical courses provide a large variety of educational experiences, a variety of patient populations, varying levels of risk, including high school, college, urgent care, family practice and orthopedics. PLNU students are encouraged by ACIs (PLNU faculty) and CIs (various allied healthcare professionals) to become competent clinicians. The program is grooming pre-professionals for excellence as evidenced by the high levels of performance in the clinical proficiencies measured by the ACIs, and the evaluations of the ATSs by CIs in the affiliate healthcare settings.
- **Finding:** The clinical education component of the program is becoming a hallmark of the ATEP as we expand clinical experience opportunities to include observation in urgent care, family practice, orthopedic surgery, and physical therapy clinical settings. Further, faculty members have been highly successful over the past 5 years at arranging for further clinical experiences through internships in professional football, professional and minor league baseball, professional soccer, and European soccer and ice hockey. These experiences are adjunctive to the required clinical courses and experiences.
 - ✓ **Proposed adjustment:** Careful review, adjustment and implementation of the assessment tools utilized to enhance clinical affiliate settings and clinical experiences are an ongoing effort by the ATEP faculty. The PD will continue to work closely with the Director of Rehab Services to insure that all aspects of the clinical education policy are being implemented, particularly as it relates to protecting students by giving a minimum of one weekday off.

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

Criteria for Review: - Narrative	Appendix J:
<p>J4 Narrative: Describe how the program meets the criteria defined in J4.</p> <p>Clinical experiences meet the J4 Standard as outlined and explained in the Clinical Education Program, provided in the narratives for <i>Standards I2.3 and J1-J3</i>.</p>	None

The structure and sequencing of the clinical education program promotes a varied and robust exposure for the ATS to different populations, genders, levels of risk, protective equipment, and medical experiences to prepare the ATS to function in a variety of allied healthcare settings.

Seven clinical experience rotations are completed within the six clinical courses. The clinical settings utilized include the PLNU A.T. Clinic, Point Loma High School, OASIS Medical Group, Rehab United Physical Therapy, Fassett-Allen Family Practice, and Pacific Beach Urgent Care.

Specific Clinical Courses that demonstrate compliance with Standard J4:

As previously noted, two clinical experiences, *ATR 290 and 291: Clinical Internship I and II*, occur in the ATSs first year of the ATEP, at Point Loma High School and PLNU Athletic Training clinic. These courses provide a keystone educational experience as the AT students are immersed into an Athletic Training clinical culture for the first time. ATSs learn firsthand about providing athletic healthcare in a high school setting, they gain a first experience with general training room operations, contact and collision sport athletes, and upper and lower extremity injury evaluation. In this setting, AT students treat both male and female high school athletes in an ethnically-diverse setting.

Clinical Internship I is an equipment intensive clinical theme; students gain proficiency in inspection and fitting of sport equipment including football, lacrosse and ice hockey helmets and shoulder pads. All students are involved in the Athletic Training of athletes in football, volleyball and cross-country. They interact with family physicians and an orthopedist at three Monday evening injury clinics during the semester.

Clinical Internship II is a lower extremity intensive clinical that meets one half of the allotted time (4 hrs per week) at Point Loma High working with a wrestling, soccer and track and field clientele and the balance of the time (6 hrs per week) in the PLNU Athletic Training Clinic working with a variety of collegiate athletes of both genders.

Students accomplish two Clinical Practicums in the second year of the ATEP at the PLNU campus. The hallmark of the second year of clinical experiences occurs as students are assigned an athletic team and provide care under the guidance of that team's Athletic Trainer/ACI. Students work with athletes from men's soccer, women's soccer, volleyball or cross-country.

Clinical Practicum I has upper extremity, spinal and therapeutic exercise emphases (Assessment of Head, Spinal and Upper Extremity Pathology and Therapeutic Exercise are concurrent didactic courses). Students work with athletes from men's soccer, women's soccer, volleyball or cross-country.

Clinical Practicum II has an upper extremity, spine and therapeutic modalities emphasis. The Assessment of Head, Spinal and Upper Extremity Pathology course is completed the semester prior to the course,

<p>and Therapeutic Modalities and Pharmacology is a concurrent course. Students work with athletes from two of the following sports: basketball, baseball, track, tennis.</p> <p>During the third and final year of the ATEP clinical experience, students complete Clinical Preceptorships I and II. These courses allow students to receive final instruction and experiences in a variety of medical settings.</p> <p>Clinical Preceptorship I is a fall clinical experience in which students gain a robust breadth of experiences in athletic training, physical therapy, orthopaedics and general medicine through three 5-week rotations. The specific clinical focus of the fall semester is general medical illnesses and injuries.</p> <p>The clinical rotations provide a dynamic professional development process for the ATS during the final year of their clinical education experience. The cohort of students is divided for the first two five week rotations. One half of the cohort does a clinical rotation at OASIS Medical Group while the other half does the initial rotation at Rehab United Physical Therapy. At OASIS Medical Group students do a minimum of two sessions per week, one surgical and the other back office, with the physician or physician assistant for 3 hours each. Clinical Instructors are Dr. David Chao and AJ Durfee, PA-C. For the third rotation, one half of the cohort goes to either Pacific Beach Urgent Care (a family practice facility) or Fassett-Allen Family practice. Each ATS is required to do PLNU clinic rotation 2 hours/week under the supervision of Dr. Susan Ganz during which they participate in the peer educator facet of the ATEP. When participating at PLNU, students are under the direction of the PLNU ACIs and supervised by Leon Kugler, ACI. For a summary of the clinical preceptorship rotations, see <i>document 12a and Appendix 15: ATR 493 and 494 syllabi</i>.</p> <p>Clinical Preceptorship II, the final clinical experience, allows for continued experience in the PLNU Athletic Training Clinic for a minimum of 4 hours/week. The academic focus of this spring experience is on review of all previously-learned educational competencies and clinical proficiencies in preparation for the NATABOC examination.</p> <p><u>Self-study Findings and Proposed Adjustments:</u></p> <ul style="list-style-type: none"> ➤ <u>Finding:</u> The clinical settings are appropriate in type, variety and sequencing for meeting the Standard to provide students with a variety of patient populations and health care settings. 	
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- 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 - Narrative	Appendix J: Document
<p>Page Reference in Appendix J: J5: Page 1-2</p> <p>J5 Narrative: Describe how the program meets the criteria defined in J5. Each year the ATEP Program Director and Faculty ACIs conduct an</p>	<p>J5 Copy of one completed clinical site evaluation form for <u>each</u> clinical</p>

<p>evaluation of ACI/CIs and clinical sites via the assessment tools listed in Document H2 (<i>Documents: ACI Self Assessment, Evaluation of ACI and Clinical Experience by ATS.</i>)</p> <p>The assessment process involves site visits each semester by the PD to each clinical site. Site visits include assessment of the quality and maintenance of all equipment necessary to accomplish the Competencies, review of policies and procedures to ensure that CAATE and OSHA standards are being met, and ongoing discussions with the ACIs/CIs concerning the ATSS and the program. Students and ACIs are encouraged on the assessment forms to give feedback to the PD on areas of the clinical education program that may need change.</p>	<p>site listed on Table A4a, signed/dated by person completing evaluation</p>
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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®.

Criteria for Review: - Reference to Appendix B	Appendix J:Table
<p>Page Reference in Appendix B: B3.2a: Page 1</p> <p>The clinical education program and associated clinical experiences is outlined in the narrative for Standard I2.3.</p> <p>While the PLNU ATEP does not have a comprehensive hour requirement for students to complete, each of the six clinical education courses in the program does include a weekly hour requirement. Five of the six clinical education courses occur under the direct supervision of PLNU faculty ACIs. Clinical Preceptorship I occurs under the direct supervision of ACIs and CIs. Thus, approximately 90% of the ATSS clinical experiences occur under the direction of ACIs who are Certified Athletic Trainers.</p> <p>Specifically, the clinical experiences associated with ATR 493 include the settings of athletic training (supervisors Brandon Sawyer and Susan Ganz, ATCs/ACIs), physical therapy (supervisors Bryan Hill, Sean Hill, Julie Barr, CIs) orthopaedics (supervisors AJ Durfee, ACI and Dr. David Chao, CI) and general medicine (supervisors Dr. Joseph Allen, CI and Dr. Ken Anderson, CI).</p> <p>Self-Study Finding:</p> <ul style="list-style-type: none"> ➤ The PLNU ATEP exceeds the J6 Standard for supervision of clinical experiences. 	<p>B3.2a ACI/CI Table B3.2a</p>



Commission on Accreditation
of Athletic Training Education

Report for On-Site Visit

Report of On-Site Evaluation

CONFIDENTIAL

(Not to be duplicated)

The purpose of this form is to elicit an analysis of the educational effectiveness of the program being reviewed in meeting the **CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs**. The form is to be completed jointly by members of the evaluation team and returned to the CAATE office via electronic message.

Name of Institution:	Point Loma Nazarene University
City, State:	San Diego, California
Dates of Visit:	March 23-25, 2009
Type of Program:	Baccalaureate <input checked="" type="checkbox"/>
	Entry-Level Masters <input type="checkbox"/>
Degree Awarded:	Bachelor of Arts in Athletic Training
Major Awarded:	Athletic Training
Type of Accreditation:	Initial <input type="checkbox"/>
	Continuing <input checked="" type="checkbox"/>
Program Director:	Jeff Sullivan, PhD, ATC
Chair (or comparable official):	Rebecca Havens, PhD Dean, College of Social Sciences and Professional Studies
Medical Director	David Chao, MD
Site Visitor (Chair):	Roger Clark, PhD, ATC
Site Visitor:	Mark Bohling, MS, ATC

Silent Observer:

Individuals Interviewed During On-Site Visit

Please list the individuals interviewed during the onsite visit. List the highest administrator interviewed first (e.g. President), following order of hierarchy. This list of interviewees must include those individuals identified by the CAATE on-site visit policies and procedures manual. Be sure to include the name, credentials (e.g. PhD, EdD, MS, ATC), and position in relation to the program.

Name and Credentials	Title
John Hawthorne, PhD	Provost and Chief Academic Officer
Rebecca Havens, PhD	Dean, College of Social Science and Professional Studies; Vice Provost for Educational Effectiveness
Jeff Sullivan, PhD, ATC	ATEP Director; Chair, Department of Kinesiology
David Chao, MD	Medical Director; CI - OASIS Medical Group
Leon Kugler, PhD, ATC	Professor of Kinesiology; ACI - Point Loma Nararene University
Susan Gantz, PhD, ATC	Professor of Kinesiology; ACI - Point Loma Nararene University
Brandon Sawyer, MEd, ATC	Assistant Professor of Kineisology; ACI - Point Loma Nararene University
Lindsay Donnelly, ATC	Adjunct Faculty of Kinesiology; ACI - Point Loma High School
Anthony (AJ) Durfee, MS, PA-C	ACI - OASIS Medical Group
Matt Bridges	Senior ATS
Allison Hoist	Senior ATS
Kelly Ward	Senior ATS
Joy Wright	Senior ATS
Charles Huynh	Junior ATS
Natalee Laughter	Junior ATS
Nicole Romani	Junior ATS
Amy Supernaw	Junior ATS
Janelle Sanderson	Junior ATS
Adrienne Archer	Sophomore ATS
Darrel Dyas	Sophomore ATS

Eric Fragnoli	Sophomore ATS
Allyse Kramer	Sophomore ATS
Randi Rollofson	Sophomore ATS
Salvador Saldana	Sophomore ATS
Rebekah Grice	Pre-ATEP Student
Troy Litchfield	Pre-ATEP Student
Ryan Nokes	Pre-ATEP Student
Travis Rich	Pre-ATEP Student
Megan Skelton	Pre-ATEP Student
Sherene Sonboloi	Pre-ATEP Student
Ted Anderston, PhD	Professor- Physical Education
Rebecca Flietstra, Phd	Professor-Biology
Daryl Finch, ATC	Alumni
Megan Schutter, ATC	Alumni
Shannon Zola, ATC	Alumni
Denise Nelson, MS	Instructional Services Librarian; Liaison for Kinesiology Dept
Sean Hill, MPT, CSCS, FAFS	CI - Rehab United Physical Therapy; Owner
Julie Barr, MPT, CSCS, FAFS	CI - Rehab United Physical Therapy; PT Manager
Diane Rabello	Department Assistant Kinesiology/Athletics
Trevor Bostelaar	Assistant Director of Athletics

Overview of the Program

Please provide an overview of the program including a brief history, general strengths of the program, general weaknesses of the program.

Brief History of the Program

Point Loma Nazarene University(PLNU) is a private-christian, liberal arts university founded in 1902. It is located on the western slope of the peninsula, overlooking the Pacific Ocean in San Diego, California. The athletic programs participate within the NAIA. The ATEP is housed in the Department of Kinesiology in the College of Social Sciences and Professional Studies. In 1981, an emphasis in Exercise Science/Athletic Training was developed which served students pursuing the internship route to certification. In 2003, the ATEP was awarded initial accreditation from CAAHEP/CAATE.

General Strengths of the Program

- 1. All of the PLNU ACI's have both academic/athletic responsibilities. The students report how beneficial this is to their learning.**
- 2. The medical director provides tremendous leadership/support to the ATEP. He provides a tremendous learning opportunity for the students during the rotation at OASIS Medical Group.**
- 3. The OASIS Medical Group rotation is a wonderful orthopediac learning experience provided to the students. The students shadow and assist an Orthopedic Physician Assistant, serving as their ACI. They also observe several orthopedic surgeries during their rotation.**
- 4. Rehab United provides a unique Physical Therapy Rotation with focus on manual therapy and functional rehabilitation. The CI's at this site which are physical therapists are very supportive of athletic training education.**
- 5. Very evident, but also revealed in student and alumni interviews, is a very unique Faculty/Student relationship found in the ATEP. This relationship is described as "a family atmosphere." The faculty/ACI's are there for the students educationally, personally, and spiritually. Colleagues in the university report the presence of this relationship as well.**

- 6. The ATEP is able to provide an educational experience with a small instructor to student ratio which leads to ample hands-on learning opportunities.**
- 7. ATEP students and alumni reported they are very well prepared.**
- 8. The ATEP has its own budget for educational supplies and faculty development.**
- 9. There is evidence of very strong support for the ATEP from the upper administration (i.e., Dean and Provost).**

General Weaknesses of the Program

The lack of clinical coordinator position places these duties upon the already loaded Program Director and ATEP faculty.

There is a need for administrative assistant support for the ATEP and Kinesiology department that is not shared between departments.

General Requirements for Accreditation

Section D: Physical Resources

D1. Facilities

D1.1 Physical facilities must include:

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

Non-Compliant Evidence of NC with this Standard (if cited):

The athletic training room at Point Loma High School, an affiliated clinical site provides an inadequate clinical education environment. The athletic training students must enter the room through a boy's locker room. There is no sink or running water located in the room.

To demonstrate compliance with this Standard, the program must submit the following evidence:

- *Provide evidence that students have been relocated to an appropriate site where learning and practicing clinical skills may occur.*
- *These sites shall be confirmed via an affiliate agreement and agreements with qualified ACI/CIs who are able to appropriately supervise the athletic training student(s).*
- *Submit the completed agreement and documentation of ACI training and BOC cards/state licensure of each new ACI/CI.*
- *Submit completed Tables A4a, B2.2 and B3.2 for the current academic year.*

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.

Non-Compliant Evidence of NC with this Standard (if cited):

Interviews with students and clinical staff reveal that there are times the ATS at PLNU are not under direct supervision and are asked to travel without direct supervision. Students and ACI at PLHS also report that

students are not always under direct supervision. There is a First Responder Policy for PLNU, but it is evident that it is not properly followed. At PLHS there is no First Responder Policy.

To demonstrate compliance with this Standard, the program must submit the following evidence:

- *Please provide a revised First Aider Contract with language modified to indicate the unsupervised experiences are not required and are not a part of the requirements of the ATEP. It is recommended that the ATEP eliminate the First Aider contract as an ATEP document.*
- *Submit a document listing all current Clinical Instructors and ATs, signed and dated by all listed, attesting that they understand that First Aider experiences are not required by the ATEP and that these unsupervised experiences cannot be counted as clinical experiences of students enrolled in the ATEP.*

RECOMMENDATIONS RELEVANT TO THE PROGRAM

Recommendations are not designed to replace compliance with the *Standards*. A Program must demonstrate compliance with a standard first; recommendations should only serve to strengthen the academic program. If a recommendation addresses a specific Standard, the evaluation team should ensure that in fact, the Standard has been met. All recommendations must be listed numerically.

1. Investigate and discuss the possibility of balancing the athletic training students' workloads both academically and clinically during the junior and senior years.
2. With growth in student numbers in the ATEP, the required clinical faculty to student 8:1 ratio will be exceeded, especially during the rotation at PLHS.
3. Look for additional opportunities to provide more General Medical exposure to students.
4. Stress the use of proper terminology among all parties (i.e., athletic training student instead of student athletic trainer).
5. Investigate strategies for maintaining a balance between the ATEP's academic and athletic services components.
6. Continue work to insure a balanced and reasonable work load for athletic training faculty (i.e., academic load and athletic training service load).
7. Continue work on developing your Master Assessment Plan.

Section D: Physical Resources

D1. Facilities

D1.1 Physical facilities must include:

D1.13 clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution, and
Non-Compliant Evidence of NC with this Standard (if cited):

The athletic training room at Point Loma High School, an affiliated clinical site provides an inadequate clinical education environment. The athletic training students must enter the room through a boy's locker room. There is no sink or running water located in the room.

To demonstrate compliance with this Standard, the program must submit the following evidence:

- *Provide evidence that students have been relocated to an appropriate site where learning and practicing clinical skills may occur.*
- *These sites shall be confirmed via an affiliate agreement and agreements with qualified ACI/CIs who are able to appropriately supervise the athletic training student(s).*
- *Submit the completed agreement and documentation of ACI training and BOC cards/state licensure of each new ACI/CI.*
- *Submit completed Tables A4a, B2.2 and B3.2 for the current academic year.*

Program Response: To address the non-compliance with this standard, the Program Director met with the ATEP Faculty at PLNU, and with the Vice Principal and Athletic Director at Point Loma High School (PLHS). It should be noted that at the outset of our clinical affiliation with PLHS, we communicated clearly that unless a new athletic training room was provided, we could not maintain a relationship with PLHS because the current athletic training room was located in the boy's locker room and did not have running water. An extremely satisfying result of this communication was that the Principal and Vice Principal began the planning and funding of a new multimillion dollar facility to include a state-of-the-art athletic training room. No such facility currently exists for any high school in the San Diego Unified School District. This building is scheduled to break ground in August, 2009 (please see Appendix 1: Blueprints). Because of this promising development, we contend that it is most beneficial for our students to continue at PLHS as the building is being completed, rather than to establish a new high school site (see Table A4a).

We therefore presented the CAATE's decision of non-compliance on the current athletic training room to the Vice Principal and Athletic Director at PLHS. These gentlemen agreed that the relationship must be maintained and committed to a new site out of which the PLNU athletic training students will continue in their clinical experience in football at PLHS during the 2009-10 year. The Athletic Director has provided a 500+ square foot room to become the new athletic training room, located immediately adjacent to the football field (Please refer to pictures immediately following this response). This room is located in the first floor of the gymnasium, immediately below the previous athletic training room, which was located in the boy's locker room. This new site

provides running water, and drinking fountains/sink, for appropriate wound care and sanitation. The facility will allow students to wash hands and cleanse wounds to safeguard against contamination of themselves or the patients with whom they come into contact. Further, both a women's and men's restroom is located immediately outside of the facility (10 feet away), so that students and clinical faculty can have access to these facilities for wound care, etc. This new site will provide an appropriate clinical education site during the 2009-10 academic year, while the new facility is being constructed to be occupied in fall, 2010.

Also, because we admitted 12 students this year into the ATEP who will begin their first year clinical experience at PLHS, we have hired a second Clinical Instructor--Megan Schutter, ATC--to provide supervision for 4 of the students during the 2009-10 academic year (please see Tables B2.2, B3.2a and document "BOC card" for Megan Schutter, ATC). This will enhance the clinical education of the cohort and will maintain an effective faculty to student ratio. Clinical proficiencies will be instructed by Lindsay Donnelly and Megan Schutter. All proficiencies will be evaluated by Professor Donnelly, ACI.

The model below outlines the clinical experience rotation for the fall of 2009:

Monday:Lindsay Donnelly, ACI will direct and supervise a weekly Doctor's clinic. Six students will rotate, presenting to the team physician the injuries sustained during the games/practices of the previous week.

Tuesday: Megan Schutter, CI, will direct and supervise the students assigned to her (Table B2.2: 2009-10) from 1:00-5:30pm in the athletic training room.

Wednesday: Lindsay Donnelly, ACI, will direct and supervise the students assigned to her (Table B2.2: 2009-10) from 1:00-5:30pm in the athletic training room.

Thursday or Friday: Student will provide game coverage under the direct supervision of Lindsay Donnelly or Megan Schutter; each student will be assigned to their CI for 8 varsity and 2-4 junior varsity football games. On the Monday following each game, students covering that game will present cases during the Doctor's clinic as mentioned above.

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.

Non-Compliant Evidence of NC with this Standard (if cited):

Interviews with students and clinical staff reveal that there are times the ATS at PLNU are not under direct supervision and are asked to travel without direct supervision. Students and ACI at PLHS also report that students are not always under direct supervision. There is a First Responder Policy for PLNU, but it is evident that it is not properly followed. At PLHS there is no First Responder Policy.

To demonstrate compliance with this Standard, the program must submit the following evidence:

- *Please provide a revised First Aider Contract with language modified to indicate the unsupervised experiences are not required and are not a part of the requirements of the ATEP. It is recommended that the ATEP eliminate the First Aider contract as an ATEP document.*
- *Submit a document listing all current Clinical Instructors and ATSS, signed and dated by all listed, attesting that they understand that First Aider experiences are not required by the ATEP and that these unsupervised experiences cannot be counted as clinical experiences of students enrolled in the ATEP.*

Program Response: Because the CAATE recommended that we "eliminate the First Aider contract as an ATEP document," the Program Director met with the ATEP faculty, the Athletic Director, and the Vice President for Student Development to determine the feasibility of this strategy. Based on these meetings, we decided to eliminate the First Responder Policy from the PLNU ATEP. Beginning in fall 2009, athletic training students will no longer act as First Responders in any capacity as students in the PLNU ATEP.

To accomplish the medical coverage for the athletic competitions that cannot be covered by the full-time PLNU athletic training staff, the Head Athletic Trainer and the Athletic Director have agreed to hire and utilize a Certified Athletic Trainer as an independent contractor. We have identified 3 alumni of PLNU who will serve in this role to provide healthcare coverage primarily for non-conference, away competitions. This strategy will effectively eliminate the First Responder Policy beginning next academic year. The Program Director, Head Athletic Trainer, and Athletic Director will evaluate this policy at the end of the 2009-10 academic year.

A second component of our non-compliance involved students "not always under direct supervision" at Point Loma High School. This was an important finding of the site visitors as the program director was unaware of these few hours in which students were

unsupervised. The ATEP has addressed this non-compliance by hiring a second Clinical Instructor, Megan Schutter, ATC, who is a PLNU alumna. Please see a more detailed explanation and response accompanying Standard D1.1 above. In addition, because the noncompliance issue occurred in the spring semester, Lindsay Donnelly, the ACI for the clinical experience at Point Loma High School will no longer provide coverage for multiple sports during the spring. She will instead focus on lower extremity dominant sports (i.e., basketball, soccer) during the spring semester since this is the theme of the clinical course ATR 291.

ATEP Meeting
4/31/09
Accreditation Site Visit Report—Rejoinder

- Dr. Clarke and Mark Bohling captured our general strengths very well.
- They support us toward our strategy with the administration by documenting the need for a CEC and for more administrative assistant support.

Standard D1

D1. Facilities D1.1 Physical facilities must include: **D1.13** clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution, and

Non-Compliant

Evidence of NC with this Standard (if cited):

The athletic training room at Point Loma High School, an affiliated clinical site provides an inadequate clinical education environment. The athletic training students must enter the room through a boy's locker room. There is no sink or running water located in the room. *To demonstrate compliance with this Standard, the program must submit the following evidence:*

- *Provide evidence that students have been relocated to an appropriate site where learning and practicing clinical skills may occur.*
- *These sites shall be confirmed via an affiliate agreement and agreements with qualified ACI/CIs who are able to appropriately supervise the athletic training student(s).*
- *Submit the completed agreement and documentation of ACI training and BOC cards/state licensure of each new ACI/CI.*
- *Submit completed Tables A4a, B2.2 and B3.2 for the current academic year.*

- **My Summary:** The CAATE suggests that we can't fix the problem by locating another site at PLHS in which to temporarily operate a training room until the new building is built. Apparently we will need to relocate, establish an affiliation agreement, and train a new ACI
- **Options to demonstrate compliance:**
 - Santa Fe Christian high school affiliation
 - 5-week rotation model similar to ATR 493 and many other programs
 - Alternate day rotation model as done at SUHI (not a safe option)
 - Add another CI at PLHS: Megan Schutter?

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.

Non-Compliant

Evidence of NC with this Standard (if cited)

Interviews with students and clinical staff reveal that there are times the ATS at PLNU are not under direct supervision and are asked to travel without direct supervision. Students and ACI at PLHS also report that students are not always under direct supervision. There is a First Responder Policy for PLNU, but it is evident that it is not properly followed. At PLHS there is no First Responder Policy. *To demonstrate compliance with this Standard, the program must submit the following evidence:*

• *Please provide a revised First Aider Contract with language modified to indicate the unsupervised experiences are not required and are not a part of the requirements of the ATEP. It is recommended that the ATEP eliminate the First Aider contract as an ATEP document.*

• *Submit a document listing all current Clinical Instructors and ATs, signed and dated by all listed, attesting that they understand that First Aider experiences are not required by the ATEP and that these unsupervised experiences cannot be counted as clinical experiences of students enrolled in the ATEP.*

- **My Summary:** The CAATE recommends that we eliminate the First Responder contract altogether.
- **Options to demonstrate compliance:**
 - Eliminate FR as ATEP document; ATs are independent contractors with PLNU Athletics

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 institution.

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 an ACI or CI in the clinical setting.

- The General Recommendations sited on page 10 are areas that we can discuss for future growth, some suggestions are very good.
 - Topic 2 answers our question about whether we can alternate students at PLHS (or anywhere else) to insure the 8:1 ratio, the implied answer is “No”.

Alignment of Kinesiology & ATEP Learning Outcomes to PLNU Institutional Learning Outcomes (ILOs)

ILO1. Learning, Informed by our Faith in Christ

Members of the PLNU community will

ILO1.a display openness to new knowledge and perspectives;

Kinesiology Learning Outcome: Students will engage and demonstrate competence in current knowledge in human movement, physical fitness and allied healthcare

ATEP Learning Outcome: Students will demonstrate cognitive and psychomotor competence in the 12 content areas of the Athletic Training Educational Competencies.

ILO1.b think critically, analytically, and creatively; and

Kinesiology Learning Outcome: Students will critically evaluate, creatively apply and effectively communicate essential information in their discipline

ATEP Learning Outcome: Students will exhibit advancing clinical proficiency in the practice of Athletic Training through:

- development in knowledge, psychomotor skills and clinical reasoning
- application of evidence-based decision making.

ILO 1.c communicate effectively.

Kinesiology Learning Outcome: see 1b above

ATEP Learning Outcome: Students will be able to speak and write coherently on information in athletic training, and communicate it effectively to a target audience.

ILO2. Growing, In a Christ-centered Faith Community

Members of the PLNU community will

2.a demonstrate God-inspired development and understanding of others,

Kinesiology Learning Outcome: Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.

ATEP Learning Outcome: Students and graduates will demonstrate the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner, integrating the Christian faith with clinical practice.

2.b living gracefully within complex environmental and social contexts.

Kinesiology Learning Outcome: Students will apply their emerging knowledge for the benefit of their clients, patients and the community.

ATEP Learning Outcome: Students will prepare to serve a diverse environment through experience with a variety of patient populations and clinical settings, and with various allied healthcare professionals.

ATEP Learning Outcome: Graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.

ILO3. Serving, In a Context of Christian Faith

Members of the PLNU community will

3.a engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility,

Kinesiology Learning Outcome: Students will serve others in clinical, educational and/or athletic settings as they live out their vocation & calling.

3.b serving both locally and globally.

ATEP Learning Outcome: Graduates will be prepared for careers that utilize Certified Athletic Trainers, or for graduate study and employment in allied healthcare professions.

Alignment of Kinesiology & ATEP Learning Outcomes to PLNU Institutional Learning Outcomes (ILOs)

ILO1. Learning, Informed by our Faith in Christ

Members of the PLNU community will

ILO1.a display openness to new knowledge and perspectives;

Kinesiology Learning Outcome: Students will engage and demonstrate competence in current knowledge in human movement, physical fitness and allied healthcare

Exercise Science Learning Outcome: Students will demonstrate cognitive and psychomotor competence in the assessment of structure and function of the body including typical, anomalous and pathological states.

