INTRODUCTION

The athletic training program at UNC Charlotte is housed in the Department of Kinesiology, which is in the College of Health and Human Services. Beginning in 1985 students pursued the athletic training profession via the internship route at UNC Charlotte. The University was granted permission to plan a Bachelor of Science in Athletic Training degree in 2000, and the inaugural athletic training education program self-study committee was formed in November of 2001. The self study was submitted in the Fall of 2002 and the site visit took place in Spring of 2003. After this visit, the program received Initial accreditation beginning in the Fall of 2003. From initial accreditation until the undergraduate program was closed in May 2019, we ran a very successful athletic training program that valued developing excellent students to add to the profession. For example, if you look at since 2012, the program had 4 years with 100% first time pass rate on the Board of Certification exam, with our lowest first time pass rate being 88%. In addition to success passing the Board exams, the program has had a 100% graduation rate since 2014. For students that have wanted to work as an athletic trainer after graduation, we have had 100% job placements since 2013. Our past students are employed in area high schools, Universities as well as clinics. Our current and past students provide a great service to the greater Charlotte region by helping support and provide medical coverage. We have had years where we had 20 clinical sites, reaching numerous populations in the region. Based on our previous success and need in the Charlotte region, when the decision was made to transition to a Masters degree, the Department voted unanimously to transition to a Masters of Science degree in Athletic Training (MSAT). The program then went through the process of having the MSAT degree approved by the University and the North Carolina Board of Governors, which occurred in 2018. Because of where the program was in its accreditation cycle, it was best to close out the Bachelors degree and then start a new accreditation process for the MSAT. We then began our self study during the Summer of 2019 and are looking forward to our site visit.

MASTER OF SCIENCE IN ATHLETIC TRAINING MISSION STATEMENT

The Master of Science in Athletic Training (MSAT) has created the following framework to guide the program design, delivery and assessment to achieve its mission statement.

*Our mission is to educate future athletic training professionals in the provision of high quality, culturally competent, evidence based care to improve health outcomes for physically active individuals and to advance healthcare understanding through research, scholarship, and service.*
The Graduate Athletic Training Program is structured according to the curricular content provided by the Commission on Accreditation of Athletic Training Education (CAATE). We are committed to providing quality classroom and clinical education as well as rewarding clinical education experiences. We will use current technology and literature supported by clinical and educational research to provide these services.

**CORE PRINCIPLES**

The core principles that guide our program is the belief that all our student learners will:

- Respect the rights, welfare and dignity of all individuals
- Comply with the laws and regulations governing athletic training
- Have high personal responsibility
- Maintain and promote high standards of services
- Treat the whole person not just an injury/illness
- Optimize lifelong health and wellness
- Develop lifelong learners

Our core principles are what guide all of our instruction in the classroom and in clinical experiences. They are pillars that the rest of our educational and clinical framework are built upon.

**STRATEGIC PLANNING**

The initial planning of the MSAT program began in 2016. The primary stakeholders involved in the initial development were the program director, the clinical coordinator, the Department Chair, and the Associate Dean of the College and Health and Human Services. The primary stakeholders met numerous times as the intent to plan and plan to establish documents were completed. We went through the University and Board of Governor procedures for developing a new MSAT program. The stakeholders worked hard to build a program that stood on the foundation that the previous Bachelors degree was built upon, but also develop a new stand alone program that meets the evolution of Athletic Training Education in the CAATE 2020 professional standards. To help develop a strong didactic and clinical framework, the stakeholders felt it was important to have an Athletic Training Education Committee, to help oversee the development and implementation of the MSAT program. This committee consists of the program director, clinical coordinator, medical director, athletic training faculty, two clinical preceptors and a student currently enrolled in the program. Eventually, an alumni will be added once we graduate our first cohort of students. This group meets every semester, and communicates through email and phone calls to review the framework and assess program outcomes and make changes as needed.
PROGRAM GOALS AND OUTCOMES

Our core principles also guide our program goals and expected outcomes. These are:

