1. Introduction
The Division of Athletic Training houses the Athletic Training MS academic degree program. The program is accredited as a post-professional Athletic Training Program by the Commission on Accreditation of Athletic Training Education. The Division of Athletic Training is currently accredited and in good standing with this body until the next review process scheduled for the 2019-2020 academic year [https://www.e-accred.caate.net/accredited_programs](https://www.e-accred.caate.net/accredited_programs).

1.1. Unit Mission: The University of Kentucky’s Masters’ Degree in Athletic Training has designed course work and clinical experiences to develop skills necessary to conduct research and increase proficiency in injury prevention, treatment, and rehabilitation. Graduates are prepared to become critical consumers of research and accepted clinical practices, advanced health care providers, and leaders in the clinical, educational, and research endeavors of the profession.

1.2. Basic Assessment Approach: Assess 3-5 learning outcomes within a 3-year cycle. The outcomes are assessed throughout the two-year Master’s program, using direct methods. See curriculum map in section 4.

1.3. Definition of Key Terms:
1.3.1. Assessment: A strategy for understanding, confirming, and improving student learning through a continuous, systematic process.

1.3.2. Curriculum Map: A visual depiction of how learning outcomes and/or professional standards are translated into individual courses taught within a program.

1.3.3. Graduate Committee: consists of student’s primary advisor and two additional members of the graduate faculty that will be evaluating the student in their final oral examination.

1.3.4. Student Learning Outcomes (SLOs): Statements of learning expectations.

1.3.5. Indirect Evidence: Data from which you can make inferences about learning but do not demonstrate actual learning, such as perception or comparison data. Includes, but is not limited to: surveys, focus groups, exit interviews, grades, and institutional performance indicators.

1.3.6. Direct Evidence: Students show achievement of learning goals through performance of knowledge and skills. Includes, but is not limited to: capstone experiences, score gains between entry and exit, portfolios, and substantial course assignments that require performance of learning.

2. Assessment Oversight Resources
2.1. College Learning Outcomes Assessment Coordinator – Office of Assessment for the College of Health Science (CHS) will coordinate and collect all learning outcomes for the Masters’ Degree in Athletic Training

2.2. Unit Assessment Coordinator – Liaison to the Office of Assessment, Dr. Tim Uhl, will be the assessment coordinator and will be responsible for creating, disseminating and recording all learning outcomes for the Division of Athletic Training. The liaison will write an assessment report at the end of each spring term and share with the Athletic Training faculty and Office of Assessment.

2.3. Other Assessment Resources – N/A
3. Program-Level Learning Outcomes

3.1. Learning Outcomes by Program

3.1.1. **SLO#1**: Students will identify anatomical structures of the musculoskeletal system to synthesize and interpret anatomical contribution to injury.

**SLO#2**: Student will describe and apply anatomical, biomechanical and physiological knowledge into the assessment and management of musculoskeletal injuries of the upper extremity.

**SLO#3**: Students will conduct and critically review research in athletic training.

3.2. Accreditation Standards/Outcomes by Program

3.2.1. There are eighty-three standards the Division of Athletic Training is required to meet in order to maintain status as an accredited post-professional Athletic Training Program by the Commission on Accreditation of Athletic Training Education (See Appendices). The Division of Athletic Training is currently accredited and in good standing with this body until the next review process scheduled for the 2019-2020 academic year [https://www.e-accred.caate.net/accredited_programs](https://www.e-accred.caate.net/accredited_programs). While the university assessment plans may be used as supporting documentation for the accreditation self-study, the processes are conducted separately.

4. Curriculum Map

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>SLO #1</th>
<th>SLO #2</th>
<th>SLO #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STA 570 Basic Statistical Analysis</td>
<td>-</td>
<td>-</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>AT 670 Scientific Inquiry 1</td>
<td>-</td>
<td>-</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>AT 682 Clinical Seminar in Athletic Training</td>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>AT 720 Sports Medicine</td>
<td>-</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td><strong>Spring Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AT 671 Scientific Inquiry 2</td>
<td>-</td>
<td>-</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>AT 682 Clinical Seminar in Athletic Training</td>
<td>I</td>
<td>I</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>AT 695 Orthopaedic Evaluation and Rehabilitation of the Lower Extremity</td>
<td>I</td>
<td>I</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>AT 700 Muscle Mechanics</td>
<td>I</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td><strong>Summer Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AT 740 Peripheral Anatomical Dissection</td>
<td>R, E</td>
<td>R</td>
<td>-</td>
</tr>
<tr>
<td><strong>Fall Year 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AT 660 Directed Study</td>
<td>-</td>
<td>-</td>
<td>E</td>
</tr>
</tbody>
</table>
5. Assessment Methods and Measures

5.1. Direct Methods/Measures Preferred/ Used at the Course and Program level

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1) Students will identify anatomical structures of the musculoskeletal system to synthesize and interpret anatomical contribution to injury.</td>
<td>Written Examination and Oral Presentations</td>
</tr>
<tr>
<td>Outcome 2) Student will describe and apply anatomical, biomechanical and physiological knowledge into the assessment and management of musculoskeletal injuries of the upper extremity.</td>
<td>Practical Examination Assessments</td>
</tr>
<tr>
<td>Outcomes 3) Students will conduct and critically review research in athletic training.</td>
<td>Oral Final Examination</td>
</tr>
</tbody>
</table>

5.2. Indirect Methods/Measures Preferred/ Used at the Course and Program level

All student learning outcomes use direct measures of student learning.