ILO1.b think critically, analytically, and creatively; and

Kinesiology Learning Outcome: Students will critically evaluate, creatively apply and effectively communicate essential information in their discipline

Exercise Science Learning Outcome: Students will write technically in the context of the review and synthesis of professional literature.

ILO 1.c communicate effectively.

Kinesiology Learning Outcome: Students will critically evaluate, creatively apply and effectively communicate essential information in their discipline

Exercise Science Learning Outcome: Students will communicate orally to a target audience in topics of medicine and exercise science.

ILO2. Growing, In a Christ-centered Faith Community

Members of the PLNU community will

2.a demonstrate God-inspired development and understanding of others,

Kinesiology Learning Outcome: Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.

Exercise Science Learning Outcome: Students will conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body.

2.b living gracefully within complex environmental and social contexts.

Kinesiology Learning Outcome: Students will apply their emerging knowledge for the benefit of their clients, patients and the community.

Exercise Science Learning Outcome: Undergraduates and alumni will relate to and promote the well being of clients and community members

Exercise Science Learning Outcome: Undergraduates and alumni through volunteer or professional settings will live ethically and treat others as they wish to be treated as per the example of Jesus Christ

ILO3. Serving, In a Context of Christian Faith

Members of the PLNU community will

3.a engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility,

Kinesiology Learning Outcome: Undergraduates and alumni will live ethically and treat others ethically as per the example of Jesus Christ

3.b serving both locally and globally.

Exercise Science Learning Outcome: Students can articulate their post graduate educational and career callings in light of their life purposes.

Department of Kinesiology

Bachelor of Arts in Physical Education

National Standards	Program Review	Learning Outcomes	Where are learning outcomes published?	Assessment Measurement Tools	Criteria for Success	Data Collected Over Time Period	Findings from Data Collection	Resulting Program Changes
California Commission on Teacher Credentialing (CCTC)	1998-1999 and 2004-2005	1. TEACH: Students will perceive the importance of healthy lifestyle choices	Kinesiology Department Website	Pre/post survey at beginning and end of PED 100 and PED 300	80% of students will rate items important (physical activity to maintain health, healthful diet and exercise linked to disease prevention)	2006-2007	Initial data will be collected in the Fall of 2006 and used with data collected in Spring of 2007	Faculty for each course to review assignments that meet the outcomes of program.
				Standardized competency exams	80% of the students will fall at or above the national norm on the Praxis exam	Ongoing	Initial data will be collected for seniors in Spring of 2007	Faculty for each course to review assignments that meet the outcomes of program.
				Determination of content competency by exam or successful program completion	Students will demonstrate content competency through CSET test scores or from successful completion of program content requirements for majors	Ongoing - Senior year	Initial data will be collected for seniors in Spring of 2007	Faculty for each course to review assignments that meet the outcomes of program.
		2. SHAPE: Students will demonstrate a lifestyle of healthful eating	Kinesiology Department Website	Pre/post survey at beginning and end of PED 100 and PED 300	80% of students will demonstrate improved eating habits from pre to post survey as a result of course	2006-2007	Initial data will be collected in the Fall of 2006 and used with data collected in Spring of 2007	Faculty for each course to review assignments that meet the outcomes of program.
				3. SHAPE: Students will demonstrate a lifestyle of physical activity	Pre/post survey at beginning and end of PED 100 and PED 300	80% of students will demonstrate improved physical activity from pre to post survey as a result of course (change from inactivity to activity)	2006-2007	Initial data will be collected in the Fall of 2006 and used with data collected in Spring of 2007
		4. SHAPE: Physical education majors will understand how to apply Biblical stewardship principles via their physical bodies	Kinesiology Department Website		Physical skills battery	80% will meet state required skills competencies	Senior year	Initial data will be collected in the Fall of 2006 and used with data collected in Spring of 2007
				Pre/post survey at beginning and end of KPE 440	80% of students will articulate at least 2 ways they can apply Biblical stewardship principles via their physical bodies	Senior year	Initial data will be collected in the Fall of 2006 and used with data collected in Spring of 2007	Faculty for each course to review assignments that meet the outcomes of program.
		5. SEND: Physical education majors will be able to function appropriately in a variety of physical education environments	Kinesiology Department Website	Supervisor evaluation of KPE 415 students in on-site teaching experience in collaboration with local school site evaluator.	80% of students will be rated at 8 or better on 10-point scale	Ongoing	Initial data will be collected in the Fall of 2006	Faculty to review evaluation results and procedures to ensure alignment with state program standards
				Alumni survey - web based	90% of all respondents confirm that graduates were well-prepared for their first employment in the variety of physical education environments	Annual	Initial data will be collected Fall 2007	Faculty to review evaluation results and procedures to more effectively meet program requirements
		6. SEND: Physical education majors will demonstrate a lifestyle of service to others	Kinesiology Department Website	Survey - KPE 440	80% participate in service project; 50% predisposed to future service	Annual	Initial data will be collected in the Fall of 2006	Separate assessment data will be applied at next review process

Assessment Diagram of the Athletic Training Education Program (ATEP) Learning Outcomes, Curriculum Map and Assessment Overview

Institutional Learning Outcome	Kinesiology Dept. Learning Outcome	ATEP Learning Outcome	Curriculum Map: How students master learning outcomes			Method of Assessment	Global/Absolute Measure	Criteria for Success			
			Introduced	Developed <small>(and practiced with feedback)</small>	Mastered <small>(appropriate for graduation)</small>						
<p>Learning: <i>Informed by our Christian Faith</i></p> <p>Members of the PLNU community will:</p> <ul style="list-style-type: none"> display openness to new knowledge and perspectives think critically, analytically, and creatively and communicate effectively 	<p>Students will engage and demonstrate competence in foundational knowledge in human movement, physical fitness and allied healthcare; evidenced by the ability to critically evaluate, creatively apply and effectively communicate essential information in their discipline.</p>	<p>Students will demonstrate cognitive and psychomotor competence in the content areas of the Athletic Training <i>Educational Competencies</i>.</p>	See <i>Conscious Competence</i> document for overview:			<p>Didactic & lab practical exams; Clinical Proficiency exams in 6 clinical courses</p>	<p>National Board of Certification (BOC) Exam</p>	<p>>90% of students will pass the Clinical Proficiencies in 6 clinical courses (i.e., perform at an “<i>autonomous</i>” level on real or simulated patients as evaluated by Approved Clinical Instructors).</p>			
		<p>Students will advance in clinical proficiency in the practice of Athletic Training through:</p> <ul style="list-style-type: none"> development in clinical skills and reasoning application of evidence-based decision making. 	<p>BIO 130 & 140 KPE 280,280L 325,327, ATR 290 & 291</p>	<p>ATR 290,291, 388,390,391,410, 415</p>	<p>ATR 388, KPE 440,494,494,460</p>					<p>Lab practical exams in didactic courses</p> <p>Clinical Proficiency testing in 6 clinical practicum courses by Approved Clinical Instructors (“Authentic Assessment”: performance of clinical proficiencies at “<i>autonomous</i>” level on real or simulated patients)</p>	<p>All students will perform 100% of the proficiencies at an Autonomous level—demonstrating an emerging mastery—to advance in the clinical education component of the ATEP.</p>
		<p><i>Information Literacy:</i> Students will be able to write coherently on information in athletic training. Students will communicate effectively to a target audience.</p>	<p>KPE 101, 280</p>	<p>KPE 280, ATR 387, 388 HON 498 & 499</p>	<p>ATR 410, 415, 493, 494, KPE 440, 460 HON 498 & 499</p>					<p>Signature Assignments (writing across the curriculum):</p> <ul style="list-style-type: none"> Article Critiques (KPE280, ATR388,410) Review of Literature (KPE 101, ATR 388) Oral Presentation (ATR 410, 493, KPE 312) Original Research Proposal (KPE 440) 	
<p>Growing: <i>In a Christ-Centered Faith Community</i></p> <p>Members of the PLNU community will:</p> <ul style="list-style-type: none"> demonstrate God-inspired development and understanding of self and others live gracefully within complex environmental and social contexts 	<p>Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.</p>	<p>Students will competently serve patients in a diversity of clinical environments, interacting with various allied healthcare professionals.</p>	<p>ATR 290, 291</p>	<p>ATR 390, 391</p>	<p>ATR 493, 494</p>	<p>Evaluation of Athletic Training Student by the following Healthcare Providers^A:</p> <ul style="list-style-type: none"> High School & Collegiate Athletic Trainer Orthopedic Physician/Physician Assistant Physical Therapist General Medicine Physician (DO) 	<p>All students will perform at an “<i>autonomous</i>” level as evaluated by Approved Clinical Instructors.</p>				
	<p>Students will apply their emerging knowledge for the benefit of their clients, patients and the community.</p>	<p>ATEP graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.</p>	<p>ATR 290, 291</p>	<p>ATR 390, 391</p>	<p>ATR 493, 494</p>	<p>Mock Certification Exam^A (ATR 493); Peer Teaching & Mentoring</p>	<p>National Board of Certification (BOC) Exam^A</p>	<p>80% of students will score 70% or better on all domains of the NATA Mock Certification Exam in ATR 493.</p>	<p>90% of students will pass the BOC certification exam after 2 attempts; <5% will fail to pass in 3 attempts.</p>		
<p>Serving: <i>In a Context of Christian Faith</i></p> <p>Members of the PLNU community will:</p> <ul style="list-style-type: none"> engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility serve both locally and globally. 	<p>Students will serve others in clinical, educational and/or athletic settings as they live out their vocation & calling.</p>	<p>Students and graduates will integrate the Christian faith with their clinical practice by exhibiting the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner.</p>	<p>ATR 290, 291</p>	<p>ATR 390, 391</p>	<p>ATR 460, 493, 494</p>	<p>Assessment of Student Clinical Performance^A by Approved Clinical Instructor in 6 practicum courses; Peer Teaching & Mentoring; Student Journal and <i>ePortfolio</i>^{A,3}</p>					
		<p>Graduates will be prepared for:</p> <ul style="list-style-type: none"> careers that utilize Certified Athletic Trainers &/or graduate study and employment in allied healthcare professions 	<p>KPE 280, ATR 290, 291</p>	<p>ATR 290, 291</p>	<p>ATR 460, 493, 494</p>	<p>Alumni Survey³; Preparedness for Employment in AT³; Assessment of ATEP by seniors^A; Graduate School Evaluation of Alumni⁵; Employer Ratings of Alumni⁵</p>	<p>85% of graduates will be rated in the top 50% by their graduate school supervisor or employer</p>				

A – means that the measure is done annually (once for every cohort, or for each time the specific course is offered)

3 – means that the measure is done every three years (once for every generation of ATEP students, every 3 years)

5 – means that the measure is done every five years (once per PR cycle, as outcome has been phased into the assessment cycle)

**Assessment Diagram of the
Exercise Science Major**
Learning Outcomes, Curriculum Map and Assessment Overview

Institutional Learning Outcome	Mission Statement Component	Kinesiology Dept. Learning Outcome	Learning Outcome	Curriculum Map			Method of Assessment	Criteria for Success
				Introduced	Reinforced	Mastered		
<p>Learning: <i>Informed by our Christian Faith</i></p> <p>Members of the PLNU community will:</p> <ul style="list-style-type: none"> display openness to new knowledge and perspectives think critically, analytically, and creatively and communicate effectively 	<p><i>...learning community where minds are engaged and challenged</i></p>	<p>Students will engage and demonstrate competence in current knowledge in human movement, physical fitness and allied healthcare; evidenced by the ability to critically evaluate, creatively apply and effectively communicate essential information in their discipline.</p>	Students can demonstrate cognitive and psychomotor competence in assessment of structure and function of the body including typical, anomalous and pathological states	KPE 280, 312, 325, 327	KPE 325, 327, 340	ATR 385, KPE440	<p>*Grand Functional Anatomy Exam KPE325</p> <p>*Case Report of Multisystem Disease ATR385</p> <p>*Peer reviewed Injury/Illness Assessment ATR385</p> <p>*Integration of Physical & motor fitness KPE440</p>	85% of students will score 80% or higher
			Students can write technically in the context of review and synthesis of professional literature.	KPE101	KPE 325,327,340	KPE 440	<p>Signature Assignments (writing across the curriculum):</p> <ul style="list-style-type: none"> Article Critiques (KPE280, KPE 325 327) Review of Literature (KPE 101, Original Research Proposal (KPE 440) 	<p>*100% of students will report in AMA style</p> <p>*85% of students will score 80% or above on assignment</p>
			Students can communicate orally to a target audience in topics of medicine and exercise science.	KPE 325, 327	ATR 385, KPE 312	KPE 440	<p>Oral presentations</p> <p>*Research proposal presentation KPE440</p> <p>*Public Health Presentation Breast&Testicular Self Exams ATR385</p>	<p>*Target audience will score student a 4 or higher on 5 pt Likert scale for content and presentation.</p>
<p>Growing: <i>In a Christ-Centered Faith Community</i></p> <p>Members of the PLNU community will:</p> <ul style="list-style-type: none"> demonstrate God-inspired development and understanding of self and others live gracefully within complex environmental and social contexts 	<p><i>...character is modeled and formed</i></p>	Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.	Students can conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body	KPE325	KPE327	KPE 440	<p>Jury of peers and professors will rate student on 5 pt Likert</p> <p>*Planes and Axes Model KPE325</p> <p>*Physics of the Movement I Can Teach Anyone KPE327</p> <p>* Integration of parameters of physical & motor fitness KPE440</p>	Judges will score student at 4 or higher on 5 pt Likert scale for content and presentation.
		Students will apply their emerging knowledge for the benefit of their clients, patients and the community.	Undergraduates and alumni can promote the well being of clients and community members	KPE 101	ATR 385	ATR 385	<p>*Results of clinical internship as assessed by Clinical Mentor in KPE488</p> <p>*Life Purpose Project for Undergraduates and Alumni</p>	Evidence of ethical and service rendered
<p>Serving: <i>In a Context of Christian Faith</i></p> <p>Members of the PLNU community will:</p> <ul style="list-style-type: none"> engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility serve both locally and globally. 	<p><i>...service becomes an expression of faith</i></p>	Students will serve others in clinical, educational and/or athletic settings as they live out their vocation & calling.	Students can articulate their post graduate educational and career callings in light of their life purposes	KPE 101	KPE 280	KPE440	<p>4th to 7th semester declaration of possible grad school choices including summary of pre-req's courses and internships. Submitted during academic advising.</p>	65% of students will participate in the formal graduate school program (Personal Statement, Mock Interviews, Internships)
		Undergraduates and alumni can report ethical treatment of others as per the example of Jesus Christ	KPE 101	ATR 385	KPE 440	<p>*10 Year Life Purpose -3 times as undergrad; 3 times post grad over 10 year period</p>	Evidence of moral ethical and God honoring practice	

**Assessment Diagram of the
Physical Education Program:
Learning Outcomes, Curriculum Map and Assessment Overview**

Institutional Learning Outcome	Mission Statement Component	Kinesiology Dept. Learning Outcome	Physical Education Program Learning Outcome	Curriculum Map			Method of Assessment	Criteria for Success	Global Measure of Learning Outcome		
				Introduced	Reinforced	Mastered					
<p>Learning: <i>Informed by our Christian Faith:</i> Members of the PLNU community will display openness to and mastery of new knowledge and perspectives, to think critically, analytically, and creatively and to communicate effectively.</p>	<p>....learning community where minds are engaged and challenged</p>	<p>Students will engage and demonstrate competence in current knowledge in human movement, physical fitness and allied healthcare; evidenced by the ability to critically evaluate, creatively apply and effectively communicate essential information in their discipline.</p>	<p>Students will learn and demonstrate content knowledge in the physical education framework of the 6 NASPE standards.</p> <p>Students will develop and practice strength training and conditioning programs according to NSCA guidelines.</p> <p>Student will learn to effectively and positively influence future clients toward lifelong fitness through physical activity.</p>	<p>See Physical Education Framework for California State Board of Education</p>			<p>Successful completion of practical lesson planning and implementation of lesson with a score 80% or higher on a 5 point rubric scale.</p>	<p>NSCA Exam, CSET Exam in Physical Education</p> <p>ETS: praxis overall score</p>			
			<p>PED 210, 211, 212&213; KPE 470</p>		<p>PED 480, PED 416; PED 308</p>	<p>PED300, 303</p>			<p>PED 301</p>	<p>PED 350</p>	<p>(300) Technology – spreadsheet assignment to determine BMR, BNI & diet analysis. (301) – Outside observation & research paper. (330) – Class presentation & research paper. (350) – interview of a coach, game management.</p> <p>“IS physically fit” – alumni survey (PL website or face book)</p>
			<p>Students will value, engage in, and demonstrate understanding of the components of a health, wellness and physical education program</p> <p>The student HAS learned skills necessary to perform a variety of health, wellness and physical activities, IS physically fit, DOES participate regularly in health, wellness and physical activity.</p>	<p>KPE 101, 280, PED</p>	<p>KPE 280, PED 213 HON 498&499</p>	<p>KPE 440, PED 308 HON 498 &499</p>			<p>Signature Assignments (writing across the curriculum):</p> <ul style="list-style-type: none"> Article Critiques (KPE 101, 280) Review of Literature (KPE 101) Lesson Plans (PED 213, PED 308) Original Research Proposal (KPE 440) 		
			<p>Students will be able to speak and write coherently on information in their discipline, and communicate it effectively to a target audience.</p>	<p>PED 100, 325, 327</p>	<p>PED 312, 325, 327</p>	<p>KPE 312, 430</p>			<p>Signature Assignments:</p> <ul style="list-style-type: none"> Lab Reports (KPE 312, 325, 327) Analysis of movement (KPE 325, 327) Self evaluation (KPE 325, 327) Research Proposal KPE 312) Pre & post fitness assessment and nutrition analysis. Assessment of preschoolers at ECC (KPE 312) <p>Motor learning individual project (KPE 312)</p>		
<p>Growing: <i>In a Christian Faith Community:</i> Members of the PLNU community will demonstrate God-inspired development and understanding of self and others, living gracefully within complex environmental and social contexts</p>	<p>....character is modeled and formed</p>	<p>Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.</p>	<p>Students will demonstrate the knowledge to determine developmental readiness to learn and refine motor skill and movement patterns in the student's they instruct.</p> <p>Students: KNOWS the implication of and the benefits from involvement in health, wellness and physical activities, VALUES health, wellness and physical activity and the contribution to healthful life-style.</p> <p>Students will gain appropriate and effective instruction related to students' cultures and ethnicities, personal values, family structures, home environments, and community values.</p>	<p>PED 100, 325, 327</p>	<p>PED 312, 325, 327</p>	<p>KPE 312, 430</p>	<p>Signature Assignments:</p> <ul style="list-style-type: none"> Lab Reports (KPE 312, 325, 327) Analysis of movement (KPE 325, 327) Self evaluation (KPE 325, 327) Research Proposal KPE 312) Pre & post fitness assessment and nutrition analysis. Assessment of preschoolers at ECC (KPE 312) <p>Motor learning individual project (KPE 312)</p>				
		<p>Students will apply their emerging knowledge for the benefit of their clients, patients and the community.</p>	<p>Physical Education graduates will demonstrate the knowledge and skills required of a physical educator, coach and strength and conditioning specialist.</p>	<p>KPE 312, 470 PED 350, 488, 488</p>	<p>KPE 312, 470 PED 350, 416, 488</p>	<p>(PED 416); Peer Teaching & Mentoring.</p> <p>Evaluation of internship for physical activity in the school. (KPE312)</p>			<p>Teaching Credential</p> <p>Practice test for NSCA certification (KPE 470)</p>		
<p>Serving: <i>In a Context of Christian Faith:</i> Members of the PLNU community will engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility, serving both locally and globally in a vocational and social setting.</p>	<p>....service becomes an expression of faith</p>	<p>Students will serve others in clinical, educational and/or athletic settings as they live out their vocation & calling.</p>	<p>Students and graduates will demonstrate the common values and behaviors of the physical education profession in a distinctly moral and ethical manner, integrating the Christian faith with clinical practice.</p>	<p>PED 484</p>	<p>PED 488, 490</p>	<p>PED 491</p>	<p>Participation in the community including: blood drive, angel tree, habitat for humanity, Haiti outreach, vitamin angel.</p>				
		<p>Graduates will be prepared for:</p> <ul style="list-style-type: none"> Careers that utilize Health, Wellness, Physical fitness professionals, and Physical Educators Graduate study or other employment in exercise and fitness professions or athletics 	<p>KPE 280, PED 300</p>	<p>PED 301, PED 484</p>	<p>PED 416, 488</p>	<p>Alumni Survey via face book</p> <p>Survey to measure the “IS physically fit” and “values health” via face book or PL website – seniors and Alumni. [need to develop]</p> <p>Assessment of student internships/observation by peer teaching and mentoring; student portfolio</p> <p>ETS praxis exam</p>					

Athletic Training Education Program Assessment Plan

The Athletic Training Education Program (ATEP) represents a major housed within the Department of Kinesiology and is in concert with the purposes of the department. As such, the mission statements of both entities are included here.

Kinesiology Department Mission Statement

The mission of the Department of Kinesiology is to prepare students to inform, maintain and improve the health, fitness and quality of life of themselves and the people they serve. The department is committed to educating our students and community in the science and benefits of optimal health and human performance; to developing in all students a lifelong habit of living healthfully; and to preparing students for the variety of career opportunities that utilize Kinesiology as a foundation. *(Revised 3/4/11)*

Athletic Training Education Program Mission Statement

The Athletic Training Education Program prepares students to become proficient professional practitioners, to pursue further education and professional standing in allied health care, to live lives of service as modeled by Jesus Christ, and to be liberally educated.

The Point Loma Nazarene University ATEP exists for the following purposes:

1. To provide an educational program for students desiring NATABOC Certification.
2. To provide students preparing for allied health professions the opportunity to practice the art of Athletic Training. Students gain first-hand experience working with student-athletes at PLNU, and gain clinical experience at off-campus sites in a variety of settings, with diverse patient populations and activity levels.
3. To contribute to quality care of PLNU student-athletes and clients at the affiliate clinical sites. This contribution lives out the service mission of a PLNU education.
4. To produce the above experiences within a Christian context where students offer encouragement and compassion to those with whom they interact.
5. To provide an atmosphere that emphasizes professional integrity and reflects the institution's mission statement.
6. To contribute to the PLNU community by working with Public Safety and the Wellness Center in disaster preparedness and emergency response.

Goals and Objectives of the Athletic Training Education Program (ATEP)

Upon completion of the ATEP, the successful student will be evaluated on the following goals and objectives:

Goal 1: Learning - *Information Literacy*

Students will:

- a. Demonstrate cognitive and psychomotor competence in the content areas of the Athletic Training Educational Competencies.
- b. Speak and write coherently on information in their discipline, and communicate it effectively to patients, the community, and all members of the health care team.
- c. Develop and utilize logic skills and a discriminating process that is foundational to clinical decision-making.

Goal 2: Growing - *Professional and Personal Development*

Students will:

- a. Demonstrate an advancing clinical proficiency in the practice of Athletic Training through development in knowledge, psychomotor skills and clinical reasoning.
- b. Employ critical thinking in their clinical judgment as they integrate best evidence in planning patient care.

Goal 3: Serving - *Service as an Expression of Christian Faith*

Students and/or Graduates will:

- a. Prepare to serve and adapt care for a diverse environment through experience with a variety of patient populations and clinical settings, and with various allied healthcare professionals.
- b. Demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.
- c. Demonstrate the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner, integrating the Christian faith with clinical practice.
- d. Prepare for careers that utilize Certified Athletic Trainers &/or prepare for graduate study or other employment in allied healthcare professions.

ATEP Student Learning Outcomes (Objectives)

1. Students will demonstrate cognitive and psychomotor competence in the 12 content areas of the Athletic Training Educational Competencies.
2. Students will exhibit advancing clinical proficiency in the practice of Athletic Training through development in knowledge, psychomotor skills and clinical reasoning, and through application of evidence-based decision making.
3. Students will be able to:
 - a. speak and write coherently on information in their discipline
 - b. effectively communicate to a target audience
4. Students will prepare to serve a diverse environment through experience with a variety of patient populations and clinical settings, and with various allied healthcare professionals.
5. Graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.
6. Students and graduates will integrate the Christian faith with their clinical practice by exhibiting the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner.
7. Graduates will be prepared for careers that utilize Certified Athletic Trainers &/or graduate study or other employment in allied healthcare professions.

Measures of Learning Outcomes

Direct Measures:

1. Percentage of students who pass the Clinical Proficiency exams in 6 clinical courses as evaluated by Approved Clinical Instructors (i.e., perform at an “*autonomous*” level on real or simulated patients).
2. Results of lab practical competency examinations in KPE 280L, ATR 387, 388, 410 and 415.
3. Results of evaluations of Athletic Training Students by Approved Clinical Instructors
4. Percentage of students who score 70% or better on the Mock Certification Exam in ATR 493.
5. Results of signature writing and speaking assignments across the curriculum:
 - Article Critiques in KPE 280, KPE 340, ATR 388 and ATR 410
 - Review of Literature in KPE 101 and ATR 388
 - Oral Presentation in ATR 410, 493 and KPE 312
 - Original Research Proposal in KPE 440

Indirect Measures:

6. Percentage of students who pass the National Board of Certification (BOC) Exam
7. Results of Alumni Survey on Preparedness for Employment in Athletic Training
8. Results of the Assessment of ATEP form completed by the senior cohort
9. Success of ATEP Alumni as evaluated by Graduate School advisor/program director
10. Success of ATEP Alumni as evaluated by their employer

TABLE 1. ATEP PROGRAM LEARNING OUTCOMES AND CORRESPONDING OUTCOME MEASURES

Upon Completion of the undergraduate program in Athletic Training, the successful student will have acquired the following knowledge, skills and abilities, and accomplished the following goals:

To do:

Create one table for each program and for Kinesiology Core Courses (*KPE 101, 280, 280L, 312, 325, 327, 340, 440*).

Explain the reason for each measure and what it accomplishes in the program?

	Direct Assessment Activities					Indirect Assessment Activities				
	Percentage of students who pass the Clinical Proficiency exams in clinical courses ATR 290, 291, 390, 391, 493, 494.	Results of lab practical competency examinations in KPE 280L, ATR 387, 388, 410 and 415	Percentage of students who score 70% or better on the Mock Certification Exam in ATR 493.	Results of signature writing and speaking assignments across the curriculum: article critiques, review of literature, oral presentation, research proposal.	Results of evaluations of Athletic Training Students by Approved Clinical Instructors	Percentage of students who pass the National Board of Certification (BOC) Exam	Results of Alumni Survey on Preparedness for Employment in Athletic Training	Results of the Assessment of ATEP form completed by the senior cohort	Results of Alumni Evaluation by Graduate School advisor	Results of Alumni evaluation by employer
Outcome										
Students will demonstrate cognitive and psychomotor competence in the 12 content areas of the Athletic Training Educational Competencies.		X				X				
Students will exhibit advancing clinical proficiency in the practice of Athletic Training through development in knowledge, psychomotor skills and clinical reasoning, and through application of evidence-based decision making.	X		X		X	X				
Students will be able to speak and write coherently on information in their discipline, and to communicate it effectively to a target audience.				X						
Students will prepare to serve a diverse environment through experience with a variety of patient populations and clinical settings, and with various allied healthcare professionals.					X	X				
Graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.	X	X	X		X	X				
Students and graduates will demonstrate the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner, integrating the Christian faith with clinical practice.					X			X	X	
Graduates will be prepared for careers that utilize Certified Athletic Trainers and for graduate study or other employment in allied healthcare professions						X	X	X	X	

Alignment of Kinesiology & ATEP Learning Outcomes to PLNU Institutional Learning Outcomes (ILOs)

ILO1. Learning, Informed by our Faith in Christ

Members of the PLNU community will

ILO1.a display openness to new knowledge and perspectives;

Kinesiology Learning Outcome: Students will engage and demonstrate competence in current knowledge in human movement, physical fitness and allied healthcare

ATEP Learning Outcome: Students will demonstrate cognitive and psychomotor competence in the 12 content areas of the Athletic Training Educational Competencies.

ILO1.b think critically, analytically, and creatively; and

Kinesiology Learning Outcome: Students will critically evaluate, creatively apply and effectively communicate essential information in their discipline

ATEP Learning Outcome: Students will exhibit advancing clinical proficiency in the practice of Athletic Training through:

- development in knowledge, psychomotor skills and clinical reasoning
- application of evidence-based decision making.

ILO 1.c communicate effectively.

Kinesiology Learning Outcome: see 1b above

ATEP Learning Outcome: Students will be able to speak and write coherently on information in athletic training, and communicate it effectively to a target audience.

ILO2. Growing, In a Christ-centered Faith Community

Members of the PLNU community will

2.a demonstrate God-inspired development and understanding of others,

Kinesiology Learning Outcome: Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.