1. To have a high quality educational classroom environment for the students.
   a. Outcome: Students will be satisfied with their in classroom coursework.
2. To have a high quality clinical education experiences.
   a. Outcome: Students will be satisfied with clinical sites.
   b. Outcome: Students will be satisfied with preceptors.
3. To prepare students to sit for, and successfully pass the Board of Certification (BOC) exam.
   a. Outcome: Students will feel the program prepared them for success on the BOC exam.
4. To prepare our students to be excellent clinicians.
   a. Outcome: Students will be satisfied with the level of clinical preparation.
5. To prepare students for internships, residency programs, or job opportunities after graduation depending on their individual goals.
   a. Outcome: Students who desire will gain employment after graduation
   b. Outcome: Students who desire will be offered internship and/or residency positions

*Our outcomes will be assessed through surveys, clinical and preceptor site evaluations and will be evaluated by the athletic training education committee on an annual basis.

STUDENT LEARNING OUTCOMES

Based on our core principles, goals and expected outcomes, as well as accreditation requirements we designed our student learning outcomes (SLO):

**SLO #1:** Students will identify risk factors and implement risk reduction plans for patients/clients participating in physical activity, complying with standard operating procedures and regulatory requirements to minimize likelihood of injury and illness.

Instruction on this learning outcome will take place in:

ATRN 6100, ATRN 6102, ATRN 6107, ATRN 6113

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Project in ATRN 6113 where students will put together an injury reduction plan for their health care facility.

Success will be measured by: Students achieving 80% proficiency on the project in ATRN 6113.
**SLO #2:** Students will identify accurate clinical diagnoses and select an appropriate care plan, utilizing individual patient histories and diagnostic testing results.

Instruction on this learning outcome will take place in:

ATRN 6100, ATRN 6101, ATRN 6102, ATRN 6104, ATRN 6109, ATRN 6110, ATRN 6114, ATRN 6119

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Practical exams in ATRN 6109, 6110, and 6114, written exams in ATRN 6119

Success will be measured by: Students achieving 80% proficiency on all practical and written exams.

**SLO #3:** Students will be able to distinguish between life threatening and non-life threatening illnesses/injuries, implement proper emergency care when applicable, and/or transfer care in a timely manner.

Instruction on this learning outcome will take place in:

ATRN 6100, ATRN 6102, ATRN 6104, ATRN 6109, ATRN 6110, ATRN 6114

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Written and Practical exams in ATRN 6104, 6109, 6110, and 6114

Success will be measured by: Students achieving 80% proficiency on all written and practical exams.

**SLO #4:** Students will be able to administer therapeutic interventions with the goal of rehabilitation and recondition of injuries, illnesses, and general medical conditions; achieving optimal activity level based on core concepts; using the applications of therapeutic exercise, modality devices, and manual techniques.

Instruction on this learning outcome will take place in:

ATRN 6105, ATRN 6111, ATRN 6113, ATRN 6114, ATRN 6116, ATRN 6121

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Rehabilitation Plan of Care Assignment in ATRN 6405.

Success will be measured by: Students achieving 80% proficiency on the Rehabilitation Plan of Care Assignment.
**SLO #5:** Students will be able to integrate best practices in the construction and implementation of policy, documentation of patient interactions, and business strategies to promote optimal patient care and employee well-being.

Instruction on this learning outcome will take place in:

ATRN 6102, ATRN 6113, ATRN 6118

Outcomes will be assessed by: Administration Project in ATRN 6118 where students will design their own health care facility.

Success will be measured by: Students achieving 80% proficiency on the Administration Project.

**CURRICULAR PLANNING AND SEQUENCING**

As illustrated above, our curricular planning and sequencing was influenced by our student learning outcomes. We scaffolded our student learning outcomes so they are introduced and then reinforced before they are mastered and assessed. We have used this scaffolding to guide our curricular planning so the material is introduced and reinforced in more than one course so students can connect dots and understand how the material they learn is linked. The courses built on each other as well as overlap during the semesters they are offered. Classes are purposefully offered at times to facilitate that building and overlapping as we feel that best helps us to meet our program goals and student learning outcomes.
Curricular Sequence Table