6. Data Collection and Review

6.1. Data Collection Process and Procedures

6.1.1. When will data be collected for each outcome? (see table on following page)

6.1.2. How will data be collected for each outcome? (see table on following page)

6.1.3. What will be the benchmark/target for each outcome? (see table on following page)
6.1.3.1. Learning Objective 1 is based on past class performance and the fact that graduate students are expected to perform at or above a C level. The score of 70% is lowest score to still achieve a C grade for this course. We have observed that several students are challenged in this course due to the high volume of material covered in 4 weeks and often do poorly on the first of 4 weekly examinations. Therefore the benchmark was set at 75%.

6.1.3.2. Learning Objectives 2 and 3 are based on students in a post-professional graduate program are expected to perform at C level or better.

6.1.4. What individuals/group will be responsible for data collection?

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>When will data be collected?</th>
<th>How will data be collected?</th>
<th>What will be the benchmark/target?</th>
<th>What individuals will be responsible for data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1) Students will identify anatomical structures of the musculoskeletal system to synthesize and interpret anatomical contribution to injury.</td>
<td>At end of Summer Session 1 (2016 and 2019)</td>
<td>1. Written Examination Scores 2. Presentation Rubric</td>
<td>1. Written Examination ≥75% pass. 2. ≥75% score on Presentation Rubric</td>
<td>Course director will compile information and provide to the assessment liaison who will report data to the CHS Office of Assessment</td>
</tr>
<tr>
<td>Outcome 2) Student will describe and apply anatomical, biomechanical and physiological knowledge into the assessment and management of musculoskeletal injuries of the upper extremity.</td>
<td>At end of Spring Semester (2017 and 2020)</td>
<td>1. Practical Examination</td>
<td>1. &gt;80% of the students will score ≥80% will pass both practical examinations</td>
<td>Course director will compile information and provide to the assessment liaison who will report data to the CHS Office of Assessment</td>
</tr>
<tr>
<td>Outcomes 3) Students will conduct and critically review research in athletic training</td>
<td>At the end of the Spring semester (2018 and 2021)</td>
<td>1. Oral Final Examination Rubric</td>
<td>1. &gt;75% of the students will score above an 80% on the final examination rubric</td>
<td>Student Advisor will compile the information and provide to the assessment liaison who will report data to the CHS Office of Assessment</td>
</tr>
</tbody>
</table>
7. Assessment Cycle and Data Analysis

7.1. Assessment Cycle (1-3 years)

7.1.1. Included measurement of all learning outcomes
7.1.2. Identifies at a minimum an annual date for sharing results with faculty and planning improvement actions

The Athletic Training Program follows a 3-year assessment cycle, with one outcome assessed in each year. The table below summarizes the schedule of learning outcome being assessed and reported to Office of Assessment for the next 6 years (2 cycles). Measurements to be used as well as assessors for each learning outcome are listed. Results of the learning outcome assessment will be shared with the entire Athletic Training faculty in first fall faculty meeting of the following academic year in order to implement improvement plans. The unit assessment coordinator will present information after consulting with the college’s assessment coordinator. Assessment reports are completed by October 1st of every year and submitted to the College Learning Outcomes Assessment Coordinator for review. Final reports are sent to the university’s assessment office no later than October 31st of every year.

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Academic Year Assessed</th>
<th>Measurement Instruments</th>
<th>Assessor</th>
<th>Academic Year Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLO 1) Students will identify anatomical structures of the musculoskeletal system to synthesize and interpret anatomical contribution to injury.</td>
<td>2015-2016 (Cycle 1)</td>
<td>1. Written Examination</td>
<td>Instructor of Record for AT 740</td>
<td>Fall of 2016-2017 (Cycle 1)</td>
</tr>
<tr>
<td></td>
<td>2018-2019 (Cycle 2)</td>
<td>2. Oral Presentation Rubric</td>
<td></td>
<td>Fall of 2019-2020 (Cycle 2)</td>
</tr>
<tr>
<td>SLO 2) Student will describe and apply anatomical, biomechanical and physiological knowledge into the assessment and management of musculoskeletal injuries of the upper extremity.</td>
<td>2016-2017 (Cycle 1)</td>
<td>1. Practical Examination Rubric</td>
<td>Instructor of Record for AT 690</td>
<td>Fall of 2017-2018 (Cycle 1)</td>
</tr>
<tr>
<td></td>
<td>2019-2020 (Cycle 2)</td>
<td></td>
<td></td>
<td>Fall of 2020-2021 (Cycle 2)</td>
</tr>
<tr>
<td>SLO 3) Students will</td>
<td>2017-2018</td>
<td>1. Oral Final Examination</td>
<td>Student’s entire</td>
<td>Fall of 2018-2019</td>
</tr>
</tbody>
</table>
7.2. Data Analysis Process and Procedures

**SLO #1** All examinations scores from the class for each student will be collected in an excel file and descriptive analysis using both descriptive and frequency analysis will be used to determine if benchmark was achieved. The same procedure will be followed for oral presentations scores.