ATEP Learning Outcome: Students and graduates will demonstrate the common values and behaviors of the Athletic Training profession in a distinctly moral and ethical manner, integrating the Christian faith with clinical practice.

2.b living gracefully within complex environmental and social contexts.

Kinesiology Learning Outcome: Students will apply their emerging knowledge for the benefit of their clients, patients and the community.

ATEP Learning Outcome: Students will prepare to serve a diverse environment through experience with a variety of patient populations and clinical settings, and with various allied healthcare professionals.

ATEP Learning Outcome: Graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.

ILO3. Serving, In a Context of Christian Faith

Members of the PLNU community will

3.a engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility,

Kinesiology Learning Outcome: Students will serve others in clinical, educational and/or athletic settings as they live out their vocation & calling.

3.b serving both locally and globally.

ATEP Learning Outcome: Graduates will be prepared for careers that utilize Certified Athletic Trainers, or for graduate study and employment in allied healthcare professions.

Appendix 1. The Assessment Plan of the Athletic Training Education Program

as submitted to the Commission on Accreditation of Athletic Training Education (CAATE), Spring 2009

The Point Loma Nazarene University ATEP is evaluated utilizing each of the forms listed below. Data obtained from the evaluation forms provide a thorough assessment of the didactic and clinical outcomes and the instructional effectiveness of the program.

Appendix 1 includes a copy of each of the categories of evaluation tools listed below.

Assessments of Achievement Outcomes Relative to the Educational Mission and Goals.

- Assessment of student clinical performance by the ACI
- Beginning level didactic course competency evaluation
- Beginning level clinical course proficiency evaluation
- Advanced level didactic course competency evaluation
- Advanced level clinical course proficiency evaluation
- Beginning level cognitive examination
- Advanced level cognitive examination
- ATEP assessment by third year students (*initiated 2008-09*)
- ATEP assessment by graduates:
 - Preparedness for Employment in AT
 - BOC Examination Preparation
- Alumni assessment by employer

Assessments of Learning Effectiveness:

- Evaluation of ACI and Clinical Experience by ATS
- Integrated Student Presentations: ATR 410, ATR 385.
- Student *EPortfolio*
- Competency Matrix

Assessments of the Quality of Didactic Instruction:

Each faculty member undergoes the following assessments at time intervals based upon their academic rank:

- IDEA™ or SIR™ faculty evaluation forms
- Peer evaluation
- Kinesiology department electronic evaluation (student assessment of didactic course professor)
- Faculty Self / Department Chair evaluation
- Assessment of didactic course professor by Program Director

Assessments of the Quality of Clinical Instruction:

- Evaluation of ACI and Clinical Experience by ATS
- ACI Self Assessment
- Evaluation of ACI/CI and clinical experience by Program Director

Ongoing Plan for Outcomes Data

In continuing with the PLNU Assessment process, the ATEP is assessed each year by the Program Director. The evaluation tools are reviewed and re-evaluated as to their effectiveness and usefulness for PLNU faculty and for clinical staff located on and off campus. Data received from these tools is reviewed and discussed with ATEP faculty, and appropriate steps are taken to improve educational effectiveness of the ATEP. Any substantive changes or alterations to the program are discussed and agreed upon by ATEP faculty, the Chair of the Department of Kinesiology, the Dean of Social Sciences and Professional Studies, and/or presented to the Academic Policies Committee before they can be implemented.

To address the assessment needs identified by PLNU's internal review process for WASC reaffirmation of accreditation, the University has created the Office of Institutional Effectiveness. The continued deepening of the University's culture of evidence has warranted this office, which is led by a Director of Institutional Effectiveness, Dr. Ruth Heinrichs, who reports directly to the President of the University.

Beginning in academic year 2008-2009, the Program Director and Kinesiology Department Chair has worked with Dr. Heinrichs and the Institutional Effectiveness office in all ATEP assessment matters.

ATEP Program Evaluation Policies

Student Performance as Program Evaluation:

Student performance didactically and clinically is a key indicator of the viability of the ATEP. Formative evaluations in the courses of the ATEP and summative evaluations like the mock examination and the actual Board of Certification (BOC) examination are utilized along with the items below to assess the viability of the ATEP.

The assumption for the following matrix is that a student started college at PLNU and maintained a pace to graduate in four years. Exceptions to this plan can occur.

The following types of evaluation by course are utilized in the various courses. Note the tables differentiate between didactic and clinical education courses:

Didactic Course	Evaluation Tools
Che 103: Inorganic Chemistry	Multiple Choice Exams Lab Practical Exams
BIO 130: Anatomy and Physiology I	Multiple Choice Exams, Short answer essay Lab Practical Exams
BIO 140: Anatomy and Physiology II	Multiple choice, Short answer essay Lab Practicals
KPE 101: Orientation to Kinesiology	Formal research paper, Oral exams
KPE 280: Intro to Athletic Training	Short answer essays, Multiple choice exams Quizzes, Group projects, Research article critiques, Review of NATA Position Statements: <i>Lightning, Wrestling, Concussion</i> .
KPE 280L: Introduction to Athletic Training Lab	Lab practical examinations: Psychomotor competency assessments History, Observation, Palpations, Special tests Taping assessments

ATR 102: Risk Management & Emerg Response	Multiple choice tests First Aid/CPR practical exams and skill assessment Emergency Responder practical exams Quizzes Mock emergency scenarios
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Upper Division Courses

KPE 312: Motor Learning	Term video project, midterm & final examination
KPE 325: Structural Kinesiology	Unit exams: MC,short answer, essay Motion analysis instruction and lab Partner quiz PB Wiki assignment (Wikipedia)

Didactic Course	Evaluation Tools
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KPE 327: Applied Biomechanics	Unit exams: MC,short answer, essay Motion analysis instruction and lab Partner quiz
KPE 340: Exercise Physiology	Unit exams, term project, laboratory assignments
KPE 440: Measurement, Statistics and Evaluation	Unit exams, research review and proposal, Class lecture Formal measurement presentation to colleagues
ATR 385: Pathology of Injury and Illness	Unit exams, Auscultation/Vital signs lab Partner class presentations
ATR 387: Assess of Lower Extrem Path	Unit exams, lab practicals HOPS Injury Assessment outlines
ATR 388: Assess of Head, Spine & Upper Extrem Path	Unit exams, lab practicals Formal Evidence-Based writing assessment: Current Topic in Medical Literature HOPS Injury Assessment outlines Analysis of NATA Position Statements: MTBI/Concussion, Pre-Hospital Care of Spine-Injured Athlete.
ATR 410: Therapeutic Exercise	Unit exams, lab practical exams Functional Rehab Progression assignment Formal Student Presentation: Postoperative Rehabilitation Plan (organized symposium to faculty and students)
ATR 415: Therapeutic Modalities & Pharmacology	Unit exams, lab practicals Evidence-Based modalities application presentation
ATR 460: Management of Allied Health Care	Unit exams Debate on Administrative Topic Debate on Current Professional Issues Resume/Cover letter assignment
PED 300: Optimal Health	Nutrition/fitness assessments, Unit exams

Evaluation Tools for Clinical Education.

Clinical Course*	Semester/Year	Emphasis	Evaluation Tool
ATR 290: Clin Internship I	Fall/1 st Year	<i>Equipment</i>	Clinical Proficiencies Assessment by ACI
ATR 291: Clin Internship II	Spring/1 st Year	<i>Assess of LE Injury</i>	Clinical Proficiencies Assessment by ACI
ATR 390: Clin Practicum I	Fall/2 nd Year	<i>Assess of UE Injury Rehabilitation</i>	Clinical Proficiencies Assessment by ACI
ATR 391: Clin Practicum II	Spring/2 nd Year	<i>Modalities & Pharmacology</i>	Clinical Proficiencies Assessment by ACI
ATR 493: Clin Preceptorship I	Fall/3 rd Year	<i>General Medical Cond's</i>	Clinical Proficiencies Assessment by ACI
ATR 494: Clin Preceptorship II	Spring/3 rd Year	<i>Review of Educational Competencies</i>	Clinical Proficiencies Assessment by ACI

*In all clinical courses, the ACI performs midterm and end of term grand assessment of student clinical performance and professional development (*Assessment of Student by ACI*). The ACI meets with the student to provide timely and accurate feedback on performance.

Evaluation of Courses and Their Professors

Every didactic course and the professors who teach them are evaluated by students for value to their growth and contemporaneousness. This evaluation takes place at the end of each course on a form universally used in the Department of Kinesiology. It is completed by the student with the professor in the absence of the professor, collected by a student, and delivered to the Kinesiology Department Assistant. The Department Assistant relays all didactic course evaluations to the Kinesiology Department Chair and the Dean of Social Sciences and Professional Studies. The ATEP Program Director and Department Chair read all of these evaluations, create a synopsis and present the results to and dialogue with the professor about effective performance and areas that can be adjusted.

The University wide professorial evaluation system involves the following assessment designed to keep program quality high by promoting faculty excellence:

- Evaluation by students on the *IDEA*TM or *SIR*TM formats
- Peer evaluations
- Self and Department Chair evaluations

Evaluation of ACI's and Clinical Instructors

Students, utilizing an ATEP specific format administered similarly to the departmental assessment mentioned above, evaluate their clinical instructors at the conclusion of each clinical course.

Student Evaluation of the ATEP

In the final year of the program, students complete a summative assessment to evaluate the various facets of the ATEP.

Alumni Evaluation of the ATEP

Immediately following the completion of the NATABOC Certification Examination, alumni are invited to complete an in-depth evaluation of the efficacy of the ATEP educational program toward preparation for the Certification Exam.

Exercise Science Major Assessment Plan

The Exercise Science major is housed within the Department of Kinesiology and is in concert with the purposes of the department. As such, the mission statements of both entities are included here.

Kinesiology Department Mission Statement

The mission of the Department of Kinesiology is to prepare students to inform, maintain and improve the health, fitness and quality of life of themselves and the people they serve. The department is committed to educating our students and community in the science and benefits of optimal health and human performance; to developing in all students a lifelong habit of living healthfully; and to preparing students for the variety of career opportunities that utilize Kinesiology as a foundation. (*Revised 3/4/11*)

Exercise Science Mission Statement

The Exercise Science major prepares students to pursue further education and professional standing in allied health care and/or Exercise Physiology and/or Biomechanics, to live lives of service as modeled by Jesus Christ, and to be liberally educated.

The Point Loma Nazarene University Exercise Science major exists for the following purposes:

1. To provide an educational program for students who are preparing for graduate studies in Physical Therapy, Physician Assistant, Chiropractic, Occupational Therapy, Exercise Physiology or Biomechanics
2. To provide guidance in the areas of graduate school program selection criteria, personal preparation for the application process including establishing a personal pre-requisite course and clinical internship timeline, composition of their personal statement, preparation for the Graduate Record Examination, execution of the application and making matriculations decisions following acceptance.
3. To assist students in locating and maximizing clinical experience at off-campus sites at which clinical mentors provide insight into the culture and practice of their professions and subsequently recommend students for graduate school.
4. To encourage students to know, care for, respect and encourage the clients at their clinical internships and their peers.
5. To provide an atmosphere that emphasizes professional integrity and reflects the institution's mission statement.

Goals and Objectives of the Exercise Science Major

Exercise Science students will be evaluated on the following goals and objectives:

Goal 1: Learning - *Information Literacy*

Students will:

- a. Demonstrate cognitive and psychomotor competence in the assessment of structure and function of the body including typical, anomalous and pathological states
- b. Write technically in the context of review and synthesis of professional literature
- c. Communicate orally with a target audience in topics of medicine and exercise science

Goal 2: Growing - *Professional and Personal Development*

Students will:

- a. Conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body.
- b. Promote well being of clients and community members

Goal 3: Serving - *Service as an Expression of Christian Faith*

Students and Alumni will:

- a. Articulate their post graduate educational and career callings in light of their life purposes
- b. Report ethical treatment of others as per the example of Jesus Christ.

Exercise Science Student Learning Outcomes (Objectives)

1. Students will demonstrate cognitive and psychomotor competence in the assessment of structure and function of the body including typical, anomalous and pathological states
2. Students will write technically in the context of review and synthesis of professional literature
3. Students communicate orally with a target audience in topics of medicine and exercise science
4. Students will conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body.
5. Students will promote well being of clients and community members
6. Students and Alumni will articulate their post graduate educational and career callings in light of their life purposes
7. Students and alumni will report ethical treatment of others as per the example of Jesus Christ.

Measures of Learning Outcomes

Direct Measures:

1. Percentage of students who score 80% on the Grand Functional Anatomy Assessment in KPE325
2. Percentage of students who score 80% on the Case Report of Multisystem Disease in ATR 385
3. Percentage of students who score 80% on the Integration of Physical and Motor Fitness art project
4. Results of evaluation of Clinical Mentor in KPE488
5. Results of the "I can teach anyone to _____" project in KPE327.
6. Results of Public Health presentation on Breast and Testicular cancer to peer or community group
7. Results of writing and speaking assignments across the curriculum:
 - Article Critiques in KPE 101, ATR 280, KPE 325, KPE 327, KPE 440
 - Review of Literature in KPE 101 and KPE440
 - Oral Presentation in ATR 385 and KPE 440
 - Original Research Proposal in KPE 440

Indirect Measures:

8. Percentage of students who participate in the formal graduate school interview and preparation program
9. Percentage of students who apply to graduate programs within 5 years of completing PLNU degree
10. Results of Alumni Survey on Preparedness for Graduate School
11. Results of the Life Purpose Project

TABLE 1. EXERCISE SCIENCE PROGRAM LEARNING OUTCOMES AND CORRESPONDING OUTCOME MEASURES

Upon completion of the undergraduate program in Exercise Science , the successful student will have acquired the following knowledge, skills and abilities, and accomplished the following goals:

	Direct Assessment Activities						Indirect Assessment Activities				
	Percentage of students who score 80% on the Grand Functional Anatomy Assessment in KPE325	Percentage of students who score 80% on the Case Report of	Percentage of students who score 80% on the Integration of Fitness art project	Results of evaluation of Clinical Mentor in KPE488	Results of Public Health presentation on Breast and Testicular cancer to peer	Results of the "I can teach anyone to" project .	Results of writing and speaking assignments across the curriculum	Percentage of students who participate in the formal graduate school prep	Percentage of students who apply to graduate programs within 5 years of	Results of Alumni Survey on Preparedness for Graduate School	Results of the Life Purpose Project
Outcome											
Students will demonstrate cognitive and psychomotor competence in the assessment of structure and function of the body including typical, anomalous and pathological states	X					X					
Students will write technically in the context of review and synthesis of professional literature		X	X				X				
Students communicate orally with a target audience in topics of medicine and exercise science			X			X	X				
Students will conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body.			X			X					
Students will promote well being of clients and community members				X	X						X
Students and Alumni will articulate their post graduate educational and career callings in light of their life purposes							X	X	X		
Students and alumni will report ethical treatment of others as per the example of Jesus Christ.				X	X						X

Alignment of Kinesiology & Exercise Science Learning Outcomes to PLNU Institutional Learning Outcomes (ILOs)

ILO1. Learning, Informed by our Faith in Christ

Members of the PLNU community will

ILO1.a display openness to new knowledge and perspectives;

Kinesiology Learning Outcome: Students will engage and demonstrate competence in current knowledge in human movement, physical fitness and allied healthcare

Exercise Science Learning Outcome: Students will demonstrate cognitive competence and psychomotor competence in the structure and function of the body including typical, anomalous and pathological states

ILO1.b think critically, analytically, and creatively; and

Kinesiology Learning Outcome: Students will critically evaluate, creatively apply and effectively communicate essential information in their discipline

Exercise Science Learning Outcome: Students will write technically in the context of review of professional literature and synthesis of lab reports, literature review assignments and research proposals

ILO 1.c communicate effectively.

Kinesiology Learning Outcome: Students will critically evaluate, creatively apply and effectively communicate essential information in their discipline

Exercise Science Learning Outcome: Students will synthesis and orally present topics related to current issues in medicine and exercise science

ILO2. Growing, In a Christ-centered Faith Community

Members of the PLNU community will

2.a demonstrate God-inspired development and understanding of others,

Kinesiology Learning Outcome: Students will demonstrate an appreciation for the beauty and gift of the human body—and the benefits of optimal health and physical fitness—by actively pursuing a healthy lifestyle.

Exercise Science Learning Outcome: Students will conceptualize, fabricate and exhibit works of art reflecting the structure and function of the human body &/or the implements manipulated through or acting upon the body

2.b living gracefully within complex environmental and social contexts.

Kinesiology Learning Outcome: Students will apply their emerging knowledge for the benefit of their clients, patients and the community.

Exercise Science Learning Outcome: Undergraduates and alumni through volunteer or professional settings will relate to and promote the well being of clients/consumers/community members

Exercise Science Learning Outcome: Undergraduates and alumni through volunteer or professional settings will live ethically and treat others as they wish to be treated as per the example of Jesus Christ

ILO3. Serving, In a Context of Christian Faith

Members of the PLNU community will

3.a engage in actions that reflect Christian discipleship in a context of communal service and collective responsibility,

Kinesiology Learning Outcome: Undergraduates and alumni through volunteer or professional settings will live ethically and treat others as the wish to be treated as per the example of Jesus Christ

3.b serving both locally and globally.

Exercise Science Learning Outcome: Graduates will know and accomplish the continuation of their education and career calling with commitment to living out their life purposes

The Exercise Science major is evaluated utilizing each of the forms listed below. Data obtained from the evaluation forms provide an assessment of the didactic and clinical outcomes and the instructional effectiveness of the program.

Assessments of Achievement Outcomes Relative to the Educational Mission and Goals.

- Targeted course assignments and integrated projects throughout curriculum (see below)
- Assessment of student clinical performance by the Clinical Mentor
- Formal Graduate School preparation participation and results
- Alumni Survey on Preparedness for Graduate School
- Life Purpose Project

Assessments of the Quality of Didactic Instruction:

Each faculty member undergoes the following assessments at time intervals based upon their academic rank:

- IDEA™ or SIR™ faculty evaluation forms
- Peer evaluation
- Kinesiology department electronic evaluation (student assessment of didactic course professor)
- Faculty Self / Department Chair evaluation

Ongoing Plan for Outcomes Data

The Exercise Science major is evaluated by the Director Exercise Science and the Chair, Kinesiology Department. The evaluation tools are reviewed and re-evaluated as to their effectiveness and usefulness for PLNU faculty and for clinical staff located on and off campus. Data received from these tools is reviewed and discussed and appropriate steps are taken to improve educational effectiveness and value to the students. Any substantive changes or alterations to the program are discussed and agreed upon by Director, Exercise Science the Chair of the Department of Kinesiology, the Dean of Social Sciences and Professional Studies, and/or presented to the Academic Policies Committee before they can be implemented.

Student Assessments embedded Exercise Science Courses

The assumption for the following matrix is that a student started college at PLNU and maintained a pace to graduate in four years. Exceptions to this plan can occur. The following types of evaluation by course are utilized in the various courses. Note the tables differentiate between didactic and clinical education courses:

Didactic Course	Evaluation Tools
CHE 152&153 General Chemistry I&II	Multiple Choice Exams Lab Practical Exams
BIO 130&140 Anatomy/Physiology I&II	Multiple Choice Exams, Short answer essay Lab Practical Exams
BIO 140 Anatomy and Physiology II	Multiple choice, Short answer essay Lab Practicals
KPE 101 Orientation to Kinesiology	Formal research paper, Oral exams, Quizzes
KPE 280 Intro to Athletic Training	Short answer essays, Multiple choice exams Quizzes, Group projects, Research article critiques, Review of NATA Position Statements: <i>Lightning, Wrestling, Concussion</i> .
BIO 210 Cell Biology	Multiple Choice Exams Lab Practical Exams
BIO 220 Microbiology	Multiple Choice Exams Lab Practical Exams
PSY 103 General Psychology	Multiple choice, Short answer essay
KPE 312: Motor Learning	Term video project, midterm & final examination
KPE 325: Structural Kinesiology	Unit exams: MC,short answer, essay Motion analysis instruction and lab Partner quiz PB Wiki assignment (Wikipedia)

Didactic Course	Evaluation Tools
KPE 327: Applied Biomechanics	Unit exams: MC,short answer, essay Motion analysis instruction and lab Partner quiz
KPE 340: Exercise Physiology	Unit exams, term project, laboratory assignments
KPE 440: Measurement, Statistics and Evaluation	Unit exams, research review and proposal, Class lecture Formal measurement presentation to colleagues
ATR 385: Pathology of Injury and Illness	Unit exams, Auscultation/Vital signs lab Partner class presentations
PSY 321 Abnormal Psychology	Unit exams
PED 300: Optimal Health	Unit exams; Physical fitness assessment

Survey of Student Learning Outcomes

PED 100: Fitness through Movement

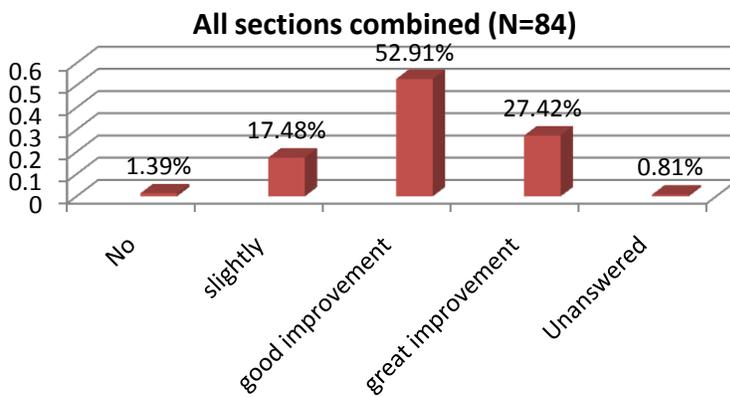
The data below represents results of an online survey (eclass) of students enrolled in four sections of our primary General Education Course offering for non-majors: PED 100.

SUMMARY OF FINDINGS

Survey Question-

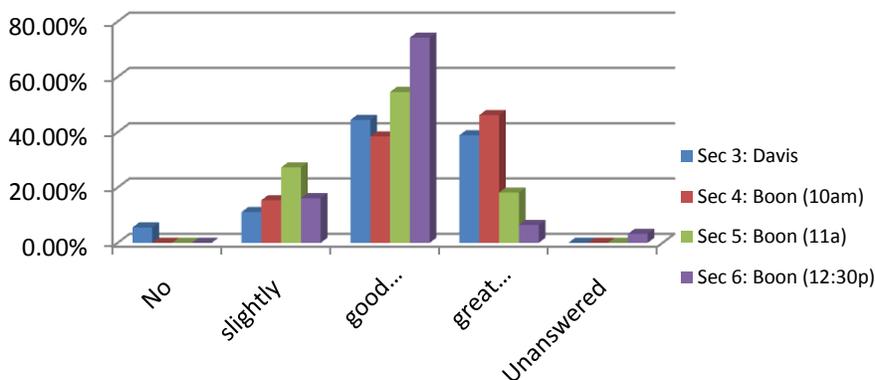
Did you make improvements in your overall physical fitness over the course of the semester?

Data-



80% of students enrolled in PED100 reported that they made improvements in their physical fitness as a result of taking the course. The course professors quantify this change objectively, but the chart above demonstrated that students also perceived their fitness as improved.

Results by Course Section



Learning Outcome(s) Evaluated:

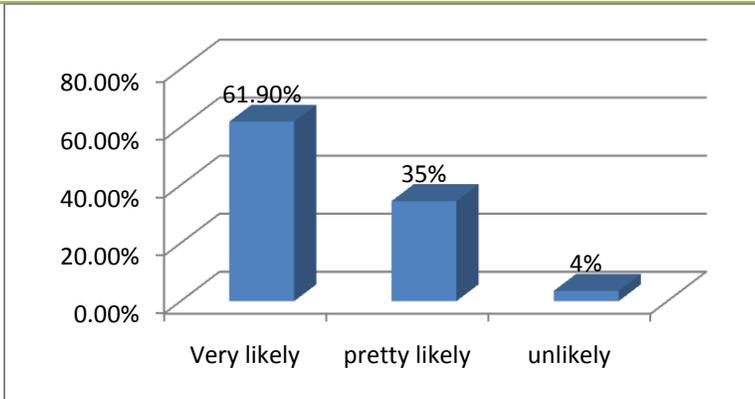
1. Students will perceive the importance of healthy lifestyle choices.
2. Students will demonstrate a lifestyle of physical activity.

Survey Question-

How likely are you to engage in exercise and activities once you are finished with this class?

Data-

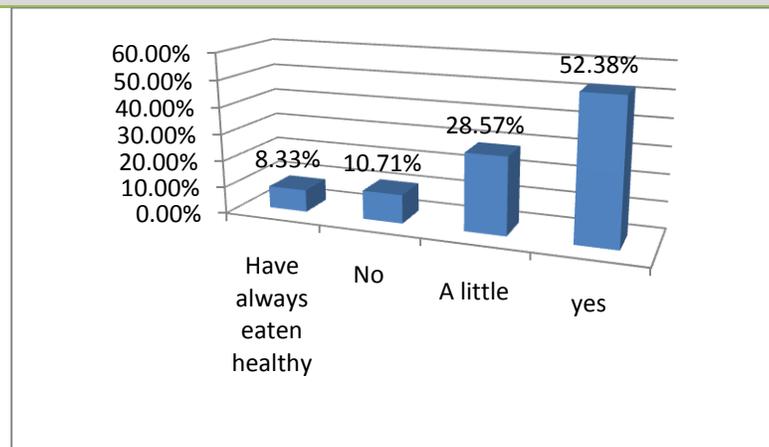
Overall Results (N=84)



96% of students responded that they were either 'very' or 'somewhat' likely to continue to engage in fitness activities after finishing the class, indicating that a pattern of fitness was established in these students as a result of enrolling in PED 100.

Survey Question-

Did you change your eating habits? (N=84 respondents)



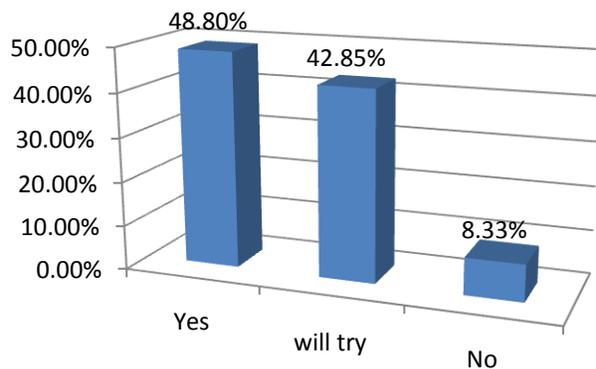
80% of students indicated that they changed their eating habits (ostensibly for the positive) while enrolled in PED 100.

Learning Outcome Evaluated:

1. Students will demonstrate a lifestyle of healthful eating.
2. Students will understand how to apply Biblical stewardship principles via their physical bodies.

Survey Question-

Will you carry these changes over into the next semester? (N=84 respondents)



Almost half (49%) of students definitively would carry forward the positive eating and fitness habits learned in PED 100. When combined with the students who “would try”, 91% of all students appeared to be positively changed by PED 100 toward healthful behaviors.

Learning Outcome Evaluated:

1. Students will perceive the importance of healthy lifestyle choices.
2. Students will demonstrate a lifestyle of physical activity.
3. Students will demonstrate a lifestyle of healthful eating.
4. Students will understand how to apply Biblical stewardship principles via their physical bodies.

Board of Certification Exam Pass Rate and Alumni Employment Data

Summary of Pass Rate Data for BOC Exam:

Shaded boxes represent areas in which PLNU candidates were above the National Average for Curriculum programs.

	PLNU				National Average		
	Practical	Simulation	Written		Practical	Simulation	Written
2007 (N=8)	75%	63%	88%	2007	70%	63.5%	50%
1 st Time Pass (%)				1 st Time Pass (%)			
Mean score	38	519	113	Mean score	36	500	101
*2006 (N= 2)	100%	100%	50%	2006	37%	56%	37%
1 st Time Pass (%)				1 st Time Pass (%)			
Mean score	*	*	*	Mean score	36	500	101
2005 (N= 5)	75%	100%	40%	2005	56%	61%	47%
1 st Time Pass (%)				1 st Time Pass (%)			
Mean score	37	558	105	Mean score	35	512	101

**No data available from BOC because < 4 students took Certification Exam in 2006 cohort.*

Hybrid (Electronic) Exam Format began in 2008

Beginning in 2008-09, the BOC examination changed to a completely online delivery format. With this change, the online exam includes a Hybrid and Multiple Choice section (150 questions). The Oral Practical section of the exam is no longer included. Shaded boxes below represent areas in which PLNU candidates were above the National Average for Accredited programs in the new examination format.