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<thead>
<tr>
<th>Summer A Year 1</th>
<th>Summer B Semester 1</th>
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<tbody>
<tr>
<td>ATRN 6100: Acute and Emergency Care in Athletic Health Care (3)</td>
<td>ATRN 6102: Fundamentals in Athletic Training (3)</td>
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<td>ATRN 6101: Clinical Anatomy for Allied Health (3)</td>
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<tr>
<th>Fall Semester Year 1</th>
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<td>ATRN 6104: Clinical Evaluation and Diagnosis of the Lower Extremity (3)</td>
<td>ATRN 6109: Clinical Evaluation and Diagnosis of the Upper Extremity (3)</td>
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<td>ATRN 6105: Therapeutic Modalities (3)</td>
<td>ATRN 6110: Clinical Evaluation and Diagnosis of the Head and Spine (3)</td>
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<td>ATRN 6106: Therapeutic Exercise Techniques (3)</td>
<td>ATRN 6111: Therapeutic Interventions (3)</td>
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<td>ATRN 6107: Foundations of Modern Health Care (3)</td>
<td>ATRN 6113: Patient Centered Health Care (3)</td>
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<td>ATRN 6401: Clinical Rotation I (1)</td>
<td>ATRN 6402: Clinical Rotation II (1)</td>
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<th>Summer A Year 2</th>
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<tr>
<td>ATRN 6114: General Medicine and Pharmacology I (3)</td>
<td>ATRN 6116: General Medicine and Pharmacology II (2)</td>
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<td>ATRN 6403: Clinical Rotation III (1)</td>
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<td>ATRN 6118: Administration for Health Care Professionals(3)</td>
<td>ATRN 6121: Behavioral Health in Sports Medicine (3)</td>
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<td>ATRN 6119: Diagnostic Procedures for Rehabilitation Professionals (2)</td>
<td>ATRN 6406: Clinical Rotation VI (6)</td>
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<td>ATRN 6405: Clinical Rotation V (3)</td>
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SLO Curricular Plan and Sequence (I = Introduced, R = Reinforced, M = Mastered)

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CURRICULAR DESIGN

The Graduate Athletic Training Program seeks to enhance student learning through a variety of interactive and problem-solving experiences. Students demonstrate cognitive understanding of the health sciences, interact with diverse individuals and populations, and perform and master specific athletic training skills and techniques. The development of competent athletic trainers is based on a program of curricular experiences that require students to demonstrate and apply their knowledge, skills, and attributes both in the classroom and the clinical setting.

The predominant teaching and learning pedagogies used in the program are based on the principles of behaviourism, constructivism and social constructivism. All classes are designed to be a mixture of each of the different pedagogical approaches. Classes start with traditional lecture, and are teacher lead as we introduce the material being instructed. Once the material has been introduced, then we shift to hands-on activity, group discussion, or group activity, depending on the course. We feel strongly about classes utilizing multiple methods of instruction to help reach students with different learning styles. We purposefully do not have separate lab courses, as we want classroom and lab to be together. We want to be able to teach and instruct on a skill such as knee assessment, and then seamlessly be able to transition to students practicing the skill and getting feedback from the instructor. Or be able to discuss emergency action plans, and then have students get into groups and work together to design an emergency action plan for a certain facility. The MSAT program provides an integrated experience to the students where active learning is at the core of the curriculum.
ASSESSMENT PLAN

We are committed to an ongoing evaluation of our Graduate Athletic Training Program to ensure our students are receiving the highest quality education possible. Furthermore, we are committed to staying abreast to the ongoing changes in our profession in order to keep our students current in our evolving field. The framework is evaluated on an annual basis by the Athletic Training Education Committee. The committee will review the following assessment documents and based on the information in the documents investigate potential changes to the program:

- **Didactic Assessments:** In each course students are assessed on their mastery of material via written exams, practical exams, papers, and presentations. Each course has specific assessment techniques dependent on the course. The Athletic Training Education Committee will look at scores on respective assessments (just scores, no student names), to understand how students are performing and if changes need to be made based on performance.

- **Teacher evaluations:** For each course students will evaluate both quantitatively and qualitatively the instructor for each course. The Department Chair will share the evaluations with the program director if there are any instructors scores that fall below the department mean. The program director will then meet with the specific faculty to come up with a plan to address any issues or concerns, or if needed looking at finding a more appropriate faculty to instruct a course.