**SLO #2** Two practical examinations are performed every semester. The scores for each student will be collected in an excel file. The data will be combined and summarized using descriptive analysis and frequency analysis of scores to determine if benchmark was achieved.

**SLO #3** Following each Oral examination the chair of the committee will provide the rubrics to the assessment liaison for the Division of Athletic Training. The scores from the committee members will be recorded and averaged to represent student performance. The score from each student will be combined and analyzed using descriptive analysis and frequency analysis of scores to determine if benchmark was achieved.

7.2.1. How and will the data and findings be shared with faculty?

The findings from the outcome assessment will be shared with the faculty during the first fall meeting of the following semester. As all evaluations will occur in the spring or summer sessions, not all faculty will necessarily be present during the summer. In order to be inclusive of all faculty, input results will be shared in the first fall faculty meeting. This will give adequate time to organize results.

7.2.2. Who was involved in analyzing the results?

The instructor of record or the student’s graduate advisory committee will be responsible for collecting the data and providing it to the unit assessment coordinator to analyze the results. The unit assessment coordinator will share the results with the faculty and the college’s assessment office. All parties will review results and provide interpretation to the unit assessment coordinator prior to presentation in fall faculty meeting.

7.2.3. How are the results aligned to outcomes and benchmarks/targets given?

The results are all quantifiable and will be reported relative to the benchmark to determine if benchmarks are on target, too high, or too low based on student performance. The faculty will then be able to determine if modification of assessments or benchmarks will need to be adjusted in future years.

7.2.4. How will the data be used for making programmatic improvements?

The results of the learning assessments will be used by the faculty to modify course and curriculum in those areas where learning objectives are not reaching their benchmark. In those areas where learning objectives are being accomplished further consideration will be given by the faculty to consider refining or altering the learning objectives to improve students’ outcomes.
7.3. Data Analysis Report Process/Procedures
Each degree-granting academic program within the College submits a six-year assessment plan as part of the UK periodic review process. The assessment plan template is provided by the UK Office of Assessment. The assessment plans contain two three-year assessment cycles of student learning outcomes, curriculum maps and assessment tools. The completion of the annual assessment reports and improvement action plans is a priority for the College and has been included as a metric in previous versions of the college strategic plan.

8. Teaching Effectiveness
8.1. Identify measures of teaching effectiveness
All instructors will use the University Teaching Course Evaluation (TCE) process to be evaluated by their students each semester.

8.2. A key measure of teaching effectiveness is the performance on the annual faculty performance review. The review includes evaluation of the teaching portfolio, including the teacher course evaluation data. This information is used to develop individualized faculty intervention plans and/or College-wide faculty development initiatives as needed.

9. What are the plans to evaluate student post-graduate success?
The AT division generates an alumni survey one year following graduation. This survey is sent via electronic survey format. This data will be collected annually and combined with previous year’s data to share with CHS Office of Assessment. The results of the alumni survey will be shared with the faculty annually during a faculty meeting in the fall of each year.

10. Appendices (Grading Rubrics and Degree Standards for Post-Professional Graduate Athletic Training)

Appendices
1. Written Examination Example Questions for AT 740
2. Presentation Rubric for AT 740
3. Practical Examination Rubric for AT 690
4. Oral Final Examination Rubric and Detailed Oral Final Examination
5. CAATE Post-Professional Athletic Training Degree Standards
1. AT 740 Written Examination Example Questions

The same series of written examinations will be given annually from a test battery. These examinations will cover the musculoskeletal and nervous systems of the spine, upper and lower extremity that is most pertinent to an Athletic Trainer. The knowledge that will be tested is primarily recognition, muscular action, neural innervation of the musculoskeletal system. The questions require memorization but are often framed into a clinical question to demonstrate how the knowledge of anatomy will help the student determine which structure(s) are injured or need to be addressed during rehabilitation of an athlete. Example questions are provided below. The examination questions consist of; multiple choice, matching, short answer, and true false. The questions challenge the student to bridge that which was learned via readings and practical dissection.

Choose the best Answer:

1. There are __________ pairs of spinal nerves attached to the spinal cord?
   A. 37
   B. 24
   C. 31
   D. 64

2. The dorsal roots of the spinal nerves contain ________ fibers
   A. afferent
   B. efferent
   C. A & B
   D. Neither A or B

3. Ventral nerve roots convey information from the posterior horn of the spinal cord gray matter to effector organs located in the periphery.
   A. True
   B. False

4. In adults, the spinal cord is shorter than the vertebral column?
   A. True
   B. False

5. Application of an anesthetic agent to reduce sensation below the diaphragm is inserted where? Be specific
   A. Between the dura and arachnoid space
B. Between the arachnoid and pia matter
C. Exterior to the dura mater
D. Interior relative to the dura mater

6. A swimmer comes into the athletic training room to get evaluated for an injury. They tell you that they are having difficulty pulling through with their right arm during the breaststroke. During manual muscle testing, you noticed that they have significant weakness with shoulder extension, adduction, and internal rotation compared to their left shoulder. List the muscle along with its innervating nerve that you suspect to be involved.