	PLNU					National Average			
	1 st Time Passing	Mean Overall Score	Mean Hybrid Score	Mean MC Score		1 st Time Passing	Mean Overall Score	Mean Hybrid Score	Mean MC Score
2008-09 (N=8 candidates)	50%	489	12.4	97.2	2008-09	51%	473	12.4	93
2009-10 (N=5 candidates)	40%	487	10.9	96.9		43.3%	476	10.6	94.9

While overall pass rate was 1% and 3% lower than national average for the past 2 years respectively, PLNU candidates had higher average scores overall and higher scores for each component part of the board exam.

Program Learning Outcomes addressed:

- LEARNING:** Students will demonstrate cognitive and psychomotor competence in the 12 content areas of the Athletic Training Educational Competencies.
- GROWING:** Students will exhibit advancing clinical proficiency in the practice of Athletic Training: evidenced by intellectual development in knowledge, psychomotor skills, clinical reasoning and evidence-based decision making to optimize patient health and function.
- SERVING:** ATEP graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.

PLNU Alumni Employment Data (2006-2010 Graduates):

	2006	2007	2008	2009	2010
Graduates	4	9	10	4	5
Entry-level ATC	2	6	4	3	Exams ongoing
Graduate school placement:					
Athletic Training	0	2	0	1	Data available
Physical Therapy	0	0	3	0	F'10
Other Allied Healthcare	1(Nutrition)	1	1(Orthopedic)		1 (Ortho surgical technician)
Unrelated profession	1	0	1	0	1
Pre-graduate school (prerequisite courses)	0	0	4 (PA, PT, AT)	2 (PT, PA)	2 (PT, PA)

Program Learning Outcomes addressed:

3. GROWING: Students will function effectively in a variety of clinical settings, with a variety of patient populations, at varying levels of risk, and among a variety of allied healthcare professionals.

4. SERVING: ATEP graduates will demonstrate the knowledge and skills required of an entry-level Certified Athletic Trainer.



Individual School Report for the 2010-11 Board of Certification (BOC) Athletic Trainer's Certification Examination

Point Loma Nazarene University (CA10) Results

Count	
Exams Taken	9
No. Candidates	6
First Time Candidates	4
First Time Passing Percent Passing (First Time)	2
Low Score	50.0
High Score	
Average Score	
Standard Deviation	

Examination Information

For the 2010-11 testing year (April 2010 through February 2011), the BOC certification exam consisted of 175 questions representing a variety of item types, including multiple-choice, multi-select, drag-and-drop, and focused testlets presented in one part. Candidates had a total of four hours to complete the exam, and candidates had the ability to move forward or backward throughout the entire exam prior to submitting the exam for scoring. For more information on the BOC certification exam, please review the BOC website: www.bocattc.org.

Scaled Results ¹	Raw Results	Domain Performance ²					
		Prevention	Clinical Eval & Diagnosis	Immediate Care	Treatment, Rehab, & Recond	Org & Admin	Professional Resp
381	68	8	15	11	14	9	6
595	104	19	25	21	24	12	10
490	86.3	13.2	19.9	14.7	20.2	10.8	7.5
66	11.1	3.3	3.5	3.2	3.6	1.1	1.1

All Candidates

Count	
Exams Taken	5711
No. Candidates	3919
First Time Candidates	2963
First Time Passing Percent Passing (First Time)	1800
Low Score	60.7
High Score	
Average Score	
Standard Deviation	

Scaled Results ¹	Raw Results	Domain Performance ²					
		Prevention	Clinical Eval & Diagnosis	Immediate Care	Treatment, Rehab, & Recond	Org & Admin	Professional Resp
200	31	4	6	2	4	2	2
672	117	20	29	22	29	14	11
490	86.4	13.4	20.0	14.9	19.8	10.3	7.9
67	11.3	2.4	3.5	2.8	3.6	1.9	1.6

¹ Candidate scores are equated and scaled to enable different forms of the examination to be compared.

² Domains listed Prevention; Clinical Evaluation and Diagnosis; Immediate Care; Treatment, Rehabilitation and Reconditioning; Organization and Administration; and Professional Responsibilities are based on Role Delineation 5 as conducted by the BOC. Domain scores are provided in raw scores.



BOARD OF CERTIFICATION

for the Athletic Trainer

April 15, 2011

Jeff Sullivan PhD
Point Loma Nazarene University
3900 Lomaland Drive
San Diego, CA 92106

Dear Jeff:

The enclosed complimentary report for the 2010-2011 BOC exam year is provided for your use in summarizing the success of your students. The BOC exam year begins with the March/April exam and concludes with the January/February exam. The complete report for the 2010-2011 exam year can be found on the BOC website at www.bocatc.org.

We are committed to providing useful reports within the confines of protecting students' confidentiality. **If your institution had less than five students challenge the BOC exam during the 2010-2011 exam year, a release form is enclosed instead of a report.** If you would like the 2010-2011 report, email, mail or fax a written request indicating which exam year you are requesting and a signed release from each student and the BOC will email you your program's results. Please use the following contact information:

Board of Certification, Inc.
Attn: Stacy Arrington
1415 Harney St Ste 200
Omaha NE 68102
Fax: (402) 561-0598 Attn: Stacy
Email: StacyA@bocatc.org

The BOC is excited to offer Program Directors a report that provides additional exam statistical analysis. The Program Analysis Statistical Summary Report, or PASS Report, provides statistics that go beyond the annual school report that is provided each year. The Pass Report includes the total number of passing candidates and overall pass rate. The report also provides the average number of attempts to pass the exam and the average exam score for first time and retake candidates. Information regarding the PASS Report can be found on the BOC website at www.bocatc.org.

Please contact the BOC staff at (877) 262-3926 if you have any questions.

Sincerely,

Stacy Arrington
Credentialing Services Manager

Enclosure(s)

Alumni Survey: Preparation for Board of Certification Examination

The data below represents results of the assessment form “**ALUMNI SURVEY OF PREPARDNESS FOR CERTIFICATION**”. Data includes a response from 30% of students who took the BOC certification examination over the past 4 years.

Alumni were instructed to answer each of the survey questions by marking which response matched their thoughts the closest (5 point Likert scale).

1-strongly agree 2-agree 3-neutral 4-disagree 5-strongly disagree

SUMMARY OF FINDINGS	
Survey Question	Mean Response (1=strongly agree, 5=strongly disagree)
I have taken the NATABOC exam and feel that I was prepared for the test.	1.4
My study materials reflected the content of the NATABOC exam.	1.4
The time spent studying was adequate to pass the NATABOC exam.	1.4
My study skills were appropriate for the passing the NATABOC exam.	1.6
PLNU ATEP courses prepared me for the NATABOC exam.	1.4
The didactic courses prepared me for the NATABOC exam.	1.2
Clinical courses prepared me for the NATABOC exam.	1.4
PLNU ATEP professors presented material needed to pass the NATABOC exam.	1.6
The laboratory portions of my didactic classes prepared me for the NATABOC exam.	1.6
Without professionally prepared study material I could not have passes the exam.	4.4
More time should have been spent at PLNU preparing students for the simulation portion of the NATABOC exam.	2.4
More time should have been spent at PLNU preparing students for the hybrid portion of the NATABOC exam.	3.5
I prepared myself adequately for passing the NATABOC exam.	1.6
The Therapeutic Exercise course prepared me for the NATABOC exam.	2.7
The Administration course prepared me for the NATABOC exam.	3.4
The UE and LE_Assessment courses prepared me for the NATABOC exam.	1.4
The Therapeutic Modalities and Pharmacology course prepared me for the NATABOC exam	2.4
Overall my academic coursework prepared me for the NATABOC exam.	1.4

- ✓ Mean GPA for respondents: 3.72
- ✓ Mean Hours spent studying for BOC exam (apart from the PLNU curriculum): 58
- ✓ Response to the question “ATR 493 and 494 Preceptorship classes served as the predominant study tool for the exam: 80% “Yes”, 20% No.

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total	
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*		
Kinesiology	1000	960	14	1974	893	845	12	1750	866	970	27	1863	871	894	30	1795	939	998	27	1964	927	960	27	1914	1028	970	1998	
ATR102	18	17		35	9	5		14	9	5		14	15	5		20	20	6		26	18	2		20	21	9	30	
1	18	17		35	9	5		14	9	5		14	15	5		20	20	6		26	18	2		20	21	9	30	
ATR290	14			14	11			11	5			5	5			5	6			6	10			10	12		12	
1	14			14	11			11	5			5	5			5	6			6	10			10	12		12	
ATR291		10		10		11		11		5		5		5		5		6		6		10		10		10	10	
1		10		10		11		11		5		5		5		5		6		6		10		10		10	10	
ATR385		18		18		16		16		25		25		20		20		21		21		22	5		27		39	39
1		18		18		16		16		25		25		20		20		21		21		22	5		27		39	39
ATR387		11		11		13		13		7		7		10		10		7		7		12		12		13	13	
1		11		11		13		13		7		7		10		10		7		7		12		12		13	13	
ATR388	5			5	10			10	13			13	7			7	7			7	11			11	14		14	
1	5			5	10			10	13			13	7			7	7			7	11			11	14		14	
ATR390	4			4	9			9	10			10	5			5	5			5	6			6	9		9	
1	4			4	9			9	10			10	5			5	5			5	6			6	9		9	
ATR391		4		4		9		9		10		10		4		4		5		5		6		6		0	0	
1		4		4		9		9		10		10		4		4		5		5		6		6		0	0	
ATR410	5			5	12			12	15			15	6			6	15			15	9			9	17		17	
1	5			5	12			12	15			15	6			6	15			15	9			9	17		17	
ATR415		6		6		12		12		13		13		6		6		6		6		5		5		11	11	
1		6		6		12		12		13		13		6		6		6		6		5		5		11	11	
2													0		0													
ATR460	1	9		10		9		9		10		10		5		5						5	2		7		4	4
1	1	9		10		9		9		10		10		5		5						5	2		7		4	4
ATR493	6			6	4		1	5	8			8	10			10	4			4	5		1	6	5		5	
1	6			6	4		1	5	8			8	10			10	4			4	5		1	6	5		5	
ATR494	1	5		6		4	1	5		8		8		10		10		4		4		5	2		7		4	4
1	1	5		6		4	1	5		8		8		10		10		4		4		5	2		7		4	4
KPE101	38			38	38			38	36			36	40			40	41			41	54			54	75		75	
1	38			38	38			38	36			36	40			40	41			41	54			54	38		38	
2																									37		37	

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*	
KPE280	30			30	19	2		21	34	2		36	39	2		41	39	3		42	45	2		47	49	49	
1	30			30	19	2		21	34	2		36	39	2		41	39	3		42	45	2		47	49	49	
KPE280L	20			20	14	2		16	32	2		34	33	2		35	32	3		35	34	3		37	36	36	
1	12			12	0	2		2	17	2		19	12	2		14	12	3		15	16	3		19	15	15	
2	8			8	14			14	15			15	21			21	20			20	18			18	21	21	
KPE312	37			37	31			31	34			34	39	0		39	26			26	33			33	39	39	
1	37			37	31			31	34			34	39	0		39	26			26	33			33	39	39	
KPE325	26			26	32			32	32			32	28			28	30			30	26			26	48	48	
1	26			26	32			32	32			32	28			28	30			30	26			26	48	48	
KPE327	27			27	31			31	34			34	28			28	31			31	26			26	48	48	
1	27			27	31			31	34			34	28			28	31			31	26			26	48	48	
KPE340		24		24		23		23		32	10	42		22		22		33		33		24	1	25		43	43
1		24		24		23		23		32	10	42		22		22		33		33		24	1	25		43	43
KPE430		0		0		4		4										5		5		0		0			
1		0		0		4		4										5		5		0		0			
KPE440		21		21		23		23		28		28		30		30		35		35		37		37		37	37
1		21		21		23		23		28		28		30		30		35		35		37		37		37	37
KPE470		14		14		0		0						2		2		18		18		8		8		13	13
1		14		14		0		0						2		2		18		18		8		8		13	13
KPE484		3		3		1		1		4		4	3	4		7	3	1		4	2	2		4	5	0	5
1		3		3		1		1		4		4	2	4		6	3	1		4	1	2		3	2	0	2
2													1			1	0	0		0	1	0		1	3	0	3
KPE488		1		1		3		3		2		2	1	5		6	6	4		10	5	10		15	7	7	14
1		1		1		3		3		2		2	1	5		6	5	4		9	5	10		15	5	7	12
2													0			0	1			1	0			0	2		2
KPE490	3	4	1	8	0	3		3	3	4	1	8	0	0	0	0	0	0		0	0	0		0	0	1	1
1	3	4	1	8	0	2		2	2	1	1	4	0	0	0	0	0	0		0	0	0		0	0	0	0
2	0	0		0		1		1	1	3		4		0		0	0	0		0	0	0		0	0	1	1
3																	0			0	0			0	0		0
4																	0			0	0			0	0		0

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total		
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*			
KPE491	0	1		1	0	0		0	0	0		0																	
1	0	1		1	0	0		0	0	0		0																	
2									0			0	0	0		0													
PED100	223	116	2	341	220	144	0	364	202	120	0	322	181	161	0	342	205	147		352	183	142		325	191	145		336	
1	34	15	2	51	30	13	0	43	10	0	0	10	21	29	0	50	19	13		32	33	15		48	28	13		41	
2	34	10		44	28	24		52	33	24		57	31	14	0	45	32	21		53	31	17		48	21	15		36	
3	36	0		36	36	38		74	37	37		74	35	41		76	38	37		75	32	38		70	32	32		64	
4	19	18		37	31	13		44	33	14		47	37	18		55	35	20		55	33	16		49	25	9		34	
5	37	22		59	39	21		60	24	24		48	27	20		47	25	20		45	25	23		48	0	27		27	
6	29	22		51	20	35		55	29	21		50	30	39		69	30	36		66	29	33		62	31	29		60	
7	25	29		54	36			36	36			36				26				26				26	17	20		37	
8	9			9																					8			8	
9																									13			13	
10																									16			16	
PED102	18	26		44	17	11		28	15	37		52	35	36	1	72	24	33	1	58	52	37	0	89	28	24		52	
1	6			6	8	5		13	6	5		11	0	6	1	7	1	3	0	4	3	1	0	4	0	16		16	
2	12	9		21	9	0		9	9	4		13	11	23		34	0	16	1	17	6	20	0	26	0	8		8	
3		10		10		6		6		28		28	2	7		9	6	0		6	15	7		22	0	0		0	
4		7		7									15			15	9	14		23	6	9		15	4			4	
5													7			7	8			8	7			7	24			24	
6																					15			15				15	
PED120	44	48		92	43	45	0	88	23	48		71	34	45	4	83	32	46	0	78	43	45	0	88	44	48		92	
1	19	24		43	22	23	0	45	23	25		48	15	24	4	43	11	22	0	33	21	23	0	44	22	24		46	
2	25	0		25	21	22		43		23		23	19	21		40	21	24		45	22	22		44	22	24		46	
3		24		24																									
PED121		22	0	22	22	4		26	15	8		23	4	4		8	17	14		31	18	6		24	9	15		24	
1		22	0	22	22	4		26	15	8		23	4	4		8	17	14		31	18	6		24	9	15		24	
PED130	34	32		66	13	20		33	22	15		37	16	16		32	4	29		33	6	15		21	18	26		44	
1	34	32		66	13	20		33	22	15		37	16	16		32	4	29		33	6	15		21	18	26		44	
PED131					0	10		10	10	20		30		15		15	12	12		24	0	9		9	9	12		21	
1					0	10		10	10	20		30		15		15	12	12		24	0	9		9	9	12		21	

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*	
PED144	31		1	32	33		1	34			1	1	34		0	34	34		0	34	34		3	37	28		28
1	13		1	14	15		1	16			1	1	16		0	16	16		0	16	18		3	21	15		15
2	18			18	18			18				18	18		0	18	18		0	18	16		0	16	13		13
PED148	27	30	2	59	24	21	2	47	19	28		47	13	43	0	56	54	40	1	95	38	43	0	81	36	42	78
1	27	30	2	59	24	21	2	47	19	28		47	13	43	0	56	31	40	1	72	38	43	0	81	36	42	78
2																	23			23							
PED150	44	46		90	30	30		60	28	32		60	35	35	2	72	33	38	3	74	35	32	2	69	32	32	64
1	44	46		90	14	15		29	12	16		28	18	17	2	37	12	17	3	32	18	17	0	35	14	16	30
2					16	15		31	16	16		32	17	18	0	35	21	21	0	42	17	15	2	34	18	16	34
PED155	65	104	0	169	33	88	0	121	59	97	0	156	53	110		163	44	85	2	131	40	84		124	45	77	122
1	21	12	0	33	6	12	0	18	13	17	0	30	16	16		32	11	13	1	25	16	9		25	17	8	25
2	11	15		26	7	15		22	16	20		36	14	14		28	12	13	1	26	10	13		23	14	13	27
3	14	8		22	8	4		12	15	10		25	9	15		24	10	8		18	14	14		28	14	5	19
4	19	15		34	12	15		27	15	16		31	14	8		22	11	10		21		5		5		8	8
5		11		11		10		10		9		9		12		12		11		11		14		14		11	11
6		15		15		0		0		12		12		11		11		15		15		14		14		16	16
7		18		18		16		16		13		13		15		15		15		15		15		15		16	16
8		10		10		16		16		19		19		19		19				19				19		16	16
PED160	37	30		67	48	29		77	42	29		71	40	27	5	72	28	37	3	68	34	31	1	66	39	26	65
1	10	13		23	11	13		24	7	15		22	11	13	5	29	6	15	0	21	16	7	0	23	19	6	25
2	15	17		32	12	16		28	12	14		26	13	14	0	27	9	15	3	27	9	13	1	23	6	8	14
3	12			12	12			12	10			10	16			16	13	7		20	9	11		20	14	12	26
4					13			13	13			13															
PED168		18	0	18		20		20		18		18		13		13		15	0	15		11	0	11		12	12
1		18	0	18		20		20		18		18		13		13		15	0	15		11	0	11		12	12
PED170		5		5		5		5		7		7		10		10		6		6		4		4		4	4
1		5		5		5		5		7		7		9		9		6		6		4		4		4	4
2														1		1		0		0		0		0		0	0
PED171		10		10		6		6		9		9		9		9		12		12		11		11		5	5
1		10		10		6		6		9		9		9		9		12		12		11		11		5	5
2														0		0		0		0		0		0		0	0

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total	
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*		
PED172	4			4	8			8	10			10	9			9	9			9	9	4			4	7		7
1	4			4	8			8	10			10	9			9	9			9	9	3			3	7		7
2												0			0	0			0	0		1			1	0		0
PED173	4			4	6			6	5			5	11			11	6			6	6	5			5	10		10
1	4			4	6			6	5			5	11			11	6			6	6	5			5	9		9
2												0			0	0			0	0		0			0	1		1
PED174	13			13	23			23	12			12	22			22	23			23	23	17			17	7		7
1	13			13	23			23	12			12	21			21	22			22	22	13			13	7		7
2												1			1	1	1			1	1	4			4	0		0
PED175	22			22	22			22	19			19	27			27	20			20	20	29			29	20		20
1	22			22	22			22	19			19	27			27	20			20	20	29			29	20		20
2												0			0	0	0			0	0	0			0	0		0
PED176	9			9	7			7	9			9	8			8	6			6	6	8			8	5		5
1	9			9	7			7	9			9	8			8	6			6	6	8			8	5		5
2												0			0	0	0			0	0	0			0	0		0
PED177	13			13	15			15	14			14	15			15	11			11	11	12			12	15		15
1	13			13	15			15	14			14	14			14	10			10	10	12			12	15		15
2												1			1	1	1			1	1	0			0	0		0
PED178	10			10	13			13	12			12	11			11	12			12	12	6			6			
1	10			10	13			13	12			12	11			11	12			12	12	6			6			
2												0			0	0	0			0	0	0			0			
PED180	17			17	19			19	19			19	10			10	19			19	19	15			15	12		12
1	17			17	19			19	19			19	9			9	19			19	19	15			15	12		12
2												1			1	0	0			0	0	0			0	0		0
PED181	8			8	7			7	9			9	12			12	7			7	7	6			6	11		11
1	8			8	7			7	9			9	12			12	7			7	7	5			5	11		11
2												0			0	0	0			0	0	1			1	0		0
PED182	5			5	9			9	8			8	9			9	11			11	11	5			5	7		7
1	5			5	9			9	8			8	9			9	10			10	10	5			5	7		7
2												0			0	0	1			1	1	0			0			

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

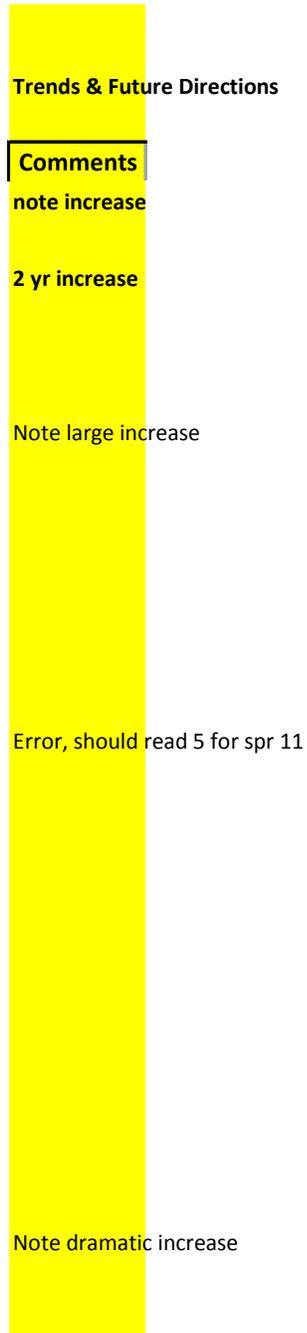
	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*	
PED183	10			10	7			7	14			14	12			12	10			10	16			16	14		14
1	10			10	7			7	14			14	12			12	10			10	16			16			16
2													0			0	0			0	0			0	13		13
3																								1			1
PED184	18			18	12			12	11			11	12			12	17			17	14			14	20		20
1	18			18	12			12	11			11	11			11	14			14	14			14	20		20
2													1			1	3			3	0			0	0		0
PED210	6			6	8			8	18			18	8			8	6			6	13			13	12		12
1	6			6	8			8	18			18	5			5	6			6	13			13	12		12
2													3			3											
PED211		15		15		8		8		8		8		11		11		13		13		8		8		7	7
1		15		15		8		8		8		8		11		11		13		13		8		8		7	7
PED212		12		12		7		7		7		7		7		7		10		10		10		10		7	7
1		12		12		7		7		7		7		7		7		10		10		10		10		7	7
PED213	11			11	10			10	13			13	8			8	14			14	9			9	6		6
1	11			11	10			10	13			13	3			3	14			14	9			9	6		6
2													5			5											
PED300	132	87	7	226	92	75	3	170	97	119		216	117	7		124	130	105	5	240	119	120	4	243	140	122	262
E							3	3																			
1	47	43	7	97	50	35		85	44	33		77	45	7		52	48	38	5	91	42	40	4	86	50	43	93
2	41	44		85	42	40		82	52	42		94	42			42	45	30		75	39	39		78	50	39	89
3	44			44					1	44		45	30			30	37	37		74	38	41		79	40	40	80
PED300E					0			0		9		9															
1					0			0		9		9															
PED301		13		13		10		10		9		9		10		10		15		15		7		7		3	3
1		13		13		10		10		9		9		10		10		15		15		7		7		3	3
PED303	15			15					9			9					7			7					2		2
1	15			15					9			9					7			7					2		2
PED308	31	33		64	31	29		60	17	17		34	22	20		42	24	13		37	18	10		28	17	16	33
1	31	33		64	31	29		60	17	17		34	22	20		42	24	13		37	18	10		28	17	16	33

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

	UG04			UG04 Total	UG05			UG05 Total	UG06			UG06 Total	UG07			UG07 Total	UG08			UG08 Total	UG09			UG09 Total	UG10		UG10 Total
	FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP	SU		FA	SP*	
	PED330	25				25	0		0	0	15		15	1	1		2	10	0		10				1	1	
1	25			25	0	0	0	15	15	1	1	2	10	0	10			1	1	5	5						
2										0	0																
PED350	1		1	2	14	0	14	0	0	14	2	16	1	1	13	0	13										
1	1		1	2	14	0	14	0	0	14	2	16	1	1	13	0	13										
2										0	0																
PED416	7			7	5	0	5	3	3	3		3	3		3		3	3		0	0						
1	7			7	5	0	5	3	3	3		3	3		3		3	3		0	0						
PED450	22			22				7	7	2	2	6	0	6		0	0	5	5								
1	22			22				7	7	2	2	6	0	6		0	0	5	5								
2										0	0																
PED470								12	12																		
1								12	12																		
PED480					9		9			11	11			18	18												
1					9		9			11	11			18	18												
PED484	5	11		16	8	7	15	4	4	2	10	5	5	10	3	5	8	7	7	14	3	2	5				
1	5	11		16	5	2	7	2	4	2	8	5	3	8	1	2	3	6	3	9	2	2	4				
2					3	5	8	2	0		2	0	2	2	2	3	5	1	4	5	1	0	1				
PED488	4	4		8	1	4	5	3	11		14	7	4	11	1	9	10	1	2	3	0	0	0				
1	4	4		8	1	4	5	2	8		10	5	3	8	1	4	5	1	1	2	0	0	0				
2					0	0	0	1	3		4	2	1	3	0	5	5	0	1	1	0	0	0				

*Spring 2011 enrollment as of 12/08/2010

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011



Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

Trends & Future Directions

Note increase

" "

Predict increase next year

Note increase

" "

" "

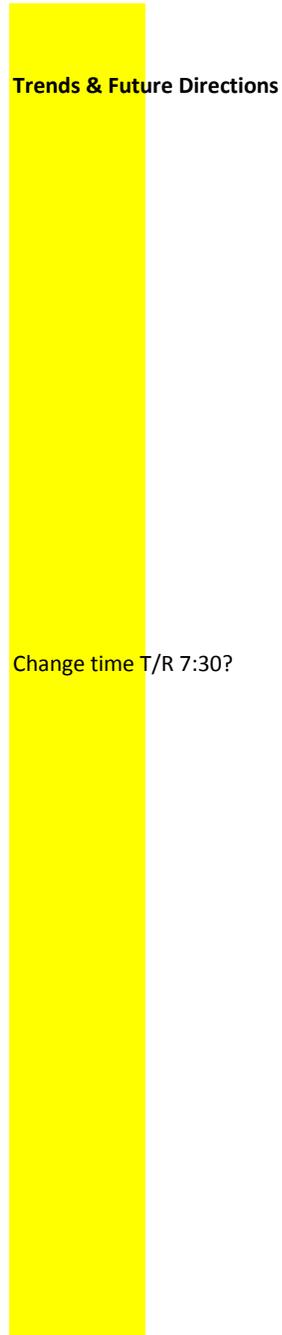
Note increase

Increase faculty load?

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011



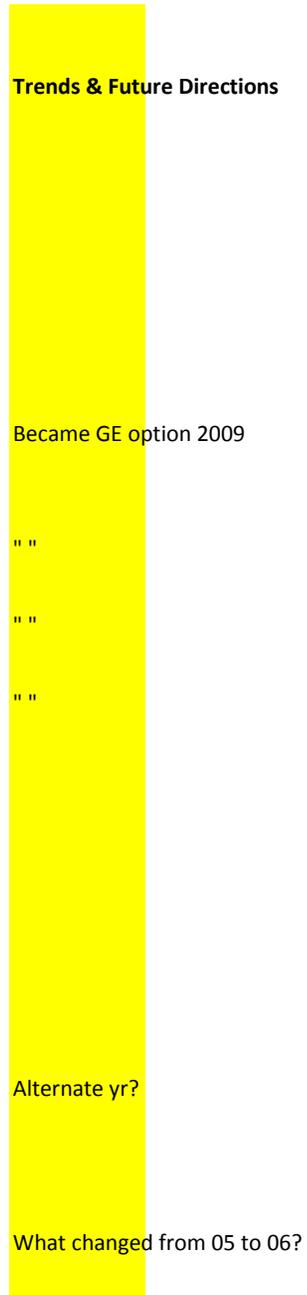
Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011



Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

Trends & Future Directions

Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011



Enrollment by Course; Department of Kinesiology; Academic Years 2004/2005 -- 2010/2011

Trends & Future Directions

Alternate, hybrid or summer?
Reduced rate?

