

Public Abstract

First Name:James

Middle Name:LeRoy

Last Name:Moore

Adviser's First Name:Sandy

Adviser's Last Name:Hutchinson

Co-Adviser's First Name:

Co-Adviser's Last Name:

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Are We Adequately Preparing Our Students?

The purpose for the current study is to examine the perceived preparation newly educated Certified Athletic Trainers from Accredited Athletic Training Programs based on clinical educational experiences as compared to two older models of clinical educational experiences, the curriculum and internship models. Specifically, this study did examine the perceived effectiveness of the current models as compared to the former models. The conceptual framework for this study was based on constructivist epistemology. Constructivist epistemology revolves around learners creating their own knowledge from experiences. New information is either reconciled with previous ideas and experiences, beliefs change, or the new information is discarded as irrelevant. Learners were active creators of their own knowledge. They construct knowledge through questioning, exploring, and assessment. Using constructivist epistemology, the researcher concluded the need to use a quantitative design to answer the research questions. With the depth and breadth of the four design models and the autonomy of differing institutional practices the researcher determined the need for numerous participants' viewpoints into their educational preparedness for the Profession and for the Board of Certification Exam. A quantitative study allowed the researcher to examine the relationship, opinions, and trends between and among identified variables of a sample population. This study was a quantitative study that examined the perceived preparation of the Certified Athletic Trainer for the BOC Examination and for the profession based upon the route to Certification both in the didactic classroom and in the clinical education setting. This study examined the current accredited model's perceived preparation for the profession based upon the opinions of those Certified Athletic Trainers who graduated from the older Internship or Curricular models of education. The main concentration of this inquiry was the perceived preparedness of the Certified Athletic Trainer for the BOC Exam and for the profession based upon the current practice domains in athletic training. The One-way ANOVA found seven areas of significant findings, below .05, among the four educational program routes, Internship, Curriculum, Accredited Undergraduate and Accredited Graduate. The first area was the perceived overall preparation in evidence based practice for the BOC among the groups, with a <.001 significance level. Second Area was overall preparation in clinical exam and diagnosis for the BOC among the four groups with a .010 significance level. The third area of significant finding among the four groups was in overall preparation in therapeutic interventions for the BOC with a .002 level. The fourth area was found in overall preparation in evidence based practice for the profession with a <.001 significance level. The fifth area of significant findings was clinical education preparation in evidence based practice for the BOC with a .004 level. The sixth significant finding among the groups was in clinical education preparation in clinical examination and diagnosis for the BOC with a .038 level. Finally the seventh area of significance was found in clinical education preparation in evidence based practice for the profession at a .021 level. A test of homogeneity of variance was performed to determine population variances to determine the correct post-hoc analysis. Four areas were determined to have population variances and different N's thus requiring the use of Games-Howell Post-hoc analysis with a significance level of .05. Those areas were overall preparation in clinical exam and diagnosis for the BOC, overall preparation in therapeutic intervention for the BOC, clinical education in clinical exam and diagnosis for the BOC and clinical education in evidence based practice for the profession of athletic training. The remaining areas of focus show no population variances, however, did have different N's thus require the use of Hochberg's GT2 Post-hoc analysis. An area of interest was the

fewer significant findings for preparation for the profession. Only two areas were identified by the One-way ANOVA those being overall preparation in evidence based practice and clinical education preparation in evidence based practice. The post-hoc analysis of each yielded no significant findings. Again with this being a newer emphasis area it was not a surprising discovery however the lack of other areas in preparation for the profession is of interest. Along the same lines the significant amount of findings for preparation for the BOC indicates the newer programs were better prepared student for the national certification exam however are not better at preparing our students for the profession of athletic training. The second area of interest in the study was the Games-Howell post-hoc analysis of clinical education preparation in clinical exam and diagnosis. The analysis showed graduate accredited programs did a better job preparing students in the area of clinical exam and diagnosis for the BOC than any other program type. This was the only program type and area of concentration that showed such a significant difference among all programs. The importance of clinical education throughout the history of athletic training is a foundational cornerstone of an Athletic Trainers preparation. Athletic training has always focused of the clinical experience as the direct link between the educational components to the practice of the profession. As with any healthcare profession the clinical education and direct patient interaction brings the classroom knowledge to real life. The findings of this study show the importance of high quality education for both for preparedness for the BOC exam and for the profession of Athletic Training. The study shows more of a relation between the classroom didactic education and preparedness for the BOC exam and the relation between the clinical education and preparedness for the profession. As the accredited undergraduate and graduate programs have shown great success in improving the education of the Athletic Training Student based on preparedness for the BOC certification exam through more rigorous structure and regulation. In this reform, the clinical education side of the equation has suffered. Rigidity and structure hampers the fluidity of the clinical education experience. Secondly, the importance of the clinical educator is paramount to the success of the Athletic Training Student. The relationship between the clinical instructor and athletic training student is one of the largest components of the student success in the clinical education environment and thus in the profession. Clinical education in the athletic training has historically been at the forefront of the educational experience. With the shift in educational priorities with educational accreditation reform and the importance of programs success being solely determined by the BOC first-time pass rate the focus now is solidly on the classroom education of the Athletic Training Student thus de-emphasizing the clinical components. With the de-emphasis of the clinical component they are better prepared for the exam, however, lack the necessary skills and clinical experience to be successful athletic trainers at the end of their educational preparation. With accredited educational reform requirements of differing clinical experience have been very positive for the profession and have open doors to other avenues for athletic training. The defined boundaries at clinical education experiences have directly hampered the critical thinking and decision making skills of the Athletic Training Student as evidenced in this study. Clinical education needs to have ill-defined borders and boundaries with highly motivated clinical educators willing to let Athletic Training Students think on their own, make decisions on care for athletes and learn from their successes and failures in the field, that is the only way a student can grow as well as a profession. With recent discussion among the BOC, NATA and CAATE of transition to an entry-level masters requirement for BOC eligibility, clinical education of the Athletic Training Student must be at the forefront of the discussions. The finding in this study showed the lack of preparedness for the profession as compared to the classroom. Any additional changes need to focus on improving the clinical education component to athletic training education. Potential areas that could be explored could be an Internship component similar to a graduate assistantship that would occur after certification and prior to graduation with a master's degree. Allowing the Certified Athletic Training Student to be able to make critical decision for the care of athletes and gain valuable hands on experience while still under the direction of a veteran Certified Athletic Trainer. Similarly, create a secondary level of Certification for the Athletic Trainer. The first level would be similar to today BOC exam, testing the knowledge of basic skills similar to what is currently in place. Then after a designated period of time and mentoring through a graduate assistant like internship they would eligible to sit for a hands-on board exam that emphasizes the critical decision making and treatment skills of the

Certified Athletic Trainer, similar to the old model of an Oral Practical Exam and Written Simulation, thus creating a Master Certified Athletic Trainer.