7. Upon evaluation, it is found that an athlete’s right scapula is located further from the midline than the left scapula. What nerve is most likely injured?

a. Thoracodorsal n
b. Greater occipital n
c. Dorsal rami of thoracic level spinal nn
d. Dorsal scapular n
## 2. AT 740 Grading Rubric Student Presentations

<table>
<thead>
<tr>
<th>Components</th>
<th>Unacceptable 0 Points</th>
<th>Acceptable 3 Point</th>
<th>Good 6 Points</th>
<th>Excellent 9 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of pathophysiology of injury</strong></td>
<td>Does not discuss pathophysiology</td>
<td>Addresses pathophysiology but does not go into sufficient detail</td>
<td>Discusses pathophysiology in detail, addressing multiple components</td>
<td>Clearly discusses pathophysiology, addressing multiple components, citing multiple sources and addressing clinical significance</td>
</tr>
<tr>
<td><strong>Mechanism of injury</strong></td>
<td>Does not discuss mechanism of injury</td>
<td>Provides textbook description of mechanism of the injury</td>
<td>Describes common mechanisms of injury as identified by multiple sources</td>
<td>Provides detailed review of common and uncommon mechanisms of injury, citing multiple sources</td>
</tr>
<tr>
<td><strong>Common Signs and Symptoms</strong></td>
<td>Does not discuss signs and symptoms</td>
<td>Provides textbook list of signs and symptoms of the injury</td>
<td>Provides detailed list of signs and symptoms as identified by multiple sources</td>
<td>Clearly identifies common signs and symptoms as well as clinical exam findings identified by multiple sources</td>
</tr>
<tr>
<td><strong>Demonstration of the injury</strong></td>
<td>Does not demonstrate injury</td>
<td>Demonstrates injury using a handout containing visual aids obtained by literature</td>
<td>Demonstrates injury using verbal discussion and limited visual aids</td>
<td>Demonstrates injury using the cadaver or other pertinent resources available in the lab</td>
</tr>
<tr>
<td><strong>Treatment/Rehabilitation</strong></td>
<td>Does not address treatment or rehabilitation considerations but does not provide details of either or both</td>
<td>Addresses treatment or rehabilitation considerations but does not relate it to anatomical considerations</td>
<td>Describes appropriate treatment and rehabilitation but does not relate it to anatomical considerations</td>
<td>Provides a detailed description and demonstration of appropriate treatment (surgical and/or non-surgical) as well as addresses relevant rehabilitation considerations</td>
</tr>
<tr>
<td>Creativity</td>
<td>0-5 points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total available points from main components = 45
Total available points from creativity = 5
Total available points for overall presentation = **50**
<table>
<thead>
<tr>
<th>Question</th>
<th>Components</th>
<th>Answers/Comments</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the student address the appropriate components of the evaluation?</td>
<td>History                      Observation Function Palpation Neurology (when appropriate)</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
| Did the student identify a logical set of differential diagnosis following the history portion of the examination based on anatomy and mechanics of injury? | • Student should come up with 2-6 differential diagnoses following the history portion of the examination.  
• Student can defend the rationale for the differential diagnosis. Being included  
• Lose 1 point for every differential diagnosis that cannot be explained from the history |                                                                                                    | 5      |
| Did the student demonstrate appropriate psychomotor skills when performing functional tests? | • Student demonstrated proper handling of patient for specific test performed.  
• Student palpated anatomical areas of the body that were related to the specific assessment  
• Were assessments performed with adequate intensity / gentleness |                                                                                                    | 20     |
| Did the student demonstrate efficient and organized assessment skills   | • Test were performed in a logical order  
• Patient was not moved from position to position excessively |                                                                                                    | 10     |
| Did the student complete comparable examination bilaterally?            | • When appropriate were bilateral comparisons made                           |                                                                                                    | 5      |
| Was the student able to explain why they could rule out specific differential diagnoses prior to making final diagnosis? | • Combining history and physical examination the student provides rationale why they could rule out differential diagnoses |                                                                                                    | 10     |
| Was the correct diagnosis made                                         | • Student narrowed the diagnoses to one correct diagnosis  
• Student narrowed the diagnoses to two possibilities and one was correct |                                                                                                    | 10     |
|                                                                                                                                 | • Student demonstrates the knowledge to explain the reason for the injury to a patient  
• Student uses terminology and analogies that are appropriate for level of patient during explanation |                                                                                                    | 10     |
| Could the student decide on what were the primary and secondary problems to treat for the correct diagnoses? | • Student demonstrated appropriate problem list from assessment and activity limitations |                                                                                                    | 10     |
| Could the student provide an anatomical or physiological rationale for the recommended plan of care | • Student suggested appropriate intervention based on problem list  
• Order of intervention followed standard of care |                                                                                                    | 10     |
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could the student identify a reasonable prognosis to determine when the patient was ready to return to normal sport activities?</td>
<td>• Suggested plan of care could be supported from an anatomical, biomechanical, or physiological basis • Student could provide a reasonable time frame to return an athlete to sport</td>
<td>5</td>
</tr>
</tbody>
</table>
2. **SCORING RUBRIC FOR FINAL ORAL EXAMINATIONS (100 POINTS)**