**Kinesiology Department
Curriculum Trends (2005-2010)**

Enrollment	PED 210	PED 211	PED 212	PED 213
2009-10	13	8	10	9
2008-09	6	13	10	14
2007-08	8	11	7	8
2006-07	18	8	7	13
2005-06	8	8	7	10
Sum	53	48	41	54

Enrollment	PED100.1	PED100.2	PED100.3	PED100.4	PED100.5	PED100.6	PED100.7	Sum
Fall 09	33	31	32	33	25	29		183
Fall 08	19	32	38	35	25	30	26	205
Fall 07	21	31	35	37	27	30		181
Fall 06	10	33	37	33	24	29	36	202
Fall 05	30	28	36	31	39	20	36	220
Sum	113	155	178	169	140	138	98	

Enrollment	PED102.1	PED102.2	PED102.3	PED102.4	PED102.5	PED102.6	Sum
Fall 09	3	6	15	6	7	15	52
Fall 08	1	0	6	9	8		24
Fall 07	0	11	2	15	7		35
Fall 06	6	9					15
Fall 05	8	9					17
Sum	18	35	23	30	22	15	

Enrollment	PED120.1	PED120.2	PED121	PED130	PED131	Sum
Fall 09	21	22	18	6	0	67
Fall 08			17	4	12	33
Fall 07	15	19	4	16		54
Fall 06	23		15	22	10	70
Fall 05	22	21	22	13		78
Sum	81	62	76	61	22	

Enrollment	PED144.1	PED144.2	PED150.1	PED150.2	Sum
Fall 09	18	16	18	17	69
Fall 08	16	18	12	21	67
Fall 07	16	18	18	17	69
Fall 06			12	16	28
Fall 05	15	18	14	16	63
Sum	65	70	74	87	

Enrollment	PED155.1	PED155.2	PED155.3	PED155.4
Fall 09	16	10	14	
Fall 08	11	12	10	11
Fall 07				
Fall 06				

**Kinesiology Department
Curriculum Trends (2005-2010)**

Fall 05	6	7	8	12
Sum	33	29	32	23

Enrollment	PED160.1	PED160.2	PED160.3	PED160.4
Fall 09	16	9	9	
Fall 08	6	9	13	
Fall 07	11	13	16	
Fall 06	7	12	10	13
Fall 05	11	12	12	13
Sum	51	55	60	26

**Kinesiology Department
Curriculum Trends (2005-2010)**

Enrollment	PED168
Spring 10	12
Spring 09	
Spring 08	13
Spring 07	18
Spring 06	20
Sum	63

Enrollment	PED100.1	PED100.2	PED100.3	PED100.4	PED100.5	PED100.6	Sum
Spring 10	18	17	40	17	25	36	153
Spring 09	13	21	37	20	20	36	147
Spring 08	29	14	41	18	20	39	161
Spring 07	0	24	37	14	24	21	120
Spring 06	13	24	38	13	21	35	144
Sum	73	100	193	82	110	167	

Enrollment	PED102.1	PED102.2	PED102.3	PED102.4	Sum
Spring 10	1	13	8	10	32
Spring 09	3	16	0	14	33
Spring 08	6	23	7		36
Spring 07	5	4	28		37
Spring 06	5	0	6		11
Sum	20	56	49	24	

Enrollment	PED120.1	PED120.2	PED121	PED130	PED131	Sum
Spring 10	22	23	7	19	10	81
Spring 09	22	24	14	29	12	101
Spring 08	24	21	4	16	15	80
Spring 07	25	23	8	15	20	91
Spring 06	23	22	4	20	10	79
Sum	116	113	37	99	67	

Enrollment	PED144.1	PED144.2	PED150.1	PED150.	Sum
Spring 10			18	17	35
Spring 09			17	21	38
Spring 08			17	18	35
Spring 07			16	16	32
Spring 06			15	15	30
Sum	0	0	83	87	

Enrollment	PED155.1	PED155.2	PED155.3	PED155.4	PED155.5	PED155.6	PED155.7	PED155.8
Spring10	10	12	14	5	15	16	15	
Spring 09	13	13	8	10	11	15	15	
Spring 08	16	14	15	8	12	11	15	19
Spring 07	17	20	10	16	9	12	13	

**Kinesiology Department
Curriculum Trends (2005-2010)**

Spring 06	12	15	4	15	10	16	16
Sum	68	74	51	54	57	70	74

Enrollment	PED160.1	PED160.2	PED160.3	PED160.4
Spring 10	7	13	11	
Spring 09	15	15	7	
Spring 08	13	14		
Spring 07	15	14		
Spring 06	13	16		
Sum	63	72	18	0

Health and Fitness Major (B.A.) 46-47 units

Course #	Course Title	Units
Lower Division Requirements		
KIN 101	Orientation to Kinesiology	1
KIN 280	Introduction to Athletic Training	2
KIN 280L	Introduction to Athletic Training Lab	1
ATR 102	Risk Management and Emergency Response	2
PED 200	Optimal Health (GE)	2
BIO 130	Human Anatomy and Physiology I (GE)	4
BIO 140	Human Anatomy and Physiology II	4
CHE 103 <i>Or</i> CHE 152	Intro to General, Organic, and Biological Chemistry (GE) General Chemistry (GE)	5
Lower Division Elective		
<i>Choose 1 course (2-3 units) from:</i>		2-3
PED 210: Team Sports Fundamentals and Strategies (2) GE		
PED 212: Individual and Dual Sports (2) GE		
HF 230: Health, Nutrition and Sport Performance (3)		
TOTAL L.D.		23-24
<i>Previous lower division requirements for Physical Education major =27.</i>		
Upper Division Requirements		
HF 302	Fitness Assessment and Exercise Prescription	3
HF 302L	Fitness Assessment and Exercise Prescription Lab	1
HF 370	Praxis of Strength Training, Conditioning and Kinesiatrics	3
HF 480	Leadership in the Health & Fitness Professions	3
KIN 312	Motor Learning and Motor Development	3
KIN 325	Structural Kinesiology	2
KIN 327	Applied Biomechanics	2
KIN 340	Physiology of Exercise	3
KIN 340L	Physiology of Exercise Lab	1
KIN 440	Measurement, Statistics and Evaluation of Human Performance	3
Professional Experience:		
<i>Two courses (4 units) are required in Practicum* and/or Internship*</i>		4
KIN 484	Practicum in Kinesiology	(1-3)
KIN 488	Internship in Kinesiology	(1-3)
*Through practicum and internship experiences, faculty will mentor students toward proficiency in one or more of these disciplines:		
<ul style="list-style-type: none"> • Strength Training, Conditioning & Performance Enhancement • Personal and Group fitness / Faculty, Staff & Community Fitness • Exercise Physiology • Teaching Physical Education • Intramural Program Development 		
Upper Division Electives		
<i>Choose two courses (6 units) from Kinesiology, School of Education, Family and Consumer Science, Psychology, or as approved by dept chair. Students are encouraged to pursue courses within one of the following tracks:</i>		6
Health & Fitness Track (options) KIN 430: Clinical Exercise Physiology FCS 315: Personal, Family & Community health FCS 225: Fundamentals of Nutrition (can't meet UD elect. req?) FCS 340: Nutrition and Women's Wellbeing PSY 308: Developmental Psychology-Birth through Adolescence ATR 385: Pathology of Injury and Illness	Teaching Physical Education Track (options) PED 308: Physical Education for Children PED 301: Contemporary Health Issues (alt) PSY 308: Developmental Psychology-Birth through Adolescence EDU 304: Legal, Ethical & Wesleyan Perspectives on Education EDU 402: Research-Based Learning Theory EDU 306: Principles of Language Acquisition	
TOTAL U.D.		34
<i>Previous upper division requirements for PE=35</i>		

Total units for Health & Fitness major = 57-58 (-11 for GE) = 46-47 (max units for B.A. = 49 beyond GE)
 Upper division units = 34 (Minimum of 24 in a major)

Advising Guide for Teaching Physical Education

RECOMMENDED COURSES FOR STUDENTS PREPARING TO TEACH PHYSICAL EDUCATION:

Aspiring teachers, please review the information provided by the [PLNU School of Education](#). Students desiring to teach in physical education should plan to pursue a teaching credential and/or take the CSET exam for the PE subject matter requirements. The teaching credential is 33 units total, 21 units in addition to the EDU courses listed below. The Masters of Education degree is 46 units.

COURSE	TITLE	UNITS
HF 308	Methods of Teaching Physical Education	3
HF 210	Team Sports Fundamentals and Strategies (2) GE	2
HF 212	Individual and Dual Sports (2) GE (drop swimming & add to tumbling, dance methods?)	2

Aspiring teachers may take as many as four prerequisite courses for the credential program as undergraduates including:

EDU 304: Legal, Ethical and Wesleyan Perspectives on Education (3)

EDU 402: Research-Based Learning Theory (3)

EDU 306: Principles of Language Acquisition (3)

Note that each of the above classes requires 15 hours of outside fieldwork.

EDU 421: General Methods for Secondary Teachers (3)

Note that this course is offered only at Mission Valley campus and should be taken only by Seniors after the EDU classes listed above)

We also strongly recommend that students take the CSET in an additional content area such as Science, Health Science, or Math. You must still pass the CSET in the appropriate subject matter subtests before starting student teaching.

Students interested in the Health Science subject matter should take:

FCS 315: Personal, Family & Community health

PED 301: Contemporary Health Issues

BIO 103: Introduction to Biology (GE)

BIO 101: Human Biology and Bioethics (GE)

Students interested in the Foundational-Level General Science subject matter should take:

BIO 101: Human Biology and Bioethics (GE)

BIO 103: Introduction to Biology (GE)

(Designed to meet the requirements for the California Multiple Subject Teaching Credential for teaching grades K-8 (but open to all students)

BIO 105: Ecology and Conservation (GE)

Rationale for the Proposed Major in Health & Fitness

We propose to phase out the Physical Education major and add a major in Health and Fitness for the following reasons:

- The Physical Education major at PLNU has decreased by over 50% in the past 5 years. Very few freshmen (1-3) have declared PE as a major each of the past 5 years.
- The job market for educators in California is very poor, and it is even worse specifically for physical educators.
- There are a growing number of students interested in the health, fitness, and disease prevention professions that are not ideally served by the Exercise Science curriculum, which is too heavy in the sciences and other prerequisites for graduate school in health care.
- The health, fitness, and disease prevention professions are offering very positive prospects for job growth. According to the Bureau of Labor Statistics (BLS), 17 of the top 30 fastest growing occupations are in the health-related professions. Additionally, the BLS projects that health care employment will increase by an average of 22% over the next 10 years, almost double the rate of other industries.
 - One example of this is that the American College of Sports Medicine is partnering with physicians to offer the *Exercise is Medicine* credential. This is a credential that allows students in health and fitness to obtain direct referrals from physicians to design and implement exercise programs for their patients to help in disease prevention. Our students in Health and Fitness would be situated to obtain this and many other such credentials in the health and fitness professions.
- We conducted a benchmarking survey with 9 comparator institutions and the trend in decreased PE majors is consistent across comparator schools in California: 60% of comparators either have decreased enrollment or do not offer a physical education program, and 100% of the schools offering Health & Fitness curricula have had increased student enrollment in the past 3 years; the majority of this growth (55%) has been >25%.
- We have surveyed our current students and 25% of Exercise Science majors reported that they would change majors to Health and Fitness if this major was offered at PLNU (at least 30 students). Also, in speaking with parents and potential students at Preview Days, it is clear that a good number of them are searching for programs related to health and fitness.
- We have worked with the School of Education to form a clearer and more streamlined pathway for our students into the SOE to gain a teaching credential and/or Masters of Education.
- Learning over time will become the model for the progression of the Health & Fitness curriculum from didactic experiences (HF 301, KIN 340) to lab settings in which students will practice and refine skills, to practicum and internship experiences in which they will master concepts and become clinically proficient. This is a model that has been very successful in the ATEP and will be emulated with the Health and Fitness major. We intentionally chose to require two courses in practicum or internship while most other programs require only one course of field experience. This will serve as a point of distinction in which our faculty can guide students in the disciplines of their future profession. The requirements will also allow Kinesiology faculty and students to develop a more robust intramurals program, faculty and staff fitness classes, health and fitness screenings, and community fitness programs. We anticipate that students will design and co-lead these programs.
- This proposed curriculum has been vetted with the departments of Family and Consumer Sciences, Psychology and the School of Education. These academic units support the proposed curriculum.

Proposed Changes to the Physical Education Major

Delete PED 211 (2) Individual and Dual Sports I
Delete PED 213 (2) Individual and Dual Sports II
Delete PED 303 (2) Sports Officiating (alternate)
Delete PED 330 (3) Hx and Trends of Physical Education (alternate)
Delete PED 416 (3)
Delete PED 450 (3) Psychology and Sport Performance for Coaches and Athletes (alternate)

Total Deleted = 15 units (8 units alternate year courses)

Add HF 230 (3)
Add HF 301(4) or HF 301(3) and 301L (1) (4)
Add ATR 102 (2)
Add KIN 340L (1)

Total Added = 10 units, (8 new units, 2 existing)

Rename KPE 101 to KIN 101
Rename KPE 280 to KIN 280
Rename KPE 280L to KIN 280L
Rename KPE 312 to KIN 312
Rename KPE 325 to KIN 325
Rename KPE 327 to KIN 327
Rename KPE 340 to KIN 340
Rename KPE 430: Advanced Exercise Physiology to KIN 430: Clinical Exercise Physiology
Rename KPE 470 to HF 370
Rename PED 300 to PED 200
Rename PED 480 to HF 480
Rename PED 484 and KPE 484 to KIN 484
Rename PED 488 and KPE 488 to KIN 488

Other proposals:

Change PED 102.2 to PED ____ Martial Arts and Self Defense

Change PED 102._ to ____

**Affiliation agreement or APC proposal? with local JCs: Propose that EMT 100 basic course content would meet ATR 102 requirement)

Integrated Nutrition Minor:

Continue to explore this...later.

APC Analysis

Total course additions: 3

Total course deletions: 7

Total unit additions: 8

Total unit deletions: 15

Rotation of courses or deletion of sections to accommodate additions: none

Staffing impact/increase or decrease: -7 units

Implications for Faculty Loads

Deleted KPE 280L (1)

Deleted PED 212 (2)**

Deleted PED 213 (2)** *Potential implications for both 200-level classes: Alan (2.5), Susan (2), Shane (2), Bill (2.5), Rich (2.5)*

Deleted PED 416 (3) **resolved in 2011-12 AY, no action required.**

Deleted PED 301 (2) Contemporary Health Issues *Ann (-2) Potential for HF 302 (+1), load with 484/488*

Deleted PED 303 (2) Sports Officiating *Adjunct (-2/alternate)*

Deleted PED 330 (3) Hx and Trends of Physical Education *Alisa (-3/alternate year), units from Shane if he teaches 484*

Deleted PED 450 (3) Psychology and Sport Performance for Coaches and Athletes *Alan (-3/alternate year)*

Total Deleted = 18 units (8 units alternate year, PED 303, 330, 450)

Added HF 301 or HF 301(3) and 301L (1) (4 unit increase)

Added ATR 102 (2 unit increase)

Added HF 230: Health, Nutrition and Sport Performance (2)

Replaced PED 480 with HF 480 = **0 net increase**

Replaced PED 484 with HF 493 = **0 net increase**

Replaced PED 488 with HF 494 = **0 net increase**

Total Added = 8 units

Fall					
PED 210	1	Team Sports Fundamentals	2	1.5	Westphal
PED 210	1	Team Sports Fundamentals	2	0.5	Hills
PED 210	1	Team Sports Fundamentals	2	1.5	Nakamura
PED 213	1	Individual and Dual Sports 2	2	2	Ganz
PED 213	1	Individual and Dual Sports 2	2	1	Hills
Spring					
PED 211	1	Individual and Dual Sports I	2	2	Peterson
PED 211	1	Individual and Dual Sports I		0.5	Hills
PED 212	1	Team Sports Strategies	2	1	Nakamura
PED 212	1	Team Sports Strategies		1	Hills
PED 212	1	Team Sports Strategies		1	Westphal

PED 210 and 212 become one class: PED 210

Westphal = 2.5

Hills = 1.5

Nakamura = 2.5

PED 211 and 213 become one class: PED 212

Peterson = 2

Ganz = 2

Hills = 1.5

Loads:

210 (3.5) 211 (2.5) 212 (3) 213 (3)

Areas of Internship and Specialization

1. Strength Training, Conditioning & Human Performance
Recommended: Certification from NSCA, NASM
2. Clinical Exercise Science (or Exercise Physiology)
Recommended: Certifications from ACSM: Health Fitness Specialist (Susan/Ann?) Clinical Exercise Specialist
*OR New ACSM Exercise is Medicine[®] (EIM) certification Level I or II
<http://certification.acsm.org/exercise-is-medicine-credential>
3. Personal Training/Exercise Prescription/Health Promotion:
Recommended: Pursue certification in individual and group fitness, etc. ACE, IDEA, ACSM
Co-Lead Intramurals, Faculty/Staff Fitness programs
4. Physical Education: Pursue Subject Matter Competence in teaching PE and prepare to take the California Subject Examination (CSET) for PE.
Recommended: pursue an additional CSET content area such as Foundational General Science or Health Science (SOE will inform us of the subtests)
5. Sports Nutrition
6. Corrective Exercise
Recommendation: Pursue NASM Corrective Exercise Specialist certification

Reflection on Standard University Data Set Provided by Institutional Research

This appendix contains a review of Kinesiology data as compared with university patterns and trends in order to provide context for the department's progress relative to other academic departments throughout the university.

*Unless otherwise noted, all analysis refers to data from AY 2009-10.

General Department Efficiency:

The Kinesiology department currently teaches approximately **4.3%** of the total PLNU undergraduate credit hours (2,885/66,968) and has approximately **3.7%** of the faculty FTE (7.3/193.3). The department accounted for **7.5%** of PLNU undergraduate students in 2009-10, and granted **5.1%** of the undergraduate degrees. A comparison of Kinesiology faculty FTE to the FTE of all other departments is linked below: The data suggests that the Kinesiology faculty FTE is most similar to MICS (7.2), Psychology (8.2) and History/Political Science (7.8) and Art and Design (7.4).

https://portal.pointloma.edu/c/document_library/get_file?p_l_id=56301&groupId=11178&folderId=44508&name=DLFE-2531.pdf

Summary Data	2006	2007	2008	2009
Kinesiology Undergrad Credit hrs generated*	2865	2596	2913	2885
PLNU Undergrad Credit hrs gen*	67,456.5	68,697.0	66,497.5	66,968.0
Kinesiology Faculty FTE	7.4	6.9	7.7	7.3
PLNU Faculty FTE	165.1	180.2	172.5	193.3
Kinesiology Degrees Awarded*	30	24	22	27
PLNU Degrees Awarded	524	579	522	529

The table below summarizes the credit hours taught by each of the comparator departments mentioned above:

Sum of credit hours taught	Catalog year					Grand Total
	'6	7	8	9	10	
Art and Design	2623	2596	2596	2850	2850	13598
Kinesiology	2865	2602	2913	2885	3207	14472
Math/Info/Computer Sci	4022	4069	3977	4108	4305	20481
Psychology	5833	5659	5542	5597	5741	28372
Grand Total	70460	68014.5	68105	68123.5	69240	343943

The total units taught by the Kinesiology department has grown **12%** over the past 5 years (from 2865 to 3207 units), with the majority of growth occurring during the past 2 years. While Kinesiology has averaged 2894.5 units taught over the past 5 years (4.3% of the overall 5-year average units 68,788.6), a more logical indicator of overall departmental *efficiency* might be arrived at via the ratio of total **credit hours taught divided by the departmental faculty FTE**. Accordingly, the overall

efficiency of the department for the past five years can be calculated as follows: **14,472units/7.3FTE= 1982.5.**

To put this in financial terms, on average, each faculty FTE produces 1982.5 credit hours across five years. Annually that is $1982.5/5 = 396.5$ credit hours. Each full-time student takes up to 34 units annually. $396.4/34$ is equivalent to 11.6 full-time students. Annual tuition in 2010 was \$26,500. $11.6 \times \$26,500 = \$307,400$ annual revenue generated per Kinesiology FTE.

Faculty Structure, FTE, Student-Faculty Ratio:

The Kinesiology department faculty is very unique among the academic departments across campus. Virtually every member of our faculty has a dual appointment in academics and athletics/Student Development. This inflates our full-time faculty number (14), when in reality over 50% of our faculty either perform coaching or athletic training clinical duties for >50% of their load. Therefore, the faculty FTE (7.3 in 2009) provides a better comparator, and as stated before, Kinesiology represents 3.7% of the university faculty FTE.

The department has a lower student/faculty ratio (11.5:1) than the university (15:1). This statistic is difficult to interpret because, from one perspective, a larger student/faculty ratio could indicate the need for additional faculty. Conversely, from a purely numerical perspective, a larger ratio could indicate a more efficient teaching process. The most likely explanation for our department’s lower ratio is that it is influenced by the CAATE mandated 8:1 student/faculty ratio maintained within the clinical courses in the Athletic Training Education Program. Indeed, this is a tremendously positive aspect of our clinical course of study in the department.

Kinesiology Faculty Structure Data	2006	2007	2008	2009	2010
Full-time faculty	14	14	14	14	13
Coaching < 50%	6	6	6	7	
Coaching 50% or more	8	8	8	7	
Part-time faculty	4	4	6	7	
Faculty FTE	7.4	6.9	7.7	7.3	7.8
Student-Faculty Ratio	11:1	12:1	11:1	12:1	11:1
PLNU undergrad Student-Faculty Ratio	17:1	15:1	16:1	15:1	

Percentage of Courses Taught by Full-Time Faculty versus Part-Time/Adjunct Faculty:

For ease of calculations, we considered only the most recent AY for % of courses taught by FT versus PT faculty. Overall, **70.5%** of the 184.5 units offered in '10-11 were taught by full time faculty members and **29.5%** were taught by adjunct faculty.

The department’s *Enrollment Trends by Course* data for the past 5 years is in appendices 21 and 22. We evaluated the trends to determine specific efficiencies to be gained; the shaded column outlines both growth trends and the steps we have taken to create efficiencies in our curricular offerings.

Student Demand for Programs (Program Size and Capacity)

The undergraduate students in the Kinesiology department (declared majors) represent **7.5%** of the overall PLNU undergraduates (179/2396).

Kinesiology Student Data	2006	2007	2008	2009	2010
Declared Majors	107	108	122	151	179
<i>First Major</i>	104	106	120	149	178
Declared Majors by Major					
Athletic Training	34	34	32	41	50
Exercise Science	47	50	72	91	117
Physical Education	26	24	18	19	12
Total	107	108	122	151	179

In reviewing student demand and demographic data from the table above, a few facts quickly emerge:

1. The number of declared majors in our department has **increased 67%** in the past 5 years (107 students in '06 to 179 in '10). There has been very little corresponding increase in departmental credit hours offered, suggesting the need to add sections of core courses within the curriculum (i.e. courses labeled "KPE" which are taken by all of our majors). Course enrollment trends bear this out.
2. When analyzed by major, it is evident that the Exercise Science program is driving growth. The major has more than doubled, **increasing 149%** over the past 5 years (from 47 students in '06 to 117 in '10).
3. The ATEP has **grown 47%** (from 34 students to 50 students) in the past 5 years. In 2008, we had our national accreditation renewed until the 2018-19 AY. This is the longest accreditation period granted by the CAATE and it indicates the commission's confidence in the strength of the PLNU ATEP. It appears that the stability of the program is attracting more students. But perhaps more importantly, we are encouraged that the program has successfully graduated students for a decade, and our alumni are encouraging others to apply to the ATEP. This has been very positive for the program.
 - ✓ It should be noted that the ATEP must maintain a student/faculty ratio of 8:1 according to CAATE standards. Therefore, the ATEP has increased load for clinical instructors, primarily by adding 4 units of adjunct faculty load over the 2010-11 AY to the clinical practicum courses ATR 290, 291, 390 and 391 (1 unit each course). The ATEP has self-limited the program to 16 students per cohort to maintain a student-to-clinical-faculty ratio of 8:1. In the future, this is an area where more growth may occur if we decide to increase cohort size. A corresponding increase in clinical faculty load would be necessary in this case. The most cost-effective way to accomplish this would be to utilize adjunct faculty as clinical instructors.

4. The Physical Education program has **decreased** by approximately **50%** (from 26 students to 12). Concerning this decrease, we contend that a number of factors are most likely involved, most notably is the poor job market for educators in general and for physical educators specifically. We also have sensed the need to form a clearer and more streamlined pathway for our students to matriculate into the PLNU School of Education and gain a teaching credential and/or Masters of Education. A few other factors deserve noting:
- ✓ Many incoming freshmen do not appreciate the broad career opportunities that the Physical Education major is designed to prepare them for. We have commonly noted that more students graduate with PE as a major than declare it as freshmen. Also, transfer students earn **56%** of the degrees granted in the PE major. Taken together, this suggests that as freshmen students become aware of the curriculum and career opportunities in PE, and as students transfer to PLNU, we experience increased numbers of students in the PE major.
 - ✓ While the teaching profession is experiencing a tumultuous time in general, and PE is specifically vulnerable to low job prospects, the health, fitness, and disease prevention arenas are offering positive prospects for careers and job growth. As a result, the Kinesiology faculty has discussed the need to change the name of the PE major, as well as to significantly revise the curriculum to more accurately reflect current career opportunities in the field and to expand the existing curriculum for the benefit of our students.

Summary of Student Growth Compared to Faculty Growth:

While the department has grown by 67% over the past 4 years, and the units offered by the department has grown 12% (2865 units in '06 versus 3207 units in '10), the faculty FTE has remained relatively constant: '06=7.4, '07=6.9, '08=7.7, '09=7.3, and '10=7.8* A corresponding increase in faculty FTE seems necessary.

(*Note: the accuracy of the '10 FTE is questionable to us since the department was short by one faculty member as Brandon Sawyer left PLNU to earn the PhD and Nicole Cosby had not yet returned.)

Degrees granted by major:

The dramatic growth in our Exercise Science major and graduates is evident here. Exercise Science currently represents **63%** of the degrees granted in the department (19 of 31 degrees in 2010). The major prepares students for graduate school in a variety of healthcare professions; and the growth in this major reflects the growth in healthcare at large. The vast majority of the graduates in Exercise Science pursue advanced degrees in Physical Therapy, Physician Assistant, and various other programs (Chiropractic, Exercise Physiology, Nursing, etc.)

While graduates of the ATEP represented **24%** (31 of 129) of the degrees offered by the department over the past 5 years, and PE graduates represented **25%** (33 of 129), the trend over the past 2 years has been an increase in ATEP majors and a decrease in PE majors. We expect fewer PE degrees granted and more ATEP degrees granted in the near future: while there were 6 graduates of the ATEP in 2010, there are 9, 11, and 16 students in the next 3 cohorts, respectively.

Degrees Granted	2005-06	2006-07	2007-08	2008-09	2009-10
Degrees Granted by Major					
Athletic Training	5	8	9	3	6
Exercise Science	8	15	6	15	19
Physical Education	6	7	10	5	5
Total	19	30	26	23	31

Student Success (1st Year Retention and Graduation Rates)

1st Year Retention Rate: this represents a measure of the persistence by 1st year freshmen in the department and our majors. Average retention rates over the past 5 years are **83%** for men and **93%** for women. By major, the 5-yr averages are very similar, **88%** for PE*, **90%** for ExSc, and **90%** for the ATEP. Persistence is also relatively similar by ethnicity, but a glaring need exists for Black students in the department.

Student Success: Retention	2006	2007	2008	2009	2010	5-Year Ave.
First-time Freshman Retention Rate	82%	94%	86%	85%	91%	88%
Retention Rate by Gender						
Women	100%	100%	86%	88%	91%	93%
Men	71%	83%	88%	80%	92%	83%
Retention Rate by Ethnicity						
American Indian/Alaskan Native						
Asian/Pacific Islander	100%	100%	100%	100%	100%	100%
Black						
Hispanic	100%	100%	67%	80%	100%	89%
White	79%	100%	94%	84%	89%	89%
Retention Rate by Major						
Athletic Training	86%	88%	90%	92%	94%	90%
Exercise Science	89%	100%	88%	79%	93%	90%
Physical Education	0%	100%	75%		0%	44-88%*

Note: Retention measured by those who remain at PLNU at one-year, regardless of academic department.

*The value 88% results after dropping the data from 2006 and 2010 where no students declared PE as a major as 1st time freshmen.

Graduation Rate: this represents a measure of the success of only the freshmen who began in our department and completed their degree in six academic years. As such, the average graduation rates over the past 5 years are **57%** for men and **68%** for women. By major, the 5-yr averages are **54%** for PE*, **66%** for ExSc, and **68%** for the ATEP. These numbers are largely influenced by the fact that transfer students are not included as well as those students who migrate to other majors at PLNU. Persistence by first time freshmen appears to differ moderately as a function of ethnicity.

Student Success: Graduation Rates	2006	2007	2008	2009	2010	5-Year Ave.
First-time Freshman 6-year Grad Rate	66%	56%	56%	78%	63%	64
Graduation Rate by Gender						
Women	55%	69%	64%	71%	83%	68
Men	89%	20%	40%	90%	47%	57
Graduation Rate by Ethnicity						
Asian/Pacific Islander	100%	50%	100%		0%	83
Black					0%	
Hispanic	100%	0%		100%	60%	87
White	59%	60%	50%	78%	68%	63
Non-Resident Alien	100%			0%		50
Unknown/Other	100%				100%	100
Graduation Rate by Major						
Athletic Training	58%	43%	80%	93%	67%	68%
Exercise Science	63%	80%	33%	88%	67%	66%
Physical Education	78%	50%	0%	0%	33%	32-54%*

*This value results after dropping the data from 2008 and 2009 where no students graduated in PE major who declared PE as a 1st time freshman.