- **SLO scores:** The Athletic Training Education Committee will also look over the annual SLO performance document the program must submit annually to the College. For each SLO assessment, the goal is to have 80% of students meet the requirement. The committee will evaluate our scores, and along with didactic assessments look to see if changes need to be implemented.

- **Student Achievement Measures:** The following measures will be collected annually: program graduation rate, program retention rate, graduation placement rate, and first time pass rate on the Board of Certification Examination. Our goal is to exceed the requirements in Standard 6. The Committee will evaluate these measures annually and make changes if needed based on the rates.

- **Graduation Survey:** Prior to graduation all students will be given a graduation survey to rate overall program effectiveness.

CLINICAL EDUCATION

Clinical education is considered an extension of our didactic classroom experience. We have 7 clinical classes that are connected to our clinical field experiences. Our clinical field experiences are designed to progress to more complex and autonomous patient-care and client-care experiences. Our students are exposed to clients/patients throughout the lifespan, different
sexes, different socioeconomic statuses, varying levels of activity and athletic activity, and those participating in non-sport activities. Our clinical experiences are as follows:

ATRN 6400 – Introduction to Clinical Care (1st summer, 1 credit) – The first clinical rotation is designed to introduce students to the athletic training room, basic procedures, what is expected of them, and offer them time to practice basic skills being instructed over the summer session. Students will gain 10 – 15 hours of clinical field experience.

ATRN 6401 – Clinical Rotation I (1st Fall, 1 credit) – This rotation builds on ATRN 6400. Students are assigned to a clinical site, where they gain 10 – 15 hours of clinical field experiences working on the skills taught during the summer session.

ATRN 6402 – Clinical Rotation II (1st spring, 1 credit) – This rotation builds on ATRN 6401. Students are assigned to a clinical site, where they gain 10 – 15 hours of clinical field experiences working on the skills taught during the Fall semester.

ATRN 6403 – Clinical Rotation III (2nd summer, 1 credit) – This rotation is designed to go along with the General Medicine courses the students are taking over the summer, and be able to practice these skills at their respective clinical sites. Students will gain 10 – 15 hours of clinical field experience.

ATRN 6404 – Clinical Rotation IV (2nd summer, 1 credit) - This rotation is designed to go along with the General Medicine courses the students are taking over the summer, and be able to practice these skills at their respective clinical sites. Students will gain 10 – 15 hours of clinical field experience.

ATRN 6405 – Clinical Rotation V (2nd fall, 3 credits) – This rotation increases the complexity of the skills, as they will practice skills from the previous academic year, allowing the students a great ability to participate in the athletic training setting they are assigned. It is served to bridge between our more low stakes rotations and our immersive clinical experience. Students will gain 20 – 25 hours of clinical field experience.

ATRN 6406 – Clinical Rotation VI (2nd spring, 6 credits): Immersive clinical experience. Students will participate in the full-time, day-to-day role of the athletic trainer. We have the immersive experience in the last semester, as this is the point that students have the ability to be involved in complex and autonomous patient-care experiences, as they have been taught almost all of the standards. Students will gain 30 – 40 hours of clinical field experience.

To ensure our clinical field experience is meaningful and students are practicing the skills taught in our didactic coursework, students will be evaluated by their clinical instructor using the clinical evaluation instrument. Students must attain a minimum grade of proficient on all clinical skill assessments by the end of the semester.

Additional ways we assess our clinical field experiences is through:
**Clinical Education forms** - Clinical Instructor Evaluation and Clinical Site Evaluation – all students evaluate both the clinical instructor and the clinical site separately.

**Clinical Education Journal** – students keep a journal of their clinical experiences, so the Clinical Coordinator understands what is happening at the clinical site and potentially recognize any potential problems, issues, or things that need to be addressed.

**Problem Based Learning Questions** - There are Problem Based Learning Assignments designed to evaluate the student’s ability to integrate core knowledge with patient care concepts.

**Clinical Case Study** - Each student will submit a clinical case study from an injury/illness occurring during the semester at his/her clinical site.