STUDENT________________________ REVIEWER______________________ DATE________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Exceptional/Distinguished</th>
<th>Admiraable/Proficient</th>
<th>Acceptable/Basic</th>
<th>Unacceptable/Mediocre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content (Depth, Substance, Thoroughness, Insight, Originality) 20</td>
<td>An abundance of material clearly related to thesis; points are clearly made and all evidence supports thesis; varied use of materials 20 -- 16</td>
<td>Sufficient information that relates to thesis; many good points made but there is an uneven balance and little variation 15 -- 11</td>
<td>There is a great deal of information that is not clearly connected to the thesis 10 -- 6</td>
<td>There is a great deal of information that is not clearly connected to the thesis; Thesis is not clear; information included that does not support thesis in any way 5 -- 0</td>
</tr>
<tr>
<td>Research efforts 10</td>
<td>Went above and beyond to researching information. 10 -- 8</td>
<td>Did a very good job of researching; utilized materials 7 -- 5</td>
<td>Used the material provided in an acceptable manner 4 -- 2</td>
<td>Did not utilize resources effectively 1 -- 0</td>
</tr>
<tr>
<td>Coherence and organization 20</td>
<td>Thesis is clearly stated and developed and flows together from aims to conclusions 20 -- 16</td>
<td>Most information presented in logical sequence flow is adequate 15 -- 11</td>
<td>Concept and ideas are loosely connected, flow and organization are choppy 10 -- 6</td>
<td>Thesis is vague and disjointed and does not flow 5 -- 0</td>
</tr>
<tr>
<td>Speaking skills 15</td>
<td>Poised, clear articulation; proper volume; steady rate; good posture and eye contact; enthusiasm; confidence 15 -- 12</td>
<td>Clear articulation but not as polished 11 -- 8</td>
<td>Some mumbling; little eye contact; uneven rate; little or no expression 7 -- 4</td>
<td>Inaudible or too loud; no eye contact; rate too slow/fast; speaker seemed uninterested and used monotone 3 -- 0</td>
</tr>
<tr>
<td>Preparedness/eye contact 8</td>
<td>Maintains eye contact; seldom returning to notes; presentation/oral exam is like a planned conversation. 8 -- 7</td>
<td>Student maintains eye contact most of the time but frequently returns to notes. 6 -- 5</td>
<td>Some eye contact, but not maintained and at least half the time reads most of report/notes. 4 -- 2</td>
<td>Student reads all or most of report/notes with no eye contact. 1 -- 0</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ability to Answer Questions 15</td>
<td>Demonstrates extensive knowledge of the topic by responding confidently, precisely and appropriately 15 -- 12</td>
<td>Demonstrates adequate knowledge of the topic by responding accurately and appropriately to the questions. 11 -- 8</td>
<td>Demonstrates some knowledge of rudimentary questions are answered accurately 7 -- 4</td>
<td>Demonstrates incomplete knowledge of the topic by responding inaccurately and inappropriately to questions. 3 -- 0</td>
</tr>
<tr>
<td>Interpretation of Conclusion 6</td>
<td>Interpretation of analysis and conclusion are accurate without hesitation. Able to relate findings to clinical significance. 6-5</td>
<td>Interpretation of analysis requires prompting. Able to relate findings to clinical with prompting 4-3</td>
<td>Interpretation of analysis is incorrect. Attempts to apply conclusions to clinical environment is not correct. 2-1</td>
<td>Interpretation of statistical analysis is incorrect with prompting. Does not attempt to apply conclusions to clinical relevance. 0</td>
</tr>
<tr>
<td>Personal Appearance 6</td>
<td>Personal appearance is completely appropriate for the occasion. 6-5</td>
<td>For the most part, personal appearance is appropriate for the occasion. 4-3</td>
<td>Personal appearance is somewhat inappropriate for the occasion. 2-1</td>
<td>Personal appearance is inappropriate for the occasion. 0</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Exceptional/Distinguished</th>
<th>Admirable/Proficient</th>
<th>Acceptable/Basic</th>
<th>Unacceptable/Mediocre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content (Depth, Substance, Thoroughness, Insight, Originality)</strong></td>
<td>An abundance of material clearly related to thesis; points are clearly made and all evidence supports thesis; varied use of materials&lt;br&gt;Speaker provides an accurate and complete explanation of key concepts and theories, drawing upon relevant literature. Applications of theory are included to illuminate issues; includes an original, insightful interpretation of thesis, even the professor may not have heard or thought of.&lt;br&gt;Information completely accurate; all names and facts were precise and explicit.&lt;br&gt;Combines and evaluates existing ideas to form new insights. 20 -- 16</td>
<td>Sufficient information that relates to thesis; many good points made but there is an uneven balance and little variation&lt;br&gt;For the most part, explanations of concepts and theories are accurate and complete. Some helpful applications of theory are included.&lt;br&gt;Student can independently interpret facts with a certain level of depth and insight.&lt;br&gt;No significant errors are made; a few inconsistencies or errors in information.&lt;br&gt;Combines existing ideas to form new insights. 15 -- 11</td>