Degrees Earned by Major:

The Athletic Training major has the highest rate of freshmen declaring the major who earned a degree in the major. The ATEP also had the lowest % of transfer students earning an AT degree (6%) and the lowest migration rate from other departments on campus (25%). The Exercise Science program had the highest % of students coming from another major on campus (46%, with students migrating most commonly from Biology). Dr. Kugler, Director of Exercise Science, has a close working relationship with Biology faculty and serves to guide students into the careers that the major will prepare them to enter. This finding speaks to the continuing need for resources devoted to the advising and internship development functions needed for these Exercise Science students. The Physical Education major had the lowest % of freshmen declaring it as a major (13%), and also had the highest % of transfer students who earned a degree in PE (56%).

Degrees Earned by Major	2006	2007	2008	2009	2010	Totals	Total % of major	Comments on Data
Athletic Training	5	8	9	3	7	32		
<i>Freshman in major</i>	3	7	6	1	5	22	69%	Highest retention rate in dept
<i>Freshman in different major</i>	1	1	3	1	2	8	25%	Lowest rate of migration
<i>Transfer Student</i>	1	0	0	1	0	2	6%	Lowest transfer rate in dept
Exercise Science	8	15	6	15	19	63		
<i>Freshman in major</i>	0	2	1	4	5	12	19%	
<i>Freshman in different major</i>	6	9	2	4	8	29	46%	Highest rate from other major
<i>Transfer Student</i>	2	4	3	7	6	22	35%	
Physical Education	6	7	11	5	5	34		
<i>Freshman in major</i>	0	0	1	1	2	4	13%	Lowest rate of fresh declaring

<i>Freshman in different major</i>	3	2	4	2	1	12	31%	
<i>Transfer Student</i>	3	5	6	2	2	18	56%	Highest % of transfers in dept
Total	19	30	26	23	31	129		

Degrees by Gender and Ethnicity:

The table below summarizes degrees granted by gender and ethnicity. On average, **women** earn about **60%** of the degrees in Kinesiology, reflecting the gender disparity that exists across the undergraduate campus. In 2009, 65% of the overall first-time freshmen were women. Additionally, while the large majority of degrees were granted to white students, an increasing number of Hispanic and Asian students are earning degrees from the Kinesiology department. This reflects positive trends in diversity across the university; a trend that must continue since the current makeup of our department does not adequately represent the workforce that our students will be joining upon graduation.

Degrees Granted	2005-06	2006-07	2007-08	2008-09	2009-10
<i>Degrees Granted by Gender</i>					
Women	12	15	13	14	19
Men	7	15	11	8	8
<i>Degrees Granted by Ethnicity</i>					
Asian/Pacific Islander	1			3	2
Hispanic		2	2	6	4
White	18	27	20	13	21
Non-Resident Alien		1			
<i>Degrees Granted by Entry Status</i>					
Department Freshmen	6	12	13	8	14
Other Department Freshmen	7	9	4	5	9
Transfer	6	9	9	10	8
Total	19	30	26	23	31

Student Preparation Level and Demographics (by major)

The table below compares the GPA and SAT scores of incoming Kinesiology freshmen versus PLNU freshmen in general: (Note comments in the right column)

Incoming Student Profile	2006	2007	2008	2009	2010	Comments on Data
First-time Freshmen						
New students-Kinesiology	18	22	26	35	47	Growth here mirrors the dramatic dept growth.
New students-PLNU	534	562	538	531	538	Enrollment constant: explained by enrollment cap
High School GPA-Kinesiology	3.75	3.66	3.84	3.70	3.72	Incoming GPA is remaining relatively constant.
High School GPA-PLNU	3.72	3.65	3.71	3.72	3.68	Kinesiology GPA slightly higher than PLNU incoming freshmen.
SAT score-Kinesiology	1110	1084	1146	1079	1112	Average SAT scores also remaining constant
SAT score-PLNU	1147	1154	1127	1130	1125	SAT scores slightly higher than Kinesiology

Movement Through Programs: (Time to Degree)

The table below indicates that First-Time freshmen in Kinesiology take on average **3.88 years** to graduate, compared to the average across the university of 4.09 years. This is a more efficient rate for Kinesiology than existed in 2006, when students took almost an additional semester to graduate (4.4 years). Thus, the programs within Kinesiology allow students to complete the traditional “4-year degree”.

In general, men took slightly longer to graduate than women (4.0 vs. 3.8 years). The comparison of Time-to-Degree by Ethnicity is largely disparate because of unequal group sizes. However, there do not seem to be significant differences in movement through our programs as a function of ethnicity.

Average Time-to-Degree	2006	2007	2008	2009	2010
First-time Freshman Cohort Year	2000	2001	2002	2003	2004
First-time Freshman	4.42	4.00	4.14	4.17	3.88
Time-to-degree by Gender					
Women	4.58	4.00	4.11	4.04	3.80
Men	4.19	4.00	4.2	4.33	4.00
Time-to-degree by Major					
Athletic Training	4.00	4.00	4.00	4.18	3.88
Exercise Science	4.40	4.00	3.50	4.14	4.00
Physical Education	4.81	4.00	0.00	0.00	3.50

III.B.3. Reflection on Standard Data Set:

Summary of Key Findings	Initial Recommendations
<ul style="list-style-type: none">• The number of majors in our department has increased 67%, and the overall units offered by the dept has increased by 12% over the past 5 years. This is primarily due to growth in Exercise Science and Athletic Training.	<ul style="list-style-type: none">• Considering the substantial growth in students entering the department, a corresponding increase seems necessary both in faculty FTE and course sections.
<ul style="list-style-type: none">• The Exercise Science program continues to absorb a large % of students from other majors on campus (most commonly Biology). An important role provided by Dr. Kugler is to guide students into the careers that the major will prepare them to enter.	<ul style="list-style-type: none">• Because our students compete with students from other universities in the area for internships, we should devote more resources to the advising and internship development functions needed for the Exercise Science students.
<ul style="list-style-type: none">• An increasing number of Hispanic and Asian students are earning degrees from the Kinesiology department; however, the % of minority students in the department remains low.	<ul style="list-style-type: none">• The ATEP continues to be committed to facilitating the transfer process, and the faculty has begun to discuss with Admissions how to be more transfer-friendly to community college students interested in Athletic Training. Specific attention should be devoted to recruiting minority candidates.
<ul style="list-style-type: none">• Because the Athletics department has made changes to some Kinesiology adjunct faculty positions occupied by faculty who are head coaches, it will be important to monitor the effect this has on Kinesiology department FTE. To date it has not had an effect.	<ul style="list-style-type: none">• We will propose new curriculum this fall in Health, Fitness and disease prevention. This curriculum will reach a broader group of students and will accommodate the increasing demand for students seeking employment in health care.
<ul style="list-style-type: none">• In an academic environment where students are taking longer to graduate at competitor schools, the programs within Kinesiology allow students to complete the traditional 4-year degree.	

Department/School:

Kinesiology

Summary Data	2006	2007	2008	2009	2010
Declared Majors	107	108	122	151	179
<i>First Major</i>	104	106	120	149	178
<i>Second Major</i>	3	2	2	2	1
<i>Both 1st & 2nd major</i>	1				
Enrollment/Headcount	106	108	122	151	179
Declared Minors					
Credit hours generated*	2865	2596	2913	2885	
<i>General Education</i>	1478	1387	1642	1582	
<i>Departmental</i>	1387	1209	1271	1303	
FTE	83.7	80.9	81.3	85.3	85.1
Full-time faculty	14	14	14	14	13
<i>Coaching < 50%</i>	6	6	6	7	
<i>Coaching 50% or more</i>	8	8	8	7	
Part-time faculty	4	4	6	7	
Faculty FTE	7.4	6.9	7.7	7.3	7.8
Student-Faculty Ratio	11:01	12:01	11:01	12:01	11:01
Degrees Awarded*	30	24	22	27	

Notes: Enrollment figures are based on census data unless otherwise indicated

Declared majors includes second majors

* Exception to fall census standard

Credit Hours are based on end of semester (current) enrollment figures and are for the Academic Year

FTE is based on credit hours

Degrees awarded are over the academic year

The academic year begins in fall and ends in summer

Faculty FTE calculation revised in 2009 for consistency across departments

Department/School:

Kinesiology

Declared Major	2006	2007	2008	2009	2010
Declared Majors by Major					
Athletic Training	34	34	32	41	50
Exercise Science	47	50	72	91	117
Physical Education	26	24	18	19	12
Total	107	108	122	151	179

Declared Majors	2006	2007	2008	2009	2010
Second Major in Same Department	1				
Declared Majors by Gender					
Women	57	66	79	93	95
Men	49	42	43	58	84
Declared Majors by Ethnicity					
American Indian/Alaskan Native					1
Asian/Pacific Islander		1	5	8	10
Black				1	3
Hispanic	12	16	21	18	31
White	82	80	86	114	127
Non-Resident Alien					
Unknown/Other	9	9	8	8	5
Declared Majors by Entry Status					
First-time Freshman	80	81	89	113	136
Transfer	26	27	33	38	43
Total	106	108	122	151	179

Department/School:

Kinesiology

Students whose second major is in the department/school, have the following first majors

First Major	2006	2007	2008	2009	2010
Athletic Training	1				
Biology-Chemistry				1	1
Business Administration				1	
Dietetics	1	2	2		
Nutrition and Food	1				
Total	3	2	2	2	1

Students have the following second majors:

Second Major	2006	2007	2008	2009	2010
Physical Education	1				
Business Administration			1		
Graphic Design				1	
Journalism		1			
Romance Languages	1				
Total	2	1	1	1	0

Department/School:

Kinesiology

Degrees Granted	2005-06	2006-07	2007-08	2008-09	2009-10
Degrees Granted by Major					
Athletic Training	5	8	9	3	6
Exercise Science	8	15	5	14	16
Physical Education	6	7	10	5	5
Total	19	30	24	22	27

Degrees Granted	2005-06	2006-07	2007-08	2008-09	2009-10
Degrees Granted by Gender					
Women	12	15	13	14	19
Men	7	15	11	8	8
Degrees Granted by Ethnicity					
American Indian/Alaskan Native					
Asian/Pacific Islander	1			3	2
Black					
Hispanic		2	2	6	4
White	18	27	20	13	21
Non-Resident Alien		1			
Unknown/Other			2		
Degrees Granted by Entry Status					
First-time Freshman	13	23	17	12	21
Transfer	6	7	7	10	6
Total	19	30	24	22	27

Department/School:

Kinesiology

Students whose second major is in the department/school, have the following first majors

First Major	2004-05	2005-06	2006-07	2007-08	2008-2009
Nutrition and Food			1		

Students have the following second majors:

Second Major	2004-05	2005-06	2006-07	2007-08	2008-2009

Minors Granted	2004-05	2005-06	2006-07	2007-08	2008-2009

Department/School:

Kinesiology

Incoming Student Profile	2006	2007	2008	2009	2010
First-time Freshmen					
New students	18	22	26	35	47
High School GPA	3.75	3.66	3.84	3.70	3.72
SAT score	1110	1084	1146	1079	1112
Fall Transfers					
New students	14	15	19	19	18
Transfer GPA (<i>unavailable</i>)					

Incoming Student Profile	2006	2007	2008	2009	2010
Declared Major					
Athletic Training	8	10	12	14	18
Exercise Science	8	8	14	20	28
Physical Education	2	4	0	1	1
Total	18	22	26	35	47

Department/School:

Kinesiology

Student Success Rates: Retention Rates	2006	2007	2008	2009	2010
First-time Freshman Cohort Year	2005	2006	2007	2008	2009
First-time Freshman Retention Rate	71%	83%	73%	73%	71%
Retention Rate by Gender					
Women	80%	92%	79%	75%	64%
Men	57%	67%	63%	70%	83%
Retention Rate by Ethnicity					
American Indian/Alaskan Native					
Asian/Pacific Islander	100%	100%	100%	100%	100%
Black					
Hispanic	100%	50%	67%	60%	100%
White	64%	93%	76%	74%	64%
Non-Resident Alien		0%			
Unknown/Other			0%		100%
Retention Rate by Major					
Athletic Training	86%	75%	80%	83%	72%
Exercise Science	67%	88%	63%	64%	73%
Physical Education	0%	100%	75%		0%

Note: Retention is being measured by those who remain in the department at one-year. Students who change to another major and remain at PLNU are not included.

Department/School:

Kinesiology

Student Success Rates: Graduation Rates	2006	2007	2008	2009	2010
First-time Freshman Cohort Year	2000	2001	2002	2003	2004
First-time Freshman Six-year Graduation Rate	66%	33%	44%	44%	41%
Graduation Rate by Gender					
Women	55%	31%	55%	29%	58%
Men	89%	0%	0%	70%	27%
Graduation Rate by Ethnicity					
American Indian/Alaskan Native					
Asian/Pacific Islander	100%	50%	50%		0%
Black					0%
Hispanic	100%	0%		33%	20%
White	59%	33%	36%	48%	47%
Non-Resident Alien	100%			0%	100%
Unknown/Other	100%				
Graduation Rate by Major					
Athletic Training	58%	29%	60%	67%	44%
Exercise Science	63%	40%	0%	25%	33%
Physical Education	78%	33%	0%	0%	33%

Note: Graduation is being measured by those who graduated from the department within six-years. Students who changed to another major and graduated from PLNU are not included.

Department/School:

Kinesiology

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Department/School:

Kinesiology

Average Time-to-Degree	2006	2007	2008	2009	2010
First-time Freshman Cohort Year	2000	2001	2002	2003	2004
First-time Freshman	4.42	4.00	4.14	4.17	3.88
<i>Time-to-degree by Gender</i>					
Women	4.58	4.00	4.11	4.04	3.80
Men	4.19	4.00	4.2	4.33	4.00
<i>Time-to-degree by Ethnicity</i>					
American Indian/Alaskan Native					
Asian/Pacific Islander	4.00	4.00	4.00		0.00
Black					0.00
Hispanic	4.00			4.50	4.00
White	4.54	4.00	4.15	4.11	3.85
Non-Resident Alien	5.00			0.00	
Unknown/Other					4.00
<i>Time-to-degree by Major</i>					
Athletic Training	4.00	4.00	4.00	4.18	3.88
Exercise Science	4.40	4.00	3.50	4.14	4.00
Physical Education	4.81	4.00	0.00	0.00	3.50

Note: Only those cohorts who have had at least six years to complete their degree are included.

Student Scholarly Work

2009-10

Kinesiology

Honors Projects:

Alexandra Rose Brown—Exercise Science

Anomalies of the Brachial Plexus: Implications for the Clinical Professional (Mentor: Dr. Leon Kugler)

James Warren Salassi III—Exercise Science

Effect(s) of Caffeine on Running Economy (Mentor: Prof. Brandon Sawyer)

William Westergard—Exercise Science

Diabetic Peripheral Neuropathy: A Literature Review to Determine Efficacious Exercise for Modulating Morbidity in Patients (Mentor: Dr. Leon Kugler)

Internships:

Exercise Science Majors

Water and Sports Physical Therapy

Timothy Gross

Jillian Wells

Brittany Wells

Comprehensive Physical Therapy Services

Rebecca Raines

Bay Sport Physical Therapy

Jessica Jennings

Lindsay Parkison

Veterans Administration Hospital

Shandley Smith

Rehab United Sports Performance and Physical Therapy

Kelsey Rickabaugh

Brianna Dry

Melanie Parker

OASIS

Brianna Jimenez

Tony Kuleto

Lindsey Bollar

Edward Ayub Physical Therapy
Kinsley McKnight
Clayton Frankian

PRN Physical Therapy
Kimberly Keathley
Luke Eskew
Michelle Buysse
Arielle Sima

Endocrine Associates
Samantha Hall
Rady Children's Hospital
Krissy Babcock

Pacific Beach Urgent Care
Christina Aguilera

Children's Primary Care Medical Group
Brianna Jimenez

Physical Education Majors

Stefanie Viana—Nease Hall: Establishing a fitness lounge for the residents of Nease.

Kristi Arnett – PLNU campus: BMI measurements, validity, reliability

Ashley Paulus - Santa Fe Christian High School, Assistant Varsity Girls' Basketball Coach, Head Coach Middle School Girls' Basketball "B" Team

Athletic Training Education Program

OASIS Sports Medicine
Janelle Sanderson
Amy Supernaw
Charles Huynh
Nikki Romani
Natalee Laughter

Rehab United Sports Performance and Physical Therapy
Janelle Sanderson
Amy Supernaw
Charles Huynh
Nikki Romani
Natalee Laughter

San Diego Padres, Peoria, AZ
Pamela Young

Student Scholarly Work 2010-11

Kinesiology

Honors Projects:

Brianna Dry—Exercise Science

Self-Perceptions and Objective Measures of Movement Health in College-Aged Students

(Mentor: Dr. Leon Kugler)

Allyse Kramer—Athletic Training

The Prevalence of and Psychosocial Correlates Associated with Disordered Eating in Collegiate Athletes

(Mentor: Dr. Susan Ganz)

Internships:

Exercise Science Majors

Balboa Naval Hospital

Jillian Wills

Water and Sports Physical Therapy

Brianna Dry

Anna Hong

Jillian Wills

Rehab United Sports Performance and Physical Therapy

Kirsten Reback

Kimberly Keathley

OASIS Sports Medicine

Christina Aguilera

Kelli Corbett

Taryn Zimmer

Edward Ayub Physical Therapy

Anastasia Blas

Eduardo Tenori

Crystal Campero

Kirsten Reback

PRN Physical Therapy

Paul Beeghley

Tracy Dean
Clayton Frankien

Endocrine Associates
Christina Aguilera
Breelan Matranga

Rady Children's Hospital
Holly Harlin

Athletic Training Education Program

OASIS Sports Medicine
Adrienne Archer
Darrel Dyas
Eric Fragnoli
Allyse Kramer
Randi Rollofson
Salvador Saldana

Rehab United Sports Performance and Physical Therapy
Adrienne Archer
Darrel Dyas
Eric Fragnoli
Allyse Kramer
Randi Rollofson
Salvador Saldana

San Diego Chargers
Andrew Hong

Kinesiology Multi-Year Assessment Timeline (3-Year Plan)

Outcome	Measure	Fall Semester	Spring Semester	Course(s)	Who Will Measure	Criteria for Success
LO#1...effectively communicate essential information in their discipline.	Direct: <i>Writing Rubric</i>	2011	2012	KPE 101, ATR 388, KPE 340/280	Kugler, Anderson, Sullivan	75% will score Outstanding (4) or High Satisfactory (3) on all aspects course signature writing assignments
LO#1...effectively communicate essential information in their discipline.	Direct: <i>Oral Communication Rubric</i>	2012 (312)	_____	KPE 312, 385, 440	Anderson Kugler	75% of students will score Outstanding (4) or High Satisfactory (3) on all aspects of course signature oral presentation.
LO#1...demonstrate competence in foundational knowledge in human movement, physical fitness and allied healthcare.	Direct: <i>Summative Exam</i>	_____	2012, 2014	KPE 101, 280, 325, 327, 312, 340, 440	5 Key Questions created and assessed by course professors	80% of seniors will score >70% on the department summative exam.
LO#2...appreciation for the beauty and gift of the human body by actively pursuing a healthy lifestyle.	Indirect: <i>Alumni Survey</i>	_____	Summer 2012	_____	Sullivan	70% of alumni will report...
LO#3...apply their emerging knowledge of fitness, nutrition, strength & conditioning and/or athletic training for the benefit of their clients, patients and the community.	Direct: <i>Eval of Intern/Pract Performance (484, 488)</i>	2013	2014	KPE 484, 488; HF 484, 488; ATR 290, 291, 390, 391, 493, 494	Kugler, Davis, Anderson, Sullivan, Peterson	80% of students will be rated as Outstanding or High Satisfactory in their implementation and performance (teaching, coaching, S&C, etc)
LO#3...apply their emerging knowledge of health and fitness for the benefit of their clients, patients and the community.	Direct: <i>Lesson Planning Rubric</i>	2012	2013	PED 200 series; HF 484, 488; PED 308	Ganz, (Davis pilots spring '12)	75% of the students will be rated as proficient in planning and communicating an effective lesson plan, or a personal or group fitness activity.
LO#4...learn and grow in personal wholeness by being stewards of the human body.	Direct: <i>Fitness outcomes (GE & Majors);</i> Indirect: <i>Student & Alumni Survey</i>	2013	2013	PED 100/300	Davis	80% of students will demonstrate improved physical fitness from pre to post survey as a result of course.
LO#5...effectively serve others in various settings and backgrounds as they live out their calling.	Indirect: <i>Alumni Survey</i>	_____	Summer 2012	_____	Sullivan	70% of alumni will report a specific and significant role in vocational &/or avocational service activities.

Initial Report of Kinesiology Benchmarking Survey

Overview and Summary of Results:

We conducted a survey to benchmark our Kinesiology programs to 9 local and regional comparator universities for the following purposes:

1. To determine student enrollment trends at similar institutions for programs that we currently offer (Physical Education, Athletic Training, Exercise Science) as well as for curricula that our students have expressed interest in (Health and Fitness).
2. To explore a change from our current BA in Physical Education to a BA in Health and Fitness.
3. To determine the extent to which guild standards of the American College of Sports Medicine are used within Health and Fitness programs at comparators.
4. To compare the relative cost of delivering the curriculum (e.g., faculty FTE, % of FT to PT faculty, etc.) and the services provided by our faculty (e.g., academic advising, internship placement, presence of pre-healthcare committee, etc.) against comparators.

The survey was sent to 15 comparator schools, 9 of which participated (a 60% response rate). Here is a summary of the major findings of the survey. Additional summary comments are offered in shaded boxes below specific questions on pages 3-18:

Summary of Enrollment Trends:

PE Teacher Education (Question 4): 60% of comparators either have decreased enrollment or do not offer a physical education program. Ostensibly, some of the schools that do not offer a program may have chosen already to phase out their programs, which we did not ask schools to report. Somewhat surprising to us was that 40% had a modest student enrollment increase of 0-25%. *Exercise Science (pre-Allied Healthcare)*, Question 5): 90% of comparators had increased enrollment in the past 3 years, 40% of comparators had increases of 75-100+%! Only 1 school does not offer a pre-Allied health program and only 1 school had a modest decrease in enrollment of 0-25%. *Athletic Training* (Question 6): 50% of comparators do not offer an ATEP. Of the schools that offer an ATEP, 80% have had increased enrollment over the past 3 years and 40% have increased 50-75%. *Health & Fitness* (Question 7): 100% of the schools offering Health & Fitness curriculum have had increased student enrollment in the past 3 years; the majority of this growth (55%) has been >25%.

Summary of Program Offerings:

Most degree programs of comparators were BS rather than BA degrees. Of the schools considering adding an undergraduate program, 40% were considering a Health & Fitness program similar to PLNU. 30% of comparators are expanding into offering graduate Kinesiology programs (not counting those who already offer graduate programs).

**Additional summary comments are offered below specific questions in shaded boxes.*

Conclusions:

1. As we had anticipated, comparator schools are experiencing dramatic growth in their pre-Allied Healthcare programs, moderate growth in their Athletic Training programs, and a moderate decline in their Physical Education programs. These trends are very consistent with those at PLNU.
2. Concurrent with the trends in #1, PLNU as well as our comparators are experiencing a growth in enrollment and increased student interest in curricula that will prepare them for Health and Fitness careers.
3. If a Health and Fitness curriculum is offered at PLNU, we will align part of the curriculum to the ACSM guild standards; however, we have flexibility in the new curriculum and are not subject to specific accreditation standards from the ACSM.

Kinesiology External Benchmarking Survey

Last Modified: 02/22/2012

1. What is the name of your University or Institution?

Text Response

Azusa Pacific University

California Baptist University

California Lutheran University

Loyola Marymount University

California State University, San Marcos

Taylor University

CSU--San Marcos

Olivet Nazarene University

Point Loma Nazarene University

Note: 1 institution did not answer this question

2. List the name of the department or school in which you are housed.

Text Response

Kinesiology

Exercise and Sport Science

Exercise Science department in the College of Arts and Sciences

Health and Human Sciences

Department of Kinesiology in the College of Education, Health and Human Services

Physical Education and Human Performance

Department of Exercise and Sports Science

Health and Human Performance

Applied Health Science

Kinesiology

Statistic	Value
Total Responses	10

3. List the academic programs currently offered by your department (i.e., majors, minors, concentrations)

Text Response
BS Kinesiology: concentration in exercise science, P.E., sports medicine MS Kinesiology MS Athletic Training Minors: sport management, Kinesiology
Applied Exercise Science Athletic Training Physical Education Athletic coaching minor
Bachelor of Science in Exercise Science with concentrations in Human Performance, Health Professions, and Physical Education/Teaching Pedagogy
BS in Athletic Training BS in Natural Science (converting to BS in Health and Human Sciences
B.S. in Kinesiology with options in Pre-Physical Therapy, Health Science, Physical Education, and Applied Exercise Science
Majors: Exercise Science, Sport Management, Health & Physical Education K-12 Teaching. Minors: Sport Management, Coaching.
Majors: Ex. Sci, Athl Tr Edu, PE (teaching), Sport Mgt, Rec/Leis Studies Minors: Athl Coaching, Ex. Sci., PE (teaching endors), Health (teaching endors), Spt. Mgt.
Exercise Science- major and minor Health and Fitness Education-major and minor Coaching Science minor
AHS
Majors: Exercise Science (pre-allied health), Athletic Training, Physical Education Minor: Athletic Coaching

Statistic	Value
Total Responses	10

Summary: The data from Questions 2 & 3 were a bit hard to aggregate, so we got creative (see links below) with summarizing these aspects of the survey.

Click here for a representation of the most frequently used words to describe depts/schools:

http://www.wordle.net/show/wrdl/4890005/Kinesiology_DCS

Click here for a representation of the most frequently used words to describe programs/majors:

http://www.wordle.net/show/wrdl/4890105/Majors_DCS

4. Has the student enrollment in your PE Teacher Education program increased or decreased in the past 3 years? Please indicate by percentage.

#	Answer		Response	%
1	increased by 75-100%+		0	0%
2	Increased by 50-75%		0	0%
3	Increased by 25-50%		0	0%
4	Increased by 0-25%		4	40%
5	Decreased by 0-25%		3	30%
6	Decreased by 25-50%+		1	10%
7	Do not offer a PE teacher education program		2	20%
	Total		10	100%

Statistic	Value
Min Value	4
Max Value	7
Mean	5.10
Variance	1.43
Standard Deviation	1.20
Total Responses	10

5. Has the student enrollment in your pre-Allied Healthcare program (pre-PT, PA, DC, etc) decreased or increased in the past 3 years? Please indicate by percentage.

#	Answer		Response	%
1	Increased by 75-100%+		4	40%
2	Increased by 50-75%		2	20%
3	Increased by 25-50%		1	10%
4	Increased by 0-25%		1	10%
5	Decreased by 0-25%		0	0%
6	Decreased by 25-50%+		1	10%
7	Do not offer an Allied Health Program		1	10%
	Total		10	100%

Statistic	Value
Min Value	1
Max Value	7
Mean	2.80
Variance	4.84
Standard Deviation	2.20
Total Responses	10

6. If your academic unit has a CAATE-accredited ATEP, has the student enrollment decreased or increased in the past 3 years? By what percentage?

#	Answer		Response	%
1	Increased by 75-100%+		0	0%
2	Increased by 50-75%		2	20%
3	Increased by 25-50%		1	10%
4	Increased by 0-25%		1	10%
5	Decreased by 0-25%		1	10%
6	Decreased by 25-50% +		0	0%
7	Do not offer an Athletic Training Education Program		5	50%
	Total		10	100%

Statistic	Value
Min Value	2
Max Value	7
Mean	5.10
Variance	4.77
Standard Deviation	2.18
Total Responses	10

7. If your academic unit offers a program in Health/Fitness (Corporate fitness, human performance, etc), has the student enrollment decreased or increased in the past 3 years? By what percentage?

#	Answer		Response	%
1	Increased by 75-100%+		0	0%
2	Increased by 50-75%		1	11%
3	Increased by 25-50%		4	44%
4	Increased by 0-25%		1	11%
5	Decreased by 0-25%		0	0%
6	Decreased by 25-50%+		0	0%
7	Do not offer a Health and Fitness program		3	33%
	Total		9	100%

Statistic	Value
Min Value	2
Max Value	7
Mean	4.33
Variance	4.25
Standard Deviation	2.06
Total Responses	9

8. What is the current Faculty full time equivalent (FTE) in your academic unit? (e.g., One FTE represents a full time position in which a teaching or academic function is performed).

Text Response
9
Current is 5, next year it will be 6
3 courses per semester
~11
Three FTE
4.6
3 full-time FTE
5
7.2 FTE for academic faculty (we have 12 faculty positions, but most faculty also coach or provide athletic training service as part of their load)

Statistic	Value
Total Responses	10

Summary: We anticipated that this data would be inconsistent since FTE are calculated in various ways across institutions. It is difficult to make conclusions based on this data.

9. What is the percentage of Courses Taught by Full-Time Faculty versus Part-Time /Adjunct Faculty in your academic unit? (If this information is not readily available to you, please enter n/a and move onto the following question).

Text Response
95% taught by full time faculty - we have very few adjuncts
na
about 50/50
We have faculty that have athletic/academic full-time contracts. If you count those we are over 90% full-time.
30%
8%
90
FT faculty = 71%, PT/Adjunct =29%

Statistic	Value
Total Responses	8

Summary: Our percentage of 71% FT / 29% PT seems very reasonable and balanced as compared with these schools.

10. Do your faculty members directly place the pre-Allied Health students (i.e. pre-PT/OT/PA, etc) in internships with local healthcare providers or are the students primarily responsible for locating internship opportunities?

Text Response

students are primarily responsible

Students responsible - we have no academic requirement for internships, allowing students to take paid positions to satisfy the application prerequisite should they be available

Students are responsible

We maintain a database of 75-85 sites with current written agreements with CSUSM. Students CAN find their own internships but we then initiate a formal agreement with the site.

Primarily student choice but faculty do have networking options to provide students with contact ideas. Students have been coming up with new opportunities that we can piggy back on for future students.

no--students identify sites themselves; we assist with names of places willing to take our students

Yes

sometimes

Yes. Faculty members establish the majority of clinical affiliate relationships. Although students can and do establish their own internships.

Statistic	Value
Total Responses	9

Summary: The majority of comparators (67%) do not directly place their pre-Allied Health students into clinical rotations with local physical therapists, physician assistants, physicians, etc. as PLNU's Kinesiology faculty do. We consider this a point of distinction in our program and wish to continue to offer this critical service to students!

11. Based on your enrollment trends identified above, are you currently considering the addition or deletion of an undergraduate academic program(s)?

#	Answer	Response	%
1	Yes	5	50%
2	No	5	50%

Statistic	Value
Min Value	1
Max Value	2
Total Responses	10

12. Which program(s) are you considering?

Text Response
sport management (BS), sport psychology, nutrition and wellness
Transitioning the ATEP undgrad to an Entry Level Masters level program
B.S. in Health Science, MPH, M.S. in Kinesiology, DPT
Occupational Therapy
Adding a BA in Health and Fitness Phasing out a BA in Physical Education (a pathway to credential & masters will continue to be available through our school of education)

Statistic	Value
Total Responses	5

Summary: of the schools considering adding a program, at least 2 (40%) were considering Health & Fitness similar to PLNU.

13. Are you currently considering the addition or deletion of a graduate program(s)?

#	Answer	Response	%
1	yes	3	30%
2	No	7	70%
	Total	10	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.70
Variance	0.23
Standard Deviation	0.48
Total Responses	10

14. Which program(s) are you considering?

Text Response
see previous answer
MPH, M.S. in Kinesiology, DPT
Exercise Science

Statistic	Value
Total Responses	3

Summary: 30% of comparators are expanding into offering graduate programs (not counting the comparators who already offer graduate curriculum in Kinesiology).

15. Do you currently align any of your academic programs to the ACSM Content Standards?

Text Response

yes, MSKN-Exercise Science

No, but our AES major has an academic alliance with NASM

No, nor to NASM or NSCA.

no

No

The exercise science program/major utilizes ACSM standards but we do not totally align curriculum to only meet those standards.

no

Yes

no

No. We will align Ex Phys and Ex Testing and Prescription with the ACSM standards with the new H&F major.

Statistic	Value
Total Responses	10

Summary: Although the ACSM does not require that programs be specifically aligned with its standards, we were curious as to whether programs did align their Health and Fitness curriculum. The vast majority do not directly align with the ACSM standards. This will allow us flexibility in the new curriculum. We plan to align at least 3 courses with the ACSM standards.

16. Please indicate whether you are comfortable with your results being shared, or if you prefer to have them kept confidential.

#	Answer		Response	%
1	I give permission to have my responses shared		7	70%
2	I prefer the responses to be kept confidential		3	30%
	Total		10	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.30
Variance	0.23
Standard Deviation	0.48
Total Responses	10

17. What percentage of your academic unit's overall curriculum is delivered in a non-traditional format (i.e. web-facilitated, blended/hybrid or completely online)?

Text Response	
0%	
None	
0	
	this is small, maybe 5-8% (1 or 2 classes per semester). We're exploring this as a way to increase enrollments at low cost but are struggling philosophically as a department with what our final student "product" will be if we remove or replace our myriad of experiential lab opportunities with surrogates online. Hybrid definitely works better than online although this may not have as much positive financial impact as we look to grow with shrinking budgets.
0 %	
0%	
	All courses are web facilitated and no courses are completely taught online. We will have one blended course next year.
0	
	50% are web-facilitated (blackboard/eclass) 5% hybrid (at least some lecture) 0% online

Statistic	Value
Total Responses	9

Summary: It appears that most institutions interpreted “non-traditional” to mean “completely online” for this question. Therefore this data may be skewed and difficult to draw conclusions from. We anticipate that with our proposed curriculum in H & F, as well as with current curriculum, we will implement web-facilitated and/or hybrid content and instruction for 20-30% of our didactic courses. We are already adding significant web-facilitated processes to our instructional pedagogy; 2 faculty have gone through TILE and 3 more plan to complete the training.

18. Does your institution utilize a pre-Allied health committee to advise and provide letters of recommendation for students applying to allied health graduate schools?

Text Response

Yes, housed in Biology and Chemistry departments

yes

no committee, faculty are solicited individually by students and respond accordingly

No. The coordinator of the Exercise Science major is currently filling that role but with our growth this is expanding to several other professors who have a main focus of teaching in the exercise science curriculum.

no--I do it as chair

Yes

yes

No Director of Exercise Science and Department Chair write letters of rec for pre-PT, pre-PA, pre-med students.

Statistic	Value
Total Responses	8

19. Approximately how many students are assigned to each of your faculty or staff advisors?

Text Response

40-60 students

25-50

50-90 students/tenure-track faculty

We have attempted to keep students in the major with faculty that have most their responsibility in the same area. Faculty advisee load ranges from 15 to 30 students.

We have approx. 200 students: chair, 40 full time (no coaching), 35 other full time (who coach), anywhere from 10-15

We have 80 majors and 3 faculty members. Advising is distributed to each faculty member as part of their load.

about 40-50

Director of Exercise Science has about 130 student advisees Other faculty average 15 students

Statistic	Value
Total Responses	8

Summary: Anecdotally, it seems that faculty members average nearly 30-40 advisees at comparator institutions. This is higher than the average in our department. Although the Exercise Science program director currently advises 120+ students, with the proposed H & F curriculum, this large # will be substantially reduced.

20. Would like the results of this survey sent back to you?

#	Answer	Response	%
1	Yes	10	100%
2	No	0	0%
	Total	10	100%

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	10

Summary: *It seems like we are onto something here! 😊*

Everyone was excited for us to send the results.

Fitness Occupation Trends & Stats (2010)

1. The job market for fitness trainers is expected to increase 29% over the next decade between 2008 and 2018. *Source Bureau of Labor Statistics/Fitness Training*
2. Fitness training ranks as the #3 fastest growing occupation requiring Post-Secondary training. *Source Bureau of Labor Statistics/Fitness Training*
3. Fitness Trainers ranks in the Top 30 Fastest Growing Occupations - *Source Bureau of Labor Statistics/Fitness Training*
4. In 2009, there were 45.3 million health club members compared to 32.8 million in 2001, a 28% increase. *Source: IHRSA Global Report 2010*
5. 10.4 million people joined a health club for the first time in 2009, a 20% increase from the 8 million people who joined a health club in 2001. *Source: IHRSA Global Report 2010*
6. The type of certification you obtain is the leading factor that determines pay while skills and abilities are the leading factor for hiring or promotion. *Source: Idea Health & Fitness Inc. Industry Compensation Survey 2006*
7. Americans paid out an estimated \$14 billion on products and services to reduce stress during 2008. *Source: "Stress Costs Billions"- IDEA Fitness Journal, Volume 4, Number 5*
8. In 2009, 2.3% of the US population over the age of 6 used personal training services, compared to 1.9% in 2001. *Source: IHRSA National Survey on Personal Training Usage*
9. Individuals diagnosed as obese or with hypertension are eligible to deduct expenses related to enrolling and participating in a weight loss program. *Source: Section 213, IRS Tax Code*
10. In 2008, approximately 261,000 fitness workers were employed in the US. *Source Bureau of Labor Statistics/Fitness Training*
11. There are approximately 149,000 personal trainers in the US. *Source: IHRSA National Survey on Personal Training Usage*
12. The U.S. Surgeon General estimates the economic cost of obesity in 2000 at \$117 billion. *Source: Office of the Surgeon General, US Department of Health & Human Services*
13. 2 out of every 3 adults are obese. *Source: Office of the Surgeon General, US Department of Health & Human Services*

14. Over the past 20 years, the number of hospital-owned or physician-sponsored wellness or fitness centers has increased almost 1,000%, with much room to grow. *Source: Muth, N.D. 2006*
15. Over 50% of clubs report that personal training is one of their five most profitable programs. *Source: IHRSA Guide to Personal Training 2009*
16. Health Club members paying more than \$25 per month in dues are twice as likely to use a personal trainer. On average, consumers paid \$42.55 each month in membership dues in 2009. *Source: IHRSA Guide to Personal Training 2009, IHRSA Club Consumer Report 2010*
17. Health conscious baby boomers will be the main driver of employment growth for fitness workers. *Source Bureau of Labor Statistics/Fitness Training*
18. The number of overweight kids has jumped by 50% in the past decade. *Source: IHRSA Trend Report*
19. Over 70 million Americans are now aged 6-24, creating a large opportunity for growth in the young adult market over the next decade and beyond. *Source: IHRSA Trend Report*
20. It is becoming increasingly more common to find parents hiring personal trainers for their children. *Source Bureau of Labor Statistics/Fitness Training*

Program Review Committee

Preliminary Findings and Recommendations Report (Prior to the External Review)

*Department of Kinesiology
Point Loma Nazarene University*

April 25, 2012

PR Committee Recommendation: Approval of Self Study (without conditions).

1. Executive Summary

The Department Kinesiology has successfully completed its AY2011-12 Self Study (Revision, March 6, 2012) portion of its program review without conditions. Below are the PR Committee's specific findings and recommendations based on the Self Study document.

The External Review based on a Site Visit is expected in early AY 2012-13. Following that, this Findings and Recommendations Report will be amended, the Program Review Evaluation will be conducted, and the MOU will be negotiated and signed.

2. General Observations

- a. In the absence of a prior program review, the department has done a great deal of work to complete its current Self Study.
- b. The major motivation in this self study has been the need to remake the non-Athletic Training (AT or ATEP) and non-Exercise Science (ES) aspects of the academic unit. This goal has been accomplished in this self study with full awareness of the success of AT and ES and the decline of Physical Education. Clear lines of administrative separation between the Athletic Department and the Kinesiology Department now support future organizational strength. The department has designed a Health and Fitness major, which the PR Committee deems a reasonable response, given the current societal, workplace and student needs.
- c. The PR Committee has recognized several accomplishments and made a series of recommendations, on several of which the department is already working.

3. Recognition of Special Accomplishments

- a. The PR Committee commends the department for a **thorough and intentional self-study process**. We especially appreciate the cooperation and collaboration given the challenge of meeting review criteria still being created and clarified during this period.
- b. We laud the faculty of the department for its **historic and continuing building of community and its mentoring of students** for spiritual, social and academic growth.
- c. We recognize the **high level of self examination evident in the Athletic Training Self Study** documentation of 2007-08.

- d. Regarding the **proposed Health and Fitness major**, the rationale for the program and the study of societal need, as well as the snapshot of comparator institutions, is clear and helpful. Also noteworthy are the opinions of professionals in the field, what potential students think, and the expansion of options in internships.

4. Recommendations for Improvement

- a. The PR Committee supports in concept the talks with the department of Biology about a **joint faculty appointment in exercise physiology**, particularly in light of anticipated attrition in the faculty of department of Kinesiology. We emphasize the desire for greater diversity in all academic units (line of inquiry 2b, p. 33).
- b. We note that all **curricular proposals must be submitted to APC** and that the issue of increased School of Education “ownership” of the subject-matter competency in Physical Education during the phase-out period needs to be **vetted by the Teacher Education Committee** and clarified.
- c. The department needs to clarify and carefully **examine resources for especially the Health and Fitness major** (space, technology, library, etc.), should it be approved.
- d. In coordination with the General Education Committee, the department should **intentionally examine its impact on, as well as its contributions to, the shared educational experience**.
- e. The PR Committee is pleased that the department is moving to solve the ATEP site review recommendation that there be a dedicated **assistant in clinical coordination**. The department might want to consider an increase in hours as part of if the MOU.
- f. The PR Committee is supportive of the intent to offer “**robust intramural programs, faculty and staff fitness classes, health and fitness screenings, and community fitness programs**” (Rationale for the proposed major in health and fitness, 14). We consider this parallel to the last (unnumbered #6) goal for ATEP of working with Public Safety and the Wellness Center on “disaster preparedness and emergency response” (p. 8). Now that Athletics and Kinesiology are separate, the department has less contact with Student Development than in recent memory. Such planning will provide opportunities to re-establish some of those ties.
- g. The PR Committee would like to see more text in the learning outcomes that speaks to the **departmental involvement in the liberal arts nature of the university**. We suggest that faculty members consult “PLNU Institutional Learning Outcomes” when they renew their conversation about the relationship between a largely professional orientation of departmental programs as this orientation relates to the over-arching liberal-arts thrust of the university as a whole. Some questions the faculty may consider are these: How do the departmental programs serve the liberal arts mission of the university? How can the department be more explicit in the language it uses to talk about itself regarding the ways in which Kinesiology *participates* in the liberal arts conversation of the campus? What about professional preparation should be back-grounded and fore-grounded in order to situate Kinesiology within the institution as a whole? How do the majors of the department intentionally value the

- liberal arts? (See p. 2-3, department description and distinctive; p. 3, general education offerings; and p. 6, departmental mission.)
- h. The PR Committee encourages self examination to ensure that a similar level of **student-faculty collaboration in research** and **mentorship toward graduate study** occurs in all programs of the department.
 - i. It is clear to the PR Committee that the **University data set** has been in some respects flawed; therefore, administrative measures are being taken to deal with this issue in the future. It is important for each academic unit to enter a dialogue regarding its questions about the data set. (For example, the 2010 FTE number questioned on p. 24 should not have been affected by regular professors on leaves of absence.) The department may want to review the data set and work with Institutional Research to clarify and correct the data set and its interpretation of that data set.
 - j. The department should consider **offering a rationale** to accompany the departmental selection of **comparator institutions** (p. 11) or **comparator academic units** (p. 22)—or indicating whose list the department is using.
 - k. We know that there are easy lines of communication between Kinesiology and Biology. As the Health and Fitness major is vetted, it is important that **conversation take place between Kinesiology and other related departments** such as Family Consumer Science regarding planning for courses related to disciplines under their purview (e.g., HF 230, Health, Nutrition and Sport Performance, Appendix 23).
 - l. The use of the term **Information Literacy** (found in several places, including Goal 1, p. 8 and Appendix 12) seems to be misconceived. The contexts of the uses seem to suggest the meaning “knowing information about the discipline” rather than “knowing how to use and evaluate information.” Misuse of the term in assessment documentation is significant because information literacy is a WASC graduation proficiency.
 - m. The data given in the PED 100 student survey (Appendix 17) are indirect data, which are satisfactory but **not as potent in the program review process as direct data**. The data on heart rate in pre- and post-measurements, collected each semester in PED 300, Optimal Health, are good, hard direct data that can be used to measure with more confidence the effectiveness of the course experience.
 - n. We are glad to see that the department recognizes the need for **sound alumni survey data**. This will be a key ingredient in closing the loop of the self study in the next program review cycle.
 - o. Finally, **implications of the external reviewers’ report** will be an important addition to this document in AY2012-13.
 - p. See the **attachment** called Attachment to the Preliminary Findings and Recommendations regarding **Editorial Recommendations** for the Department of Kinesiology.

5. Prioritization: No recommendations.

6. Further Analysis: No recommendations.

Respectfully submitted:

Dr. Kerry Fulcher, Provost and PRC Chair

Date

Dr. Philip D. Bowles, PRC Liaison

Date

Dr. G.L. Forward, PRC Mentor

Date

Dr. Dione Taylor, PRC Member

Date

Dr. Kay Wilder, PRC Member

Date

Attachment to the Preliminary Findings and Recommendations

Response of the Program Review Committee to the 2011-12 Self Study of the Department of Kinesiology

Point Loma Nazarene University, April 25, 2012

Editorial Recommendations for the Department of Kinesiology:

- (1) In the headings re. department distinctives (in italics, pp. 2-3), consider **adding more headings/bullet points on academic development**—along with the emphasis on the social and spiritual.
- (2) As the department works with the Institutional Effectiveness Committee next year, one of the tasks will be to **harmonize the language** of the Program Outcomes with the language of the Curriculum Map. This will necessitate an update of the Department and Program Learning Outcomes, including the following items:
 - Replacing “Goals and objective” language of the past (p. 8, in boldface) with learning outcome language.
 - Replacing vague verbs such as *prepare* (see Goal 3, p. 8) with more precise, student-centered verbs the results of which can be measured.
 - Replacing *promote* with a more specific learning-outcome verb (pp. 9 and 18).
- (3) As the department prepares to work with Institutional Effectiveness, members should **edit Assessment Diagrams** to deal with unclear or illogical text in certain cells. For example, in Appendix 14 (Physical education program),
 - It seems unlikely that the top cell of PE Program learning outcomes (shaded dark) would be introduced in all five courses: PED 210, 211, 212 & 213, as well as KPE 470 and mastered in four courses—but not reinforced in any courses.
 - In the fifth cell of PE Program learning outcomes, the PLO that reads “Physical Education graduates will demonstrate the knowledge and skills required of a physical educator, coach and strength and conditional specialist,” is reinforced and mastered in a number of courses, but no courses are listed in which the PLO is introduced.
 - *Speaking* (not just writing) should be featured as a learning outcome.
- (4) There are several editorial issues in **Appendix 24**, including these:
 - Some of the numbers in the first page of Appendix 24 are garbled.

- As a general principle, naming of faculty members in such listings as the Implications for Faculty Loads page should be avoided. Giving the aggregate is an acceptable alternative.

(5) The following is an assortment of **editorial issues** representative of those the department may consider editing in future final versions of its self study:

- The PR Committee does not understand the meaning of Program Goal 2b in Exercise Science: “Conceptualize, exhibit and teach from art they create reflecting the structure and function of the human body &/or the implements manipulated by or acting upon the body” (p. 9).
- In the Effectiveness of ATEP (p. 16), #4 under Assessment, “will demonstrate knowledge and skills,” seems to belong under #1, Learning.
- In the Effectiveness of ATEP (p. 16), #4 “Serving” lacks a connotation of service—maybe a connection beyond the discipline, using the discipline to do things outside the academic.
- At the bottom of p 16, under “Indirect Measures,” #6 is the percentage of students who pass the National Board of Certification Exam. Rather than indirect, this seems like a direct measure of program success.
- Regarding rows 3-5 of the ATEP assessment measurement table (p. 17), we wonder whether any score less than 100 percent would be considered failure.
- We suspect the table (p. 18) regarding the assessment of the Exercise Science program has a typographical error in three of the four rows, column two. They all read less than 80 percent (< 80%), but they surely were intended to mean greater than 80 percent (> 80%).

This Attachment Respectfully Submitted by the
Program Review Committee

External Review Team Report for the Department of Kinesiology

I. Findings of the Committee

The Kinesiology department has represented their department through their self-study report, the university's assessment wheel, evidence of a self-study in 2008 and ATEP accreditation documents. Further evidence was acquired through multiple interviews with the department chair, department faculty, students and the Program Assessment committee.

Curricular Quality

Rigor

Athletic Training students have a high degree of academic rigor which is evidenced by a >90% pass rate on the national certification exam (BOC). Kinesiology students feel that overall, courses are very rigorous (reported by students as 7/10), but not as difficult or time consuming as basic science courses taught in another department such as genetics, physics, etc. It is notable that Kinesiology students report performing very well in the courses offered by the Science department.

Students feel prepared for graduate and professional schools and most have been successful in gaining admittance. Through interview data, according to the students present, they perceive that 60-70% of students who apply to graduate work are admitted. While students report great satisfaction overall in the content and rigor of their major courses, numerous students comment that faculty knowledge in the Exercise Science curriculum may be limited, particularly with laboratory experiences. Students feel a general lack of instruction is given for lab procedures. Students report that the exercise physiology course needs to have its own lab. Students acknowledge they receive verbal instruction in the class on running the VO₂ lab, but little hands-on instruction and experience. They report getting into the lab and feeling as if they cannot remember what the verbal instruction was and feeling as if they do not know how to perform a cardiovascular assessment. They want the hands-on experience of lab instruction.

Appropriateness of Curriculum

The athletic training curriculum is current, clinically based and culturally relevant. The students report a high degree of satisfaction with content, curriculum and instruction. The exercise science program seems to be limited in its capacity to cover the current knowledge and best practices in the field. This may be a result of the unbalanced faculty in the Kinesiology department. Currently, five (5) faculty are ATC, but there is not an exercise physiologist. The addition of an exercise physiologist would add rigor to the curriculum, in addition to adding opportunities for extracurricular activities that reinforce classroom theory. Along these lines, exercise science students report feeling inferior compared to athletic training students. Exercise Science students report a desire for more opportunities to do original research and exploration alongside professors. Exercise Science students also expressed a desire to verbally present their findings to others.

The proposed move from Physical Education to Exercise and Sports Science is merited given the economic climate and job opportunities for Physical Education majors. The trend here, and nationwide, suggests a significant shift from pedagogy to sports science and applied health science. The current faculty is qualified to offer expertise in both these areas.

Currency of Syllabi and Content Coverage

Syllabi are written clearly with direct course learning outcomes. The material used and topics covered seem appropriate and current. The content covered in each course will prepare students for the specific aims outlined in the program. Related to this, the Athletic Training students have passed the Board of Certification exam with exceptionally high rates (>90%).

The proposed program will offer new courses in nutrition, exercise testing and prescription, fundamentals of fitness, exercise physiology lab, and exercise testing and prescription lab. These courses require significant expertise and resources, but will drastically improve the overall quality of the degree.

Assessment Plan and Documentation

Alignment with Student Learning Outcomes

The Kinesiology department has a recently revised mission statement and appropriate learning outcomes that are well mapped to the University mission and vision. Assessments administered by faculty in this department include direct and indirect measures. They represent a variety of learning styles and multiple ways for students to show what they know, to include writing assignments, oral presentations, video creation, multiple choice and short answer exams, lab reports, authentic assessment in applied environments and student surveys. Students report appreciation for this variety in assessment experiences.

The academic unit's assessment plan includes distinct learning outcomes and assessment methods for each major, Exercise Science, Athletic Training and Physical Education. In each case, the program learning outcomes are well mapped to the Department and to the Institutional learning outcomes, and include expected competencies in acquisition of knowledge, critical thinking, and oral and written communication. Competency in information literacy was implied in the assessments for each major, but is not clearly stated as a program learning outcome.

New learning outcomes are designed for the new Exercise and Sport Science major.

Data Sources and Use for Continuous Improvement of Program

The data sources and plan for collection, review, analysis and use of assessments is clearly displayed in the Assessment Wheel as well as in the self-study. These processes are systematic for the ATEP major; there was less evidence for systematic use of assessment data for the Exercise Science and Physical Education majors. It is unclear if faculty contribution to the assessment processes in the department is well distributed and consistent, especially for the Exercise Science major where approximately 75% of students in the department are categorized. Use of longitudinal data to re-design the department, majors and curriculum being offered is well underway and seems to be following a realistic market trend. There is evidence that an alumni survey is planned to be utilized as a data source, but has not yet been deployed.

Resources

Faculty Qualifications and Expertise

Evidence from several interviews indicates a very passionate and extremely committed faculty. Students consistently express gratitude for both their learning opportunities from diverse and qualified faculty and their personal relationships with faculty across the department. There is question whether the current faculty structure in the KIN department is unbalanced, evidenced by the division of workload among faculty. This is evident in advising, assessment processes, and attendance in department meetings. This is likely to be the result from “split load” faculty between academics and athletics.

There is significant disparity between the degree of academic training and expertise among the Kinesiology Faculty.

This is evidenced by 65% of the faculty not holding terminal degrees and 35% which do. Faculty without terminal degrees largely teaches general education courses, specifically activity classes. In addition, faculty not holding terminal degrees also have coaching responsibilities.

It should be noted, with one exception, that faculty with terminal degrees have been the ones who have sought to enhance their pedagogical skills through the Center for Teaching and Learning. Students’ responses highly praised the new changes in classroom instruction as a result of this additional training.

Facilities and Equipment

The Athletic Training program is well equipped with a wide range of therapeutic modalities. The Athletic training room is spacious, physically attractive, and well maintained. In contrast the Exercise Science department has one metabolic cart which seems to be dated and perhaps in need of reconditioning.

II. Commendations

Faculty and staff in the kinesiology department are exceptionally helpful and supportive in developing students academically, professionally and as whole persons. Faculty avail themselves to their students for relationship building and modeling, reflecting a strong commitment to Christian higher education. This support continues after graduation, and graduates remain connected to their PLNU Kinesiology family throughout their professional and personal lives. Students and faculty speak highly of each other and students report they are a “close knit” department.

Students report faculty employ a wide range of teaching and assessment strategies, allowing students the opportunity to learn in a variety of ways. A number of faculty have participated in growth opportunities on campus to enhance their instruction and students have noticed the change in pedagogy between last year and this year.

Curriculum in the ATEP major reflects current and relevant content, supported by a >90% pass rate on the BOC National Certification exam. Students and faculty report great satisfaction with the level of applied experiences in the Athletic Training major, to include structured internships.

The department has recently expanded its offerings to students in the department. An academic proposal currently being reviewed will answer the market trends by re-designing their majors leading to a variety of career choices for candidates.

The department assessment schedule is comprehensive and complete for all current majors. There has been significant development in program learning outcomes, course learning outcomes and a variety of appropriate assessment experiences to measure each outcome.

The physical space of the Athletic Training facility is well used and appreciated by students and faculty, occupying sufficient equipment and is well-maintained.

The value of the department’s contribution to general education is a significant service to the entire student body, as evidenced by 80% of students reporting positive lifestyle changes in activity and nutrition.

III. Summary of Recommendations

1. Resources need to be put into the Exercise Science major and the Exercise Physiology lab. More personnel, more equipment, and more space, as well as more hands-on opportunities for students.
2. Seek to equalize faculty involvement within the department.
3. Highlight the significant value that the Kinesiology department plays in the General Education of every PLNU student.
4. It is recommended that the Kinesiology Dept. continue to collaborate with the School of Education to shape the Physical Education concentration and maintain it as a clear career option for students.
5. Consider having the Bachelor of Science degree for the Exercise Science major as opposed to the current Bachelor of Arts degree.
6. Create more opportunities for Exercise Science students to do original research, exploration and scholarship alongside professors.
7. Information literacy needs another outcome that addresses students' need to know when, where and how to find relevant information and know how to use it appropriately and ethically.