<td>There is a great deal of information that is not clearly connected to the thesis&lt;br&gt;Explanations of concepts and/or theories are inaccurate or incomplete. Little attempt is made to tie in theory. There is a great deal of information that is not connected to the presentation thesis. Enough errors are made to distract a knowledgeable listener, but some information is accurate.&lt;br&gt;Combines existing ideas. 10 -- 6</td>
<td>There is a great deal of information that is not clearly connected to the thesis; Thesis is not clear; information included that does not support thesis in any way&lt;br&gt;No reference is made to literature or theory. Thesis not clear; information included that does not support thesis in any way. No attempt made to be original or insightful. If facts are mentioned, student merely parrots the instructor’s lecture or an author’s position.&lt;br&gt;Information included is sufficiently inaccurate that the listener cannot depend on the presentation as a source of accurate information.&lt;br&gt;Shows little evidence of the combination of ideas. 5 -- 0</td>
</tr>
<tr>
<td><strong>Research efforts</strong></td>
<td>Went above and beyond to research information; solicited material in addition to what was provided; brought in personal ideas and information to enhance oral exam 10 -- 8</td>
<td>Did a very good job of researching; utilized materials provided to their full potential; at times took the initiative to find information outside of what was provided. 7 -- 5</td>
<td>Used the material provided in an acceptable manner, but did not consult any additional resources. 4 -- 2</td>
<td>Did not utilize resources effectively; did little or no fact gathering on the topic. 1 -- 0</td>
</tr>
<tr>
<td>Ability to Answer Questions</td>
<td>Coherence and organization</td>
<td>Preparedness/eye contact</td>
<td>Speaking skills</td>
<td></td>
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<tr>
<td>Demonstrates extensive knowledge of the topic by responding confidently, precisely and appropriately to all questions posed by the professor(s); able to successfully think or analyze “on one’s feet”/on the spot.</td>
<td>Thesis is clearly stated and developed; specific examples are appropriate and clearly develop thesis; conclusion is clear; shows control; flows together well; good transitions; succinct but not choppy; well organized</td>
<td>Maintains eye contact; seldom returning to notes; presentation/oral exam is like a planned conversation.</td>
<td>Poised, clear articulation; proper volume; steady rate; good posture and eye contact; enthusiasm; confidence</td>
<td></td>
</tr>
<tr>
<td>15 -- 12</td>
<td>20 -- 16</td>
<td>8 -- 7</td>
<td>15 -- 12</td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge of the topic by responding accurately and appropriately to the questions. At ease with answers to all questions but fails to elaborate.</td>
<td>Most information presented in logical sequence; generally very well organized but better transitions from idea to idea and medium to medium needed</td>
<td>Student maintains eye contact most of the time but frequently returns to notes.</td>
<td>Selects rich and varied words for context and uses correct grammar.</td>
<td></td>
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<tr>
<td>11 -- 8</td>
<td>11 -- 8</td>
<td>6 -- 5</td>
<td>15 -- 12</td>
<td></td>
</tr>
<tr>
<td>Demonstrates some knowledge of rudimentary questions by responding accurately to questions.</td>
<td>Concept and ideas are loosely connected; lacks clear transitions; flow and organization are choppy</td>
<td>Some eye contact, but not maintained and at least half the time reads most of report/notes.</td>
<td>Selects words appropriate for context and uses correct grammar.</td>
<td></td>
</tr>
<tr>
<td>7 -- 4</td>
<td>7 -- 4</td>
<td>4 -- 2</td>
<td>11 -- 8</td>
<td></td>
</tr>
<tr>
<td>Demonstrates incomplete knowledge of the topic by responding inaccurately and inappropriately to questions.</td>
<td>Presentation is choppy and disjointed; does not flow; development of thesis is vague; no apparent logical order of presentation</td>
<td>Student reads all or most of report/notes with no eye contact.</td>
<td>Inaudible or too loud; no eye contact; rate too slow/fast; speaker seemed uninterested and used monotone</td>
<td></td>
</tr>
<tr>
<td>3 -- 0</td>
<td>1 -- 0</td>
<td></td>
<td>Selects words inappropriate for context; Uses incorrect grammar.</td>
<td></td>
</tr>
<tr>
<td>Interpretation of Conclusion</td>
<td>Interpretation of statistical analysis correctly without hesitation. Conclusions are accurate based on data presented. Able to relate findings to clinical significance.</td>
<td>Interpretation of statistical analysis is correct requires prompting. Conclusions are generally correct and can apply clinically with prompting.</td>
<td>Interpretation of statistical analysis is incorrect. Attempts to apply conclusions to clinical significance but is not correct.</td>
<td>Interpretation of statistical analysis is incorrect with prompting. Does not attempt to apply conclusions to clinical relevance.</td>
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</tr>
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<td>6</td>
<td>6-5</td>
<td>4-3</td>
<td>2-1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Appearance</th>
<th>Personal appearance is completely appropriate for the occasion.</th>
<th>For the most part, personal appearance is appropriate for the occasion.</th>
<th>Personal appearance is somewhat inappropriate for the occasion.</th>
<th>Personal appearance is inappropriate for the occasion.</th>
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<tr>
<td>6</td>
<td>6</td>
<td>4</td>
<td>2</td>
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</table>