Lessons Learned from Site Visit Process

- Send the self study 4 weeks prior to site visit. Plan to provide clarity, context, and answer Qs as needed.
 - One Ext Reviewer compared reading the self study to “drinking from a fire hose”
 - The program Chair/Dean must assign manageable chunks to each team member; narrow the focus and ask each member to drill deeper into specific areas of the SS.
- The first meeting with site visit Team is critical! This meeting should be conducted by the Chair or Dean. We cannot overstate the importance of providing clear context to the Team before the first meetings (Dr. Bailey gave us expert guidance here which should be included in Appendix F).
 - At the first meeting, discuss expectations, delineate roles, and clarify expectations.
 - KIN sent key framing questions prior to visit. This can happen through email or conference call Chair will need to clarify the process and the expectations more than once throughout the visit!
 - It is essential that the Team chooses a Chair to provide leadership in generating the final report and during the exit interview.
- Provide a template for the site visit report. The report is a monumental task and is virtually an unrealistic expectation to be completed in 36-48 hours without clear guidance.
- Make sure to schedule a meeting with students and some alumni if possible. This was the single most valuable meeting that our visitors had; the information provided by students was immensely valuable for site visitors and dept faculty.
- Pay the internal reviewers (recommend \$100 stipend)! They do almost the same amount of work as the external. We gave our internal reviewers gifts totaling about \$150. We also gave gift baskets with gifts/snacks to Ext Reviewers at their hotel upon their arrival. Depts should plan to spend about \$300-500 of their own funds on Site Visit, unless this is budgeted in the future by PR budget.
- Provide a dedicated room to display evidence and include a large work area! Even though the Team will have access electronically to SS report, assessment wheel, accreditation documents, assessment plans, etc., the evidence room should include hard copies of key documents.
 - Stock the evidence room with snacks and drinks! (we can provide pictures of our evidence room)
- Chair should leave her/his schedule open for the entire site visit and should be ready to fill in gaps with any key data the Team might request (this will happen repeatedly and it aids dramatically in helping the Team to write the report).
- Chair and department assistant should expect to spend 20-30 hours in preparation for the site visit alone (e.g., itinerary building, emails to Team, contacting students, faculty, alumni; selecting gifts and thank you notes; building evidence room; overseeing all aspects of the details of the trip)
 - Chair should recruit colleagues to help with these areas

Other details:

- Whenever possible in the itinerary or in Appendix F, clarify who is in charge of that specific process.
- While Saturday was not an ideal day for the visit, it did leave the campus open for the Team to take over a classroom for report. It also allowed them not to miss teaching their courses.
- It may not be realistic to expect site visit team to work on report writing after a 10 hour day of meetings! Especially if they are jet lagged.
- Plan on meetings going a bit longer than expected.
- Plan on the final report taking longer to write than expected.
 - This was a tremendous task for the reviewers to accomplish in a 48 hour visit.
- While it is polite to extend invitations to spouses and others for meals, consider carefully who to invite if the focus is on business (warn the site visitors not to discuss PLNU issues openly where others can here).
- Consider allowing team to have some working meals together without any program faculty.
 - Have food delivered to team as they are writing report...they won't want to waste time going to eat.
- Choosing the team is more critical than we knew! Our team was truly remarkable. Very few teams of 4 people could accomplish what they accomplished. They bonded deeply within 36 hours and by the end of the visit were praying together and hugging.

**Program Review Memorandum of Understanding
Kinesiology Department
JULY 23, 2013**

1. Executive summary of the changes required for program improvement

The process of Program Review has allowed the Kinesiology faculty to both refine and create learning outcomes for our academic programs, to refocus our department mission on student learning, to identify, outline and implement the specific means of assessing our learning outcomes, and to proceed with specific curricular and pedagogical changes that we contend will lead to departmental improvement and enhanced student learning over the next 5-7 years. Throughout the program review process, we explored strategies to enhance our already strong and effective programs in athletic training and applied health sciences, and we proposed a new curriculum to APC and the faculty to improve our ability to prepare students for the Exercise and Sport Science professions.

At the completion of our self study, an External Review team reviewed the report and conducted extensive on-campus interviews with faculty, staff, students, alumni and administrators. At the exit interview, the External Review Team produced the following 7 summary recommendations for program improvement:

1. Resources need to be put into the Exercise Science major and the Exercise Physiology lab. More personnel, more equipment, and more space, as well as more hands-on opportunities for students are needed.
2. Seek to equalize faculty involvement within the department.
3. Highlight the significant value that the Kinesiology department plays in the General Education of every PLNU student.
4. It is recommended that the Kinesiology Dept. continue to collaborate with the School of Education to shape the Physical Education concentration of the Exercise and Sports Science major and maintain it as a clear career option for students.
5. Consider having the Bachelor of Science degree for the Exercise Science major as opposed to the current Bachelor of Arts degree.
6. Create more opportunities for Exercise Science students to do original research, exploration and scholarship alongside professors.
7. Information literacy needs another outcome that addresses students' need to know when, where and how to find relevant information and know how to use it appropriately and ethically.

Mission and Vision:

The Department of Kinesiology endeavors to prepare students to inform and improve the health, fitness and quality of life of themselves and the people they serve. We are committed to educating our students and community in the science and benefits of optimal health and human performance; to developing in all students a lifelong habit of living healthfully; and to preparing students for the variety of career opportunities that utilize Kinesiology as a foundation.

Our continued vision, which is a commendation that our External Reviewers also noted, is to successfully *“develop students academically, professionally and as whole persons...availing ourselves to our students for relationship building and modeling, reflecting a strong commitment to Christian higher education.”*

Kinesiology Program objectives over the next 5 years:

Considering the findings of the External Review Team, the Kinesiology faculty...(complete the sentence).

1. Continue to prepare students for entry into graduate study in the allied health professions.
2. Continue to prepare students to pass the national Athletic Trainers' BOC Examination at a rate above the national average for entry into the Athletic Training profession and/or entry into graduate school in related allied health professions.
 - a. Position our ATEP for successful reaccreditation by the CAATE in 2018-19 concurrently with the next cycle of program review.
 - b. Consider restructuring the undergraduate ATEP into an entry-level master's degree program.
3. Successfully implement and increase the reach and influence of the new Exercise and Sport Science major.
4. Propose to APC and the faculty in AY 2013-14 that the newly-named Applied Health Science major become a Bachelor of Science degree.
5. To creatively address what we see as a growing campus need for improved fitness and better health in students, faculty and staff. To have our EXSS students take leadership in this PLNU fitness initiative.
6. To revisit our general education offerings and to restructure future offerings to meet the current interests of students (e.g. pilates, CrossFit™ or high-intensity interval training) while also considering budgetary concerns related to unfunded loading of the activity courses.
7. To address the significant structural inefficiency of our current practice of requiring Kinesiology faculty to carry out significant loads in the Athletics department in coaching while also teaching.
8. To continue to develop key partnerships with colleagues in Biology, Chemistry, Nursing, Psychology and Dietetics toward interdisciplinary collaboration and enhanced education for our students.

2. Commendations for those involved in the program review process

The Program Review Committee appreciated the Kinesiology Department's good-faith Self Study draft submitted in 2011-12. After a careful perusal, a number of key recommendations were made by the Program Review Committee, and the Self Study was substantially revised. In that revised document, the PR Committee especially appreciated (1) the external and market benchmarking, as well as (2) the effort to address the other departmental programs with the degree of rigor that had been required for ATEP accreditation. The committee also lauded (3) the academic unit for its willingness to move proactively away from a major that is no longer viable in today's marketplace into a related area that has greater potential internally and externally.

The Program Review Committee thanks the Kinesiology Department for its willingness also to revise this MOU to allow it to be a more effective model for future self-studies of academic units now working to follow the new Guidelines.

The External Review, an important step in every program review, has made several important commendations and recommendations. It appears that good progress is already underway to make use of these recommendations. The Committee acknowledges the healthy faculty/student community that was highlighted by the external review team and commends the faculty in the department for their strong commitment to mentoring their students. The Committee suggests that all

full- and part-time faculty members be involved in the on-going work of assessment, culminating in Annual Reporting and in a new cycle of Program Review. Only when every professor is involved in this conversation can a department or school make deep and lasting changes that are necessary for the health of the unit—and ultimately the health of the university as a whole.

3. Action Plan: specific steps to improve the Kinesiology programs (including learning outcomes, faculty, curriculum, resources, etc.)

While conducting the program review, the Kinesiology faculty discovered the following gaps in the *learning outcomes, curriculum, resources, and faculty* of our department. For each gap, we have included specific action steps to be taken to achieve the desired outcome and a timeline and budgetary impact for each action step. Where appropriate, we have listed who is responsible for the implementation of the action.

a. Learning Outcomes:

While the ATEP assessment plan and learning outcomes are refined and complete as a function of external accreditation, we had substantial gaps in our assessment plans and practices for our other programs. We evaluated and created new assessment plans for each of the 3 majors, including DLOs, PLOs and CLOs, curriculum maps, a multi-year assessment timeline and evaluation rubrics for each signature assignment.

- i. Significant work by the department, substantial help from IR, and a streamlined Assessment Wheel process have resulted in the creation and routine evaluation of our DLOs taking place each semester. We did not previously have DLOs or curriculum maps and assessment plans for 2 out of 3 academic programs in the department. We are now measuring 1-2 DLOs in each semester. Additionally, we have standardized and created direct measures of the General Education learning outcomes (i.e., measuring heart rate, recovery HR, lean body mass, strength, flexibility, etc.) and are using a rubric to evaluate students on these outcomes.
 - a. Cost and resource implications: no cost
 - b. Benchmark and timeline for action: Ongoing. We will continue to measure 1-2 DLOs each semester by implementing the assessment rubrics; we will post outcomes to the Assessment Wheel after each semester.
 - c. Responsibility for implementation: We created a curriculum committee within the department at the outset of the program review; this committee will implement and annually review the assessment plans.
- ii. The external reviewer team noted that “Information literacy needs another learning outcome that addresses students’ need to know when, where and how to find relevant information and know how to use it appropriately and ethically.” The ATEP and Applied Health Sciences programs are accomplishing this but do not directly state information literacy as a specific learning outcome. We will address this need by updating our DLOs.
 - a. Cost and resource implications: no cost.
 - b. Timeline for action: Spring, 2013.
 - c. Responsibility for implementation: Kinesiology faculty.
- iii. According to our multi-year assessment timeline, we are past due in deploying an alumni survey to summatively evaluate the extent to which we have achieved our learning

- outcomes. We worked with the alumni office and with MICS and PSY to create a Qualtrics alumni survey which is now ready to be deployed.
- a. Cost and resource implications: no cost
 - b. Timeline for action: Summer, 2013 & summer, 2016.
 - c. Responsibility for implementation: Kinesiology Chair will disseminate the survey and post outcomes to the Assessment Wheel with each administration of the survey.
- iv. Now that the proposed major in Exercise and Sport Science has been approved by the faculty, we will refine the PLOs and CLOs for the new program and complete the assessment plan by creating and finalizing curriculum map, signature assignments and grading rubrics.
- a. Cost and resource implications: no cost
 - b. Timeline for action: Spring and summer 2013.
 - c. Responsibility for implementation: The curriculum committee will implement the new assessment plan.
- b. *Curriculum and pedagogy: Changes in majors, minors, courses, etc.*
- i. The review of our curriculum led to the APC proposals enumerated in Appendix A. These curricular changes were approved by APC and the full faculty in Spring 2013 and are being implemented Fall 2013:
 - a. Cost and resource implications: no cost (-7 units).
 - b. Timeline for action: Completed. New curriculum begins fall 2013.
 - c. Responsibility for implementation: Kinesiology faculty.
 - v. We will make changes in departmental advising to more equitably balance the advising load among faculty members. With the approval of the new EXSS major, we will change advisors for roughly 40 students in the department.
 - a. Cost and resource implications: no cost.
 - b. Timeline for action: Spring 2013.
 - c. Responsibility for implementation: Chair will more equally distribute advisees by end of spring 2013.
- c. *Interdisciplinary Collaboration with other departments and schools*
- i. Kinesiology previously offered 3 service courses (PED 300, 301 and 308) and we now offer 4 (PED 200, 201, 225 and 308). We will continue to collaborate with the School of Education—as well as with LEAP (as these programs are in transition)—in a collaborative fashion.
 - ii. We will seek to expand key partnerships with colleagues in Biology, Chemistry, Nursing, Psychology and Dietetics toward interdisciplinary study. Some ideas include:
 - a. Consider partnering with Nursing, Psychology and Dietetics in a more efficient and cost-effective academic structure such as a College of Allied Health Sciences.
 - b. Explore a revenue generating Master of Science degree in Kinesiology with three concentrations: Exercise Science, Sports Management and Applied Biomechanics.
 - iii. While our cooperative involvement through service courses could be increased, we will continue to offer a robust selection of GE physical activity courses and will seek to expand these options for students, faculty and staff. In addition, we have creative ideas

regarding a campus wide collaborative fitness challenge as well as increased opportunities for fitness "classes" available to faculty and staff.

- a. Cost and resource implications: potential cost for adjunct faculty or graduate students to lead the fitness classes (Estimated 1 unit of FTE at average adjunct rate = \$1200/semester). Another option is to pay senior Kinesiology students to lead classes. (Estimated 3 classes per semester x 12 weeks x \$8/hr = \$288/semester)
- b. Timeline for action: Fall 2013 and spring 2014.
- c. Responsibility for implementation: Kinesiology faculty will explore this further.

d. *Faculty*: Identification of faculty needs or changes

- i. Both our self study and the external review team supported a new faculty position in Exercise Physiology. In fall 2012, the Cabinet approved this hire and a search has been successful in hiring a candidate to begin fall 2013. The external reviewers commented that the new curriculum in EXSS requires *"significant expertise and resources but will drastically improve the overall quality of the degree"*. Because the academic load for the new joint Kinesiology/Biology position is 40% in Kinesiology and 60% in Biology, we contend that a need still exists for 60% FTE in Exercise-and-Sport-Science-related load (i.e. EXS 201, 350, 350L and KIN 340 and 340L).
- ii. The External Review Team also stated that *"the exercise science program seems to be limited in its capacity to cover the current knowledge and best practices in the field. This may be a result of the unbalanced faculty in the Kinesiology department. Currently, five (5) faculty are ATC, but there is not an exercise physiologist."*
This concern has also been partially addressed by the successful hiring of a joint Kinesiology/Biology faculty member who is an Exercise Physiologist. However, as stated in item "di" above, this new hire represents only 7-8 units of faculty load in Kinesiology. Given the continued and rapid growth in the number of Kinesiology majors since the time we proposed the joint position (specifically in the Applied Health Science major), the load of the Kinesiology faculty has necessarily increased. The core KIN courses (280, 325, 327, 340, 385, 440) have each added a section due to enrollment #'s above 50 students. To date, we have overloaded FT faculty to teach these courses, due partly to limited success with hiring adjunct faculty. FT faculty instruction therefore seems best as it maintains the desired 80/20 ratio (FT/PT) and allows for more effective teaching, advising and internship development.
 - a. Cost and resource implications: 60% of faculty FTE.
 - b. Timeline for action: Partially completed with new hire. Ongoing need to recruit additional FT faculty or adjunct.
 - c. Requirements and responsibility for implementation: Kinesiology chair will continue to meet with Dean and Provost to explore models and implement structural changes in Kinesiology faculty. Some of these changes could result in partial FTE that may be reallocated toward the EXSS and AHS majors. But we contend that additional load is needed.
- iii. The current and historical structural inefficiency of the Kinesiology faculty should be addressed. The External Reviewers noted: *"There is question whether the current faculty structure in the KIN department is unbalanced, evidenced by the division of workload among faculty. This is likely to be the result from "split load" faculty between academics and athletics. There is significant disparity between the degree of academic training and expertise among the Kinesiology Faculty."*
A rebalance of faculty structure is warranted. That is, we should decrease the teaching load of faculty coaches, consider adjunct faculty for these units, and add resources to the AHS and EXSS areas.

- a. Cost and resource implications: Difficult to determine, but will potentially increase costs for Athletics/Student Development in FT staff salary.
- b. Timeline for action: A.Y. 2013-2104
- c. Requirements and responsibility for implementation: Kinesiology chair will continue to meet with Dean, Provost, Athletic Director and VP for Student Development to implement structural changes in Kinesiology faculty, possibly offering a mechanism by which some would become FT staff with or without the option to become PT adjunct faculty.

e. *Students*: changes in student support services

The Kinesiology faculty appreciates the feedback from the External Review Team that: "Students consistently express gratitude for both their learning opportunities from diverse and qualified faculty and their personal relationships with faculty across the department... Students feel prepared for graduate and professional schools and most have been successful in gaining admittance."

- i. Because our internship and practicum experiences are the pinnacle of the course of study for our students, we have worked during the program review process to establish roughly 15 new clinical affiliate sites in the San Diego area for our Applied Health Science and ATEP students. We will work to establish similar affiliates for the EXSS students. We will also continue to recruit regional health care and fitness professionals as Kinesiology lecture series presenters.
 - a. Cost and resource implications: Requiring internships is a new paradigm for AHS and EXSS majors that will affect faculty loads (ATEP has historically required 15 units of practicum/internship). While we cannot precisely predict the increase in load at this point, it is estimated to be 3-6 units per semester.
 - b. Timeline for action: Ongoing.
 - c. Requirements and responsibility for implementation: Kinesiology chair, ATEP Director and Applied Health Science clinical coordinator will continue to develop these aspects of our programs.

f. *Resources*: Proposal for different or new resources

- i. While ATEP resources are sufficient and serve to substantially enhance student learning, the resources for Applied Health Science are lacking at a time when growth in this program has been dramatic. The External Review team noted: "The Athletic Training program is well equipped with a wide range of therapeutic modalities. The Athletic training room is spacious, physically attractive, and well maintained. In contrast the Exercise Science program has one metabolic cart which seems to be dated and perhaps in need of reconditioning." It deserves noting that most of the current laboratory equipment, including the metabolic cart, was donated from the Naval Health Research Center.

Thus, the first recommendation of the External Site Visit team was: "*Resources need to be put into the Exercise Science major and the Exercise Physiology lab. More personnel, more equipment, and more space, as well as more hands-on opportunities for students.*" Our interpretation of this recommendation follows:

Rationale for new resource requests:

Appendix B demonstrates a 94.5% increase in Kinesiology majors over the past 5 years (108 to 210 majors). It also demonstrates a 100% increase in the percentage of PLNU undergraduate students that Kinesiology serves (from 4.5% of total PLNU undergraduates in 2007-8 to 9% in 2012-3). When we began the program review in 2010, the department had grown about 67% from 2007 to 2010. Clearly this growth has not slowed and we have continued to grow dramatically in the past 2 years. Over this 5-year period, our department budget has not increased, except last year when we requested approximately a 3% increase.

Based on this data, we request a budget increase that closely reflects our department growth and that matches the increasing % of PLNU undergraduate students that we serve. This is a request to utilize the prioritization process that has been discussed in campus wide by reallocating increased resources to Kinesiology commensurate with the undergraduates we serve.

- a. Cost and resource implications: **we request a 35% Kinesiology budget increase (\$10,000) for 2013-14** for increased operational expenses and to contemporize our basic department needs for equipment and laboratory supplies for all majors, but specifically for the Applied Health Science program which has seen the largest growth and has the most antiquated resources.
- b. Timeline for action: 2013-14 budget cycle.

Table 1 outlines basic departmental needs as well as ideal solutions* and estimated quotes:

Basic Need:	Ideal Need and Solution (Prioritized):*	Quote:
Equipment: in laboratory budget for: <ul style="list-style-type: none"> • Metabolic cart software upgrade (\$450) • Upgrades to Dartfish 2-dimensional biomechanical motion analysis system (\$300) 	<ol style="list-style-type: none"> 1. Diagnostic Ultrasound machine: Terason T3000, with vascular/musculoskeletal probe (\$26,750) 2. Metabolic cart: **Treadmill (not part of original MOU) Monark 828E Stationary Bicycle Cardiovascular Tester 	<ol style="list-style-type: none"> 1. \$26,750 (\$54,500 retail) \$2000 Cart (monitor) \$7000 (Echo probe) <hr/>\$33,500 total 2. 3-yr Warranty \$21,897.29 5-yr Warranty \$24,397.29 Option: Treadmill \$7,022 Option: Bike \$6,344
<ul style="list-style-type: none"> • Laboratory updates: (\$2500) New paint, two small conference tables and 20 chairs for K4 classroom/Exercise Science lab. 		Working with physical plant to accomplish this. Kinesiology will cover painting, need help with flooring rather than chairs and tables.
Total (estimated) = \$3,250	Total (estimated) = \$64,840	

- ii. Aside from the 60% additional faculty FTE (see section 3d, page 5) no further faculty staffing is requested at this time.

4. Provost Statement

a. Responding to the University mission

It is unclear from the language of the vision statement how the department's mission aligns to the University mission. It is clear from the feedback gained in the program review process for the Kinesiology department that there is a strong commitment to the Christian mission of the University within the members of the department and the community that forms between faculty and students. However, in looking at the language of the department mission statement, it is unclear how one could distinguish it from a mission statement from a secular university. It is recommended the department revisit this issue and determine if there is anything about "preparing students to inform and improve the health, fitness and quality of life of themselves and those they serve" that finds its roots or meaning in the Christian mission of the University. If so, how can that be articulated more clearly?

b. Program viability and sustainability

The majors within the Kinesiology department have experienced significant growth in over the last few years which mirror the local and national demand trends for these allied health related programs. Our most recent institutional data shows that the programs in Kinesiology fall into a medium demand, moderately low cost category that is operating at or near its capacity given current resources. This combination indicates a healthy and sustainable program moving forward. While the demand for these programs may continue to increase, the dependence upon other science service courses in departments with no current capacity to increase will by necessity limit future growth in the Kinesiology programs. This may create some enrollment management challenges for the University so it is recommended that the University identify and employ strategies to "right size" all of our impacted science and allied health related programs.

c. Cost cutting requirements

Due to the recent high growth in student numbers in the department, it is necessary to increase budgetary funding to Kinesiology as part of the reallocation of funds from a prioritization process. The one area in the department where cost cutting ramifications come into play is with the load assigned to PE Activity courses. There is currently a half unit of unfunded load for each section of these courses (1.5 units for instructor costs but only 1 unit from student revenue). This is an area that will need examination in the 13-14 academic year and the department has offered some potential solutions for this in section 3.C.iii of their action plan. In addition, the external review team identified the issue of whether or not activity courses continued to make sense in today's environment and noted that this question has been addressed differently at other universities. The external review recommendation was to embrace these as a part of the GE program. The administration would like the Kinesiology department to make this an item for further analysis both from a cost/efficiency perspective as well as an external benchmarking perspective. We would like a report with recommendations regarding this in the spring of 2014.

d. Efficiencies in course offerings needed

With the curricular changes that have occurred in the curriculum of the programs, most course efficiencies have been addressed. Given this along with the high number of students in the programs, this should not be a significant issue for the department in the near future. It is recommended that this be analyzed as part of the department's multi-year assessment efforts for any changes that might make this an issue in the future.

e. Discussion about resource allocation

The program review identified several resource needs in the programs within the department. These needs fall into three categories.

1. Annual Budget-The enrollment in the department nearly doubled over the past 5 years from 100 to 200 students. Over that time the departmental budget only had standard incremental growth while the costs of serving the increased students in laboratory and clinical settings increased dramatically. The 13-14 budget request was increased 35% (\$10,000) to essentially catch up to the growth that had already occurred. This increase is recommended and can be accomplished through reallocation within the academic affairs budgets without an overall net increase. Additionally, the lab and course fees for the department are being analyzed and recommendations will be forthcoming that will identify revenue that can cover the increase in annual budget and help keep pace with adequate equipment and supplies.

2. Facilities and Equipment- The ATR program in Kinesiology, due to its external accreditation and clinical interface, has been well funded and supported in terms of physical space and equipment/supplies. The Exercise Science program has scraped by with limited space and old antiquated equipment that severely limits the education experience of the students. The ATR program is capped so the main growth in Kinesiology has been in the Exercise Science program. The growth has not only been in numbers of students but also in the quality of students. Student feedback through the program review process surfaced a clear student perception of the "haves and have nots" in regards to these programs with the exercise science students feeling like second class citizens. This also carried over into the students' ability to participate in research opportunities in the discipline. The growth in student number and quality has also raised the student expectation levels for what their educational experience should entail. The limited and antiquated equipment that sufficed for a smaller number of students clearly does not meet the current demand and expectations. The department has requested several equipment/software items as well as a facelift for their lab. The total request for these improvements comes in at between \$65-70,000. This amount is available in the 12-13 Academic Equipment budget so it is recommended that we fully fund this request.

3. Staffing- The department was approved a shared position with the Biology department for the coming year and this position was filled. The faculty member will reside in the Kinesiology department but 60% of his load will be teaching in the Biology department Anatomy and Physiology courses, which are service courses for Kinesiology students. The program review process identified a uneven ownership of the programs amongst the faculty that divide roughly along the lines of Teaching Faculty and Faculty Coaches. The external review team also identified differences in professional qualifications for the Kinesiology programs also similarly divided along these lines. The trend over the past few years that will continue over the next few years is for coaches to be hired as staff positions rather than faculty positions. These changes that have and will continue to occur are creating a widening deficit in qualified faculty to teach in the Kinesiology programs, placing a large and growing burden on a shrinking number of faculty. The department is requesting the approval of at least a 60% staffing load increase to bring them to at least a one FTE increase (combined with 40% shared position). As we go through the prioritization process, we should consider shifting a FT faculty position into the Kinesiology department at a minimum. The Kinesiology department is also exploring the possibility in a Masters program which, if it gets approved, will require additional staffing to support both the grad and undergrad programs. It is recommended that a staffing analysis be done over the 13-14 year to determine the appropriate staffing need in this department.

g. Expected program improvements

The rising number and quality of students in the Kinesiology programs has created increased expectations of program quality from both the students and the faculty in the department. This has led to a dramatically revised curriculum and the replacement of an old underperforming major with one that aligns with student demand and employment trends both locally and nationally. Whether the department can rise to the increased expectations will depend on a number of things.

1. Qualified faculty teaching in the department and even distribution of ownership and workload within the faculty of the department. The expectation on faculty in the department is that if they hold a full time faculty position, their highest priority and commitment will be to the academic programs of the department.

2. The newly created learning outcomes and assessment plan for the department will need to be implemented and monitored to determine if the program is achieving the department goals and expectations. This will also require full department participation to create a culture of shared ownership and a continuous improvement in departmental and student learning.

3. The departmental advising loads need to be equitably distributed amongst all of the department's faculty and quality of advising monitored and resources through advisor training efforts. While advising has been identified as a strength in the department, it has been localized to a few individuals. This is not a sustainable model with the dramatic increase in the number of students and complexity of the curricular and clinical experiences. Because of this, the expectation is that those who hold full-time faculty positions within the department will take the responsibility to know and understand their academic programs and how they fit into the university requirements such that they can become effective advisors to their students.

4. Better coordination and shared responsibilities within the department amongst the faculty and staff. The department faces a challenge with the dramatic increase in students in their programs. They have been known for their strong faculty/student community, which is easier to build and maintain with smaller numbers. Many of the former methods of achieving this result may not be scalable to the new size of the programs so it will take a lot more intentional coordination. Departments that have successfully made this kind of shift at PLNU have had to shift their culture from a "chair centered" model of work/responsibility expectations to a "team centered" approach of shared work/responsibility where the chair takes on more of a facilitator role and the faculty share the logistical and administrative responsibilities of the programs.

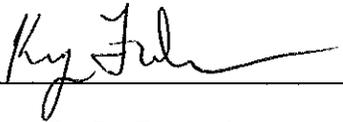
If the department is able to navigate these issues well and manage the transitions they are experiencing, there should be several evidences that show up in their assessment results. One would expect to continue to see strong student satisfaction in the programs with increasing retention and graduation rates. One would also expect to see an increasing percentage of students getting accepted into allied health graduate programs and/or being employed in allied health related fields post graduation.

5. Resourcing and Institutional support plan

- a. Any budget implications
-See section f above.
- b. Capital improvements including facility, equipment and furniture
-See Table 2 above.
- c. Additional faculty and staff resources
-60% additional faculty FTE

6. Signature page

Signed:



Kerry Fulcher, Ph.D., Provost



Jeff Sullivan, Ph.D., Chair, Kinesiology

Appendix A

Curricular Changes Resulting from the Kinesiology Self Study

1. Phased out the Physical Education major and added the Exercise and Sport Science major (EXSS) for a net decrease of 7 units. The EXSS major allows our students to specialize in various career opportunities in exercise physiology, strength and conditioning, sport nutrition, physical education and coaching. The new major aligns our curriculum with the changing needs of students.
2. Added the following courses to the EXSS Major:
 - EXS 201: Fundamentals of Fitness Assessment and Development (2)
 - EXS 330: Nutrition for Exercise and Sport Performance (3)
 - KIN 340L: Physiology of Exercise Laboratory (1)
 - EXS 350: Fitness Assessment and Exercise Prescription (3)
 - EXS 350L: Fitness Assessment and Exercise Prescription Laboratory (1)
3. Deleted the following courses from the catalog:
 - PED 301 (2) Contemporary Health Issues
 - PED 303 (2) Sports Officiating
 - PED 330 (3) History and Trends of Physical Education
 - PED 416 (3) Methods of Teaching Secondary Physical Education
 - PED 450 (3) Psychology & Sport Performance for Coaches and Athletes
4. Combined PED 210 (2): Team Sports Fundamentals (GE) and 212 (2): Team Sports Strategies (GE) into PED 220 (2): Team Sports Fundamentals and Strategies (GE); also combined PED 211 (2): Individual and Dual Sports I (GE) and PED 213 (2): Individual and Dual Sports II (GE) into PED 230 (2): Individual and Dual Sports (GE). Net decrease of 4 units.
5. Added clinical internship experience to the options for upper division requirement in Applied Health Science.
6. Changed PED 300 to PED 200 to accommodate transfer students and the courses that we commonly accept as meeting the requirement for Optimal Health.

Appendix B

Rationale and Justification for Proposed Resource Increases

5-Year Growth in the Kinesiology Department

Kinesiology Student Data	2007-8	2008-9	2009-10	2010-11	2011-12	2012-13
# of Declared Majors	108	122	151	179	197	210
% of PLNU undergraduate students	4.5%	5.1%	6.3%	7.5%	8.2%	9%