HIGHEST POSSIBLE SCORE FOR ORAL EXAM (INDIVIDUAL OR GROUP): SCORE / 100

5. CAATE Post-Professional Athletic Training Degree Standards

Sponsorship

1. 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 and must be legally authorized to provide a program of post-baccalaureate education. For programs outside of the United States, the institution must be accredited by a recognized post-baccalaureate accrediting agency.

2. The program must lead to a post-baccalaureate (post-professional) masters or doctoral degree.

3. The name “Athletic Training” must appear on the transcript as the major, specialization, concentration, emphasis, or track.

4. The institution should grant a post-baccalaureate (post-professional) degree in athletic training.

5. All sites where students are involved in patient care (excluding the Program’s sponsoring institution) must have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site. In the case where the administrative oversight of the student differs from the affiliate site, formal agreements must be obtained from all parties.

6. In certain instances, the school/college or university sponsoring the program may establish affiliation with other units within the institution or at other institutions, to provide instruction, research, or administrative experiences. If such affiliations are made there must be formal administrative arrangements for use of all affiliated settings.

7. The program should be housed within the school of health sciences, health professions, medicine or similar health-related academic unit.

Outcomes

8. Develop a Plan: The program’s outcomes and objectives guide the program, and must be consistent with the missions of the university, school/college, and department in which the program is housed.

9. Develop a Plan: All aspects of the program (didactic, scholarly experience, advanced clinical practice) must have corresponding program outcomes and objectives.

10. Develop a Plan: The program’s outcomes and objectives must reflect its faculty expertise and resources.

11. Develop a Plan: The program’s outcomes must increase students’ depth and breadth of understanding of athletic training subject matter areas, skills, and Post-Professional Core-Competencies, beyond the knowledge, skills, and abilities required of the professional preparation program.

12. Develop a Plan: There must be a comprehensive assessment plan to evaluate all aspects of the education program. Assessment used for this purpose must include those defined in Standards 10 and 11. Additional assessments may include, but are not limited to, clinical site evaluations, preceptor evaluations, academic course
performance, retention and graduation rates, graduating student exit evaluations, and alumni placement rates one year post graduation.

13. Develop a Plan: The plan must be ongoing and document regular assessment of the educational program.

14. Assessment Measures: The program’s assessment measures must include those stated in Standards 10 and 11 in addition to any unique metrics that reflect the specific program, department, or college. The specific volume and nature of this information is influenced by the individual character of the institution and should be in keeping with other similar academic programs within the institution. The assessment tools must relate the program’s stated educational mission, goals and objectives to the quality of instruction all identified, student learning, and overall program effectiveness.

15. Assessment Measures: The program’s aggregate institutional data (as defined by the CAATE) for the most recent three years must be provided.

16. Assessment Measures: Programs must post the aggregate institutional data (as defined by the CAATE) on the program’s home page or a direct link to the data must be on the program’s home webpage.

17. Collect the Data: Programs must obtain data to determine all identified program outcomes.

18. Data Analysis: Programs must analyze the outcomes data to determine the extent to which the program is meeting its stated mission, goals, and objectives.

19. Action Plan: The results of the data analysis are used to develop a plan for continual program improvement. This plan must:

a. Develop targeted goals and action plans if the program and student learning outcomes are not met; and

b. State the specific timelines for reaching those outcomes; and

c. Identify the person(s) responsible for those action steps; and

d. Provide evidence of periodic updating of action steps as they are met or circumstances change.

Personnel

20. Program Director must be a full-time employee of the sponsoring institution.

21. The Program Director must possess a terminal degree (e.g., PhD, EdD) from a regionally accredited institution.

22. The Program Director must be a member of the graduate faculty, where applicable, as defined by institutional policy.

23. Program Director must have faculty status, with full faculty rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

24. The Program Director should be tenured and hold the rank of associate professor or higher.
25. The Program Director must have an ongoing involvement in the athletic training profession as evidenced by scholarly publications/presentations and involvement in the profession.

26. Program Director must have programmatic administrative and supervisory assignment that is consistent with other similar assignments within the degree granting unit at the institution.

27. Program Director must have administrative release time. The Program Director’s release time must be equivalent to similar health care programs in the institution. If no such similar program exists at the institution, then benchmark with peer institutions.

28. Program Director Responsibilities must include input to and assurance of the following program features:
   a. Ongoing compliance with the Standards;
   b. Planning, development, implementation, delivery, documentation, and assessment of all components of the curriculum;
   c. Advanced clinical practice experiences;
   d. Programmatic budget.

29. Program Director Qualifications: The Program Director must be certified and be in good standing with the Board of Certification (BOC).

30. Program Director Qualifications: The Program Director must possess a current state athletic training credential and be in good standing with the state regulatory agency (where applicable).

31. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of the required program content must be qualified through professional preparation and experienced in their respective academic areas as determined by the institution.

32. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of the required program content must be recognized by the institution as having instructional responsibilities.

33. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of required program content must incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas.

34. Athletic Training Faculty must have an ongoing involvement in the athletic training profession as evidenced by scholarly publications/presentations and involvement in the profession.

35. Athletic Training Faculty Qualifications: All faculty assigned and responsible for instruction of the required program content must possess a current state credential and be in good standing with the state regulatory agency (where and when applicable) when teaching hands on athletic training patient care techniques with an actual patient population.

36. Athletic Training Faculty Number: In addition to the Program Director, there must be a minimum of one full-time (1.0 FTE) core faculty member as defined in the glossary, dedicated (100% of 1 FTE) to the athletic training program. The faculty members must have full faculty rights, responsibilities, privileges, and full college
voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

37. Athletic Training Faculty: Based on the program’s student enrollment, the number of athletic training faculty must be sufficient to advise and mentor students.

38. Athletic Training Faculty: Based on the program’s student enrollment, the number of athletic training faculty must be sufficient to meet program outcomes.

39. Medical Director: The program must have a Medical Director. This individual must be an MD/DO who is licensed to practice in the state sponsoring the program.

40. Medical Director: The Medical Director must, in coordination with the Program Director, serve as a resource and medical content expert for the program.

Program Delivery: Program delivery includes didactic, laboratory, and advanced clinical practice courses.

41. The program must assure that the Post-Professional Core Competencies are integrated within the program.

42. Clearly written current course syllabi are required for all courses that deliver content related to the Post-Professional Core Competencies and must be written using clearly stated objectives.

43. Clinical placements must be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.

44. All clinical education sites must be evaluated by the program on an annual and planned basis and the evaluations must serve as part of the program’s comprehensive assessment plan.

45. The program’s students must be credentialed and be in good standing with the Board of Certification (BOC) prior to providing athletic training services.

46. The program’s students must possess a current state athletic training credential and be in good standing with the state regulatory agency (where applicable) prior to providing athletic training services.

47. Course credit must be consistent with institutional policy or institutional practice.

48. The number of work hours performed during clinical experiences and graduate assistantship experiences must be in compliance with institutional and Federal policy.

49. The program must include scholarly experiences designed to improve student critical thinking and decision making.

50. The athletic training faculty must be actively involved in advising students in scholarly experiences by providing mentorship and serving as role models.

51. Sufficient time and opportunity must be provided within the program for students to engage in scholarly experiences.

52. The program’s scholarly experiences should lead to dissemination of new knowledge in athletic training.
53. The program’s scholarly experiences should emphasize clinical research designed to inform athletic training practice.

54. The program must include advanced clinical practice experiences designed to improve the students’ ability to provide patient care.

55. Sufficient time and opportunity must be provided within the program for students to engage in advanced clinical practice experiences.

56. Assessment of student achievement of the advanced clinical practice outcomes and objectives must be accounted for via formal academic coursework.

57. Students must receive formal and informal feedback regarding their advanced clinical practice performance at regular intervals.

58. The advanced clinical practice experiences must integrate the Post-Professional Core Competencies.

59. There must be an individualized advanced clinical education plan (individual goals and/or objectives) for each student to improve the students’ ability to provide patient care.

Financial Resources

60. The program must receive adequate, equitable, and annually available resources necessary to meet the program’s needs based on the program’s size and documented mission and outcomes. Funding must be commensurate with other comparable health care programs. If no such similar program exists at the institution, then benchmark with health care programs at peer institutions.

Facilities and Instructional Resources

61. The classroom and laboratory space must be sufficient to deliver the curriculum and must be available for exclusive use during normally scheduled class times.

62. The number and quality of instructional aids must meet the needs of the program.

63. The equipment and supplies needed to instruct students in the required program content must be available for formal instruction, practice, and clinical education.

64. Library and other Information Sources: Students must have reasonable access to the information resources needed to adequately prepare them for advanced practice and to support the Post-Professional Core Competencies. This includes current electronic or print editions of books, periodicals, and other reference materials and tools related to the program outcomes.

65. Offices must be provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.

Operational Policies and Fair Practices

66. Program Admission, Retention and Advertisement: standards and criteria must be identified and publicly accessible.
67. Student, faculty recruitment, student admission, and faculty employment practices must be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.

68. The program must assure equal opportunity for classroom instruction, clinical experience, and other educational activities for all students in the program.

69. All program documents must use accurate terminology of the profession and program offered (e.g., BOC certification, accreditation status, and the program title of athletic training).

70. Academic tuition, fees, and other required program specific costs incurred by the student must be publicly accessible in official institutional documents.

71. Full financial responsibilities and benefits (e.g., tuition and fees, tuition waivers, financial aid, graduate assistantships) must be provided to the student, in writing, prior to the student committing to attend the institution.

**Program Description and Requirements**

72. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them.

73. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include program mission, outcomes and objectives.

74. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include curriculum and course sequence.

75. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include program requirements for completion of the degree.

76. The institution must have a published procedure available for processing student and faculty grievances.

77. 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.

78. Policies and procedures governing the award of available funding for scholarships administered by the program must be accessible by eligible students.

**Student Records**

79. Program must maintain appropriate student records demonstrating progression through the curriculum.

80. Program must maintain appropriate student records. These records, at a minimum, must include program admission application and supporting documents.

81. Program must maintain appropriate student records. These records, at a minimum, must include remediation and disciplinary actions (when applicable).
82. Program must maintain appropriate student records. These records, at a minimum, must include advanced clinical practice experiences.

83. Student records must be stored in a secure location(s), either electronic or in print, and be accessible to only designated program personnel.